

KLIM-THERAPY – new miraculous rehabilitation method or expensive hope for desperate parents?

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Abstract: *Following paper brings basic introduction of a new rehabilitation method, that has according to press very successful outcomes. Basic principles, target group as well as contraindications are mentioned in the article. At the end of the article the author is trying to highline/underline clarify what stands behind success of the new method that arises hope in many parents of children with mobility disorders.*

Key words: *klim-therapy, rehabilitation method, cerebral palsy, developmental disorders causing motor handicap, brain damage as a consequence of inflammatory diseases, craniocerebral injury or apoplexy, hyperkinesis*

1 Introduction

Since approximately March 2012 a new therapy in Klimkovice spa has been introduced and is offered to parents of children with mobility problems. Several newspapers wrote number of articles glorifying above mentioned method as miraculous, promising nearly that child who was immobile suddenly walks on its own or with minimum facilitation aids. Number of clients of Special needs centre became to enlist themselves for the therapy and ask me, as a special needs teacher in a counselling centre, several questions concerning this method.

Unfortunately no paper or book that would bring complex information about it has been published in our country yet.

Time to time Klimkovice spa organizes a free workshop for the public – more precisely for potential clients of the **KLIM-THERAPY**. So I have decided to visit this workshop in order to find out more objective information about this “miracle”.

In a power point presentation we (number of parents and I) were introduced **basic principles** of the method:

- people with neuromuscular disorders require intensive repetitive rehabilitation exercise that leads to return of lost motor skills -this means that through out the intensive therapy the “incorrect” nerve circuit is interrupted (figure 1) and “new” (closer to a normal) nerve circuit is created (figure 2). New circuit creation is based on repetitive training of a certain movement. Number of needed exercises is stated individually not generally and newly built abilities remain even after the rehabilitation is ended.

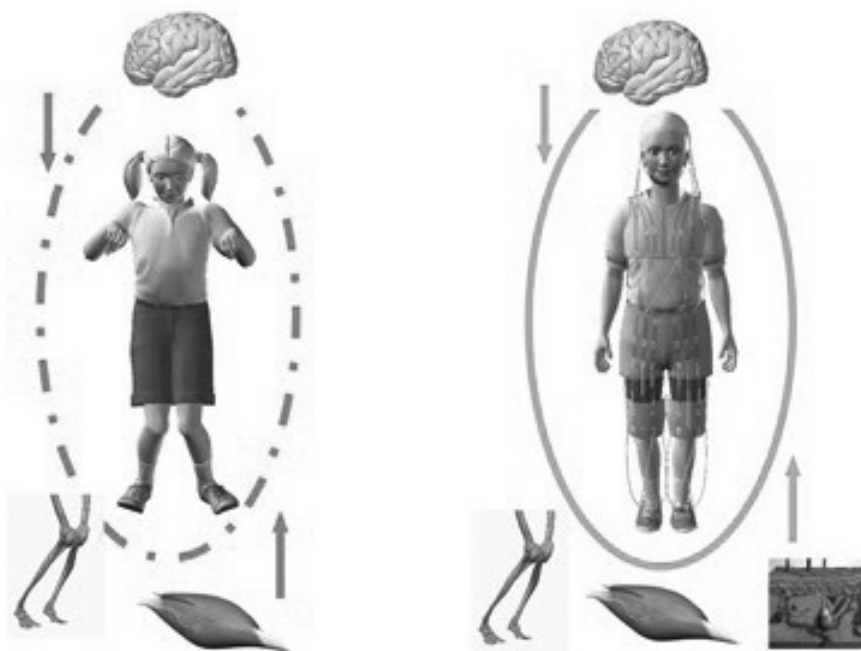


Figure 1: The movement KLIM-THERAPY takes place in a room equipped with special UEU cage, stabilizations suit and other aids that physiotherapist uses.

The **principal of the therapeutic suit lies in aimed correction of movement and positioning of body through adjustable supporting elements**. This leads to normalisation of afferent stimuli. Stabilisation suit makes the training easier, more smooth and involves less effort. This suit contains system of supportive elements, that are connected to each other by elastic stripes in order to correct body, head and limbs position in **space**.



Figure 2: The method (individual training with physiotherapist) contains of **specific training units** adjusted to the actual state, needs and development of an individual client.

