

Reflexology and Chronic Low Back Pain

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Introduction:

Low Back Pain (LBP) is pain, muscle tension or stiffness localized below the costal margin and above the inferior gluteal folds, with or without sciatica, and is defined as chronic when it persists for 12 weeks or more. ⁱ

Previous Research:

A single-blind clinical study was performed on 50 nurses with chronic low back pain. They were randomly divided into a study group and a control group. Reflexology was performed six times over two weeks. The conclusion was that reflexology can reduce the intensity score and cognitive aspects of pain. ⁱⁱ

In a second study, participants were randomly divided into either a reflexology group or a sham group. They received a 40-minute treatment once a week for six weeks. The conclusion was that reflexology appears to offer promise as a treatment in the management of low back pain. ⁱⁱⁱ

Objective:

The purpose of this study is to explore the effect of reflexology on one case of chronic low back pain.

Subject:

The Subject is a 73-year-old retired secretary who has experienced chronic low back pain (LBP) for many years. She is currently receiving medical care and taking prescription medication for hypertension, mild acid reflux, depression/anxiety, elevated cholesterol and migraine headaches.

Her symptoms consist of chronic low-level pain in the left gluteal muscles. From time to time, the pain is more intense and felt in other areas of the back and legs. She has not been able to identify why she experiences these flare-ups which interfere with her activities of daily living. She receives regular massage and chiropractic care.

This study will be presented from the perspective of the Subject as well as the Therapist.

Treatment Plan:

The Subject and Therapist agreed to meet once a week for six weeks for a one-hour reflexology session on the feet. After opening with relaxation moves and thumb/finger

walking the entire foot, I did point work on the reflex points for the hip, thigh, low back muscles, lumbar spine and sciatic nerve. I worked the reflexes three times then closed with relaxation moves. I documented each session on SOAP notes.

The Subject agreed to keep track of her pain levels, medication and activities of daily living on a chart. The Therapist calculated a weekly median pain level by adding each numeric value subject reported for that week and dividing by the number of times reported.

Results:

Report of week prior to first session:

Subject reported LBP interfered with activities of daily living (ADL) for all seven days. She reported a median pain level of 3.0 for the week. She reported taking eleven doses of over the counter (OTC) pain medication.

First session:

Therapist felt congestion in the left foot reflexes for hip, thigh, lumbar spine and sciatic nerve. No congestion was felt in these reflexes when working them the second and third time. No congestion was felt on the right foot in the reflexes being focused on. Subject reported sensation in the left foot reflex for the sciatic nerve.

Week following first session:

Subject reported LBP interfered with ADL's four days out of seven. She reported a median pain level of 2.4 for this week. She reported taking four doses of OTC pain medication.

Second session:

Therapist felt congestion bilaterally in the reflexes for hip, thigh and lumbar spine. Subject reported sensation in the left reflex for sciatic nerve.

Week following second session:

Subject reported LBP interfered with ADL's one day. She reported a median pain level of 2.0. She reported taking 12 doses of OTC pain medication.

Third session:

Therapist felt congestion in the left foot reflexes for the sciatic nerve and lumbar spine. Subject did not report any sensation.

Week following third session:

Subject reported LBP did not interfere with ADL's. She reported a median pain level of 1.6. She reported taking eight doses of OTC pain medication. She also reported experiencing light-headedness and migraine symptoms later in the week.

Fourth session:

Therapist felt congestion in the left foot reflexes for the sciatic nerve and lumbar spine. Subject did not report any sensation.

Week following fourth session:

Subject reported LBP interfered with ADL's one day. She reported a median pain level of 2.0. She reported taking six doses of OTC pain medication. She reported intermittent light-headedness.

Fifth session:

Therapist felt congestion in the left foot reflexes for the hip, thigh and lumbar spine. Subject did not report any sensation.

Week following fifth session:

Subject reported LBP interfered with ADL's seven days. She reported a median pain level of 3.4. She reported taking five doses of OTC pain medication. Upon questioning, Subject reported it was the dizziness that interfered with ADL's. Subject reported seeing her physician and being diagnosed with vertigo caused by an inner ear condition.

Sixth session:

Therapist felt no congestion. Subject did not report any sensation.

Week following sixth and final session:

Subject did not fill out the chart.

Conclusion:

The Therapist documented less congestion during later sessions. The Subject reported less interference with activities of daily living and slightly less low back pain from the first session. Her migraine and vertigo symptoms interfered with her activities of daily living in the later weeks of the study.

This Subject experienced a mild improvement in symptoms of low back pain during this case study. One case study is not enough to generalize as to the results reflexology would have on the population of low back pain sufferers. This study does support the continued exploration of the use of reflexology for this condition.

References:

ⁱ Low Back Pain (Chronic) R. Chou, Oregon Health & Science University, Portland, Oregon published in Am Fam Physician, 2011 Aug 15;84(4) 437-438

ⁱⁱ Iran J Nurs Midwifery Res, 2016 Sep-Oct;21(5): 487-492 The Effect of Reflexology On Pain Perception Aspects in Nurses With Chronic Low Back Pain in Isfahan by M. E. Babadi, F. Nazari, R. Safari and S. Abdoli of the School of Nursing and Midwifery, Isfahan University of Medical Sciences.

iii Reflexology in the Management of Low Back Pain; A Pilot Randomised Controlled Trial by F. Quinn, C. M. Hughes, and G. D. Baxter.