



Pain Release Phenomenon (PRP)

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Aleksandar Marić

Specijalna bolnica *Merkur*, Vrnjačka Banja Special Hospital “Merkur” in Vrnjačka Banja

Apstrakt

PRP (Pain Release Phenomenon) je terapijska tehnika koju je uveo Brajan Maligan, u cilju kontrole hroničnog bola u ekstremitetima, za simptome koji su prisutni duže od 6 nedelja, a nakon crpljenja svih ostalih mogućnosti i procedura. U ovoj tehnici primenjuju se različiti stimulusi, od kompresije, mišićne kontrakcije, do istezanja, koji provociraju bolne nadražaje, u različitim gradusima pokreta i vremenskim intervalima. Stanje bolnog pokreta se usmerava u fazu progresije, počinje iz slobodnog zglobnog položaja, a završava se u odabranom nametnutom, u kojem se očekuje da eksterni nadražaj, udružen sa fiziološkim ili akcesornim pokretom, redukuje bol. Tehnika je indicirana za sve oblike neuromuskuloskeletnog bola, koji ne reaguju na konvencionalnu fizioterapiju, a kontraindicirana je i uslovljena u fazi akutizacije, intenzitetom i prirodom bola.

Kompresione tehnike primenjuju se u problematici metatarzofalangealnih zglobova, sezamoida, metatarzokuboidnog zgloba, zgloba prvog metakarpusa i trapezne kosti, sastava graškaste i trouglaste kosti, patefemoralnog zgloba, kao i vratne kičme.

PRP kao oblik mišićne kontrakcije, odnosno otpora, primenu nalazi u tretmanu stanja tendinitisa tetive dugog opružaća palca, bola u kuku, De Kervenovog tenosinovitisa, teniskog i golferskog lakta, hroničnog bola u ramenu, i akutnog vratnog uvrnuća. PRP fenomen koncipiran je kroz multimodalni pristup. Elementom repetitije utiče na adaptivnu sposobnost tkiva, a neurofiziološkim mehanizmom dovodi do desenzitizacije.

Abstract

PRP (Pain Release Phenomenon) is a therapeutic technique introduced by Brian Mulligan, in order to control chronic pain in the extremities, for symptoms that are present for more than 6 weeks, and after drawing all other possibilities and procedures. In this technique, various stimuli are applied, from compression, muscle contraction, to stretching, which causes painful stimuli, in different degrees of movement and time intervals. The state of painful movement is directed to the phase of progression, starting from the free joint position, and ending in the selected imposed one, in which the external stimulus, combined with physiological or accessory movement, is expected to reduce pain. The technique is indicated for all forms of neuromuscular skeletal pain, which do not respond to conventional physiotherapy, and is contraindicated and conditioned in the acute phase, by the intensity and nature of the pain.

Compression techniques are applied in the problems of metatarsophalangeal joints, sesamoids, cuboid-metatarsal joints, joints of the first metacarpus and trapezium bone, pea-shaped, and triangular bone composition, patellofemoral joint, as well as the cervical spine.

PRP as a form of muscle contraction, ie resistance, is used in the treatment of long tendon tendonitis, hip pain, De Kerven's tenosynovitis, tennis and golf elbow, chronic shoulder pain, and acute neck twisting. The PRP phenomenon is conceived through a multimodal approach, with the element of repetition it affects the adaptive ability of tissues, and by a neurophysiological mechanism, it leads to desensitization.