

Alexander Technique and Rehabilitation: a case study

Stephanie Smith 16th October 2013

FS, female aged 39

FS is a manager with an importing company. She is from Australia and has been living in the UK for five years. She is unmarried, independent, intelligent and resourceful. FS is determined to play an active role in her rehabilitation after spinal surgery.

Following an MRI on her lumbar spine, it was discovered that FS had a disc impinging a spinal nerve for which she had a discectomy at the end of July. Damage to her nerves was severe in both legs with loss of sensation and she had dropped foot syndrome in her left leg. The MRI had also revealed that she has a protruding disc above the discectomy that is severely worn.

FS first contacted me by e-mail 17th April this year while she was in hospital for 17 days for an epidural for lumbar pain. She told me that she has continual leg pain and that she also has two protruding discs in her neck which is causing numbness in her right arm. She also added that she can hardly walk. She told me that she was hoping to be discharged later that day. She phoned me a week later and we spoke about her condition. I advised her that it was too early in her recovery for her to start Alexander Technique lessons. I also recommended a book for her to read: 'Explain Pain': David Butler, Lorimer Mosely: NOI Group Publications.

"Stephanie provided some great guidance at a time when my morale and general well-being was quite run down. In speaking with her I obtained some hope that my condition could be improved and that I may once again have a normal life. Her encouragement and general demeanour was what made me think this practitioner was for me. Being familiar with The Alexander Technique from Australia[†] I thought that this would be the best form of rehabilitation given my medical circumstances."

FS phoned me some months later to say that she was due to have the surgical corset removed and was keen to start her lessons. I suggested that it would be beneficial to have one session just before her corset was removed in order for her to have a sense of structure and support.

First lesson

25th July 2013

"I think we're in this for the long-term."

FS when she came in for her first session

FS was walking with great difficulty. She had not been given a foot brace at this point. It was clear that her mobility was very limited and I decided to immediately place her on my teaching table in semi-supine¹ in order to be able to work with her. Using light touch², I began by teaching FS mental

¹ Supporting the body on a flat, firm surface alters the body's relationship to gravity and the habitual response to gravity. Fascia and muscles can be encouraged to release from ingrained patterns of tension and the shape of the body changes.

² Light touch in this context is used to mean proprioceptive guidance without muscular force.

directions³ to activate supporting and balancing mechanisms in her body. Using this process would also help FS think clearly about her body and re-establish co-ordination.

I found that FS's calf muscles were very contracted in both legs. She had foot drop in her left leg and the heel of her left leg had lost sensation. I was unsure whether this was due to permanent damage to nerves or if sensation would return in time. With healing of the thorocolumbar fascia, pulls across the fascial net would decrease. It was clear that loss of sensation from her left heel was affecting her balance. There were a number of issues to address but as we only had 10 sessions, my plan for FS's rehabilitation would be to mainly focus on her mobility by improving her sense of her mental body map and providing her with clarity of thought for intention of movement in order to stimulate her mechanisms of support and balance and to continue to encourage release of her calf muscles and ankle joints. I suggested that she ask her consultant for an NHS neurological physiotherapist but she was eventually given a sports physiotherapist at the end of August.

By the end of her first lesson I thought that FS's mobility had slightly improved.

"When I first walked into Stephanie's room for treatment I was hoping that this would be the right move and it was. It was halfway through the lesson that I started to feel things happening; however I couldn't put my finger on what exactly it was. Whilst still in quite an amount of pain I left the lesson feeling more relaxed and positive in attitude. My mobility was improved from day one, as through subtle movements I was able to adjust my posture to take pressure off my spine."

Subsequent lessons

We arranged for FS to have a regular appointment once a week for 10 weeks. Each time she came for her appointment her mobility had improved. She had also found and bought a more convenient foot brace. I gradually introduced stages of movement such as gentle forward lunges to improve transfer of support. Noting that her balance was more difficult on her left foot, FS used The Alexander Technique to give herself a context in which to think about and control her balance. Towards the end of her 10 sessions I introduced segmental turning/spiralling movements starting from the eyes to turn the head then shoulders and hips gradually transferring support and balance to the homolateral foot while maintaining her full height and not collapsing in stature. Using thought and direction³, FS's balance on her left foot began to improve.

Ninth lesson

As FS's balance had improved, I continued with the spiral movements and then asked her to take a step while maintaining her postural length. She was able to do this without collapsing in stature or losing balance. At the end of the session she was walking very well.

"From the moment I had my first lesson I knew that this was the practice for me. Over the next eight sessions my range of movement increased, whilst the energy and movement required to do these reduced. My walking improved dramatically, as I had started to walk around my own house without physical aids. I felt like I was walking on a cloud as my limbs no longer felt heavy"

³ The sending of messages from the mind to the fascia and muscle to bring about self-organisation.

or painful to move. For the first time since my operation I felt graceful and was totally surprised at how far I had come."

Tenth lesson

26th September 2013

I was delighted to see FS walk in without any trace of her heavy limp. She was walking without the aid of her walking stick and was confident enough to walk from the taxi without her foot brace. We practised walking and I gave FS some techniques including use of her eyes to help maintain an even gait and balance while walking so that she would not revert to limping when she became tired. During this practice FS said that she felt as though she was 'heel toe-ing'. At the end of the session she was able to walk to her taxi looking very confident and without a trace of a limp.

I had 10 sessions in all with FS as she needed to get back to work, which made it difficult for her to see me. For FS to continue with the pronounced limp and heavy reliance on her wooden walking stick would have impacted on the two protruding discs in her neck. Therefore I considered it of primary importance to improve FS's walking patterns. The limited number of sessions meant that there was insufficient time for me to fully focus on her arm problems or to show her how to avoid future injury to other areas of her spine. FS's neck benefitted greatly from her Alexander Technique lessons and she reported that it *"felt less compacted and more fluid"*. There was also some relief from the numbness of her arm.

FS's rehabilitation has been remarkable. Even throughout her periods of doubt and difficulty (of which, understandably, there were a few) she thought about and practised all I had taught her. The Alexander Technique helped re-educate the way FS co-ordinates her muscles to prevent tightening. Using verbal cues, light touch⁴ and simple procedures have been invaluable for changing the stress loads on her skeleton and fascia.

When she came for her first lesson she joked that we are in this for the long-term. She may not have realised that The Alexander Technique will give her long-term constant reference and backdrop to her thinking.

In an e-mail she wrote:

"Thank you so much for all your support, care and understanding this year. Please do not think that this is the end of the road. If anything it's just the beginning. AT is now becoming a well-tuned cog in my wheel of life! Without you I can't imagine how my recovery would have gone as you really saved the day. Kind regards from the girl you taught to walk again."

⁴ Proprioceptive guidance without muscular force. See page 1 footnote 2.

[†] Frederick Matthias Alexander (1869-1955) developed vocal problems as a young actor in Australia. His process of self-observation and experimentation which led to improvements in his overall health is well documented.