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Influence of LymphaTouch-treatment method for pain and edema in context of active physiotherapy

First phase of the research: change in pain and edema.

Background

Edema and pain are preventing factors in the healing processes of the most common traumas and chronic pain conditions of the working-age population. The sooner the edema and pain are reduced the sooner the healing happens. The most common indications for active physiotherapy are the traumas in the knee and ankle, epicondylitis, tension neck and shoulder, and pain conditions of the wrist.

Methods

Every patient in the research population had a doctor's referral for active physiotherapy regardless of the original cause of the pain. The research physiotherapists were educated and trained for LymphaTouch therapy method according to the standardized LymphaTouch training protocol.

For every treatment indication a 20 minute LymphaTouch therapy protocol was developed. This therapy protocol was then included in the active therapy session as one part. For pain measurement the standard VAS scale was used, i.e., pain level from 1 to 10 was recorded based on the description of the patient. The patients were interviewed, and also the comments of the therapists were taken into account. The therapists did the data collection by filling the standardized electronic data collection questionnaire during the treatments. The therapists measured the edema conditions with measurement bands, by palpation, and by visual observation.

Results

18 patients participated in the research. 3 patients were excluded because their therapy did not comply with the protocol. The final research population included 6 men and 9 women. Number of shoulder patients was 2, elbow patients 4, neck-shoulder patients 3, knee patients 5, wrist patients 1 and excluded 3.

Number of therapy sessions varied from 2-6 depending of the needs of the patients. The pain level according to VAS scale was recorded from the following time periods: during the last 6 weeks before the therapy, before and after each therapy session, and at the end of the last therapy session, when the final pain result was recorded.

Shoulder patients

Number of analyzed therapy sessions was 9. For the first patient every therapy session did reduced the pain 50% or more. The second patient felt more pain after the first treatment. The second treatment did not change the pain level. The third and fourth therapy sessions did reduce pain significantly. Final pain level was significantly lower compared to the level 6 weeks before therapy sessions.

Elbow patients

Number of analyzed therapy sessions was 21. Number of patients was four out of which only one patient reported increased pain after one therapy session. 16 therapy sessions resulted in a reduction of the pain level, and in four therapy sessions pain level did not change. For three patients pain level decreased

significantly when compared with the 6 weeks situation before the therapies and the final situation (as shown in the Table). For one patient pain level increased slightly, i.e. from one to two in VAS scale.

Neck-shoulder patients

Number of patients was three, and number of analyzed therapy sessions was 10. One patient felt pain level increase during the therapy sessions but, however, the pain level decrease was significant when comparing the 6 weeks situation (VAS 6) before the therapies and the final situation (VAS 2). The other two patients reported decreased pain level or no change during each of the therapy sessions. For all three patients the pain level decrease was significant when comparing the 6 weeks situation before the therapies and the final situation.

Knee patients

Number of patients was five, and number of analyzed therapy sessions was 26. All the patients reported decreased pain or no change in pain during the therapy sessions. For all 5 patients the pain level decrease was significant when compared with the 6 weeks situation before the therapies and the final situation (see Table).

Edema had decreased after each therapy session slightly, or to some extent. If edema was observed before the therapy then significant decrease in edema level was reported. In some cases edema level was decreased even though the edema was not the main reason for the therapy.

The patients felt immediately the influence of the LymphaTouch therapy. They never reported pain nor unpleasant experiences. Some patients wanted definitely to continue with LymphaTouch therapy. All the patients felt that the influence of LymphaTouch therapy was major than they expected beforehand.

Conclusions

LymphaTouch-treatment method is particularly suitable in combination with active physiotherapy. In these cases 20 minutes of LymphaTouch treatment was an effective duration. LymphaTouch therapy can be used actively in reducing swelling and relieving pain. LymphaTouch negative pressure-based method makes it possible to treat a wide variety of injuries and pain in tissues and joints. The use of negative pressure provides deeper treatment of tissues with less risk of causing pain or tissue damage than positive-pressure methods. It is also possible to treat acute cases while tissues are still very damaged and sensitive in a very early phase of trauma or injury incurred after an operation. Patients in this study derived significant benefits from LymphaTouch treatment. Treatments were carried out 1-3 times a week, which corresponds to active physiotherapy practice.