2 Training units

Preparation – heating up the limbs (hot-pack)

- warming up oil massage
- deep stimulation (neuromobilisation)
- myofascial relaxation
- stretching

Training:

- strengthening of upper and lower limbs, muscles of body, back with the help of a pulley and rail system, stretching
- movement coordination
- stabilization in sitting position
- vibration training
- functioning balance
 - **Suspense system – “spider”:**
 - sensory integration
 - function strengthening

- coordination
- weight shifting a balance
- **Training of walking skills:**
 - training of walking skills with facilitation aids
 - training of walking in bars
 - training of walking – reflex reduction
 - separate walk
- **Function training of:**
 - unsupported sitting position
 - training of sit to stand up position
 - walking in “the spider”
 - walking up and down the stairs

Part of the therapy is also regular bathing in an iodidebromine mineral water, that due to its content, helps to relax muscles and therefore empowers the effect of individual training.

The **KLIM-THERAPY** should empower external stabilisation of the body posture, improves functioning of nervous system, normalises muscle strength (tonus), corrects walking stereotype, activates touch stimulation, influences vestibular system, improves balance and muscle coordination, body functions and space perception, lowers frequency of involuntary movements, further on it supports muscle growth, development of motor skills, helps to relax muscle contractions and to correct the position of hip joints and helps to progress their function.

The target group of the KLIM-THERAPY are clients from the age 2–17 suffering

- Cerebral palsy
- Developmental disorders causing motor handicap
- Brain damage as a consequence of inflammatory diseases, craniocerebral injury or apoplexy
- Hyperkinesia (an increase in muscular activity that can result in excessive abnormal movements, excessive normal movements, state of irritation)

3 Contraindications

However there is a **list of contraindications** to the therapy:

Infection, any disease in an acute state, clinical manifestation of blood circulation failure of malignant arrhythmia, decompensated diabetes mellitus or epilepsy, repeated bleeding of any origin, cachexia of any origin, malignant tumours, severe osteoporosis, sacroiliac subluxation over 50% ...and others.

This is general information that can be found on the web page of Klimkovice spa. (see reference)

But what exactly stands behind the success. According to one of the medical doctors that introduced the principles of the therapy to parents and clients it certainly is the frequency and intensity of rehabilitation procedures. Basically in very simple words: any client who would train and exercise 3–4 hours on daily basis will get better.

Of course the long time effect is guaranteed only in case of following and continuing training. I have asked the physiotherapist, how can the training be realised in home conditions without the special equipment (cage with elastic ropes, special stabilisation suit etc.) and whether it has an influence on the quality of training and effect. As a response to that I was explained, that the aim of the individual rehabilitation is to place the client to an open space as much as possible (not necessarily standing or walking), but less stable position than is lying. This enables new experience to a client, creates and supports new/correct signals in the nervous system.

But frequency and intensity is not the only precondition of success. Second and very important factor is a character and origin of the movement problem. The effect in case of progressive forms or degenerative forms of diseases, especially concerning the long time perspective, is likely to be lower than in case of stationary diagnosis such as for instance cerebral palsy. But also in case of progressive forms of diseases it helps to keep the mobility condition for as long as possible.

Last but not least, factors of inner motivation and subjective expectation are further necessary parts of the degree of the therapy efficiency.

In case of inner motivation other partial but significant aspects must be taken into account.

First it is the age – where the younger clients (meaning very small children – age 2–4 – younger children are usually not accepted for the therapy) are likely to need more reflex way of rehabilitation as their ability to cooperate and understand the requirements of the therapist and the accuracy and correctness of the needed movement are limited by the level of their mental development.

Second is the level of the client's mental state independent to age = clients with mental impairment (sever and profound) are likely to make less noticeable progress – for the same reason as mentioned above.

Expectation – must be considered as a part of success, because it serves as a mean of client's or parents' evaluation subjectively used in case of measuring the progress in mobility. But this also must be taken as a very variable external indicator as for one the success is when their child relaxes tension and reduces number of involuntary movements and for the other the therapy would be considered as successful only if the child stands and walks, or the involuntary movement manifestation disappear completely.

4 Summary

KLIM-therapy certainly represents revolutionary and effective way of improving mobility skills in clients with mobility disorders. But as any method it also must be viewed with respect to its possibility and in correlation with a concrete case/client to whom it is applied, because **success** is very variable (subjective) depending on many factors that can hardly be generalised in one simple assessment of the Klim-therapy as whole.

5 List of reference

http://www.sanatoria-klimkovice.cz/www/cz/klim-therapy/specializovany-lecebny-program-klim-therapy-novinka/#article_20355

Brochure provided to participants of the public workshop

Information gained through interview with MUDr. Šindlář

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