

3rd Week for Somatosensory Rehabilitation

7th to 10th March 2011

**3rd WEEK for SOMATOSENSORY REHABILITATION
2011**

Problem

- When the patients that are placed in our care have been suffering too much for too long, when their facial expression remains frozen, how can the hope of a better tomorrow be rejuvenated: a future with less shooting pain, with less burning sensations - simply put - with a decrease of **neuropathic pain**.
- Most patients suffering from chronic pain have cutaneous sense disorders. A decrease in the hypoaesthesia (for example the pressure perception threshold) will, at the same time, cause a decrease of their chronic neuropathic pain (for example the McGill Pain Questionnaire).

Overall Aim

- To rehabilitate the disorders of the cutaneous sense on the basis of the neuroplasticity of the somaesthetic system so as to lessen chronic neuropathic pain.
- To avert the outbreak of painful complications by rehabilitating the cutaneous sense.
- To build bridges between rehabilitation, medicine and the neurosciences.

Specific Objective

- To evaluate disorders of the cutaneous sense: aesthesiography, static 2-point discrimination test, tingling signs and somaesthetic symptoms, pressure perception threshold, etc.
- To evaluate painful complications with the McGill Pain Questionnaire: mechanical allodynia, reflex sympathetic dystrophies, neuralgia, etc.
- To implement planned rehabilitation procedures within the context of chronic pain complications.
- To adapt the knowledge of mainstream neurology for use in rehabilitating neuropathic pain and vice versa.

Teachers

- Claude Spicher, OT, Swiss certified HT, Manager & therapist in the Somatosensory Rehabilitation Centre, Scientific collaborator
<http://www.unifr.ch/neuro/rouiller/collaborators/spicher.php>
- Rebekah Della Casa, OT, therapist in the Somatosensory Rehabilitation Ctr.

Guestspeakers

- Dr Thomas Rutishauser, MD, Orthopaedic and Foot surgery, fellow in Foot Surgery Centre, Schulthess Clinic, Zürich
- Dr Patrick Freund, PhD, Research Associate; UCL, Institute of Neurology, London

<http://www.unifr.ch/neuro/rouiller/teaching/continedu.php>

Info	7 th to 10 th of March 2011
Date	9am – 12am & 1pm – 5 pm
Time Table	28 hours
Duration	Clinique Générale; 6, Hans-Geiler Street ; Friburg
Place	CHF 990.- (Work Documents in English + Handbook + Atlas)
Price	Spicher, C.J. (2006). <i>Handbook for Somatosensory Rehabilitation</i> . Montpellier, Paris: Sauramps Médical.
Reference	Spicher, C.J., Desfoux, N. & Sprumont, P. (May 2010, in press). <i>Atlas des territoires cutanés du corps humain</i> . Montpellier, Paris: Sauramps Médical.

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REGISTRATION FORM

[Deadline: Friday, 25th February 2011](#)

Name:

First (given) name:

Professional occupation:

Address:

e-mail address:

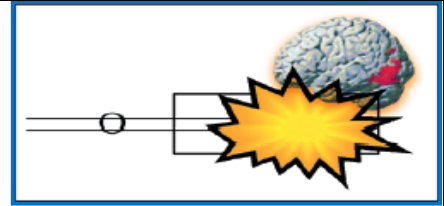
Please fill and return to:

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Switzerland

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or

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PROGRAM

1st Day

Morning:

Your patients suffer from hypersensitivity to touch
Diagnostic testing of axonal lesions (part one)

Afternoon:

Workshop introduction
Workshop
Rehabilitation of hyposensitivity

6 pm: Conferences at the university of Friburg

2nd Day

Morning:

Diagnostic testing of axonal lesions (part two)
A Way of Hope towards the Liberation from Neuropathic Pain

Afternoon:

Desensitization at the site of axonal lesions
Live Treatment
Chronic Neuropathic Pain decreases through Somatosensory Rehabilitation

3rd Day

Morning:

Distant vibrotactile counter stimulation
Static Mechanical Allodynia
VAS
Distant vibrotactile counter-stimulation
Rainbow pain scale

Afternoon:

Chronic pain
Live Treatment
McGill Pain Questionnaire

4th Day

Morning:

CRPS Definition and Therapy
Ideas for every days practice

Afternoon:

Case report
Live Treatment
Drugs and Prevention

Table of Contents

Foreword : A Lee Dellon, MD

Introduction

Part 1

Definitions, Testing & Rehabilitation of Basic Cutaneous Sense Disorders in Case of Neurological Lesions.

