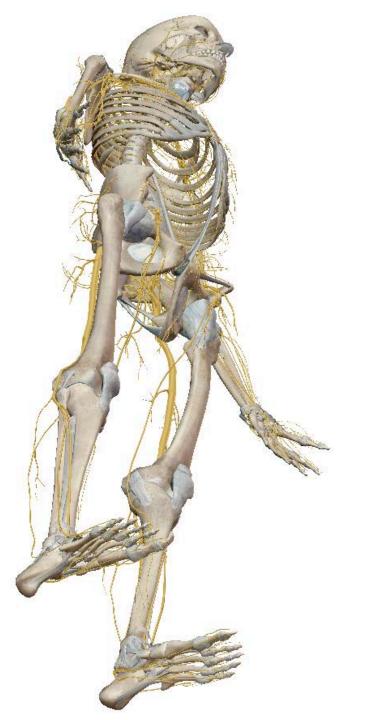
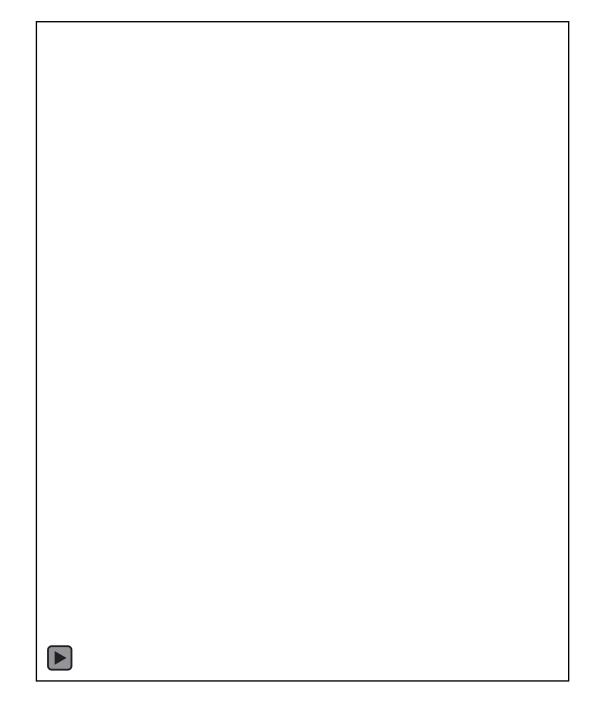
### Re-Train Your Brain Using Graded Motor Imagery & Motor Control A Case Study

