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# Moving Beyond a Mended Body, Revealing the Dance of the Unseen Limb: A Theoretical Based Dance/ Movement Psychotherapy Working Model for Amputees

**Author: Nily Ron, BA in Psychology and Management, Dance/Movement Psychotherapist**

## Abstract

In the following paper I attempted to link the work done in Dance Movement Psychotherapy (DMP) sessions to physical and emotional themes that are currently being researched in the amputee rehabilitation field. I gathered data from literature in various scientific fields, including physiotherapy, neurology, psychology, creative arts therapies and DMP In addition, I interviewed three representatives of key services available for amputees. The goal was to create a DMP working model which could benefit individuals who lost their limbs. The main themes discussed in this paper are body-image, a sense of 'wholeness', the phantom sensations and phantom limb pain. In my DMP working model, "Moving beyond a mended body", I suggest working through four stages: 1) grounding work and core strengthening; 2) relearning body boundaries and personal kinesphere; 3) moving the unseen limb; and 4) giving meaning to the movement explorations by means of verbal reflection. The most significant aspect of the proposed working model is the attempt to correlate between the research done on imagery and virtual reality in the amputee rehabilitation field and the working methods in the DMP field. This is a theory-based model and therefore would require further practical research to assess its validity.

## Introduction

Throughout my Dance Movement Psychotherapy (DMP) training I have worked with people with diverse body shapes, abilities and disabilities, amongst them three were amputees. I have been privileged to work with people who, despite having physical disabilities that limited their movements, showed great ability and motivation to continue and express themselves through dance and movement. These experiences influenced my interest in this current research.

In this research I propose a DMP working model which emphasises work on body image aspects of the amputee client whilst offering an opportunity for further movement exploration of the phantom limb.

## Literature Review

### A Sense of Wholeness

The loss of a limb isn't just about losing something which once belonged to the individual; its absence creates a new body shape, and therefore likely to affect the body-image of that person. Researchers have addressed a need to maintain a sense of continuity of the self by maintaining movement patterns and behavioural patterns in different contexts and different times (Juhan, 1987; Stevens, 1996). I imagine that it is very challenging to maintain such continuity if the body has been imposed by such an extraordinary change as an amputation, severely affecting the individual, physically and emotionally. In Wright's project, "After Image", one of the amputees is quoted as saying that he has "two arms, it's just that one of them is missing", his "self image is two-armed" (1997: www.alexawright.com).

Pylvananainen (2003) describes 3 aspects of body-image: "image properties", referring to the perception of appearance; "body self", referring to the experience and relationship of oneself with the environment; and "body memory", which refers to habitual actions. Individuals having gone through an amputation procedure are likely to be affected in all three of these aspects. These changes may lead to a fragmented body experience which needs to be addressed so that the amputee senses the body as 'whole' again (Wain et al. 2009).

From a DMP point of view there is much importance of sensing our body as a 'whole'. The body is our vessel through which we experience the world and communicate our being to our environment; having a sense of 'wholeness' is likely to help regain control of our subjective experience of the world and therefore promote a sense of well being (Bartenieff, 1980; Best, 2000; Laban, 1988; Lahad, 1999).

Research in the amputee rehabilitation field shows that a sense of 'wholeness' can improve the physical mobility and gait, which is reflected in positive somatic responses and a decrease sense of pain for amputees, as well as a

higher self-esteem and feelings of attractiveness (Bojner-Horowitz, 2003; Sebelius et al., 2006; Sjodahl et al., 2001; Wain et al., 2004).

## The Phantom Phenomenon

It has become evident that the phantom phenomenon is not, as the name implies, an illusion. The research shows that the phantom limb is present in the amputees' body experience, where they may sense the limb's shape, weight and position despite it having been amputated (Fairley, 2004; Halligan, 2007; O'Neill, 2008; Oakley et al., 2002; Sacks, 1985; Webber, 1999; Wright, 1997); for this reason I prefer to refer to it as "Unseen Limb". I use both "phantom limb" and "unseen limb" in my writing; I do not intend for my work to focus on terminology, but I do want to provoke the reader to question the validity and respectfulness of the term "phantom", a term I feel implies a hallucinated experience for a limb which individuals sense, sometimes in excruciatingly painful manner.

