

# Physical Therapy for Survivors of Torture

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# Goals for Presentation

- 1) Identify 4 issues present in torture survivors that may be addressed by P.T.
- 2) List 3 indicators for referral to P.T. and learn 2 key points for facilitating referral
- 3) Describe 3 ways that P.T. can avoid re-traumatizing clients
- 4) Identify 3 common techniques used by P.T.'s working with survivors of torture

# Infliction of pain and suffering

- \* Physical and psychological aspects of torture
- \* Physical torture usually directed at musculoskeletal system
- \* Torture methods of suspension, beatings, forced positions, strapping, sexual and electric torture all lead to pain and injury
- \* There are also many physical effects of stress itself
- \* Complex mind/body connections which may be difficult for both client and others to sort out

# Long History of P.T. with Torture Survivors

- \* First international conference of P.T.'s treating torture survivors 1994, Copenhagen
- \* Many centers world and nation-wide have physical therapy either on-site or close referral relationship
- \* CVT has had volunteer P.T.'s in Minnesota for 21 years and has staff physiotherapy trainers, physiotherapists and U. S. P.T. advisors in Jordan and Kenya

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# Quotes from torture survivors in Minnesota

“The pain in my body is a constant reminder of my torture.”



# Quotes from torture survivors in Minnesota

“The torturers told me that I would never get better. They were wrong! Now I am so much better and I know that the torturers were wrong and that they lied to me.”



# Quotes from torture survivors in Minnesota

“My hard work doing my exercises has helped me to improve. I feel that I am defeating my torturers by regaining my function.”





# Client Issues Which P.T. May Address



- \* Chronic pain in head, joints and muscles
- \* Decreased posture and overall mobility
- \* Inability to perform typical activities such as walking, lifting, child care, sleeping comfortably, sports and recreation
- \* Decreased strength, range-of-motion, coordination, balance
- \* Sensory changes, vision changes and dizziness
- \* Pelvic floor issues



# Client Issues Which P.T. May Address

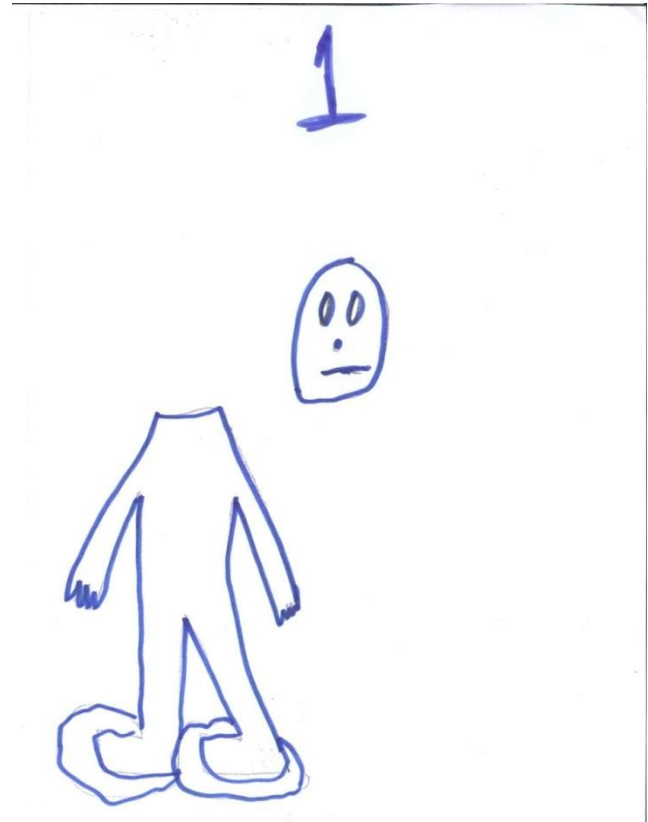
- \* **Body awareness:**
  - \* Judge distance from self
  - \* Localize pain
  - \* Imitate movements easily
- \* **Self regulation**
  - \* Alter breathing rate and pattern
  - \* Alter speed and intensity of activity
  - \* Have appropriate energy level
  - \* Calm self after high energy activity
  - \* Relaxation