Mark Butler, PT, DPT, OCS, Cert. MDT

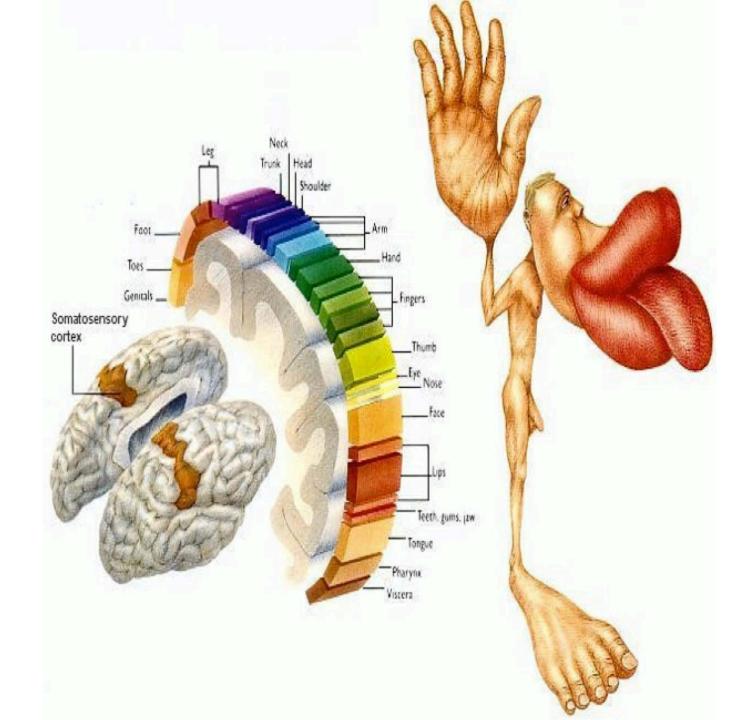


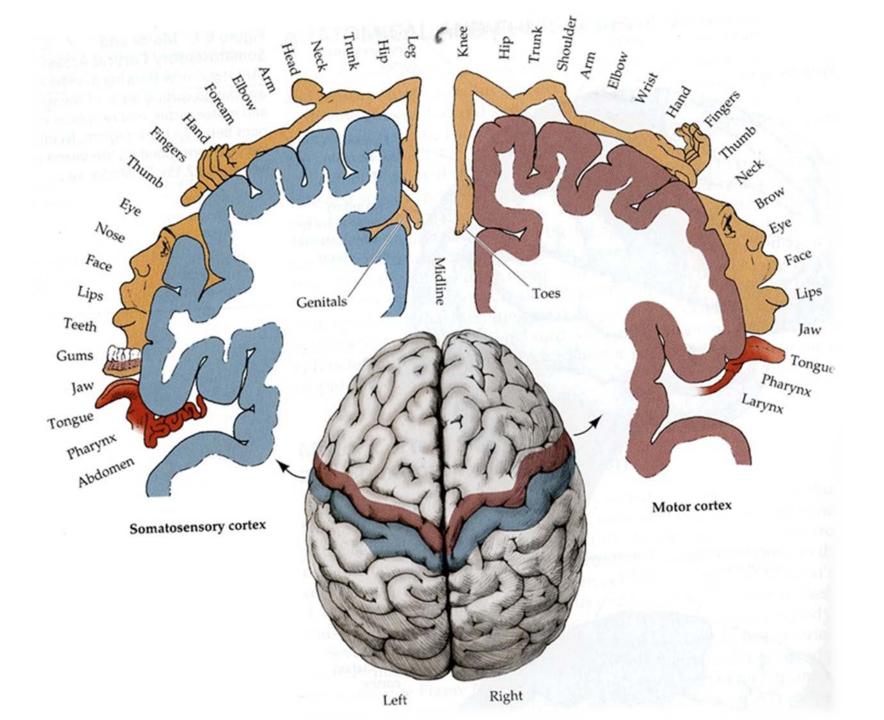
Contemporary "evidence-based" rehabilitation recommendations



### The Homunculus











### True or False:

# I have nerves that send pain signals

## Acute Pain

- Unimodal nociceptors
  - Rapidly adapting
  - Creates rapid behavior change
- Polymodal nociceptors
  - Enhanced by chemicals released through inflammation
  - Creates lingering "pain" experience

Protective role to limit further tissue damage

## **Chronic Pain**

- Brain's response
  –Nociception enhanced
  - -Sensory processing altered
  - "Pain" blocking signals malfunction
  - -Pain facilitating pathways enhanced

