

## **Adapted Reflextherapy**

*A treatment for people suffering spinal pain and the effects of whiplash*

Gunnel Berry MSc, MCSP

### **What is Adapted Reflextherapy?**

Adapted Reflextherapy (AdRx) 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 or hands using five particular handhold techniques developed from original reflexology theory and practice. AdRx has proved measurably effective in increasing patients' spinal mobility, reducing pain, decreasing anxiety and irritability.

### **How did this treatment develop?**

As a physiotherapist working in primary care in both the NHS and private practice, Gunnel Berry deals with patients with musculoskeletal pains, with or without neurogenic components, on a daily basis. She sees patients with back pain of short or long duration, high and low intensity and varying degrees of severity. The idea of using a single spot on the foot to treat a whole problem (not always a spinal one) first arose from the comment of a Danish reflexologist, Nina Johnson, who mentioned that she had started to use a single area of the foot to treat acute back pain problems with surprisingly efficient results. This coincided with the 1997 AGM of the Association of Chartered Physiotherapists in Reflex Therapy (ACPIRT) when Hermione Evans demonstrated a similar technique as treatment for acute neck pain. Gunnel Berry first

used this treatment on three patients with severe spinal pains caused respectively by a whiplash injury, a lifting accident and a post-operative disc problem. They all made good progress and maintained the improvement over a year later. Encouraged by these initial outcomes, Gunnel has continued to refine and develop her Adapted Reflextherapy treatment for patients with spinal pain.

### **Who can be treated?**

Adapted Reflextherapy is versatile – it can be used for patients of any age and condition provided they meet the inclusion criteria for treatment. Age is no barrier. Children as young as 8 yrs old and patients over 90 yrs old have been treated successfully. Patients suffering from physical pain or movement dysfunction are first assessed to determine whether their particular problem has a musculoskeletal, neurogenic or other origin. If any doubt exists as to the origin of pain, the patient is referred for further investigation before undergoing treatment.

During the preliminary assessment the patient undergoes a comprehensive physical examination of the spine and rib-cage areas including the musculo-skeletal, fascial and neural systems. The feet are examined using the theory of reflexology and comparisons made with the physical examination. After a process of clinical reasoning, prognosis and prediction of treatment is explained and discussed with the patient.

## **What are the advantages of Adapted Reflextherapy?**

### ■ Effective

Pain can be relieved and movement function improved by 50% – 95% in as few as one to three treatments.

### ■ Predictable

The treatment has predictable results. Patients can be assessed at the outset of treatment and advised how many treatments will be required and what outcomes are likely.

### ■ Quick

AdRx treatment does not take long. Patients can be treated in as little as ten minutes.

### ■ Inclusive

Patients of any age or gender can be treated (provided they meet the inclusion criteria)

### ■ Accurate

The area identified for treatment on the medial arch of the foot corresponds to the findings from the physical examination and to the patient's spinal pain. A source of pain (within the ribcage or at the anterior of the spine) that is not normally accessible, can be treated accurately via the hand or foot.

### ■ Reassuring

Patients may have had a painful experience of other, previous therapies and feel apprehensive when facing another therapy. By treating the source of pain gently and indirectly – not at the source of pain, AdRx can reduce patient anxiety and fear.

### ■ Relaxing

Treatment is administered while patients are lying in a supine or semi-recumbent position. This induces relaxation and reduces fear.

### ■ No need to undress

Except during the initial assessment, there is often no need for the patient to undress. The patient only has to remove his/her footwear.

### ■ Shock-relief

In some instances the memory of physical or emotional pain can stay within tissue memory and hinder the recovery of the patient. Reflextherapy can release emotions and provide shock-relief which facilitates healing.

### ■ Versatile

AdRx is a versatile treatment because it can be used when other traditional physiotherapy approaches seem inappropriate or appear ineffective.

## **Are there any disadvantages?**

### ■ Disbelief

Patients may find it hard to believe that treating the foot can really help treat the painful condition in their spine or neck. Patients may not accept that reflextherapy is a serious and effective treatment.

### ■ Pain increase

Existing pain levels appear to increase within the first 48 hours after initial assessment and treatment. This pain can be expected to decrease below the initial level after 48 hours. Each consecutive treatment can expect to decrease the initial pain level and linearly decrease overall.

