‘DSS* Fascia Care’ Improving Quality of Life in Duchenne Muscular Dystrophy (*Dynamic Spatial Stimulation)

Marilene Marfin-Martin, PhD; Luis Fernando Grossklauss, MD; Sissy Veloso Fontes, PhD; Acary Souza Bulle Oliveira, PhD MD
Research Section of Neuromuscular Diseases
UNIFESP Universidade Federal de São Paulo, SP, Brazil
+55 11 953 666 516 marfin-martin@outlook.com

BACKGROUND Duchenne muscular dystrophy (DMD) is an X-linked disease that causes progressive loss of functionality and early death. Neuropsychological impairments interfere in quality of life (QoL) [1]. Usually care guides do not emphasize the patient and relatives themselves on homely physical management [2]. Although impaired the fascia is still a therapeutic gap. By specific touch ‘Dynamic Spatial Stimulation (DSS) Fascia Care’ connects the therapist-patient fascia tissue in a dynamic reciprocity and ‘tensegral’ approach. Modus operandi makes observable a sequence of motions that culminates in Mobius’ band pattern, and aims to promote and/or recover ‘fascial readiness’ to favor both tensions and body space proportional distribution. Objective was to verify ‘DSS Fascia Care’ effects on quality of life in patients with DMD [3].

METHODS During 10 weeks 10 male patients aged seven to 12 years received one weekly-60min-DSS session. Mothers acted as co-therapists while receiving experimental training, for working at home. With a 12-week interval the ‘Kidscreen-52’ questionnaire [4] that focusses on 10 family and social life domains was answered by mothers and patients; at each session a mother report of daily observations on child’s behavior and his complaints was recorded.

RESULTS The mean scores on both versions of the questionnaire were increased (6/10 domains). ‘Mother version’ presented statistical significance on ‘Moods and Emotions’ (p= 0.015), ‘Physical Well-being’ (p= 0.016), and ‘Psychological Well-being’ (p= 0.020) domains. ‘Patient version’ presented statistical significance on ‘Psychological Well-being’ (p= 0.046), ‘Social Support and Peers’ (p= 0.074), and ‘Physical Well-being’ (p= 0.084) domains presented a trend towards statistical significance. Reduction of falls and pain complaints were emphasized on mothers’ report, since after the first session. Improvement on quality of sleep, mood to play, and attention to the conversations was reported along the treatment. All the mothers reported that child care at home had become easier.

CONCLUSION The perception of quality of life by mothers and patients treated with 'Dynamic Spatial Stimulation (DSS) Fascia Care' was positively influenced in this group. The inclusion of mothers as co-therapists turned out beneficial, indicating feasibility on training the ‘DSS-specific touch’ for family caregivers aiming homely management of DMD as a treatment complement.

REFERENCES