



QUALITATIVE STUDY

Basic Body Awareness Therapy for patients with stroke: Experiences among participating patients and physiotherapists



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KEYWORDS

Basic Body Awareness Therapy;
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Summary *Background:* After a stroke many patients have muscle weakness, spasticity and compromised sensation leading to decreased postural stability. Basic Body Awareness Therapy includes slow movements that challenge postural control.

Aim: The aim was to describe experiences of 8 weeks of Basic Body Awareness Therapy from the perspective of both patients with stroke and physiotherapists.

Method: This study had a qualitative design. Twenty-one patients and four physiotherapists were interviewed. The interviews were analysed using manifest and latent content analysis. *Results:* One overall theme emerged "Simple yet challenging" which was based on six categories: "Facing one's limitations", "Individualized movements", "A feeling of harmony", "Improved balance", "Integrated knowledge" and "Frustration and doubt". The patients described improvement in balance and stability, as well as increased wellbeing.

Conclusion: The patients and physiotherapists related that Basic Body Awareness Therapy challenges balance but also provides an opportunity to reflect on the body.

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Introduction

Stroke is the leading cause of serious, long-term disability among adults (Pollock et al., 2014; WHO Task Force on Stroke and Other Cerebrovascular Disorders, 1989). Motor impairment with restrictions of muscular movements is seen in about 80% of stroke patients (Pollock et al., 2014).

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Cognitive deficits, compromised sensory function and spasticity are also common (Langhorne et al., 2009; Weerdesteyn et al., 2008). The hemiparesis may lead to reduced postural stability, asymmetrical stance, restricted walking balance and dependence in activities of daily living (Kamphuis et al., 2013; Pollock et al., 2011; Van de Port et al., 2006). Recognizing the body can be difficult after a stroke and, according to a qualitative study by Guidetti et al. (2007) some patients feel like strangers to themselves, with their life world feeling unfamiliar and their body different.

There is a growing interest in therapies designed to increase body awareness. Body awareness has been defined as the subjective, phenomenological aspects of proprioception and interoception that enters conscious awareness (Mehling et al., 2011).

Basic Body Awareness Therapy is a physiotherapeutic modality that through movements challenge a person's imitates of postural stability. In Basic Body Awareness Therapy the attention is both on the doing and on what is experienced in the movements, which in turns increase a self-awareness of physical and mental aspects of body awareness (Gyllensten et al., 2003; Roxendal, 1985).

A focus of Basic Body Awareness Therapy is to find a new attitude towards the body, thus strengthening the person's recourses, and integrating it in everyday life. A core movement is stimulation of the centre line through weight transfers from left to right, and rotation around the centre of the body. Basic Body Awareness Therapy may be conducted individually or in groups and is often led by a physiotherapist. The movements can be performed in sitting, standing or supine (Dropsy, 1988; Gyllensten et al., 2003; Roxendal, 1985).

Body awareness therapy has been used in studies including patients with eating disorders (Catalan-Matamoros et al., 2011), irritable bowel syndrome (Eriksson et al., 2007), and transfemoral amputees (Sjodahl et al., 2001). Reported positive effects are improved quality of life (Eriksson et al., 2007), body awareness attitudes (Catalan-Matamoros et al., 2011) and walking capacity (Sjodahl et al., 2001), as well as reduced pain (Gard, 2005). In two qualitative studies including patients with psychiatric disorders (Gyllensten et al., 2003; Hedlund and Gyllensten, 2010), experiences such as improved balance and stable posture, mental awareness and contact with their bodies were reported.

In a previous paper we presented the results of a randomized controlled trial (RCT) investigating the effects of an 8-week Basic Body Awareness Therapy programme held in groups once a week for stroke patients, compared with an untreated control group (Lindvall and Forsberg, 2014). We found no significant differences between the Basic Body Awareness intervention group and the control group over time, from baseline to follow-up at week 9 and 14. However, within the Basic Body Awareness Therapy group, significant improvements over time were found for tests of balance, functional mobility and walking distance (outcome measures were Bergs Balance Scale, Timed Up and Go Cognitive Test, and 6-minute walk test scores). Within the control group, significant improvements over time were found for tests of functional mobility and rising from a chair (Timed Up and Go Cognitive test, Timed-stands test).

Evaluation of stroke rehabilitation traditionally focuses on improvements in functioning and not so much on patients' experiences of a treatment. Professionals can view recovery in terms of improved functioning while recovery for patients might mean return to pre-stroke life (Dowswell et al., 2000). There may be some differences in physiotherapists' and patients' descriptions of characteristics of a physiotherapy session (Wohlin Wottrich et al., 2004). To get a fuller description of a period of Basic Body Awareness Therapy, we wanted to capture the experiences of the patients and physiotherapists involved in order to triangulate the experiences of the treatment process. Thus the aim of this study was to describe the experiences of an 8-week programme of Basic Body Awareness Therapy from the perspective of both patients with stroke, and physiotherapists.

Method

This study had a qualitative interview design. We interviewed patients and physiotherapist and performed qualitative analysis of both manifest and latent content (Graneheim and Lundman, 2004).

Participants

For the randomized controlled trial an information letter was sent to 69 patients and after 1 week the first author (M.L.A.L.) contacted each patient by telephone and provided verbal information about the study. Forty-six patients were included in the randomized trial, of which 24 were allocated to the Basic Body Awareness Therapy intervention. A total of 21 patients completed the intervention and follow-up tests at week 9 and 14.

The patients in the randomized controlled trial consisted of a convenience sample of patients diagnosed with stroke from four primary health care centres (Lindvall and Forsberg, 2014). Inclusion criteria were: more than 6 months since onset of the most recent stroke, ability to walk a distance of 100 m with or without assistance, and subjectively experienced balance impairment. Exclusion criteria were having medical, physical or -cognitive impairment that affected the ability to actively participate in the intervention or to understand written and verbal instructions.

All the 21 patients who completed the Basic Body Awareness Therapy intervention were invited by mail and agreed to be interviewed, ten women and eleven men, with mean age 62, (range 42–80) years. Thirteen patients had a cerebral infarction and eight a cerebral haemorrhage. Eleven patients had right-side and ten had left side hemiparesis. One of the patients had previous stroke. When walking, four patients used bilateral walking aids and ten used unilateral walking aids.

Four physiotherapists (all women), one at each primary health care centre led each one Basic Body Awareness Therapy programme in the intervention. They were formally educated in Basic Body Awareness Therapy at a minimum level of step B, according to the education levels at the Swedish institute for Basic Body Awareness Therapy (Institutet för Basalkroppskännedom). The education levels

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