



# Information about Imagery

## Complex Regional Pain Syndrome (CRPS)

### Pain Management Physiotherapy Service



Follow us on Twitter @NHSaaa



Find us on Facebook at [www.facebook.com/nhsaaa](http://www.facebook.com/nhsaaa)



Visit our website: [www.nhsaaa.net](http://www.nhsaaa.net)



All our publications are available in other formats



We can use imagery to help treat Complex Regional Pain Syndrome (CRPS). Motor imagery is thinking about moving without actually moving a part of your body. You can use this method to help gradually increase some movements of your limb that are currently too painful. You are exercising and re-training your brain without actually having to move your own limb. By using this method for a period of time you may be able to progress towards actual movements with your painful limb.

This process can be done in different ways as described below. In all of these ways the place and position you are in while performing the imagery may affect your pain levels.

## Guided Imagery

This involves visualising your affected limb by ‘feeling’ it rather than just ‘seeing’ it in your mind’s eye. This is often used by your physiotherapist to visualise the image of your limb in your brain and can be useful to record on a regular basis to assess if that image changes in any way. You may find that you have come across ‘guided imagery’ before and we will explain the specifics of this approach.

With motor imagery you become aware of what your limb feels like in **that** moment rather than what you know it looks like. For example if you imagine

walking on the beach you would see someone walking along the beach in your mind, but with imagery you would feel you were that person walking along the beach, maybe even feel the sun on your skin or the sand on your feet.

Some patients have said they cannot feel that they have an ankle or that they have five fingers or toes. Often people feel their limb is a different shape or size to what we know it to be. This may seem a little bizarre but even when you try to think about other areas which aren't sore, they also can feel different in that moment to what we know they look or feel like.

## What should I do?

You can practice guided imagery anywhere but at the start it may be easier to begin with getting into a comfortable position, either sitting or lying, in a quiet space. It is usually easier to practise this method with your eyes closed but you can just focus on a point on the floor or wall if this suits you better.

Begin by recognising the sounds around about you, be aware they are there, and move on to the next sound.

When you are ready, bring your focus to your breathing, noticing how your breath enters your nose or mouth and how it feels as your chest opens

and widens and then noticing as you breathe out, that feeling of letting go. Keep your awareness on your breathing for a few breaths. Don't worry if you become distracted during the imagery, just bring your attention back to your breath, noticing what you 'feel' to be there without making any judgements.

In your own time, take your focus to your non-painful limb (arm or leg), to the top of that limb and spend some time becoming aware of the shape of this area:

- Does it feel supported?
- If you continue your focus further down that limb, what happens to the shape?
- Does it go in or get larger?
- Is there a difference in the colour?
- Are there changes to the edges of the shape?
- Is the shape well defined or rigid?
- Is there something holding everything in (skin), what does that feel like?
- Is the edge hard, rough, or fragile?
- If you move down to where you know the joint is (elbow or knee) are you aware that there is a difference there?

- If you continue further down your limb, what happens?
- Does the shape, size, feel of your limb change?
- Does the limb feel longer or shorter as a whole?
- Can you feel you have nails?

Bringing your attention now back up the limb, take your focus to the painful side. We understand that this is painful for you and you know where the pain is, where it looks swollen, where it feels sore but we want you to try to be aware more of the feel of it while you are going down that side.

- What does the top of that limb feel like?
- What shape is it? Is there an edge to it?
- Are you aware there is skin in that area?
- Can you sense any changes in the colour of the limb?
- What happens to the shape and feel of that limb as you move further down?

Don't worry if you cannot feel a shape past a certain point, don't keep searching for what you know "should" be there. Just get a sense if there is an edge to that space or if it continues on and on. You might then feel a part of your limb lower down, don't question that, just go with what you feel.

Bring your awareness back to your breathing. Maybe take a deeper breath and feel it fill up your lungs and the sense of letting go as you breathe out. Take your awareness to the noises round about you, acknowledge them and move on to the next one. When you feel ready slowly open your eyes, letting a little light in then opening your eyes when you are ready.

We have now completed the imagery session.