# Role of Dissociation

- \* Good survival strategy at the time of torture
- \* Later, can contribute to feeling disconnected, foggy, not at home in one's own body
- \* Body image drawings:
  - \* Used by P.T. at Berlin Center for Torture Victims
  - \* Help to direct treatment and to monitor progress
  - \* Drawings clearly show how survivors often view themselves before physical and psychological treatment

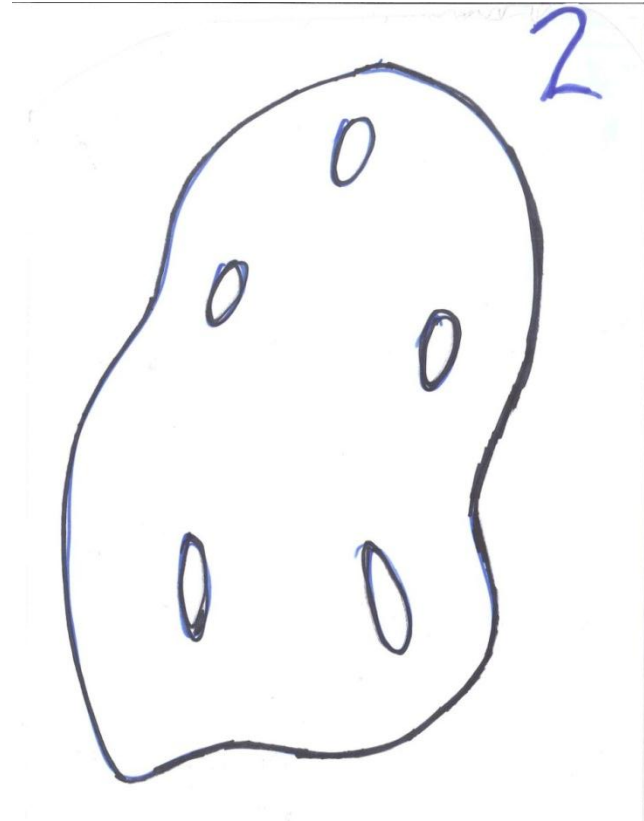
# Sketch of Body Image 1

This client felt very disconnected from his body. He was focused on pain in his feet from falanga torture.



## Sketch of Body Image 2

This client saw her body as an amorphous blob. Ovals are areas where she felt the most pain.



# Sketch of Body Image 3

This client has ringing in the ear, headache, pain in feet and elbows



# Role of Dissociation

- \* Improvements noted in drawings after course of P.T. and psychological counseling
- \* Amazingly, by end of treatments, client's body images were typical and well-proportioned

# Indicators for Referral to P.T.

- \* Acute /chronic pain
- \* Falanga torture
- \* Decreased posture, body awareness, self regulation, proprioception
- \* Decreased strength, ROM
- \* Decreased mobility / ability to perform desired activities





# Keys for Facilitating Appropriate P.T. Referral

- \* P.T. departments that see large numbers of refugees
- \* Which P.T. is comfortable working with survivors of trauma and torture
- \* Release of client information? Ask.
- \* Select records to P.T. to sensitize P.T. to special needs of client from first session



# Avoiding Re-traumatization

- \* May do evaluation over several sessions and pace hands on assessment
- \* Avoid excessive questions initially so does not feel like an interrogation
- \* Be on time
- \* Doors or curtain open if desired by client
- \* Ask permission before touching client, and check in about how is tolerating. (Touch can be extremely therapeutic for client!)



# Avoiding Re-traumatization

- \* Give clients choice in all matters related to treatment:
  - \* Positions to treat in
  - \* Issues to focus on
  - \* Speed of treatment progression
- \* Some modalities may be similar to torture experiences, but may be well tolerated – be sensitive
- \* Caution with mirrors, bright lights, uniforms



# Physical Therapy Techniques

- \* Emphasize home program of exercises and modalities to promote self-efficacy in being able to decrease pain, increase mobility
- \* Hands on techniques if accepted
- \* Progressive work for balance and fluency of movements
- \* Pelvic floor treatment



# Physical Therapy Techniques

- \* Pool exercises
- \* Sensory awareness techniques
- \* Specialized treatment for falanga torture
  - \* 60-page book about this – free
- \* Equipment
  - \* Canes, walkers, shoe inserts, knee/back braces, etc.



