

Bhangra therapeutic dance - exercise & Axial Spondyloarthritis (AxSpA)

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Movement or Dance

therapy refers to a broad range of eastern and western movement working out one's body movement to improve her/ his cognitive, physical, mental and emotional wellbeing. Dancing counts as one

of the moderate physical activities, dance therapy developed in popularity in the last 10 years and several therapists started using modulated dance therapy to enhance their patients' general flexibility, muscle coordination, balance and mobility. Dancing has been evidenced also in reduce chronic pain, stress, anxiety and depression levels and improvement of self-confidence.

Being a rheumatology physiotherapist, I am aware that my patients with widespread pain patients need different motivational approaches to get active, and have tried innovative practices (Tai chi, game based activities, line dancing, therapeutic yoga approaches, etc.) and found them effective in engaging patients and assisting them towards their physiotherapy goals. I always believed dancing is therapeutic, can be adapted to suit an individual's fitness level, gently be introduced, paced and progressed/regressed. Alongside improving physical benefits, dance therapy provides plentiful emotional benefits too. While dancing, physical activity increases releasing neurotransmitter substances in the brain (endorphins). This creates a state of well-being and thereby enhances the functions of other body systems. The same endorphins that make one feel better when moving also helps us to concentrate and sleep better, increases energy levels and can help us to become more resilient to face various mental or emotional challenges in life.

What counts as moderate physical activity

Any physical activity is better than none. It is never too late to get more active to improve health. Activities could include:



Bhangra dancing In the 1940s, a classical folk dance named Bhangra was traditionally danced during the harvest time in Punjab (North West India & North East Pakistan). This dance initially used short Boliyan lyrics and a large double faced musical instrument Dhol which was then replaced by smaller & western musical instruments, popular music and dance styles in south Asian communities of the UK. In the mid-20th century, bhangra dance included many forms and adaptations, gained popularity worldwide, as a regular feature in celebrations. The music and dance both intoxicating & energetic empower the participants and the audience with a fun-filled full body work-out.

2014-2019

In 2014, I undertook a pilot study in Bollywood dancing at our local Northern Lincoln and Goole NHS Trust (NLAG) NHS trust with patients diagnosed with general arthritis and Axial Spondyloarthritis (AxSpA). The music beats and gentle Bollywood moves were well-liked and enjoyed by patients as well as our staff groups. I delivered a Bollywood workshop at our AStretch National conference to therapists, students and few multidisciplinary team members and received excellent feedback from all participants. After having this experimental approach, I wanted to expand to other types of movement therapy.

May 2018 I happened to watch a dance competition show with bhangra music. The music beats were so enchanting that I found both my shoulders /arms robotically move up/down along with the beats. At that time, I reflected to neck/upper trunk postural problems with most of our patients' and several of our staff members; this multiplied

especially due to the recent increased use of computers and mobile phone usage. This prompted me to trial out bhangra music/dance beats with my next novel exercise choice. I started researching about Bhangra music/dancing and with my husband's support who has Bollywood dance expertise, I picked up some music beats and started choreographing easier manageable dance steps.

Between June and August 2018, Raj and I tried Bhangra dance with our hospital staff members as a part of our Trust well-being programme. This was welcomed as a great energetic and entertaining full body work-out.

In September 2018, I introduced a modulated version of the Bhangra dance-exercise steps with our local Grimsby National Ankylosing Spondylitis Society (NASS) group members. The members enjoyed the dance work-out and evaluated the session to be different, enjoyable, fun-filling, and energetic and did not report any adverse effects.

June 2019

When NASS staff approached AStretch for volunteering exercise workshops at their annual NASS member's day on the 08/06/2019, I offered to conduct a Bhangra Therapeutic dance exercise workshops and was gladly accepted. Two of the NASS group members travelled to present our local innovative practice at the members' event. Three groups of NASS members diagnosed with axial SpA attended the workshops and provided feedback.



Approximately <150 people attended the workshops. General feedback was excellent; the attendees ticked one of the four remarks – enjoyable (45), entertaining (45), energetic (45) and everyone –generalizable (39).

Other Comments received from Bhangra Therapeutic dance-exercise workshop participants

- Best fun all day
- Different approach but very fun
- Excellent
- Fun, fantastic and fabulous presentation.
- Fantastic smiley lady teaching the session
- Great fun, Good laugh, it “killed” my shoulders but Loved it
- I enjoyed very much but found it difficult to keep in time
- New experience Nice to try something new
- Terrific, too much PowerPoint, No warm up, Thank you, this workshop was brilliant. I really enjoyed it. It was fun, too much co-ordination needed
- Very energetic and great fun, Very good, Very good exercise
- We both enjoyed it, Wonderful, wished we had classes near to us in Essex

The least positive comments received were only that the exercise was fun not that easy, needs co-ordination and so tricky to follow by everybody

Conclusion: Bhangra therapeutic Dance-exercise was accepted, well liked and enjoyed by the NASS members. Such innovative practices if modulated and guided by appropriate health professional would promote activities and general wellbeing to all, and especially prevent inactivity and chronicity in our axial SpA cohort.

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