

# Psychomotor therapy in multidisciplinary rehabilitation for persons with chronic musculoskeletal pain: the importance of body awareness. A proposal.

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## Background

Cognitive behaviour therapy is considered an effective treatment for chronic pain, although not all people benefit from this treatment. Treatment of chronic pain in the Netherlands is advocated on the basis of biopsychosocial principles. According to this view, self management has to be strengthened to reach the primary goal of improving quality of life.

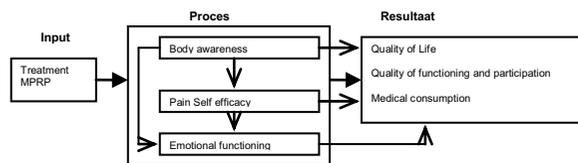


Figure 1: Positioning of body awareness in the rehabilitation process.

Self management in chronic pain patients is impaired because of a disturbed interaction between aspects of physical, cognitive and social functioning. Self-management may be improved by increasing body awareness, i.e. to pay more attention to body signals and to understand these signals in connection with thoughts, emotions and behaviour. In this way, the body may function as a reliable messenger for the state the person is in. In turn, by having more confidence in one's own body, self efficacy will increase, the attribution style becomes less depressive, and emotions will be faced better. Increasing body awareness will channel emotions by placing them in a more realistic perspective. As a result of this process the patient has an increased feeling of control and better self management, which will result in a more positive quality of life.

## Psychomotor Therapy

Psychomotor therapy is a mind-body therapy directed towards improving body awareness by movement- and body-oriented activities. By performing these activities and having the opportunities to experiment with other behaviours, the patient acquires understanding of body signals, emotions and behaviour, and may experiment with other behaviour. Until now, psychomotor therapy has hardly been integrated in Dutch multidisciplinary pain rehabilitation programs (MPRP) and there has been no explicit attention for methods to improve body awareness.

## Purpose of the study

1. What are the short-term and long-term effects of a MPRP on quality of life of patients with musculoskeletal pain?
2. Is there an additional short- and long-term effect of a MPRP that includes psychomotor therapy on body awareness and quality of life compared to a MPRP without psychomotor therapy?
3. Do body awareness and pain self-efficacy mediate the effect of a MPRP (with or without psychomotor therapy) on quality of life in patients with musculoskeletal pain?

## Method

The subjects studied are patients with chronic musculoskeletal pain who are included in the MPRP of Rehabilitation Centre Amsterdam or Rehabilitation Centre Hoensbroek. During 2 years (end 2007 – end 2009) new subjects will be included. Each subject will be monitored for 1 year and 3 months.



(BDI, POMS), pain intensity (NRS) and pain affect (MPQ). Possible mediating or moderating variables are body awareness (SBC, BIS, bodyscan, measure of balance), pain self-efficacy (PSEQ), patient expectations and patient satisfaction.

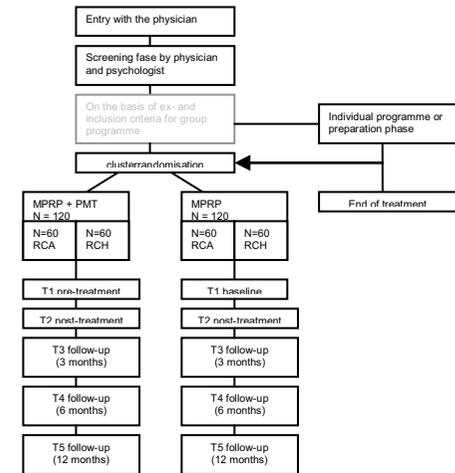


Figure 2: Flowchart of Participants. MPRP: multidisciplinary pain rehabilitation programme, PMT: Psychomotor Therapy, RCA: Rehabilitation Centre Amsterdam, RCH: Rehabilitation Centre Hoensbroek

Both treatment conditions last 12 weeks in which subjects will receive treatment 3 days a week. The primary outcome measure is quality of life (SF-36). Secondary measures are physical functioning (PDI), medical consumption, emotional functioning

