

“Rehabracadabra”

“Using Magic as a Therapeutic Modality”

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Question: What do you get when you cross the focus of an occupational therapist with the skills of an accomplished magician?

Answer: “Rehabracadabra!” more commonly known as magic therapy!

Many people with physical, social or cognitive challenges share common goals on the road to regain their optimal functional status. Magic therapy provides a way of creating a client centered, fun, interactive, and “outcomes-based” approach to rehabilitation.



What Is Magic Therapy?

One definition of magic therapy is: The instruction of magic for the purpose of increasing dexterity, fine and gross motor skills, strength, enhancing problem-solving skills, lengthening attention spans, sharpening psycho-social abilities and improving communication and socialization. Magic therapy also develops functional skills related to proprioception, activities of daily living (ADLs), instrumental activities of daily living (IADLs) and helps build self-esteem by teaching patients a skill that most people—regardless of ability—do not possess.

Over the last seven years, my husband Cody Fisher and I have combined my background as certified hand therapist with his expertise as a professional magician to use a variety of magic tricks as a tool to carry out therapeutic treatment. In the beginning I would share with him my goals for specific hand therapy scenarios and he would reveal and customize simple magic tricks that would work on a targeted impairment (i.e. stiffness, weakness, abnormal prehension patterns, sensation, edema, decreased coordination, memory, problem solving, etc.). Throughout the years I have not only been able to utilize these concepts in my own practice but both Cody and I have had the opportunity to educate other therapists on how to integrate this therapeutic tool with a variety of diagnosis including but not limited to tendon and nerve injuries, complex regional pain syndrome (CRPS), joint replacements, frozen shoulder, digital amputations, disuse atrophy, elbow, wrist and digital fractures, recovery from cumulative trauma injuries, stroke, etc. Regardless of the diagnosis, it has been evident that this approach for many clients can speed along the recovery process and make the rehabilitative process much more enjoyable and productive.

Project Magic

For many years colleagues and I assumed this was a unique concept until I ran across a web link called “Project Magic” established by internationally known illusionist David Copperfield and occupational therapist Julie De Jean. This non-profit organization was established back in 1982 in Inglewood, California at the Daniel Freeman Center for Diagnostic and Rehabilitative Medicine. Project Magic incorporates the use of magic in the inpatient hospital setting using volunteer

magicians who work with patients and therapists. According to the program information packet, "How to Start a Project Magic Program", this program offers the disabled person a new experience and skill that most able bodied people are unable to duplicate. It provides motivation, self-esteem and hope to thousands of individuals of all ages and has shown few boundaries. Magic therapy has successfully been used with such diagnoses as strokes, neuromuscular disorders, speech dysfunctions, arthritis, cancer, peripheral nerve dysfunctions, cerebral palsy, and even head and spinal cord injuries. This and additional information on Project Magic can be attained by contacting the main office at 785-270-4610 or www.dccopperfield.com.

Project Magic is governed by a Board of Directors and active chairperson David Copperfield. In May 1982, David Copperfield and Julie De Jean exposed the delegates at the National Occupational Therapy conference in Philadelphia to the concepts of using magic as a viable treatment modality. Since then the Executive Board of the American Occupational Therapy Association (AOTA) recognized the value and virtue of teaching magic tricks as an authentic method of achieving therapeutic goals (The Healing of Magic, 2005, Section II paragraph 5).

While presenting at the Project Magic 25th anniversary convention in Las Vegas, Nevada, June 28-29, 2007, My husband and I had the opportunity to meet with not only the founders of Project Magic, but also professionals from all over the world that are currently using magic as a therapeutic modality. During the convention, occupational therapist, physical therapists, psychologists, physicians, teachers, and magicians shared countless success stories and research studies on the effectiveness of magic therapy. In addition to being used within the hospital setting, it is being used in schools, doctor's offices, psychiatric facilities and many other venues.

During a recent phone interview with former AOTA president Dr. Carolyn Baum, Ph.D., OTR/L, FAOTA, she quotes, "*The use of magic fosters an individual's ability to assume a role to entertain and to have self efficacy. The underlined concepts in magic target areas of motor, psychosocial, cognitive and sensory processing that lend themselves well to intervention and make themselves occupationally based. It has meaning and gives pleasure by allowing the patient to entertain others*".

Magic In The Clinical Setting

Successful use of magic as a therapeutic activity is dependent on the interest and motivation of not only the client/ patient but also the therapist. Magic may not be an appropriate modality for everyone. It is best to combine medical knowledge and previous clinical experience when deciding upon the type of intervention or "tricks" to be implemented. It is important to be sensitive of clients with particular religious affiliations who may associate the use of magic in any form as "black magic." Always be respectful and knowledgeable of your client's beliefs. Additionally, this may not be the most effective therapeutic activity for clients that are delusional.

