

Mindfulness as a *Rehabilitation* Intervention for People Living with the Late Effects of Polio

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Concepts in
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Disability Boundaries Gerontology Models Palliative Care Post Polio Syndrome
Handicap Impairment
Evidence Mindfulness Rehabilitation
Chronic Disease Goal setting Pain Management

Introduction

The purpose of this review was to examine the literature with a view to trialling a mindfulness intervention with people living with the late effects of polio.

Aims

There is currently a great deal of interest in mindfulness as a therapeutic intervention, reflected by the volume of articles published on the matter. No publications were found on people living with late effects of polio.

It is common in clinical practice to encounter scenarios where the literature fails to provide clear guidance on the evidence to support an intervention. Whilst acknowledging the 'evidence gap' one can usefully examine the broader literature and deconstruct interventions within a taxonomic framework (Whyte et al. 2014).

Polio Late Effects

Underlying mechanisms not fully elucidated. Affects up to 50% adult polio survivors 25+ year after infantile paralytic polio (Weiss, 2000)

- unaccustomed fatigue
- muscles & joint pain
- new muscle atrophy
- swallowing or speaking difficulties
- heat / cold intolerance
- psychological issues

Breathworks

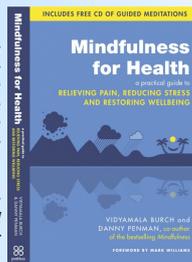
The Breathworks (BW) programme is a multimodal mindfulness intervention, combining meditation techniques, exercise and self-management strategies such as pacing.

breath
works
for living well

An 8 week course, group based intervention with blended options (on line / face to face). Training and certification available in Australasia. Developed by Vidyamala as a response to her own chronic pain condition.

The Breathworks Programme has been published in paperback with guided meditation and body scans as audio files.

May be used as a course manual for group work or self-guided use.



The BW programme has been evaluated from the perspectives of pain management, improved quality of life and changes in participants levels of mindfulness. (Cusens et al 2010)

'unpacking the pain experience, changing relationship to pain, letting go of the label, self-compassion and acceptance, and wellness within illness.' (Doran, 2014)

Mindfulness

'Mindfulness describes an open and receptive, non-judgemental attention to, and awareness of, moment-by-moment experience'

(Kabat-Zinn, 1990)

Derived from meditation practices and understanding of the mind from Buddhist traditions. Classified as a 'third wave' (acceptance) psychological therapy (Kabat-Zinn, 2000)

Kabat-Zinn pioneered applications of mindfulness in health & developed the Mindfulness Based Stress Reduction programme. It is the best researched mindfulness intervention (Goyal et al. 2014)

Practice

The late effects of polio are complex and people living with it may also be affected by a range of age related degenerative diseases and significant co-morbidities (Atwal et al. 2013).

Rehabilitation interventions can usefully be deconstructed from the perspective of principal and active ingredients, inert ingredients, mechanism(s) and targets (Dijkers et al., 2014).

This gives a conceptual framework for interpreting and applying findings from research on basic research and clinical applications of mindfulness.

The Evidence

There is a growing body of research supporting mindfulness in a range of conditions.

'Although derived from a relatively small number of studies, these results suggest that MBSR may help a broad range of individuals to cope with their clinical and non-clinical problems.' (Grossman et al. 2004)

A number of RCTs and meta-analyses support the use of mindfulness in older people in the management of low back pain (Morone et al. 2008), depression (Smith et al. 2007), neurological conditions in people of various ages such multiple sclerosis (Simpson et al. 2014), chronic fatigue (Lauche et al. 2013), fatigue post stroke (Johansson et al. 2012)

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