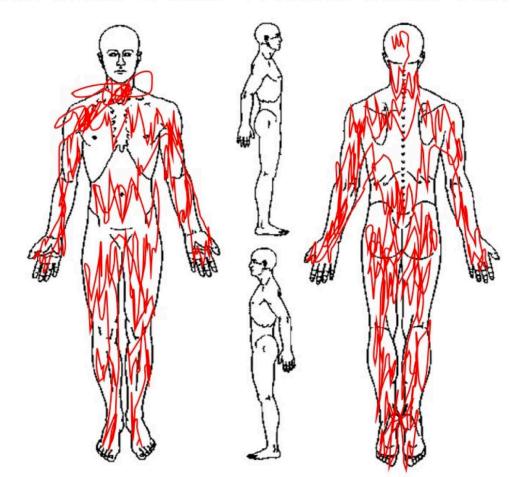
Chronic pain has no value

### The Brain in Pain

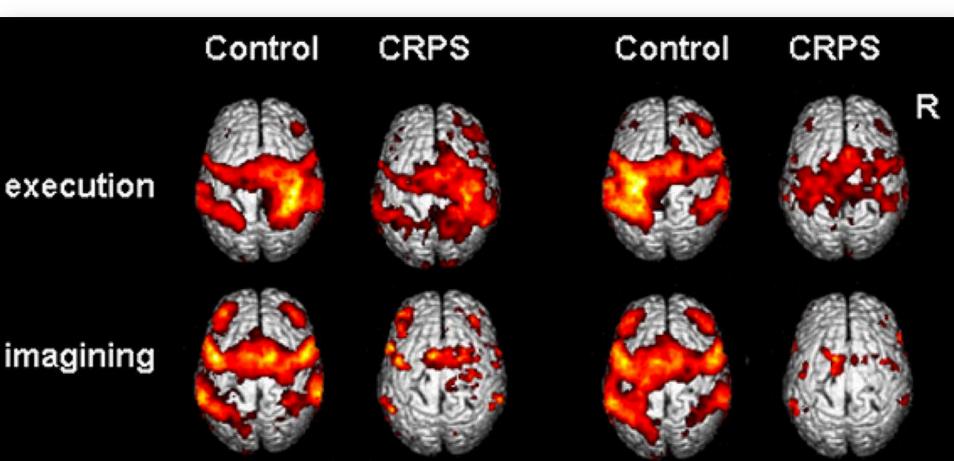
#### PAIN DIAGRAM

PATIENT'S NAME

On the diagram below, please indicate where you are experiencing pain or other symptoms. Use the following to describe your symptoms: A = Ache B = Burning N = Numbness P = Pins & Needles S = Stabbing O = Other



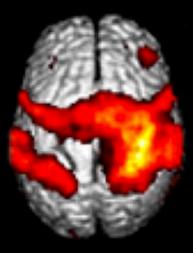
## fMRI During Wrist Extension

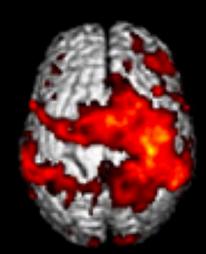


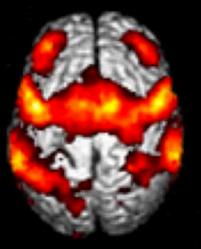
#### Left hand

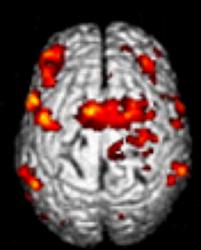


### Control CRPS



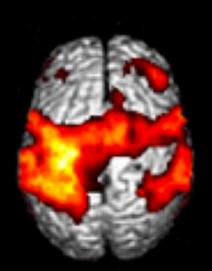


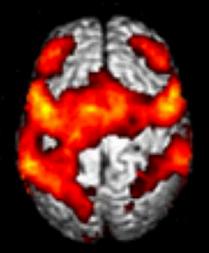


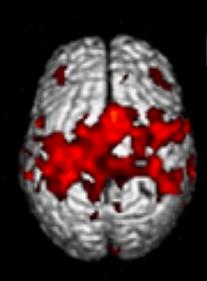


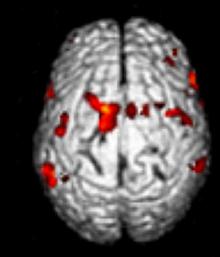
#### Left hand

#### Control CRPS









### **Right hand**

## Case Study

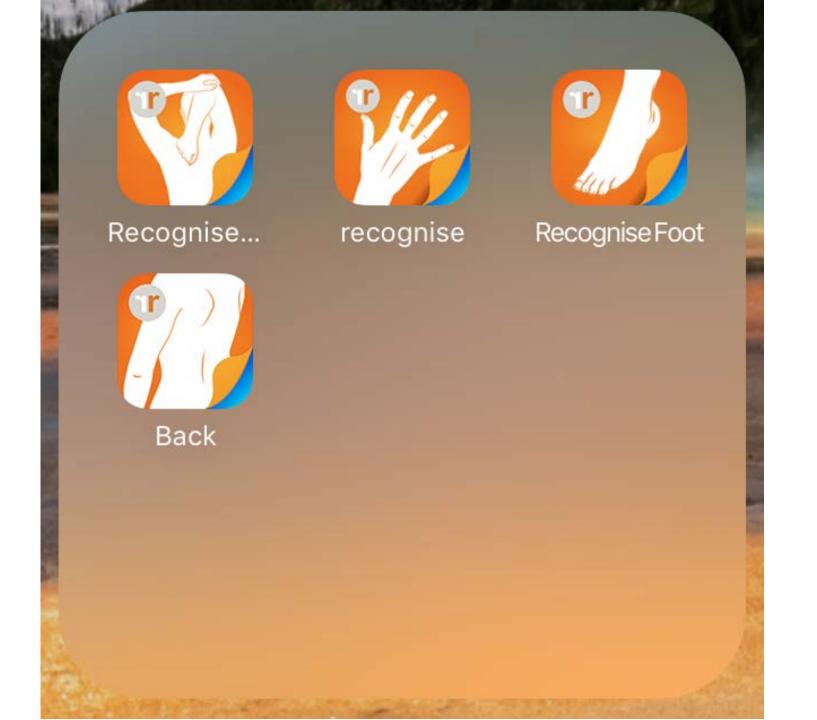
- Female in early 40's
- Dog grooming manager at large pet store chain
- Ulnar nerve injury from dog bite Aug 2013
- Therapy until Nov 2013
- Ulnar nerve release Nov 2013 poor outcome

