Adapted Reflextherapy

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This is an article in two parts. First a personal account of living with scoliosis and being successfully treated by Reflextherapy and second an explanation from the Physiotherapist who works with patients using Reflextherapy as part of the treatment plan.

Liz’s story...
I was diagnosed with a 42 degree, idiopathic thoracolumbar scoliosis in 1979 when I was 19. From the moment I was diagnosed, my mobility started to decrease rapidly: I had difficulty straightening up in the morning after a night in bed and I was unable to move my head from side to side or up and down. I was also in considerable pain and frequently taking maximum daily doses of pain killers. I was initially treated at hospital and after being told that I had stopped growing, making surgery not necessary, I was given a few physiotherapy sessions and told to continue to take pain killers as and when I needed to.

The physiotherapy did not help and my mobility continued to decline. In July of 1980, a relative suggested I see a Chiropractor, and for the next 24 years I managed my pain and mobility issues very successfully through Chiropractic sessions. My chiropractor recommended that I swim regularly to build up my back muscles. This I did, and worked up gradually to swimming about a mile a week and I have continued to do this for the last 30 years.

After some initial intensive chiropractic treatments, I needed to see my chiropractor between 3 and 6 times a year, in later years a lot less and I always went with the same symptoms. I have always had a very challenging job and whenever I was particularly stressed, the smallest action, like bending awkwardly to get into my car could trigger a new episode of pain and discomfort. Each time I was treated for the same specific mobility problem: feeling like a ‘frozen pea’ was stuck under my shoulder blade followed by an immobile neck and then lumbar pain.

In around 2000 my chiropractor and I both moved locations and it was getting increasingly difficult to get to see him as by now the round trip was around 80 miles. I probably would have continued to go had it not been for a chance conversation with a swimming pal about a brilliant local physiotherapist who had treated him for a totally different condition using adapted Reflextherapy. My friend was rather vague about the treatment he had had and commented that he had no idea why it worked but that it did and why didn’t I try it too.
So in 2004, I presented myself as a patient. I had the usual symptom of a ‘pea’ under my shoulder blade and general head and neck immobility. After a very thorough initial assessment, the therapist agreed that she could treat me. I had no idea what to expect and was completely surprised by the nature of the treatment, having previously only experienced Chiropractic. And I have to admit I was hugely sceptical.

At the time of this very first treatment and as I lay on the couch, I remember cursing inwardly that I had been so gullible and I was convinced that the treatment would be a waste of money. I was so used to chiropractic treatments that it seemed completely daft to hope that the gentleness of this treatment would have any effect. My back and my neck were not touched and I was treated by pressure applied to my left foot!

But as I lay back on the couch, full of disbelief, the therapist told me that I might feel a warm sensation in the centre of my back when she pressed on a certain area on the sole of my left foot. Despite my best efforts to dismiss the whole thing I had to admit that I did indeed feel a warm sensation in the centre of my back and then intense pain for maybe five seconds while she focused her efforts on the spot that needed treatment. The pain subsided as soon as she took off the pressure and the treatment ended.

I was expecting to be put onto a programme of follow up sessions but was simply told to go home and see how I felt over the next week or so. At this stage, my discomfort was still as bad and my mobility still as limited - so zero improvement and I drove home feeling very puzzled by it all and without a lot of hope that the treatment would be successful. However by about a week later, I did feel absolutely better: my mobility had returned to normal and I had no discomfort whatsoever. My total recovery had crept up on me.

Since having sessions, my need for treatment has significantly decreased and in the last four years I have only had three sessions to treat my back. Each session has been 100% successful and follows the pattern of treatment, no immediate improvement and then complete recovery of mobility over a few days.

So what’s it like in 2008? I continue to swim about a mile a week and I also cycle about 8 miles. My mobility is excellent and I have no pain. In spite of my original misgivings, Adapted Reflextherapy guarantees me a total solution; restoring mobility and freeing me from pain. I cannot talk more highly of the technique.

**Adapted Reflextherapy in Scoliosis and Back Pain by Gunnel Berry, MSc, MCSP**

Back pain is one of the most common complaints patients present with in both the NHS and private practice physiotherapy clinics. The conditions are either acute or chronic in nature. Some patients present with peripheral limb pain, which, after assessment, may be found to be a referred symptom from a
primary epicentre in the back. Patients diagnosed with scoliosis may suffer back pain regularly or sporadically or not at all.

Since its induction by the author ten years ago a specific foot therapy treatment called ‘adapted reflextherapy’ (AdRx) has been used to treat patients with spinal pains including referred pain patterns. The author has noted that the treatment has proved measurably effective in reducing pain, irritability and increases patients’ spinal mobility. Anxiety states have been noted to decrease too.

The principle indication for using AdRx is patients suffering from a painful condition requiring physiotherapy assessment. Age is no barrier to treatment provided the client meets the inclusion criteria for treatment as defined by the Association of Chartered Physiotherapists in Reflex Therapy i.e. children can be treated as well as the elderly.

**What is Adapted Reflextherapy?**
AdRx is a task specific therapeutic manual intervention using finger pressure on the feet based on principles of reflexology. The treatment is applied as manual pressure on the skin of the feet (hands can also be used) using a selection of 5 handhold techniques forming the basis of the intervention.

Foot charts (Fig.1) are an integral part of reflexology theory. Each area of the foot supposedly contains a reflexpoint to each part of the body. Theory of reflexology and reflextherapy, including AdRx, assumes a correlation between the soma and the reflexpoint on the foot. The theory of AdRx considers reduced passive mobility of the foot as an indication of reduced spinal mobility. Closer correlations are drawn between sensitive reflexpoints and reduced foot movements and the clinical pain issues as found at time of examination.
How does AdRx work?
It is not known how AdRx or any other form of reflexology influences the bodily functions, or indeed, if they do at all. The basic concept of the AdRx rationale as approached by the author, relies on the rationale of the plasticity of the nervous system including the autonomic system. The principle of this system is the multiple wiring of the nervous system, which enables an innate reaction to occur passing on information to other areas of the brain and body possibly due to the changes in quantity and quality of peptide content in the nerve cells and their axons.

Advantages and disadvantages of AdRx
The main advantage of AdRx is its non-invasive application. Importantly, bone conditions like osteoporosis or undiagnosed fractures of the spine are not compromised during the treatment due to its distal application on the feet. The major disadvantage of treating back pain via the feet is disbelief. Scepticism is a natural and healthy attitude overall. A new method of treatment may cause concern and apprehension amongst patients and medical professionals.

Conclusion:
Whilst AdRx is not a panacea for all ills its introduction to physiotherapy as a pain modulating modality has been seen by the author to greatly ease the challenge of dealing with back pain and related functional problems. Anecdotal evidence is neither strong evidence nor cause for adoption of treatment but invites an enquiring question and research issues.