

Having trouble viewing this email? [Click here](#)



EMDR and the Military in Action E-Newsletter | July 2017



EMDR AND THE MILITARY IN ACTION E-NEWSLETTER

July 2017 | Volume 5, Issue 7

This is a monthly E-newsletter created primarily for our colleagues trained in Eye Movement Desensitization and Desensitization (EMDR) who work with military, veterans, and their families. The purpose of **EMDR and the Military in Action** is to promote continued dialogue regarding the efficacy and current developments with EMDR and its use with these special populations.

[Learn more about the EMDR Research Foundation >>](#)

Researchers!

If you are interested in doing research that addresses EMDR topics related to the military and you need additional funding, consider applying for a \$25,000 research award through the EMDR Research Foundation. Go to <http://emdrresearchfoundation.org/research-grants/research-grant-awards> for details. If you need access to expertise for a research project, don't hesitate to apply for a \$1,000 research consultation award. For details go to <http://emdrresearchfoundation.org/research-grants/research-consultation-awards>.

Citations – EMDR therapy and Phantom Limb Pain

Flik, C. E., & de Roos, C. (2010). [\[Eye movement desensitisation and reprocessing \(EMDR\) as a treatment for phantom limb pain\]](#). Tijdschrift voor Psychiatrie, 52(8), 589–593. Dutch

TIJDSCHRIFT VOOR PSYCHIATRIE



A 68-year-old man, who had had phantom limb pain in his leg and foot for 27 years,

was referred for EMDR treatment. This case study shows that after 10 sessions of EMDR the pain intensity had diminished from 10 to 1 (on a scale of 10). Further sessions, consisting mainly of discussions, focused on consolidation of the result, namely on finding a new physical and mental balance and on strengthening self-confidence in the new situation.

Salaehian, T., & Moghadam, M. B. (2014). [The effect of eye movement desensitization and reprocessing on phantom limb pain in patients with amputation](#). Life Science Journal, 11(9s), 519–522.

It has been estimated that more than 50% of patients suffer from phantom limb pain after amputation. Present study was conducted to identify efficacy of eye movement desensitization and reprocessing on the phantom limb pain of patients with amputation. Materials and Methods: present study is semi-experimental in nature. 20 patients with amputation suffered from phantom limb pain and were under pharmacological therapy for long time selected by available sampling (2012–2013). EMDR method applied for each patient individually at consultation room of BU-ALI SINA hospital during six sessions per one hour for nine weeks. In each session, Numeric Rating Scale was completed by the patients before and after intervention. In order to collect data, demographic and Numeric Rating Scale (NRS) questionnaire were used. Data gathered during six therapeutic sessions were analyzed by using SPSS 16 software as well as the descriptive statistics and the statistical tests including paired – t-test, Chi square. Results: Mean phantom limb pain in 20 patients was 7.95 ± 1.63 before intervention and it was 2.25 ± 1.25 after intervention, which using with paired T test showed an statistically significant difference ($p < 0.001$).

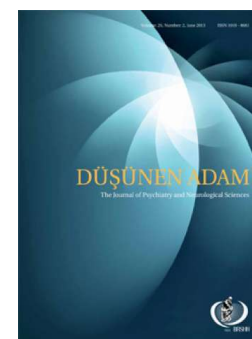
Conclusion: The eye movement desensitization and reprocessing is effective, useful and non-invasive method for treatment and reducing phantom limb pain in patients with amputation.



Sinici, E. (2016). [Evaluation of EMDR therapy in treatment of phantom limb pain](#). Dusunen Adam, 29:349–358. doi: 10.5350/DAJPN2016290406.

Objective: The aim of this study was to determine the effectiveness of Eye Movements of Desensitization and Reprocessing (EMDR) therapy in the treatment of the phantom limb pain.

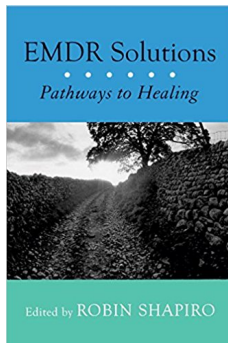
Method: Participants of this study consist of amputation applied 14 inpatients in the Orthopaedics and Traumatology Department of Gülhane Military Hospital. Amputation was applied to four patients with diabetic foot and ten patients with trauma. Five patients had three sessions, eight patients had five sessions and two patients had six sessions of EMDR applications. The treatment was ended when patients expressed that they were not in pain. Following amputation, McGill Melzack Pain Questionnaire, State Anxiety Inventory (STAI-I), the Beck Depression Inventory (BDI) and the Symptom Checklist (SCL-90-R) were applied at the end of the first week before EMDR applications and just after the EMDR applications. These tests were given to the patients who were invited to control again after one month and three months. The SCL-90-R was applied again in the third month control.



Results: It was seen that phantom pain significantly decreased before the treatment, among shortly after, one month and 3 months later controls.

Conclusion: In this study, EMDR therapy has been found to provide a significant improvement over the phantom pain. Based on the findings, EMDR therapy has been shown effective with early application on phantom pain.

From the EMDR Book Shelf



Tinker, R., & Wilson, S. (2005). [The phantom limb pain protocol](#). In R. Shapiro (Ed.), *EMDR Solutions: Pathways to healing* (pp. 147–158). New York, NY: W. W. Norton.

Following an amputation of almost any body part, the patient can experience phantom limb sensation, which is the feeling that the limb is still there, or phantom limb pain (PLP), which is pain that exists after the amputation. Often the pain after the amputation is the pain that existed before the amputation, somehow staying locked in the nervous system. In 1996 we did a pilot study, using a case series approach, with 7 amputees. We wanted to see if EMDR could be effective in treating PLP. We thought that PLP might be similar to PTSD, in that the event is over but the pain (emotional or physical) is still there, somehow embedded in the nervous system. In our case series, EMDR was found to be an effective treatment for PLP (complete elimination) in leg amputations. In most of the cases, pain disappeared within three sessions of treatment after the initial diagnostic interview. In general, the protocol for PLP consists of three parts: history-taking and relationship building, then targeting the trauma of the experience, and finally targeting the pain itself.

In the News

Bierma, P., & Woolston, C. (2016, January 20). [Phantom Limb Pain](#). HealthDay.

As more and more U.S. vets come back from Iraq and Afghanistan with missing limbs, increasing attention is being paid to a puzzling phenomenon: Young soldiers feel agonizing pain in a part of their body that no longer exists.



For previous Military in Action issues containing EMDR therapy and Phantom Limb Pain, [click here](#), [here](#) and [here](#).

For a complete list of Military In Action Archives, [click here.](#)

EMDR Research Foundation | www.emdrresearchfoundation.org |
info@emdrresearchfoundation.org

CONNECT WITH THE EMDR RESEARCH FOUNDATION:



EMDR Research Foundation, 401 W. 15th Street, Ste. 695, Austin, TX 78701

[SafeUnsubscribe™ {recipient's email}](#)

[Forward this email](#) | [Update Profile](#) | [About our service provider](#)

Sent by info@emdrresearchfoundation.org