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Rehabilitation NURSING

Clinical Consultation

Reiki as a Rehabilitative Nursing Intervention for Pain Management: A Case Study

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KEY WORDS

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Rehabilitation nurses manage increasingly large numbers of patients with chronic pain. The standard of care requires that a plan of care incorporate pain management for rehabilitation patients. Chronic pain includes physical and psychological symptoms and is best managed by multidisciplinary approaches (Dysvik, Natvig, Eikeland, & Brattberg, 2005; Dysvik, Vinsnes, & Eikeland, 2004). Inadequate pain control hinders patient progress in healing, reduces quality of life, and promotes stress and anxiety (Macintyre & Ready, 1996). In today's environment of escalating healthcare costs and decreasing reimbursement, new cost-effective, evidence-based multidisciplinary options that include complementary and alternative medicine (CAM) modalities for pain relief are being explored.

Reiki, a biofield energy CAM therapy, is a low-risk, noninvasive, cost-effective, and easily adaptable intervention used along with allopathic care in diverse healthcare settings for treatment and prevention of numerous acute and chronic conditions (Engebretson & Wardell, 2001; Miles, 2006; Miles & True, 2003), such as rehabilitation, hospice, emergency rooms, psychiatric settings, operating rooms, nursing homes, pediatric clinics, family practice centers, obstetrics, gynecology, and neonatal care settings (DiNucci, 2005; Miles & True). Reiki has been shown to reduce pain comorbid to many conditions (Gallob, 2003; Olson & Hanson, 1997; Olson, Hanson, & Michaud, 2003; Tsang, Carlson, & Olson, 2007; Whelan & Wishnia, 2003). Reiki can also be used to reduce anxiety, stress, nausea, and medication and radiation treatment side effects; increase relaxation, immunity, and physical and emotional healing; and improve communication between practitioner and patient (Benor, 2001; Gallob; Mackay, Hansen, & McFarlane, 2004; National Center for Complementary and Alternative Medicine, 2007; Nield-Anderson & Ameling, 2000; Shore, 2004; Wardell & Engebretson, 2001; Whelan & Wishnia).

Some healthcare professionals are skeptical about Reiki's efficacy because it lacks gold standard–designed clinical trial data and a way to directly measure biofield energy and is relatively new in the United States. However, anecdotal reports and the aforementioned findings have led to four federally funded clinical trials studying Reiki's effects on pain (National Institutes of Health, 2007). A Cochrane Review on Reiki and pain relief is in progress (So, 2007).

Reiki was developed by Mikao Usui in Japan in the late 19th century and introduced to the United States in the early 1900s. It is based on the belief that a universal biofield (energy force) surrounds and penetrates the human body. Low or imbalanced body energy is thought to accompany disease of the body and mind. With hands on or near the body, the Reiki practitioner facilitates passage of the biofield's subtle vibrational energy to the patient, where it is believed to improve the flow and balance of energy, promote healing, and reduce a plethora of psychological and physical signs and symptoms (Miles, 2003; Rubik, 2002; Steine & Steine, 2003; Usui & Petter, 1999). Many scholars and practitioners believe that all touch CAM modalities (e.g., therapeutic touch, healing touch, Reiki, Qigong) use the same biofield energy. The differences are in the techniques used to detect and correct the imbalanced energy (DiNucci, 2005; Rubik). Because of the simplicity of the Reiki technique, it is easier to integrate into multiple healthcare settings. Unlike other touch energy modalities, Reiki can be self-administered, saving the patient the expense of a practitioner.

Reiki practice does not require a license or certification. Several professional Reiki organizations have been established recently. The Usui technique is taught by a Reiki master to students. First-degree Reiki teaches the basic technique to treat others and self. Second-degree Reiki adds the use of symbols to enhance energy flow and mental well-being. Third-degree Reiki (master) apprentices learn to teach Reiki to others. First- and second-degree Reiki can be taught in 1 day each (Steine & Steine, 2003; Usui & Petter, 1999).

The holistic approach to nursing is congruous with integrating Reiki into nursing care (DiNucci, 2005; Gallob, 2003; Miles, 2006; Nield-Anderson & Ameling, 2000; Whelan & Wishnia, 2003). Hospitals and clinics use three different methods of Reiki delivery: licensed professionals such as nurses, nonlicensed Reiki practitioners, and education programs to train patients, family members, and caregivers in first-degree Reiki (Miles, 2003). As rehabilitation nurses strive to develop multidisciplinary evidence-based, cost-effective care plans that include management for their patients, it is logical to consider Reiki therapy as an option as long as both the nurse and patient are comfortable with the modality. The rehabilitation nurse can perform Reiki or delegate it to others

as part of a diverse treatment care plan that integrates Reiki for patients with pain comorbid to complex chronic conditions (Whelan & Wishnia).

The case of TM, a voluntary participant in a research study assessing whether Reiki effectively relieves chronic pain, illustrates how Reiki can be used with rehabilitation patients. TM is a paraplegic with chronic back and leg pain after suffering a gunshot wound to the back. At the time of data collection, he was wheelchair bound and participated in outpatient therapy. TM was instructed to follow all medication and therapy instructions from his healthcare providers. The treatment protocol included six weekly 30-minute Reiki sessions that consisted of 15 hand placements for the whole body. Pretreatment and posttreatment subjective measurements of pain (self-reported on a scale of 0 to 5) and objective measurements of pulse were taken. On all but one occasion, TM reported a decrease in pain level and an increase in overall feelings of well-being and relaxation. His pulse rate decreased during all treatments. The treatment session that was reported as ineffective was a particularly difficult treatment session, affected by the development of physical complications. During a phone interview approximately 1 month after the final Reiki treatment, TM stated that his pain level was back to pre-Reiki therapy levels, and he planned to seek out Reiki treatment in the community. TM was offered free self-treatment lessons, but he declined.

Reiki therapy is an adaptable, cost-effective method for achieving pain relief and increasing feelings of well-being in rehabilitation patients. Treatment protocol flexibility is critical because complications often develop in rehabilitation patients. Reiki practitioners can adjust the Reiki hand placement location and treat patients in any position or location to accommodate specific complications. Reiki does not involve equipment and is noninvasive, so it can be easily adapted to outpatient and inpatient settings—an important consideration given the trend to use less expensive outpatient therapy. The only cost is the fee for the Reiki practitioner, which is comparable to a massage therapist's fee.

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