- **Complex issues**  
Reflextherapy may solve one pain but stir up other pains temporarily. It can appear as if the treatment is causing an increase of symptoms or creating new problems, whilst in fact the treatment is revealing areas in need of resolution.
- **Unpredictable shock relief**  
Shock relief may be a short-term, unpredictable reaction.
- **Inclusion criteria**  
Patients must be carefully assessed to ensure they meet treatment inclusion criteria. Not all patients are suitable for treatment e.g febrile states, some autoimmune diseases and in some cases of neuropathic arthropathies and unstable mental health. The treatment of patients suffering pain after surgery or pain that is discogenic in origin, is less predictable.

### **How predictable is the outcome of treatment using Adapted Reflextherapy?**

Reflextherapy is a physiotherapy modality accepted by the Chartered Society of Physiotherapy. AdRx treatments suggest a high degree of predictability.

An in-house audit was carried out by Gunnel Berry in 2002 to assess retrospectively the outcome of 13 patients referred for physiotherapy treatment for symptoms sustained from the effect of whiplash injury. The analysis measured predicted versus actual outcome and all patients were treated with AdRx as the preferred choice of treatment. 10 patients achieved improvements better or equal to the predicted outcome. 2 patients fell short of the prediction and 1 patient dropped out for other reasons.

## **How does reflextherapy work?**

Subjective and objective clinical observations suggest that this treatment is effective at reducing pain and improving the condition of patients. However, exactly how reflextherapy works is not yet well understood. Nor have there been many randomised control trials to determine the clinical efficacy of either reflexology or Adapted Reflextherapy. Gunnel Berry suggests that reflextherapy acts rather like a manual TENS machine to block the transmission of painful stimuli along the spinal cord to the brain where the conduction is transmitted manually (by touch) rather than electrically. Further academic research is needed to determine exactly how reflextherapy works. Current thinking would suggest that it may be via the innate ability of the nervous system to regulate itself through its own plasticity. It is known that relatively minor pressures on a peripheral nerve restrict blood flow (1) leading to subtle changes in the biochemistry of the nerve, which may occur during a forceful movement like whiplash injury. The sheath surrounding the nerve may become fibrosed even following relatively minor compression leading to structural changes. Eliav et al (2) conclude that neuroimmune factors play an important role in the production of painful peripheral neuropathies whilst S Bergman (3) suggests that higher brain functions affect the perception of nociceptive pain which links in with altered pain patterns occurring after an incident.

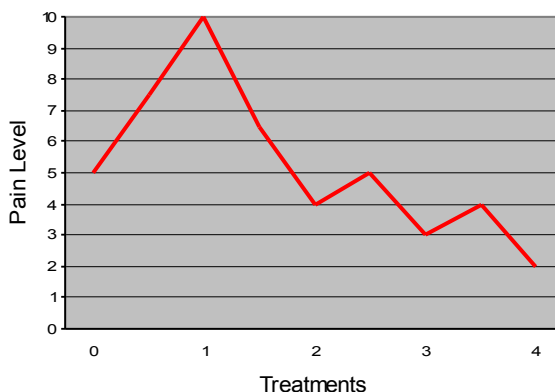
Gunnel Berry's own clinical observations indicate that AdRx is effective at reducing pain and improving functional abilities in patients. She suggests it may be due to the quality and quantity changes of axonal peptides.

## Case Study

A male, aged 41 was suffering from acute cervical pain and a stiff neck after lifting a heavy drum incorrectly. The patient had been off work for 18 months. Previous treatment had included cervical traction. The patient was also suffering from agrophobia and depression. After 4 treatments, three of which included a reflextherapy treatment, the patient felt 70% better and was considering returning to work.