- D/C to pain management, started injection Rx – CRPS/RSD diagnosis – Sept 2014
- Entered 2<sup>nd</sup> round of PT end of 2014
- Close to MMI 6 month later
- Referred to me by pain management Dr.





# Testing



#### Recognise



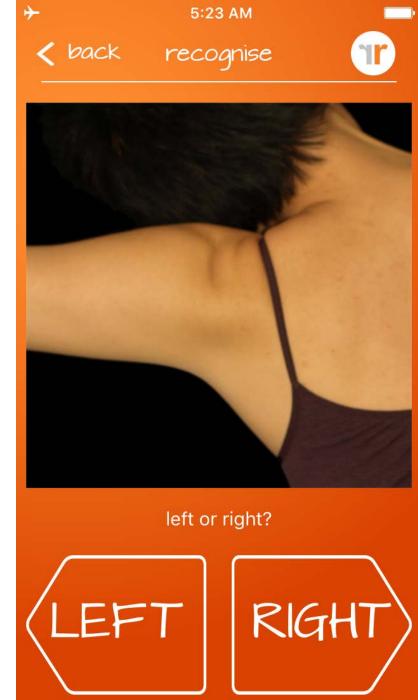








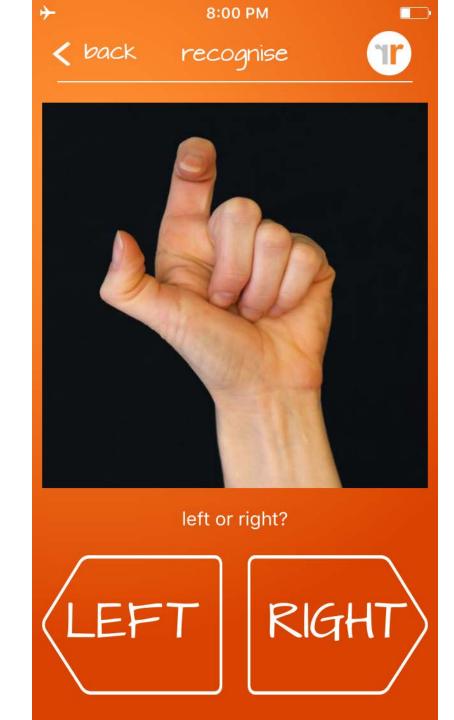


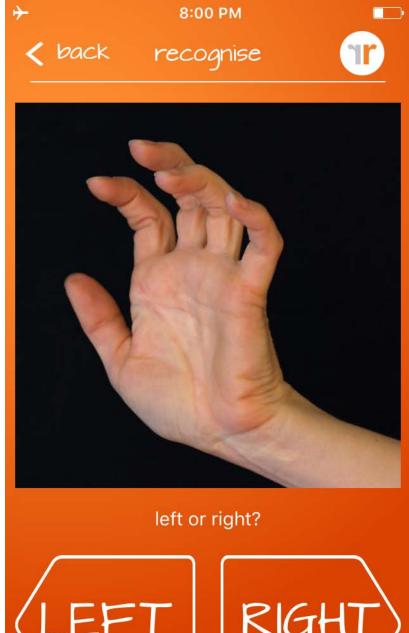






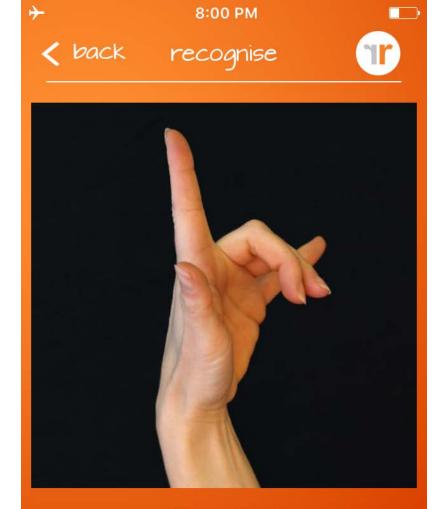












left or right?









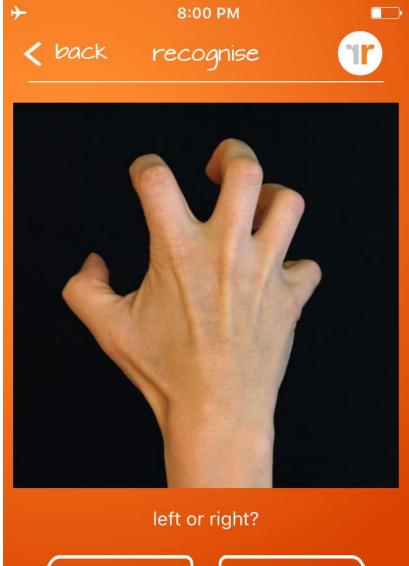




































left or right?