A variety of treatments are continuously researched and put into practice in the aim of coping with the phantom sensations and reducing the phantom limb pain (Cole URL page from 2008; O'Neill, 2008; Oakley et al., 2002; Sacks, 1985; Sjodahl, 2001; Wall, 1999; Wright, 1997). Unfortunately, these treatments have not been successful in offering permanent relief for the phantom limb pain. This may be due to our current perception of what "pain" actually is and how to manage it. Wall (1999) suggested that pain isn't just a physical symptom of a bodily disorder; he believes that, similarly to thirst being a state of need for drink, pain is a state of need for movement. Supporting this theory are findings that the body releases endorphins, hormones that act as natural painkillers, during physical activity (Goodill, 2005; O'Neill's, 2008). Findings also show that the sheer perception of movement of the phantom limb reduces the phantom limb pain (Cole, URL page from 2008; Fairley, 2004; Murray et al., 2006; O'Neill, 2008; Oakley, 2002; Webber, 1999).

I see the active imagination of moving the phantom limb an opportunity to experience and perhaps control the limb which is unseen and normally not included in the movement expression. I would expect that, similarly to the imagery and virtual reality treatments, a DMP session could offer the client an opportunity to include the unseen limb in the movement exploration using guided imagery work and creative expression. This work would be supported by verbal reflection of the movement exploration.

## Methodology

I chose to do theoretical based research, done as preparation for future work in the field. I opted to do a qualitative hermeneutics research by linking the amputee rehabilitation field and the DMP field, which have not necessarily been associated together before (Gadamer, 1976; Myers, 1997).

As I became immersed in the data I gathered, it became clear to me that I was actually embarking on an action research, where the researcher attempts to distribute existing knowledge in a new way, rather than create new knowledge (Clark, 1972; Myers, 1997; Rapoport, 1970, Somekh, 2006). As Rapoport defines:

*"Action Research aims to contribute both to practical concerns of people in immediate problematic situation and to the goals of social science by joint collaboration within a mutually acceptable framework" (Rapoport, 1970, p.499)*

I hope that the DMP working model which I propose in this research will contribute to practical concerns of amputees and invite collaboration between DMP and other scientific fields, instigating new ideas and possibilities of working methods and collaborations.

# Methods

## Data Collection

I collected data from documentaries and literature from various scientific fields, including physiotherapy and rehabilitation, neuropsychology, creative arts therapies and DMP, and others. In addition, I interviewed representatives of key services available for amputees: Ray Edwards, CEO of the Limbless Association; Ernie Stables, spokesman for British Limbless Ex-Servicemen Association; and Michelle (pseudo name), a physiotherapist at an established rehabilitation centre at a British hospital. The interviews were arranged separately. Each interview was about an hour long guided by a similar semi-structured questionnaire (Ansdell and Pavlicevic, 2001), focusing on the emotional and physical experience of losing a limb and methods of treatment available, including physical rehabilitation and emotional and social support. Two of the interviewees viewed the results of the research and gave their consent to use their full names and professional titles in this paper; one interviewee was not available to view the results prior to its submission of this research and therefore a pseudo name was used.

## Validity

Building mostly on data from written material and interviews, I am aware that as a theoretical based research, it is limited in the proposed results. Despite this, I feel the ethical strength of this research is in the thorough preparation which is done prior to working with the client group, and in that way reducing potential emotional or physical risks. I hope to further this research, amend and develop the model according to feedback I receive from amputees and professionals in the field.

## Discussion

I propose a 4-stage DMP working model with a 4-pointed framework. The working model refers to the

work within the DMP session; the framework refers to the ideas supporting the working model, encouraging reflexivity on the model's suitability for the client within the rehabilitation process.

Moving beyond a mended body: the 4-stage model

- Stage 1: Where do I begin – grounding work and core strengthening
- Stage 2: Where do I end – rediscovering the body boundaries and personal kinesphere
- Stage 3: Where do I go – revealing the dance of the "unseen limb"
- Stage 4: Giving meaning to a movement journey – translating the movement experience into words

Moving beyond a mended body: the 4-pointed framework

- Point 1: Starting at the beginning, finishing at the end
- Point 2: Moving with and without the prosthesis
- Point 3: The role of the dance/movement psychotherapist
- Point 4: A group journey