In my own practice as an outpatient hand therapist, when it is apparent that an individual would benefit from practicing all or part of a "trick" (whether it's to work on a particular motion, weakness, or coordination), I proceed to demonstrate, teach, then explain to my client the value of mastering the routine or motion. Especially in the beginning stages of integrating magic into the hand therapy setting, Cody would collaboratively come up with customized routines and magic tricks that would target specific dysfunctions.

When integrating magic into the clinic setting, when an appropriate patient has been selected, typically their face lightens up and they agree to meet the challenge. On multiple occasions I have had clients say that they are more motivated to practice a trick over and over again verses a rote home exercise program. From a professional standpoint, this serves as great accountability for the patient to objectively see that they have achieved a functional skill in a set period of time. Many times when the individual returns to the clinic and performs the trick, it not only gives them

a sense of accomplishment, but his or her excitement and enthusiasms draws in other clients who may also request to be taught a trick as it looks like a fun way of achieving his or her goals.

When it has been determined that magic therapy will be used as a treatment tool or ice breaker, there are several resources currently available including the recently released Project Magic Handbook by Richard Kaufman, The Healing of Magic Manual by Kevin and Cindy Spencer, Side Effects by Scott Tokar, etc. One can find out more about available resources as well as video clips of some of the tricks below by visiting www.debbiefisher.org.

Outlined below are four standard tricks that I have personally found very useful in the hand therapy setting. The following tricks were also selected because the accessibility of the needed materials is plentiful with little to no cost to the therapist and to the patient.

Effect	Works On	Example Diagnosis	ADL Simulation	Materials
“Nails No Nails”	A/AAROM (supination, pronation, ulnar/ radial deviation, abduction, flexion, extension), coordination, grasp, sensory integration, etc.	The stiff hand, CRPS, fracture management, scleroderma, etc.	Holding & shaking hands, praying, gross grasp	None
Scarf Juggling	Upper extremity ROM, grasp, release, proprioception, edema reduction, gross motor skills, neuromuscular re education, reducing guarding, etc.	Arthritis, cumulative trauma injuries, CVA, UE stiffness, disuse atrophy, tendon repairs, joint replacements, etc.	Grasp, reach, release, posture biofeedback, UE ROM for all ADLs	3 scarves or used drier sheets
Contact Juggling	Muscle balancing for many cumulative injuries, strengthening (good for lumbricals and extensors), coordination, proprioception, etc	Carpal, cubital & radial tunnel syndrome, TBI, tendonitis, deQuervains, Dupuytren’s	Release, grasp, pinch for dressing, cleaning, folding, etc.	Contact juggling ball, solid rubber & soft ball
Rubber Band Weave	Intrinsic & extrinsic strengthening, ROM, dexterity, tendon gliding, problem solving, joint blocking, etc	Capsulectomy of the IP joints, tendon & nerve repairs, stiff hand, etc	Typing, piano, grooming, wide grasping, etc.	1-3 Rubber bands or hair ties

The Magical Proof – A Case Scenario

The following is a specific patient example of how Cody and I have collaboratively used Magic Therapy toward the successful outcome of a young client with a physical disability.

A right-handed 12 year old adolescent presented to hand therapy after a year following a tree climbing injury. She had fallen 12 feet and landed on her arm which not only completely fractured and displaced the ulna and radius but also severed her ulnar nerve. Despite having been previously treated by occupational therapy, she continued to display weakness, decreased ROM, coordination, guarding, diminished sensation and decreased overall function. She continued to have difficulty writing, playing sports and playing her instrument in band. During her initial evaluation, it was revealed by her mother that she also had an attention deficit disorder and could be difficult to keep focused.

After unsuccessfully attempting part of a session with several traditional therapeutic exercises, it was clear that it would be opportune to incorporate magic therapy as part of her treatment intervention. Strategically selected magic tricks were then presented to her; she then had the opportunity to choose the tricks she most desired to be able to perform.

Each trick was selected to work on this patient's greatest functional deficits. One of these effects included "The Jumping Rubber Bands" which was chosen to strengthen the ulnarly innervated intrinsic and extrinsic musculature. This would target her ability to perform full digital extension, abduction/ adduction and promote decrease guarding of that hand. This trick was customized to be able to perform it two different ways. One with the mechanical demands the metacarpal phalangeal joints (MCPs) in full flexion ending in an intrinsic plus position which places the demands on her lumbricals & interosseous. Additionally it can be performed the more traditional method by keeping the MCPs in full extension and placing all of the demands on the proximal interphalges (PIPs) and distal interphalges (DIPs). Both ways improve her ability to perform the desired motions which translate functionally into being able to open and close her hand fully. This is needed during catching with sports and improving her hand control when playing her instrument in the band.