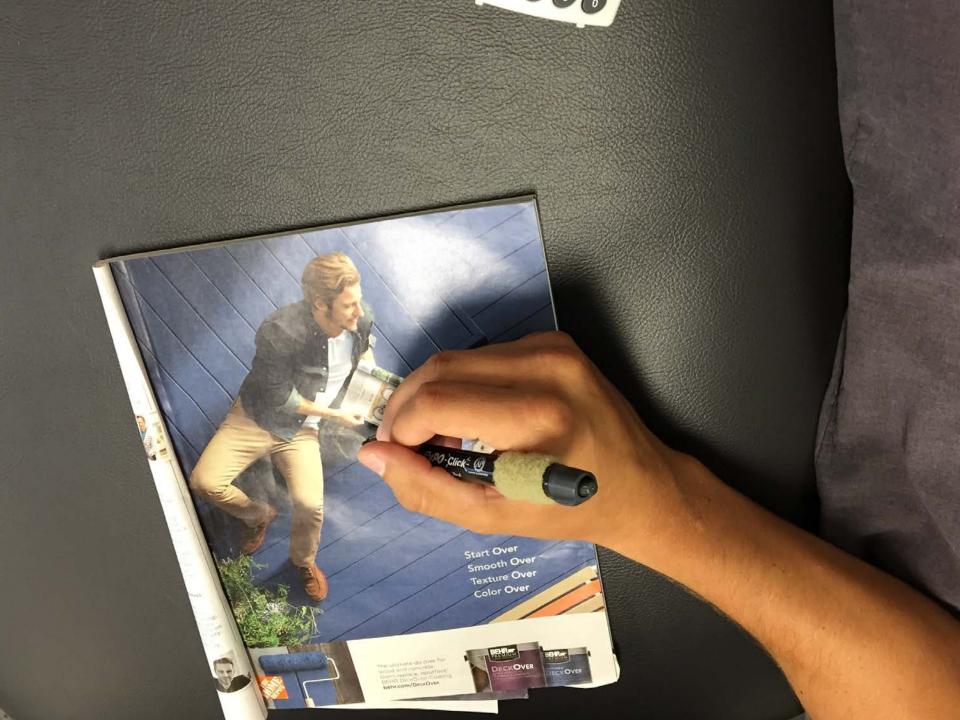


# **Re-Training**

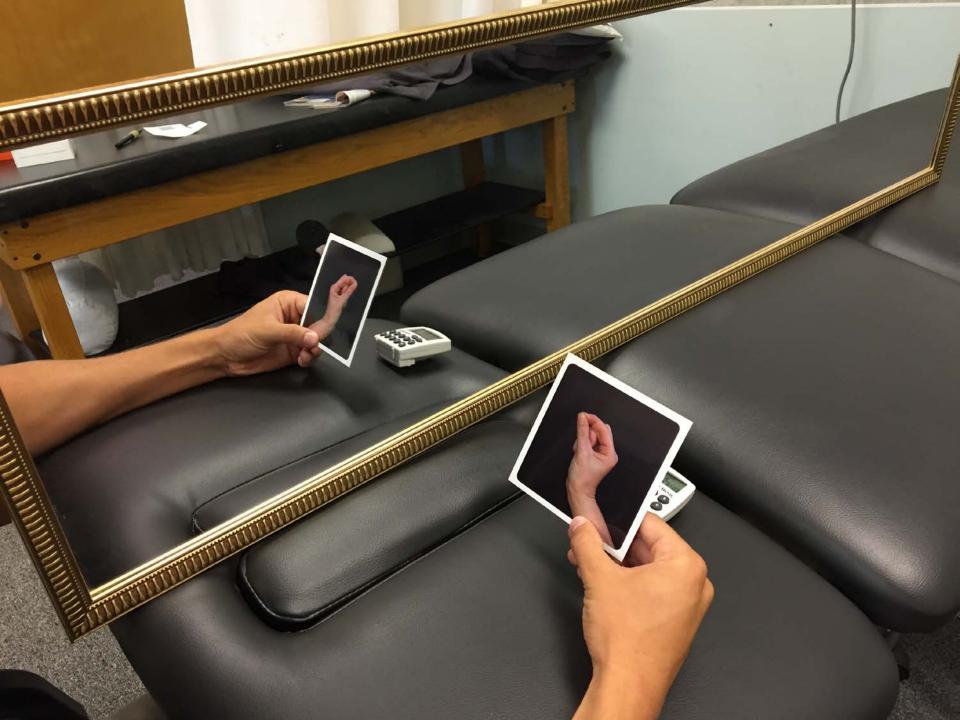


## Phase I:

## Laterality



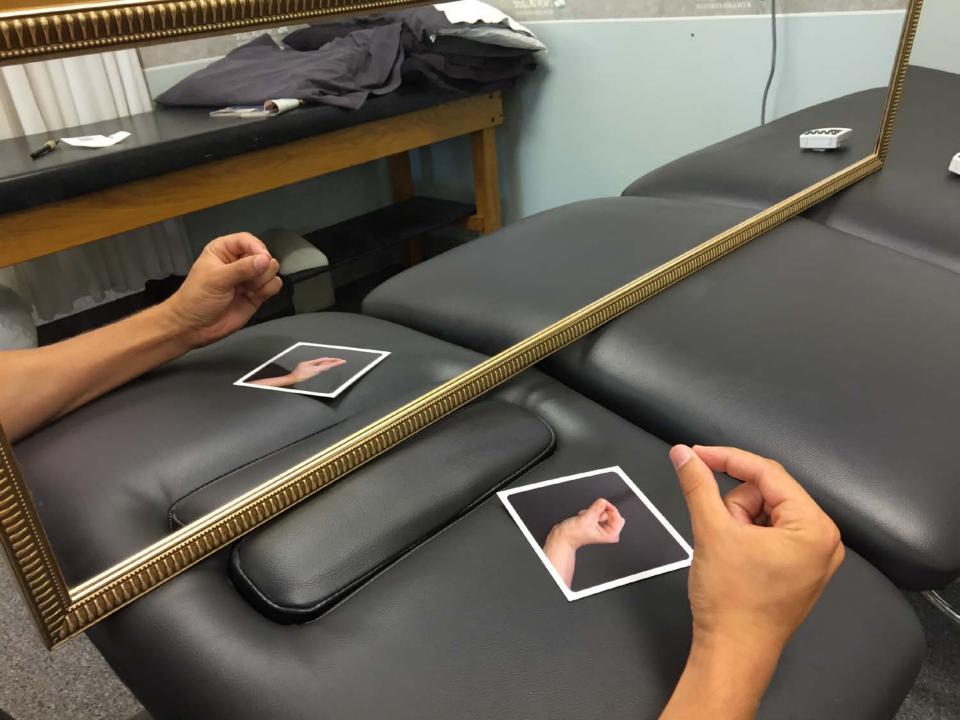
# Phase II: Imagined Hand Movements





# Phase III: Unaffected Hand

Movement





# Phase IV: Affected

## Hand Movement



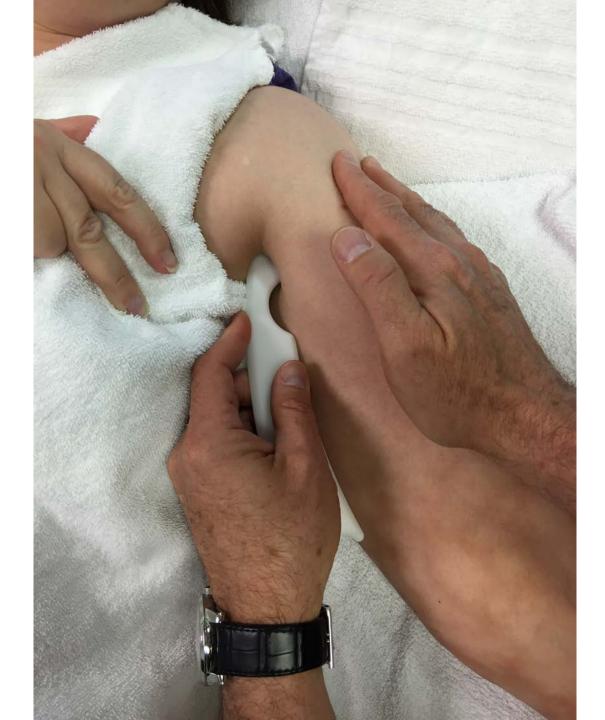
### What Next?

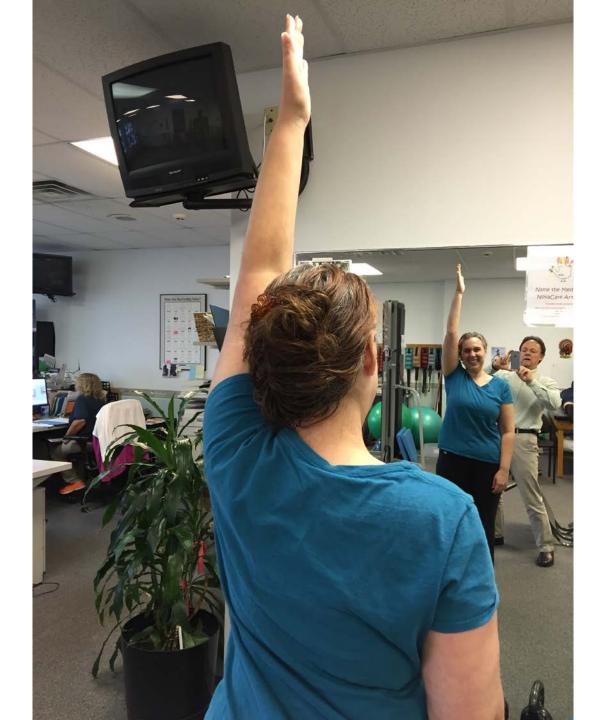


### **Crossing Midline**













### **Critical Steps**

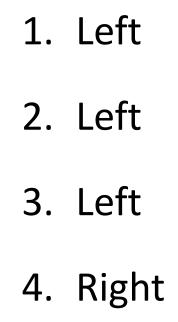
- Stick to time lines
- Regress to last pain neutral level of work if pain occurs – stay there 2 weeks
- Remove all perception of danger from treatment
- Provide pain neutralizing strategies
- Treatment must be fun exciting
- Foster independence



#### Questions?



#### Answer Key



5. Left



6. Right 7. Right 8. Right 9. Left 10.Right

#### References

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- Bowering KJ, O'Connell NE, Tabor A, et al. The effects of graded motor imagery and its components on chronic pain: a systematic review and meta-analysis. *J Pain* 2013;14(1):3-13.
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- Gieteling EW, van Rijn MA, de Jong BM, et al. Cerebral activation during motor imagery in compelx regional pain syndrome type 1 with dystonia. *Pain* 2008;134:302-9.
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- Lagueux E, Charest H, Lefrancois-Caron E, et al. Modified graded motor imagery for complex regional pain syndrome type 1 of the upper extremity in the acute phase: a patient series. *Int J Rehabil Res.* 2012;35(2):138-45.





