

AQUATIC THERAPY: NEUROPHYSIOLOGY OF PERSISTENT PAIN

- Low level aerobic exercise has been shown to have a positive effect on pain and reduce chronic low level inflammation
- The feeling of safety and confidence to move has a physiological and neuroimmune effect on the pain experienced during immersion.
- Combining precise handling e.g. manual traction or resistance with active movements such as in the BRRM could have an optimal outcome of pain relief and normalised sensation improving motor learning and treatment output.

BEN WALLER



AQUATIC THERAPY: NEUROPHYSIOLOGY OF PERSISTENT PAIN

- Persistent pain can be nociceptive, neuropathic and nociplastic, of origin and most patients will present with mixture challenging clinical reasoning skills and treatment plan development
- The reduction in pain experienced during immersion is a result of changes in peripheral, spinal cord and central processing and varies depending of pain pathology and hydrostatic properly being manipulated during treatment.
- Irrespective of mechanisms, gradual exposure to load to any of the systems, including cognitive and sensorimotor, is recommended. Care should be not to evoke a delayed increase in symptoms due to long-term potentiation (wind up) while balancing progression in over treatment load.

OLIVER KROUWEL

