Clinicians’ experience using a digital media tool in rehabilitation to help patients communicate pain and body perception disturbances.

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1. Introduction
Patients with chronic pain find it difficult to describe their body perceptions.

“All the different types of sensations and feelings and everything you get.... When you explain it to a specialist that doesn’t know about this, I mean they just look at you and think, well you know, you’re pretty stupid.”

We have developed a digital media tool giving users an on-screen image of a 3D human figure which can be manipulated to give an impression of their body perception.

The tool was initially evaluated as a research study with a sample of 13 participants with Complex Regional Pain Syndrome (CRPS)².

The participants liked using the tool. The quality of the graphics enhanced the reality of the image thereby helping them to convey how altered their bodies seem to them.

2. Aim of this Study
To evaluate benefits of using the tool to a rehabilitation service from the clinicians’ perspective.

Examples of images representing body perceptions

![Image of 3D human figure with altered body perceptions]

- It’s constantly on fire; the whole of the foot
- It feels huge and heavy.
- It feels as though that same limb that was burning and on fire one minute ago has gone freezing I don’t feel like I’ve got toes, they’re one mass

- The hand it just feels as if it is huge, very swollen, and at the top of my shoulder here I feel as if I have a lump, almost like Quasimodo like thing.

- The palm of the hand and base of the thumb feels very hot.
- It feels like someone has got a toilet roll and crushed it down.
- The tip of the thumb has disappeared... the fingers feel cold.

3. Method
The views of two Occupational Therapists who used the tool with 4 patients with CRPS and 2 patients with Brachial Plexopathy induced by radiation post breast cancer were collected in semi-structured interviews. The data was analysed to determine the effects of using the body perception tool on service provision and changes needed to the software for its implementation.

4. Findings
- Clinicians reported patients found using the tool interesting and helpful at the start of their admission.
- In 4 patients, who were selected to use the tool again at the end of the 2 week inpatient rehabilitation programme, remarkable changes in limb size and applied colours were seen. The patients viewed these as improvements and were pleased and sometimes amazed to see the difference.
- The main benefit of the tool to the service that therapists perceived was for patients ‘to get across their experience and know that they’ve been heard and understood’.
- Barriers to implementation were time and limitations of the tool in representing all the experiences patients report.
- Recommendations: 1. The tool needs to be refined to allow more sensations to be expressed in a single body part; 2. Greater definition is needed in the foot; 3. The tool should be in a form patients can use themselves at home.

References