## Stage 1: Where do I begin – Grounding work and core strengthening

*"From being a young man with a building company – I can't drive a car, I can't build a house, I can't cuddle my children. I can't do what I normally did. I became a teddy-bear without any limbs" Ray Edwards, 2008*

Wain et al. (2004) discussed the fragmented feeling of the amputee, and emphasised the need for regaining a sense of 'wholeness' so as to improve self esteem. Bartenieff's (1980) ideas are agreeable with this theme, saying that "the experience of building one's own organic structures in space can subtly build confidence in one self" (p.145). This made me wonder: what exactly is a sense of 'wholeness' for the amputee? Ray Edwards, a quad-amputee and CEO of the Limbless Association, explained that in his experience rebuilding the body by fitting prostheses isn't enough. Despite having his body rebuilt with prosthetic arms and legs, he remembered that emotionally he was distraught. He later added that today he doesn't perceive himself to be disabled anymore. This was a key comment, prompting me to think that regaining the sense of 'wholeness' was actually regaining the perception of being able-bodied, as opposed to being a disabled person. Ernie Stables, spokesman for British Limbless Ex-Servicemen Association, shared that the wounded soldiers he has met are generally keen to start walking as soon as possible, go back to their regular routine, and, avoid showing signs of weakness. Here again, it struck me that the soldiers desired to be accepted as able-bodied and capable of their previous duties.

I believe that to regain a sense of 'wholeness', it is essential to regain a sense of groundedness as well as core strength; these aspects are often explored in a DMP session (Fischer and Chaiklin, 1993). Marian Chace, a pioneer dance movement psychotherapist, emphasised activating and integrating the body parts in her DMP sessions through "grounding, sequential warm-up, synchrony, reflecting, attuning, holding shapes, and project a sense of good feeling and wholeness" (Fischer and Chaiklin, 1993, p.146). Bojner-Horowitz et al. (2003) structured a DMP session, beginning with "awareness of the body, the room and the group" (p.258). I believe this working theme offers a framework for grounding by encouraging the client to be familiar with the therapeutic working space. Within the structured framework, the strength of a DMP session is that it offers room for spontaneity and innovative work that comes from the clients' movements, giving opportunity for personal expression and creativity whilst working towards clear and agreed goals.

## Stage 2: Where do I end – Rediscovering the body boundaries and personal kinesphere

*"I didn't like touch because I couldn't touch back" Ray Edwards, 2008*

After establishing a sense of groundedness and building core strength, at this stage of the therapeutic process, the client needs to rediscover their new body boundaries and personal kinesphere. The personal kinesphere is generally regarded as one's personal space for movement (Bartenieff, 1980; Laban, 1988). I think that one of the main aspects of discovering one's own personal kinesphere is knowing one's own body, specifically where the peripheries end. Understanding where the boundaries of one's own body are may help in regaining control of movement within the personal kinesphere.

Stimulating the body by use of touch can help in giving the brain feedback of the body's boundaries, and in that way may even decrease the phantom limb pain (Juhan, 1987; O'Neill, 2008). Michelle explained that the physiotherapy work includes touching and handling of the stump on the residual limb, this is in order to provide sensory input, teaching the nerves where the end of the limb actually is.

As a social interaction, touch might be a difficult experience for someone who has experienced a dramatic change in body shape, as amputees have. Ray Edwards told of his discomfort with people touching him soon after his amputation, as quoted above, because he couldn't respond with touching back; the touch of the end of the stump was different from the sensation of the fingertips he explained.

Pylvanainen (2003) explains:

*"Being familiar with one's own body-self, its ways of responding, and its movement abilities, fosters independence. Body-self sensitivity, or one's ability to attend to the sensations and responses in the body while in interaction, builds*

*social awareness. Also, developing awareness of one's body-self helps to develop and maintain one's own integrity in social situations. All of this can be encountered quite simply – by moving and experiencing the movement in the body."* (Pylvanainen, 2003, p.54)

The learning of body boundaries is a complex aspect in the amputees' experience, especially if they use a prosthesis. On one hand, their body boundary physically ends at the stump, on the other hand, the prosthesis could also be considered to be part of their new body boundary.

In the DMP session, I suggest to work with the client on tactile work, stimulating the stump so as to define the new body boundaries. This stage would include movement explorations, allowing the individuals to become familiar with their new moving body and how to express themselves through it; I would encourage this kind of exploration whilst wearing the prosthesis as well, so as to allow it to be part of the physical and emotional expression of movement.

