

Presentation & Post-presentation Experiential workshop title

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“We don’t just *have* bodies, we *are* bodies, movements, capacities, abilities...we experience the world through our bodies and literally and figuratively feel what it’s like to be alive” (*Nichols, 2014*).

Physical Therapy (PT) as a profession is strongly affined with the "Physical Body" rather than acknowledging that the body has its existential and experiential dimensions. According to the World Confederation (WCPT, 2011) for Physical Therapy (PT) functional aspect of the movement is central to what it means to be healthy (*Wilkstrom-Grotell et al, 2012*).

While Functional and Expressive (i.e. emotional, mental, socio-cultural) aspects of movement are intertwined in a relationship, the expressive aspect of the movement is rarely covered or implemented during PT encounter. Assessment tools in PT are mostly quantitative rather than qualitative and lack of a qualitative framework for movement analysis.

The theory of embodiment emphasizes that the body influences, and at the same time, is influenced by behavior, feelings and cognition (*Merleau-Ponty, 1962*). Literature evidence supports the link between emotions and their effect on quality of function (*Michalak et al, 2009*).

Fear is a primary emotion which contributes to the experience of pain. Patients with trait tendency to have fear in response to pain are more at risk of developing chronic musculo-skeletal pain after an injury compared to those who do not have this tendency.

Furthermore, chronic musculo-skeletal pain is reinforced by fear of movement and physical inactivity (*Luque-Suarez, A. et al 2018*).

Kinesiophobia is one of the most extreme forms of fear of pain due to movement or re-injury, while a greater degree of kinesiophobia predicts greater levels of pain. Kinesiophobia is reported to play an important role in the development of chronic symptoms and their

perception (Verwoerd, Annemieke J.H., et al 2015) and in conjunction with pain it changes motor behavior (Karos, et al 2017).

Although pain and kinesiophobia change motor behavior, clinical assessment of kinesiophobia is performed mainly via questionnaires (French DJ, et al 2007).

A skilled framework for movement analysis and identification of movement characteristics of kinesiophobia seems to be lacking in clinical practice. Additionally, current clinical interventions for kinesiophobia use mainly a Cognitive Behavioral Approach (CBT) and functional movement based approach (Monticone M. et al, 2016) rather than incorporating dynamic movement qualities and expressive aspects of movement, which might affect patients' emotions in general and the emotion of fear in particular.

According to Laban Movement Analysis (LMA), movement is a mutual psycho-physical dialogue, in which personal intents, sensation and emotions are influenced by movement and are reflected through movement in terms of Patterns of Body Organization, fluctuations in Breath Support, movement Phrasing, Efforts, Shape Qualities or Approach to Kinesphere (Hackney, P. 2000).

The presentation will focus on analyzing current measurements and treatment strategies of kinesiophobia, facing the manifold needs of patients with chronic musculo-skeletal pain. The analysis of several clinical case studies through the lens LMA will delineate the movement patterns of kinesiophobia and suggest additional practical interventions in patients with kinesiophobia, with the purpose of expanding their movement potential and a facilitation of a positive change.

An experiential workshop follows the presentation to embody the topics which will be presented frontally.