Taktil stimulering

Frågeställningen inkom 26/9-2014
Frågeställare: Ruukholm Bouvin Christina, LBG MedGer

"Den patientgrupp som jag börjat behandla med Taktil stimulering är smärtpatienter med långvarig smärta. Patienter som genomgått benamputation med fantomsmärtor. Behandlingen är Taktil stimulering. Finns någon Evidens för denna behandlings form?"

Sammanfattning


För de patientgrupper som tas upp i PICO av frågeställaren och för denna behandlingsform är det vetenskapliga underlaget svagt. Baserat på detta bör denna behandling ses som experimentell och endast genomföras under strukturerade former och åtföljas av tydlig uppföljning och utvärdering.

Databassökningar

I PubMed:

Search: (((((stroke or "gentle pressure" or rock or sway or waddle or swing)) OR ("Touch Perception"[Mesh] OR "Touch"[Mesh] or tactile)))) AND ((phantom limb pain) OR leg amputation pain)) 141009
Totalt 6 träffar men ingen referens matchar frågeställningen.

Search: (chronic pain) AND (((stroke or "gentle pressure" or rock or sway or waddle or swing)) OR ("Touch Perception"[Mesh] OR "Touch"[Mesh] or tactile)) 141009

Totalt 63 ref. En ref som matchar frågeställningen (dublett i Cochrane)

I Cochrane:
57 träffar varav 7 matchar frågeställningen.

I PEDro:
14 träffar varav två som matchar frågeställningen.

Här nedan redovisas de träffar som kan ha relevans för frågeställningen från Cochrane.

1. *Reiki for the treatment of fibromyalgia: a randomized controlled trial.*
   Journal of alternative and complementary medicine (New York, N.Y.), 2008, 14(9), 1115
   Neither Reiki nor touch had any effect on pain or any of the secondary outcomes. All outcome measures were nearly identical among the 4 treatment groups during the course of the trial. Conclusion: Neither Reiki nor touch improved the symptoms of fibromyalgia. Energy medicine modalities such as Reiki should be rigorously studied before being recommended to patients with chronic pain symptoms.

2. *Effects of therapeutic touch in reducing pain and anxiety in an elderly population*
   Lin Y 1998, 133 p
   This study demonstrated the effect of Therapeutic Touch in reducing self-reported pain and anxiety in an elderly population. However, specific physiological responses have still to be tested. Searching for evidence of human energy fields is a great challenge and provides a great opportunity for further research

   Marta IE, Baldan SS, Berton AF, Pavam M, daSilva MJ.
Data analysis showed a significant decrease (p < 0.05) in pain intensity, depression self-assessment scores and the sleep quality index. It is concluded that the Therapeutic Touch was effective to decrease pain intensity and depressive attitudes and symptoms, as well as to improve sleep quality.

4. **A pilot study of healing touch and progressive relaxation for chronic neuropathic pain in persons with spinal cord injury.**

Wardell DW, Rintala DH, Duan Z and Tan G.

Journal of holistic nursing, 2006, 24(4), 231

Participants reported various experiences with HT sessions indicating that it may have benefit in the complex response to chronic pain.

5. **Effects of integrating therapeutic touch into a cognitive behavioral pain treatment program. Report of a pilot clinical trial.**

Smith DW, Arnstein P, Rosa KC and Wells-Federman C.


Patients in this study who were randomized to receive TT fared better in terms of enhanced self-efficacy and unitary power, as well as having lower attrition rates. Trends associated TT with less distress and disability. This pilot study suggests that offering TT as an adjunct to CBT may help to improve clinical outcomes, reduce program attrition, and promote unitary power in those who suffer with chronic pain.

6. **Healing touch for older adults with persistent pain.**

Wardell DW, Decker SA and Engebretson JC.

Holistic nursing practice, 2012, 26(4), 194

The findings suggest that the experience is highly varied and on a continuum from no perceived or noticeable benefit to a decrease in pain and improvement in other physiological and psychosocial symptoms. Therefore, HT may be beneficial for some older adults within long-term care facilities as an adjunct for chronic pain.

7. **Physiological and clinical changes after therapeutic massage of the neck and shoulders.**

Sefton JM, Yarar C, Carpenter DM and Berry JW.

Manual therapy, 2011, 16(5), 487
The TM intervention produced increases in cervical ROM in all directions assessed: flexion (p < 0.0001), lateral flexion (p < 0.0001), extension (p < 0.0001), and rotation (p < 0.0001). TM of the neck/shoulders reduced the α-motoneurone pool excitability of the flexor carpi radialis after TM, but not after the LT or C interventions. Moreover, decreases in the normalized EMG amplitude during MVIC of the upper trapezius muscle; and increases in cervical ROM in all directions assessed occurred after TM, but not after the LT or C interventions.

Här redovisas de referenser som kan ha relevans för frågeställingen från PEDro

1. Therapeutic touch and its effects on phantom limb and stump pain.
Philcox P, Rawlins L, Rodgers L.
JARNA 2002 Autumn;5(1):17-21

2. The effects of quantum-touch on chronic musculoskeletal pain: a pilot study
Walton AL.

The purpose of this dissertation is to investigate, through the use of human subjects, whether Quantum-Touch has an impact on chronic musculoskeletal pain and whether this relatively new non-invasive holistic healing modality may be used as an intervention to address chronic pain. This pilot study, experimental in nature, is a collaborative effort with a medical doctor, the second investigator, who specializes in Physical Medicine and Rehabilitation. The research involved an 8-week pilot study in which the investigators used 12 volunteer adult patients (men and women ages 18-64) who were randomly selected and randomly assigned to an experimental and control group of 6 volunteers in each group. Both groups were blindfolded and received hands-on touch; however, only the experimental group was given the Quantum-Touch energy. This study seeks to determine the impact of hands-on Quantum-Touch energy healing on both genders and any differentiation in pain.

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