## Stage 3: Where do I go – Revealing the dance of the unseen limb

*"I still see in my mind the legs, but when I look at myself in the mirror, I'm a teddy bear. I don't want to know.... A phantom limb, from my point of view, to a blind man the legs are probably still there." Ray Edwards, 2008*

In this stage, I propose inviting the phantom limb, or the unseen limb, to be expressed in movement, based on imagery work of the clients; I invite clients to reveal the dance of their unseen limb.

I suggest, for this stage of the therapeutic process to use DMP exercises of expanding movement range whilst referring specifically to the phantom limb. I propose using movement terminology, for example Laban's Effort Qualities (Laban, 1988), in order to clearly define the phantom sensations and attempt to manipulate the perception of sensations by introducing verbally guided changes to these experienced qualities. Guided imagination might be useful in expanding the phantom limbs' movement using guided imagination whereby Marian Chace's methods of changing size, shape and intensity of the movement are applied (Fischer and Chaiklin, 1993).

The research on phantom limb sensations and imagery work makes me hopeful that these proposed ideas can help the client achieve control over the phantom sensations and perhaps even relief of the phantom limb pain.

## Stage 4: Giving meaning to a movement journey – Translating the movement experience into words

*"You're looking at yourself as an out-of-body experience and you're thinking, "Wow, how is he going through that?" But talking (about it) today, I feel honoured and hopeful that I can inspire people." Ray Edwards, 2008*

Up until now I described movement ideas which I propose to introduce to the amputees in a DMP session. But the DMP methods are not just about expressing oneself through dance and movement, but also reflecting on the movement experience (Parker and Best, 2005). The verbal reflection of a creative experiential is important in validating the experience, clarifying it by finding themes and sub-themes, and shifting between different perspectives of the experience making way for new ideas of acting in the world (Bojner-Horowitz, 2003; Dosamantes -Alperson, 1977; Lahad, 2000; Parker and Best, 2005; Stevens, 1996). Lahad (2000) emphasised that it is this practice of reflection which connects the creative side of the brain to the analytic side. In this sense, translating the movement experience into familiar language of words and jargons enables easier access to the reflection of the movement process and linking it with the day-to-day obstacles and experiences.

This is an important stage of the DMP working model, as it provides an opportunity to transform the movement experiential to a whole body-mind experience. As Dosamantes-Alperson (1977) beautifully puts it: "I believe that a synthesis of authentic movement and authentic verbalisation allows the person the greatest contact with the entirety of her own experiential process" (p.66).

## The 4-pointed framework

*"You lost you body, but you're you. You've got you, and you're lovely" Ray Edwards, 2008*

### Point 1: Starting at the beginning, finishing at the end

The first point of the framework for this working model is the order. I think it is important to work from the core to the periphery and then beyond. It is essential to begin every session with grounding work and core strengthening. When the client is ready, move on to rediscovering the body boundaries and personal kinesphere through touch and tactile work and exploring movement with the new body shape. Finally, only when the client achieved second stage and shows interest in further movement exploration of the phantom limb, it would be appropriate to continue the movement experiential to stage 3, "Revealing the dance of the unseen limb", working through imagery in attempt to gain control of the phantom limb. Every session, regardless of which stages were explored during that time, should close with the final stage of verbal reflection, providing an opportunity to validate the movement experience and reflect on the themes that came up.

### Point 2: Moving with and without the prosthesis

The DMP session offers a space to practice creative and imaginative movement for the client; working without their prosthesis may generate movement ideas that would have been disregarded other-

wise due to movement limitations of the prosthetic limb (Sebelius et al., 2006). Having said that, for those using a prosthesis in their day-to-day lives, I think there is importance of exploring movement with it as well, so as to get used to it being part of the new body 'whole' and finding ways of expressing it in movement (Wall, 1999).

## Point 3: The role of the dance/movement psychotherapist

I am in agreement with Lahad (2000) that the therapist's role is to accept the client as able and capable. Within the session the therapist would act as a participant-observer and witness of the clients' process (Fischer and Chaiklin, 1993). Attuning to and reflecting the clients' behaviours, I see the therapist's role as one encouraging the clients' expression, individuation, empowerment and socialization (Schmais, 1998; Stern, 1998).