Senses: Some Useful Distinctions

1. Muscle Sense

2. Cutaneous Sense

A. Protective Sense

B. Vibrotactile Sense

C. Somatosensory Recovery Stages

D. Nerve Regeneration

3. Touch

Testing of the Cutaneous Sense

1. Argumentation to the Prescribing Doctor

2. Diagnostic Testing of Axonal Lesions

A. Aesthesiography

B. Static 2-Point Discrimination Test

C. Tingling Signs

D. Somatosensory Qualifiers

3. Search Procedure of Abnormal Low-Sensitivity

4. Testing of the Protection Sense

A. Perception of Vibrations

B. Protection from Heat

C. Protection from Pain

Pressure Perception Threshold

Rehabilitation of Hyposensitivity

1. Line Rehabilitation
2. Asperity Rehabilitation
3. Hands-on Therapy
4. Stimulation of Nerve Regeneration
 - A. Overdose of Vitamin B12*
 - B. Stimulation by Mechanical Vibration*
5. Permanent Assessment
 - A. Static 1-Point Localization Test*
 - B. Moving 2-Point Discrimination Test*
 - C. Picking-Up Test*
6. Rehabilitation of Hyposensitivity in Case of Cerebral Lesions: a few Special Features
 - A. First Strict Bed Session of a Patient Suffering from a Cerebral Vascular Accident, in Particular with a Sensorimotor Hemisysndrome*
 - B. Hands-on Therapy*
 - C. Stimulation by Mechanical Vibrations*
7. Examples: Rehabilitation of Hyposensitivity, Stage by Stage
 - A. Nerve Transsection (Illustrations I to IV)*
 - B. "Small" Axonal Lesions (Illustrations I and II)*
 - C. "Very Small" Axonal Lesions (Illustration I)*

Conclusion

Part 2

Definitions, Testing, Rehabilitation & Prevention of Painful Complications of Cutaneous Sense Disorders in Case of Peripheral Neurological Lesions

Introduction

From Alarm Pain to the Phenomenon of Pain

1. Definitions
2. Treatment

Few Analgesic Drugs

McGill Pain Questionnaire

1. Short Presentation
2. Short History
3. Original Test Administration
4. Interpretation

A. The Simplest

B. Averages Score

C. Affective Pains or Sensory Pains

D. Therapies Lasting Longer than One Month

5. Conclusion

Mechanical Allodynia

1. Definitions
2. Allodynic Territory Assessment

A. Allodynography

B. Rainbow Pain Scale

3. Allodynic Territory Rehabilitation

A. How to Determine the Zone to Counter Stimulate?

B. Vibrotactile Counter Stimulation

4. Conclusion

Desensitization by Mechanical Vibrations at the Site of Axonal Lesions

1. Definitions
2. Assessment
3. Desensitization
4. Few Types of Vibration Generator
5. Conclusion

Neuralgias or Neuropathic Pains

1. Definitions
 - A. History*
 - B. Few Neuralgias as Examples*
 - C. Etiopathogenesis*
2. Assessment
3. Rehabilitation
4. Conclusion

