Adapted Reflextherapy in Spinal Pain and Whiplash Injury

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1. OBJECTIVE

To report on the use of Adapted Reflextherapy for treating chronic whiplash injuries.

2. DEFINITIONS

Whiplash is an acceleration / deceleration mechanism of energy transfer to the neck. It may result from rear-end or side impact motor vehicle collisions, but can also occur during diving or other mishap. *Spitzer et al 1995.

3. PROBLEM

Whiplash associated disorders are associated with road traffic accidents and other mishaps. There is no known therapy with good predictable outcome, especially in chronic whiplash injury. Symptoms include headache, low and middle back ache, irritability, depression, memory impairment, emotional changes, poor concentration, hearing problems, hoarseness, TMJ/face/ear pain, itching, neck pain, upper chest pain, visual disturbance, upper limb referred symptoms, dysaesthesia, dysphagia, Cerebro, 2000.

4. TREATMENT

Adapted reflextherapy is a manual therapy developed by Gunnel Berry to treat patients with chronic and acute spinal pain including those suffering the effects of whiplash injuries. It is based on the theory of reflexology and related to the rationale of modern neurophysiology and neuroimmunology. The treatment is applied as pressure on the skin of the feet and hands, using five particular handhold techniques developed from original reflexology theory and practice. Adapted reflextherapy has proved measurably effective in increasing patients’ spinal mobility, reducing pain, decreasing anxiety and irritability.

5. METHOD

PATIENTS
Recruitment: 13 consecutive whiplash injured patients referred by insurance intermediaries for physiotherapy
Degree of whiplash: Grades I, II, III - Quebec classification
Gender: M & F
Age range: 18 - 54
Duration of symptoms: 4 months - 4 years

SESSIONS
Posture: patients lying on half lying on a treatment couch
Duration: 1 - 10 minutes effective adapted reflextherapy per session
Sessions: average of 6 treatments lasting 30 - 45 minutes each
Advice: as per physiotherapy praxis according to normal clinical practice

6. TECHNIQUES

OUTCOMES
Measured in % of improvement. Improvement from the therapeutic intervention was measured in each individual case by estimating joint range of spinal movements, pain and anxiety levels and any other relevant symptoms. In addition, a total score of improvement was measured as a percentage (PO) of improvement from the initial assessment including an overall sensation of change in relation to the initial assessment. The physiotherapists, the authors, made a predicted improvement score from the first assessment. This prediction score was disclosed to the patient. The predicted outcomes were re-assessed and compared with the actual outcome score at the closure of the whole treatment episode.

7. RESULTS

A retrospective appraisal of the application of adapted reflextherapy to 13 patients suffering from chronic whiplash associated disorder in addition to regular physiotherapy advice and education, showed that the treatment alleviated symptoms as predicted in 10 out of 13 cases. A critical appraisal of this intervention is required with a greater number of patients, and an independent researcher to confirm or refute application and findings. Although this study lacks a high level of research methodology, clinically the adoption of adapted reflextherapy has greatly facilitated treatment approaches to alleviate symptoms of spinal pain and whiplash associated disorder.

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