# Community Exercise Options

- \* Group P.T. sessions
  - \* CVT-Jordan program
  - \* Group by physical issues  
OR
  - \* Group by body awareness issues/self-regulation deficits
- \* Team sports
- \* Bicycle donations, clubs (see 11/16/09 webinar)
- \* Hiking groups
- \* Health club
- \* Exercise DVD



# Resources

Full article available for free download  
through Dignity – the Danish Institute Against Torture:  
[www.dignityinstitute.org](http://www.dignityinstitute.org)

- \* Amris, K., & Prip, K. (1994). Introduction to examination by the physiotherapist. *Torture* (supplementum 1), 15-27.  
<http://doc.rct.dk/doc/tort1994.suppl.1.3.pdf>
- \* Amris, K., & Prip, K. (2000). Physiotherapy for Torture Victims (I): Chronic pain in torture victims: possible mechanisms for the pain. *Torture*, 10 (3) 73-76. <http://doc.rct.dk/doc/TORT2000-3-3.pdf>
- \* Amris, K., & Prip, K. (2000). Physiotherapy for Torture Victims (II): treatment of chronic pain. *Torture*, 10 (6) 112-116.  
<http://doc.rct.dk/doc/TORT2000-4-5.pdf>
- \* Holten, N., Prip, K., Tived, L. (1995) *Physiotherapy for Torture Survivors: a basic introduction*. Copenhagen. International Rehabilitation Council for Torture Victims.  
<http://doc.rct.dk/doc/mon1995.135.pdf>

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- \* Hough, A. (1992). *Physiotherapy for Survivors of Torture*.  
*Physiotherapy*.  
<http://www.freedomfromtorture.org/sites/default/files/documents/Hough-%20PhysiotherapyforSurvivors%20.pdf>
- \* Prip, K. (1994). *Sequelae in soft tissues after beating, suspension and fixation*. *Torture Quarterly*.  
<http://doc.rct.dk/doc/tort1994.suppl.1.4.pdf>
- \* Skjaerback, I. (1994). *Pain physiological mechanisms used in physiotherapy*. *Torture quarterly*.  
<http://doc.rct.dk/doc/tort1994.suppl.1.5.pdf>
- \* For the list at the Dignity Library of all 404 articles, lectures, etc. about PT and torture, the link is:  
[http://www.reindex.org/RCT/main/Hits.php?ColSearch=node0\\_0&qe=physiotherapy&tgtGroup%5B%5D=1032&tgtGroup%5B%5D=1033&PortalMode=1&tgtPos=1&SearchMode=lay](http://www.reindex.org/RCT/main/Hits.php?ColSearch=node0_0&qe=physiotherapy&tgtGroup%5B%5D=1032&tgtGroup%5B%5D=1033&PortalMode=1&tgtPos=1&SearchMode=lay)



# Resources

Available via the Dignity library

- \* The following may be requested, free, via [library@dignityinstitute.dk](mailto:library@dignityinstitute.dk) - they will mail a copy to you:
- \* Torture Survivors-Introduction to Physiotherapy. World Confederation for Physical Therapy--Barcelone, Spain 2003
- \* Falanga Torture-Diagnostic Considerations, Assessment and Treatment. Amris, K, and Prip, Karen. (59 page book)

# Resources

## More resources

- \* Prip, K., Persson, A., Sjölund, B. Self-Reported activity in tortured refugees with long-term sequelae including pain and the impact of foot pain from falanga: a cross-sectional study. *Disability and rehabilitation*, 33 (7) 569-578.
- \* Scheermesser, M., Bachmann, S., Schamann, A. (2012). A qualitative study on the role of cultural background in patients' perspectives on rehabilitation. *BMC Musculoskeletal Disorders*, 13:5 free online access at <http://www.biomedcentral.com/1471-2474/13/5>
- \* Sluka K., (2009) *Mechanisms and Management of Pain for the Physical Therapist*. Seattle. IASP Press Seattle. [http://www.iasp-pain.org/AM/Template.cfm?Section=IASP\\_Press\\_Books2&Template=/CM/HTMLDisplay.cfm&ContentID=10677](http://www.iasp-pain.org/AM/Template.cfm?Section=IASP_Press_Books2&Template=/CM/HTMLDisplay.cfm&ContentID=10677)

# Thank you so much!

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- \* Many free resources to establish your own library of books and articles about torture treatment on list of supporting tools