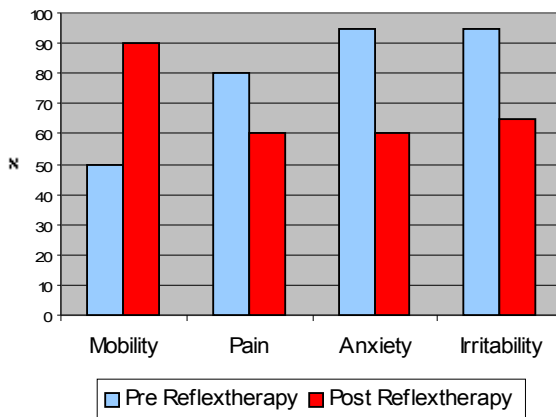
Graph A show pain levels rise during the first 48 hours after treatment and then drop below the original level rising slightly again after each treatment but continuing to drop below the initial level.

**GRAPH A**  
**PAIN PATTERN AFTER 4 TREATMENTS**



Graph B shows significant improvement in mobility and significantly decreased pain, anxiety and irritability (inflammation of condition) levels after three reflextherapy treatments.

**GRAPH B**





## **Where can I learn more about this treatment?**

Visit [www.gunnelberry.com](http://www.gunnelberry.com)

Gunnel runs workshops at different venues around the UK, for a maximum of 12 participants, including physiotherapists and reflexologists. A workshop takes place over two full days and includes both theoretical and practical sessions. Gunnel Berry discusses the rationale behind her AdRx treatment; she examines how, when and why the treatment can be applied; she looks at pain issues, outcome measurement, clinical reasoning, treatment planning and record keeping. In the practical sessions students learn treatment techniques and then work together to apply these techniques and develop their clinical reasoning. One day advanced workshops are also run for those who have attended Gunnel's two day courses and wish to consolidate their techniques, develop their clinical reasoning and discuss their experience of using AdRx. For more information about these courses please contact Gunnel.

## **Acknowledgements**

Gunnel Berry wishes to thank:

Nina Johnson for first introducing the idea of a single pressure point; Hermione Evans for first demonstrating a single point contact method at the Association of Chartered Physiotherapists in Reflex Therapy (ACPIRT) AGM in 1997; Pru Hughes at the School of Precision Reflexology.

## About Gunnel Berry

MSc PostGradCert MCSP Legitimerad Sjukgymnast (Sweden)  
Member of the Health Professional Council

Gunnel trained as a physiotherapist at the Middlesex Hospital, London, qualifying in 1974. She worked as a physiotherapist in Sweden, Great Britain and Borneo. She qualified at the Bayly School of Reflexology in 1989 and completed an MSc in advanced physiotherapy including neuromuscular and skeletal disorders at University College London in 1995. The title of her thesis was *Functional Adult Scoliosis and low back pain: a comparison between normals and current back pain sufferers*.

In 1999 she was invited to participate in an audit at a GP practice exploring physiotherapy services including extended scope practices in an outpatient primary care setting. She has presented papers and posters at the World Physical Therapy Congress in Barcelona, the Chartered Society of Physiotherapy Congress in Birmingham, the Clinical Association of Reflexology in Manchester and at the Complementary Medicine Department at the Peninsula Medical School in Exeter, among numerous other publications and speaking engagements. She is a part-time teacher at the Clinical Association of Reflexology at the Christie Hospital Manchester, and an external Assessor of the Midland School of Reflextherapy, Warwick.

She has founded and developed the concept of Adapted Reflextherapy, a manual therapy to treat patients with chronic and acute spinal pain including those suffering the effects of whiplash injuries. Gunnel runs a private practice in Hampshire and works one day a week for the NHS at the Chase Hospital, Bordon, Hampshire. Gunnel is a member of:

- The Association of Chartered Reflextherapists in Reflex Therapy (ACPIRT)
- The Clinical Association of Reflexology (CAR)
- The Association of Reflexology (AoR).

Gunnel Berry MSc, MCSP, Tel: 01256 389 722

[gunnel@gunnelberry.com](mailto:gunnel@gunnelberry.com) [www.gunnelberry.com](http://www.gunnelberry.com)

## References

- (1) J Greening: "*Minor peripheral nerve injuries. An underestimated source of pain?*" In Touch, Summer 2001, no. 96
- (2) E Eliav: "*Neuropathic pain from an experimental neuritis of the rat sciatic nerve*" PAIN: 83 (1999) pp 169-182
- (3) S Bergman: "*A general practice approach to management of chronic widespread musculoskeletal pain and fibromyalgia*" In Practice Jan 2003 No. 10