Complex Regional Pain Syndrome

1. Definitions
 - Short Historical Overview*
2. Assessment
3. Rehabilitation
4. Conclusion

Prevention or How to Argue with the Patient

CONCLUSION, GLOSSARY AND BIBLIOGRAPHY

Conclusion

Glossary

General Bibliography

ANNEXES

1. Somatosensory Recovery Stages Modified by Spicher
2. Three Classifications of Somatosensory Recovery
3. Prescription de rééducation sensitive (Somatosensory Rehabilitation Centre)
4. Diagnostic Testing of Axonal Lesions
5. Normal Values of the Static 2-Point Discrimination Test for each Cutaneous Department of the Lower and Upper Extremities
6. Three Tables of Vibration Amplitude Concordance for Different Generators with the IKAR Probe for:
 - Vibrotactile Counter Stimulation in the Presence of a Possible Allodynic Territory
 - Testing and Rehabilitation of the Hypoaesthetic Territory
 - Desensitization by Mechanical Vibrations at the Site of Axonal Lesions
7. Search Procedure of Abnormal Low-Sensitivity
8. Palmo-Ulnar Collateral Nerve of the Ring Finger and its Forks
9. Permanent Assessment of Cutaneous Sense in Case of Cerebral Lesions
10. Semmes-Weinstein Utilization Table
11. Line Rehabilitation Program – for a Member of the Family
12. Hands-on Therapy
13. Permanent Assessment of Cutaneous Sense in Case of Peripheral Neurological Lesions
14. Values of Static 1-Point Localization Test
15. McGill Pain Questionnaire Modified by Spicher, Version of the Somatosensory Rehabilitation Centre
16. Interpretation of the McGill Pain Questionnaire Modified by Spicher, Version of the Somatosensory Rehabilitation Centre
17. Visual Analogue Scales
 - Neutral*
 - With “Smilies”*
 - With Text*
18. Desensitization Evolution Graph
19. CRPS Diagnostic Procedure According to Bruhl
20. Rehabilitation Periods of a CRPS II

Ihre Meinungen zum Thema - Ce qu'ils en disent - Their point of view -

Published in the *American Journal of Hand Surgery*, with the kindly authorization of its editor-in-chief, the authors and the publisher.

BOOK REVIEW

Handbook for Somatosensory Rehabilitation. Claude Spicher, Paris: Sauramps Medical, 2006; 199 pages, \$36.00.

The *Handbook for Somatosensory Rehabilitation* provides a practical primer for individuals interested in the rehabilitation of patients following peripheral nerve lesions and particularly painful nerve lesions. This book will be useful primarily to rehabilitation specialists interested in sensory recovery and rehabilitation following nerve injury.

This book is authored by Claude Spicher, an occupational therapist who has devoted his career to the treatment and study of patients with peripheral nerve injuries. Spicher is a certified hand therapist of the Swiss Society for Hand Therapy and in 2004 founded the Somatosensory Rehabilitation Center in Switzerland. This book is easy to read and understand; it is obviously written with passion by an individual dedicated to this specialty.

Part One of this book outlines the basic definitions, testing, and rehabilitation principles for patients following neurological lesions. Spicher provides the reader with an excellent summary of the critical aspects that pertain to the evaluation of patients with sensory nerve injuries. He provides an excellent compilation of definitions, terms, and syndromes that are commonly seen in this patient population. With a sufficient bibliography, the reader is quickly directed to other, more detailed monographs and references. This book is not meant to provide a definitive literature review, but the comprehensive bibliography provides the reader with the capability to pursue other sources of specific interest.

Part Two addresses primarily the evaluation and treatment of patients with neuropathic pain and includes some specific treatment strategies that have worked in the author's personal experience. This

book also discusses and recommends the McGill Pain Questionnaire, which is just one of many questionnaires that are available to assess pain. Spicher should be commended for recommending the use of a valid and reliable measure for pain. Pain, however, is a complex phenomenon with psychosocial issues, such as anxiety, depression, and catastrophic pain, that can also impact these patients and should be considered in management but are beyond evaluation with the McGill Pain Questionnaire. In other sections, such as CRPS, the reader is provided with a brief overview of the topic, and the interested reader should research other sources for more comprehensive reviews.

This book provides the reader with an overview of a very complicated problem. It is good "starter" material for individuals interested in this patient population. It is filled with detailed personal reflection. As such, Spicher clearly states that he is not intending this book to be anything more than his interpretation over his very long career in managing these patients. Perhaps the most useful part of this book is the bibliography, which will direct the reader to manuscripts that may be obscure but also relevant. The book achieves its intent as Spicher states: A "handbook based on practice with its originality in the attempt to synthesize numerous publications and in the introduction of a few personal touches." It is, in fact, Spicher's personal touches, anecdotes, and musings that readers will find enjoyable and perhaps stimulating and beneficial to the evaluation and management of their own patients.

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