The following two comments were written by the patient and her father in two separate "Thank You" cards after completing her hand therapy sessions.

Dear Debbie & Cody,

"Thank you very much for the magic wand. Thanks for teaching me all of the cool magic tricks! I have been practicing and am getting pretty good. I have been doing my exercises a lot and my hand is really improving".

"Debbie thanks for your help with my daughter. Since you have started her on 'magic therapy' I have seen significant improvements in her hand function. Like a lot of kids, she loses interest in her hand exercises...since you have started the 'magic' she is more motivated. She is doing her 'magic therapy' hand exercises at home, at school, and can't wait for her next therapy session with you. Thanks! -Dr. Bill Brook, MD

Ultimately, the goal of integrating magic therapy is to ensure that the type of intervention or "trick(s)" selected are the most effective and transferable to functional skills. To best do this, it is important to use clinical judgment and be very explicit with the patient as to what magic therapy involves; therefore, clearly articulate the process so that the patient/client is part of the process. Such explicitness is also important when documenting the therapeutic procedure with colleagues and medical evaluations for insurance claims to insure proper reimbursement. In this manner, evidence is gathered conscientiously and is used judiciously so that the experience of the OT and the needs of the client are being addressed.

Where We Are Today – The "Rehabracadabra" CEU Workshop

In light of many benefits and recent research supporting the use of magic as a therapeutic modality, we are convinced that more providers would be interested in this program. For many years we have been teaching these techniques to various hospitals and clinics with great success. This workshop is unique in that it empowers the provider by teaching them functional magic tricks that can be immediately implemented. This workshop is perfect for PT's, OT's, nursing, and even physicians. All of the Rehabracadabra materials focus on "functional outcomes" related to improve ADLs.

The workshop has a very simple formula:

1. Demonstrate the trick
2. Teach the trick
3. Explain the therapeutic value, appropriate population, and functional use of the trick

4. Review proper documentation for reimbursement. Our goal in using magic as a therapeutic modality is not to replace current treatment techniques but rather to empower the provider with an exciting new tool for treatment.

All interested parties wishing to sponsor the "Rehabracadabra" CEU workshop, please visit www.DebbieFisher.org. Send us an e-mail, we would love to present at your hospital or clinic.

The following is just one testimonial from an associate professor of Austin Community College for certified occupational therapy assistant program:

"Cody and Debbie Fisher are a dynamic duo! They have been guest lecturers over the last two years presenting their workshop, "Magic As A Therapeutic Modality" to my students studying to be occupational therapy assistant students. Debbie Fisher, MS OTR CHT brings creativity and theoretical knowledge in correlating the use of magic as a medium therapeutic agent to the OT practice framework, demonstrating simple user friendly techniques to promote fine motor skills, upper extremity strength and coordination. The students were able to master the techniques and apply them to their clinical experiences. Documentation and billing procedures were also discussed! Cody, master magician dazzled the students with his humor and finesse in performing magic tricks that could easily be mastered by the student and applied in a therapeutic setting. Cody with his strong educational background provided course objectives, handouts and a DVD which markedly enhanced the learning experience. The students and I gained insight into new treatment techniques that would enhance patient care, providing the just right challenge and TONS of laughter. The students and I ALWAYS look forward to this educational presentation."

**Kim Taylor, OTR CHT
Associate Professor
Occupational Therapy Department / ACC**

Debbie And Cody Fisher...A Closer Look

Deborah Fisher received her Masters degree in Occupational Therapy from Washington University in May 1999 and has specialized in hand therapy for almost a decade. In addition to being a certified hand therapist (CHT) she holds a secondary Texas teaching certification in psychology and biology from the University of Texas at Austin. Currently, she is the senior hand therapist and Yoga instructor at The Austin Diagnostic Clinic. She is also the Department Director of Hand Therapy at Tillman Physical Therapy in Cedar Park, Texas.

Cody Fisher is full time magician, author, and lecturer. He is frequently referred to as a "Magician's Magician". Cody is a pioneer in the creation of magic tricks and teaching to other magicians. Cody received his BS from the University of Texas at Austin in 1996 and while working his PhD, taught biochemistry to premed students at UT. Having supported his way through graduate school as a magician, he soon realized performing, lecturing, and teaching was his true passion. Cody is now a top motivational speaker using his magic to send a message into schools, institutions, clinics, and businesses. He has devoted his life to motivate others to succeed. For more information on Cody's unique services please visit www.CodyFisher.com.

Together Cody and Deborah have taken the use of magic to a unique level. They have adapted the use of magic therapy to the clinical and the academic setting in lecture to occupational therapy students, magicians and practicing therapists in the US and Europe. Their goal is to promote magic therapy by providing the most up to date information and user friendly resources. For more information on magic therapy or the CEU workshop "Rehabracadabra", please visit www.DebbieFisher.org.