## Point 4: A group journey

All of my interviewees were in agreement regarding the importance of group work, both as providing an opportunity to hear of others' similar experiences and advice, as well as creating a long-term social support network. There is much research showing the strength of therapy group as being part of a shared experience (Bion, 1961; Hern, 2008; Lahad, 1999).

I believe there is value to group work specifically when exploring body image. Body image, as previously described, is a socially related concern, as our interactions with the world, past and present, are through our body; working in a group provides a small social context to assess the various aspects of the body image and our relationships in the world (Best, 2000; Laban, 1988; Pylvanainen, 2003). It also offers an opportunity to feel part of a community that has a shared experience, in this case, of losing a limb (Fischer and Chaiklin, 1993; Hern, 2008; Lahad, 1999; Young, 2008). Working in a group gives an opportunity to learn about others' coping methods and receive advice and encouragement specific to the group's common experience (Bion, 1961; Hern, 2008; Lahad, 1999). A group context also offers an opportunity to practice different social roles as preparation to going out to a bigger social system (Kubler-Ross, 1989; Schmais, 1998).

## Weaving in the DMP group to the rehabilitation team

*"Maybe there's got to be time in all our lives to just open up, because if we keep the demon inside it will probably make us very bitter" Ray Edwards, 2008*

I see the DMP group as part of the multi-disciplinary rehabilitation team. As Ernie Stables recapped in our interviews, not all treatments work for everyone. I believe that having DMP as part of the multi-disciplinary team of the rehabilitation process will offer another aspect to the process, one that may be of benefit to some amputees that don't respond to other treatment methods that are currently available.

## Conclusion

I hope that my model, as its name "Moving beyond a mended body" suggests, will offer the clients an opportunity to explore their sense of 'wholeness' not only by mending, or coming to terms with, their new physical body shape; rather incorporate in their movement exploration the phantom limb, the limb *beyond* the seen physical body. I would expect that exploring movement beyond the initially perceived body boundaries would help the amputee to regain control of and reveal the dance of the unseen limb. This concludes my proposed DMP working model.

This research flagged up for me the notion of how I perceive a sense of 'wholeness'. It made me question if the sense of 'wholeness' can be achieved with exploration of the body that is physically accessible; perhaps, similar to the ideas I shared about working with the unseen limbs, there is room for everyone to include "unseen" aspects of ourselves in our physical and emotional expressions and exploration of our own sense of 'wholeness'.

I hope to continue this research, improve it and refine it enough so that it would prove beneficial for individuals who experienced an amputation, as well as other people, with their physical and emotional obstacles.


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# CSP student Representatives Conference, Leeds

BACPAR were approached by the CSP to be involved in the Annual Student Representatives conference. The conference was held in Leeds and provided an opportunity for the student CSP reps to get together, share experiences and discuss subjects relevant to current physiotherapy practice. The conference focused on patient experiences of physiotherapy and the students received presentations from a number of professionals, patients and users of different services. The presentations were designed to inform debates surrounding the patient's role within physiotherapy services. I presented the research which I undertook as part of my MSc on the expectations of patients undergoing lower limb amputation. The research highlighted what patients themselves expected from physiotherapy and rehabilitation, and what their expectations were surrounding their prosthesis and their final outcome. Other presentations included a spinal injury patient who discussed his journey following his accident and his subsequent involvement with spinal injury charities. After each presentation the students were encouraged to discuss the relevant points within the context of the conference theme, and put forward motions for debate. It was really interesting to see what the group took from each presentation and to see how their ideas and opinions developed through the debate process.

In the afternoon session I was joined by Lynn Hurst from Leeds. Lynn brought two amputees with her and we ran workshops providing the students with some background information on the rehabilitation process following lower limb before introducing the two patients. Both patients were encouraged to present their own experiences, reflecting on their involvement in the rehabilitation process and highlighting areas for further discussion. The students were then able to ask questions and discuss relevant points with the patients with support from Lynn and myself.

The conference allowed us to raise the profile of BACPAR and amputee rehabilitation with physiotherapy students. It also highlighted the importance of the patient's role in informing and guiding their own rehabilitation as well as contributing to the development of rehabilitation services as a whole.

**Chantel Ostler MSc**
Senior Physiotherapist
Disablement services Centre, Portsmouth