

The Effectiveness of Bowen Therapy in Improving the Performance Components and Occupational Performance of People with Shoulder Injury

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Background

Shoulder injury has significant restriction on the movement of shoulder and causes persistent pain and stiffness that affects performance in daily living activities. There is no universal agreement on which conventional treatment approach is the most effective and safe.

Bowen Therapy (BT) is a gentle and relaxing cross-fibre movements approach to release tension in musculoskeletal system. BT has been practiced on people with shoulder injury by a group of occupational therapists in Hong Kong. This is a pilot study to analyze the effect of BT on shoulder injury in Hong Kong.

Result

13 females and 7 males were recruited in this study. The mean (standard deviation; S.D.) age was 56 (14). 35% got frozen shoulder. The distribution of diagnosis was shown in Fig.1. There were significant difference in the improvement of shoulder flexion (45°), shoulder extension (18°), shoulder internal rotation (38°), shoulder external rotation (33°) and abduction (42°) with $p < 0.01$ (Fig.2); the improvement of power grip at 3.6kgf with $p = 0.026$ (Fig.3). The Fisher exact test showed the distribution of difference in ADL and IADL items were significant with $p < 0.01$ between the pre and post treatment (Table 1).

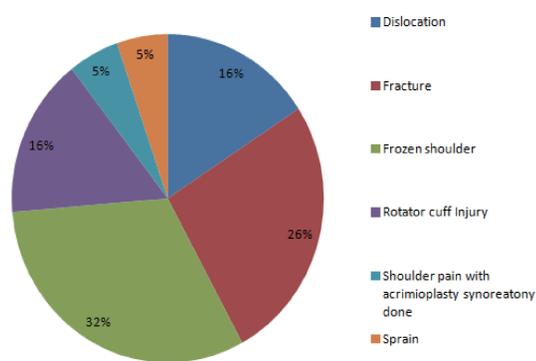


Figure 1. Percentage of Diagnosis

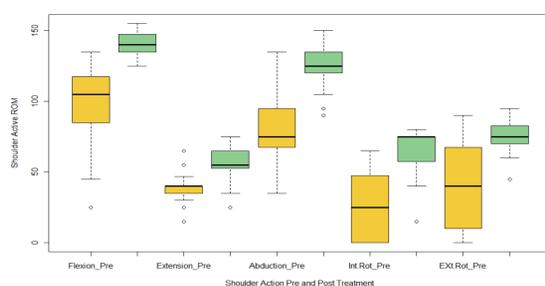


Figure 2. Comparison of shoulder AROM pre and post BT treatment

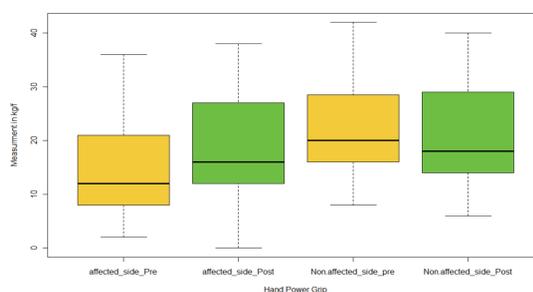


Figure 3. Comparison of power grip pre and post BT treatment

Treatment	Dependent	Moderate Assistance	Mild Assistance	Independent	Fisher exact test p value
Reaching Out					
Pre	12	4	4	0	< 0.001
Post	1	5	2	12	
Comb / Wash Hair					
Pre	9	3	6	2	< 0.001
Post	0	3	4	13	
Dressing Pullover Upper Garment					
Pre	8	3	8	1	0.001
Post	0	9	4	7	
Dressing Jacket					
Pre	4	4	2	10	0.017
Post	0	1	0	19	
Bra Management (For Subjects needed only)					
Pre	10	1	2	0	0.043
Post	3	1	3	6	
Dressing Lower Garment					
Pre	4	2	5	9	0.004
Post	0	2	1	17	
Cleansing after toileting					
Pre	6	4	5	5	0.032
Post	1	1	3	15	
Bathing					
Pre	4	2	11	3	0.007
Post	0	2	5	13	
Cooking					
Pre	5	1	3	3	0.167
Post	0	3	3	6	
Hanging Clothes					
Pre	6	0	2	4	0.332
Post	2	3	2	5	

Table 1. Distribution of difficulties level in BADL and IADL tasks

Methodology

A retrospective review was performed on the treatment records for patients with shoulder injury that were referred to occupational therapy department with receiving BT in the year of 2010-2011. Their pre and post performance on performance components (e.g. shoulder flexion, extension, abduction, internal and external rotation and power grip) and activities of daily living (e.g. combing hair, dressing pull over garment, managing bra, bathing, hanging clothes, etc) were analyzed by Wilcoxon signed-rank test and Fisher exact test respectively.

Conclusion

All patients received BT had improvement in the range of motion of shoulder and functional performance in ADL. Future study with larger sample size and well controlled design is recommended to further investigate the effect of the BT in shoulder injury.

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