Some people have told us that even imagining their affected limb is too painful or at times too distressing. Alternatively, we could use this method slightly differently by observing somebody else's limb, the same part and side as your affected limb. This is an everyday habit and you already do it all the time without realising. If your physiotherapist has agreed to this approach then you will have discussed when best to use it, but some ideas could include while sitting on the bus or at a restaurant where people's limbs would be in a range of different positions for example, you may see somebody reaching behind to put a jacket on or crossing their legs. At this stage your affected limb does not need to be moving, but can be in a static position. Observing other people doing these movements allows certain parts of your brain associated with movement to do some work. You can actively watch people for short periods of time

and gradually build up in relation to your pain levels, but this is something you can discuss with your physiotherapist.

## Imagined Movement

This takes guided imagery a step further and your physiotherapist will discuss with you when it is appropriate to start this. It involves imagining a certain movement that your affected limb might perform or perhaps even imagining your body in a certain position. It can be hard work just as actual movement might be, you may notice a change in your heart rate or breathing rate. When imagining movement, it is important to match the time it would take to actually perform the movement or task, in this way your brain will adjust better to the imagined movement. Your position may influence how best you carry out imagined movement, as for instance it would make sense to be in an upright position to imagine walking rather than lying down. This type of imagery could then be progressed following discussion with your physiotherapist if there has been little flare of your pain throughout the task.

Don't worry if what you experienced all feels a little bizarre! You are not going crazy, it is all about how pain can affect the body maps we have in our brain and using imagery can help us to feel and exercise

our painful limb in a graded way, especially if even thinking about moving it hurts. You may find it useful to jot down some ideas or draw the image in the record sheet to discuss with the physiotherapist at your next visit. If your physiotherapist has suggested you to think about moving your limb in certain directions, it can also be recorded on the treatment sheet below.

### Treatment plan for graded imagery

Name:	Date:
CHI:	.....
Patient sticky label	

How often? .....

.....

How long? .....

.....

When to stop: .....

.....



# Graded Imagery Record Sheet

With eyes closed describe a mental image of your affected and unaffected body parts.

Date: .....

Date: .....

Date: .....



Date: .....



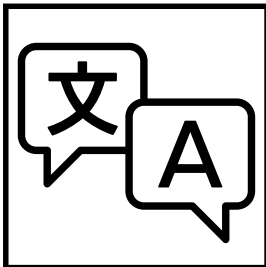
Date: .....



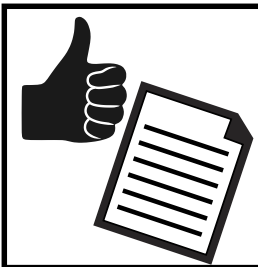
Date: .....



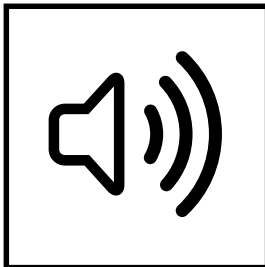
**We are happy to consider requests for this publication in other languages or formats such as large print.**



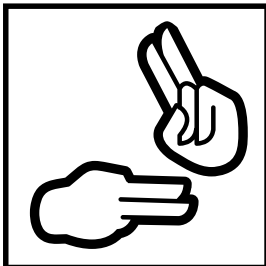
Translations



Easy to read



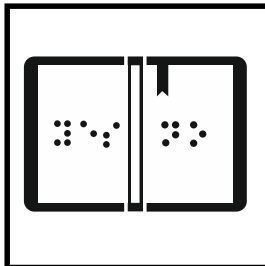
Audio



BSL



Large print



Braille



**Call: 01563 825856**



**Email: [pil@aapct.scot.nhs.uk](mailto:pil@aapct.scot.nhs.uk)**



## **Tell us what you think...**

If you would like to comment on any issues raised by this document, please complete this form and return it to our Feedback and Complaints team: PO Box 13, Eglinton House, Ailsa Hospital, Dalmellington Road, Ayr KA6 6AB.

Alternatively, you can call free on **0800 169 1441** or email **[complaintsteam@aapct.scot.nhs.uk](mailto:complaintsteam@aapct.scot.nhs.uk)**

Name

---

Address

---

---

Comment

---

---

---