Poster Abstract

Clinicians experience of using a digital media tool in rehabilitation services to help patients communicate the nature of pain and body perception disturbances

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Abstract

Introduction: People with persistent pain often have altered perceptions of parts of their body. For example they can perceive their affected limbs as having some distortions of size, perhaps with enlarged hands or very thin forearms. They can also feel that areas of body or limb segments are much colder or hotter than they really are. These experiences can be difficult for people to communicate to clinicians. Service users have requested to have a tool that portrays their pain experience in a more visual and in-depth manner than standard methods using drawings or numerical rating scales.

A digital media tool developed by the research team gives users an on-screen image of a 3D human figure which can be manipulated to give an impression of their body perception. They can resize and reposition any body parts that they feel are different and apply textures to represent perceived sensations such as burning, cold, hard ‘stone like’ feelings, or the feeling of body parts being insubstantial. The tool was initially evaluated with a sample of 13 participants with Complex Regional Pain Syndrome (CRPS)1. 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.

Aims: The tool is now being implemented in rehabilitation services at the Royal National Hospital for Rheumatic Diseases, Bath. The aim is to evaluate benefits of using the tool to the rehabilitation services from the clinician’s perspective.

Methods: The application is being routinely used in two specialist rehabilitation services with two different long term conditions: 1. CRPS, 2. Breast radiation injury post cancer. Patients use the tool in consultation with an Occupational Therapist. The Occupational Therapist demonstrates the...
options on the application and operates the software in response to instructions from the patient to achieve a representation that is to their specification. After a bedding in period of at least six weeks in each service, the views of clinicians about using the tool will be collected in semi-structured interviews. The data will be analysed to determine the effects of using the body perception tool on service provision and changes needed to the software or its implementation.

**Results:** Work in progress

**Keywords**

pain; body perception; communication

**Reference:**