Mirror Therapy – Patient and Family Information

What is Mirror Therapy?
Sometimes, after limb loss, patients still have feelings in the limb that was amputated (phantom pain). It can be painful and upsetting. You may feel pain, itching, heat, or cold in a limb that you cannot touch or move. Mirror Therapy is a treatment used to “trick the brain” into thinking the limb is still there; like the limb still moves well and does not hurt. Research shows that “tricking of the brain” works. It sends signals to areas in the brain that can cause feelings in the amputated limb. This has shown to decrease phantom pain.

How do I do it?
You need a tall mirror, the kind you might hang on the back of a closet door. You can buy one cheaply at many area stores.

Sit on the bed, couch, or floor, with your legs straight in front of you. Place the mirror between your legs, with the reflective side facing your good leg. When you look into the mirror, you should see your good leg reflected there. This “tricks” your brain into thinking it is your amputated leg.

Now move your leg, doing the exercises your therapist gave you. Do not look at your amputated leg behind the mirror. Just look into the mirror. The image you see will make it seem like your amputated leg is moving, without pain. This information is sent to your brain. Over time it can decrease your pain. Some people feel relief right away. Others need a little time to feel the effects of this treatment.

How often do I need to practice?
Your physical therapist will help you come up with a program that is right for you. They help you decide what exercises to do. Also, how long each mirror therapy session should last and how often you should do this treatment. A good goal is to work up to 15 minutes a day. This can be broken up into 5 minutes, 3 times a day, or all at once. You and your therapist can come up with a routine that works best for you.
References:


Ramachandran VS, Altschuler E. The use of visual feedback, in particular mirror visual feedback, in restoring brain function *Brain* 2009:132;1693-1710
