



The Donley Update



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INTRODUCTION

Welcome to *The Donley Update*. We are pleased to share updates with you on new developments with our rehabilitation programs and treatment services here at the Donley Center that help RI injured workers recover. In this issue, we introduce the first of a five-part series on our therapeutic approach that helps our patients build chronic pain management skills. Periodically over the coming months, we look forward to describing to you the additional four phases of this approach, in subsequent issues of our newsletter.

Kathleen A. Sohar, BS, RN
Director of Patient Care Services

Myofascial Release Therapy (MFR)

(Part One of a Five-Part Series on a Chronic Pain Management Approach)

Susan Rand Celico, BS, PT
Physical Therapist

Fascia is connective tissue that is found throughout the body, surrounding muscles, bones, nerves, blood vessels and organs. In response to trauma, fascia loses its pliability and can become a source of pain and loss of function.

The John Barnes method of Myofascial Release Therapy (MFR) is a one-on-one hands-on technique designed to help patients regain their mobility and relieve pressure on pain-sensitive tissues. The patient participates by learning to maintain relaxation

and body awareness throughout the therapy. This process gradually becomes a desensitization activity and encourages the client to accept his/her bodily sensations.

At the Donley Center, Susan Rand Celico, Physical Therapist, offers MFR as the cornerstone of a five-week chronic pain



management skill-building approach. “The goal of this program,” Sue explains, “is to move clients out of their habitual pattern of bracing against the pain, replacing this with a healthier response that will allow for recovery.”

Each week, a new pain management skill is introduced, and layered over/upon the previous skill. MFR provides the foundation for working with pain. Other, more active body-awareness exercises are subsequently added to the client's program. In a gentle, safe way, this approach moves the client toward the goal of returning to activity and employment.

Due to the positive response from our patients and their physicians, this program has evolved into its own specialized service at the Donley Center. Clients are triaged into

this track by recommendation from other Donley therapists and patient care coordinators, if they are not responding to our traditional rehabilitation program in their first four weeks here.

Mirror Therapy for Relief of Phantom Limb Pain

Liz Percia, MS, OTR/L
Occupational Therapist

Patients who have undergone amputations of a limb often are plagued on a chronic basis with phantom limb pain. They may describe a feeling of a frozen or contorted limb, sharp, shooting pains, clenching spasms or a “paralyzed” limb.

Traditional therapeutic interventions to treat amputees with phantom limb pain include heat and cold modalities, desensitization techniques such as tapping, rubbing, or using vibration, transcutaneous electrical nerve stimulation (TENS) units, exercise, various prescribed medications for pain relief, anti-inflammatories or anti-depressants.

A less known intervention involves using a mirror to reflect the intact limb and essentially trick the brain into believing that the amputated limb is still intact. It sends visual and perceptual imagery as feedback to the brain in the place of absent sensory or kinesthetic feedback. When the patient perceives visually the presence of bilaterally intact extremities, the sensation of “pain” in the amputated limb has been found to decrease.

Occupational Therapist Liz Percia, MS, OTR/L, recently used this technique at the Donley Center for her work-injured patient with a high level upper extremity amputation. “My patient was unsuccessful in relieving her feelings of “freezing and cramping” in her left hand through months of the traditional techniques of desensitization,” Liz observed. “Through just one session of mirror therapy, she was able to “feel” her amputated elbow and wrist

begin to “move.” Over the next few sessions, she was able to continue this sensation.”



Although it did not relieve her pain on a permanent or complete level, once taught this technique, the patient is now able to practice independently at home, get some sense of relief from her symptoms, and feel more control over her body.

This technique has recently been studied through the Walter Reed Military Medical Center with war veterans returning from duty with amputations. Resources for experimental research studies and articles on the topic are:

1. V.S. Ramachandran, D. Rogers-Ramachandran. Synaesthesia in phantom limbs induced with mirrors. *Proc. Biol. Sci.* 1996; 263:377-386.
2. www.healthcentral.com/chronic-pain/c/91/16259/limb-pain

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