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A 'Missing Link'

Therapists who discover the Alexander Technique can help patients battle chronic back pain.

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The hip lingo in health care these days is CAM: complementary and alternative medicine. The funny thing is, in many ways, physical therapists have always practiced CAM. The hallmarks of our clinical work include patient education to encourage self-care, injury prevention and patient responsibility using modalities, manual skills and home programs instead of oral medications or cortisone shots to relieve pain and re-establish function.

Even today, those of us in orthopedic private practice still cringe when a patient comes in with shoulder tendonitis or a back problem that they have had for months, getting a prescription for PT only because NSAIDs didn't do the trick. No kid-

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ding, we may think; if only this person had been referred to PT weeks ago, by now he would be feeling better, and his stomach wouldn't be bothering him because of medication side effects.

Exploring Methodologies

It makes sense, then, for PTs to explore some of the methodologies for restoring function that are outside the medical model. While most PTs are familiar with the Feldenkrais Method®, few know about the Alexander Technique. As a therapist in private practice who is also certified to teach the Alexander Technique, it is clear to me that "Alexander teachers" and PTs have much to offer one another with our primary goal of helping our patients return to the highest level of function possible.

The Alexander Technique is named for Frederick Matthias Alexander, born in Tasmania, Australia, in 1859, who discovered a means to alleviate what we today would call a repetitive strain injury: chronic laryngitis, an overuse of his vocal mechanism from his role as an orator doing Shakespearean recitations.

After years of struggling with minimal relief, doing every-

thing that medicine could offer him, Alexander became so frustrated he chose to see if he could figure out himself what was keeping him from overcoming his chronic vocal strain. He did experience relief; however, once he started performing again, inevitably a performance would end at intermission because his voice would give out.

The pivotal moment in Alexander's recovery occurred when he asked his doctor if there was something he was doing that kept him from getting better. The doctor thought this was possible, but didn't know what it could be (a familiar refrain to our patients!) The possibility that there was something he himself might be doing, and could therefore change, spurred Alexander to study his own body movements while speaking in public performance, conversational speech and in front of mirrors at home, over a period of about eight years. What he discovered and the process by which he remedied his own RSI is now known as the Alexander Technique.

Habitual Patterns

The technique is defined by its ability to highlight and improve upon habitual movement patterns, or postural sets that interfere with coordinated movement in all types of activities, whether it is getting up from a chair, sitting at a computer or singing an aria.

Research psychologist Frank Pierce Jones (1905-1975) defined it as "...a method for changing stereotyped response patterns by the inhibition of certain postural sets...and thus obtaining a better integration of the reflex and voluntary elements in a response pattern." The explanation that I offer to my patients usually includes the following assumption: without realizing it, over the course of our lives we have unknowingly adopted certain ways of moving that interfere with natural, upright, coordinated movement. These habits may not be a problem until we have some sort of injury that either does not heal within the expected time frame or results in a permanent change in mobility or function, or, we develop some sort of overuse injury that is related to a repetitive activity associated with work or recreation.

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he could use his thinking to restore the normal balance of the head on top of the spine, at the atlanto-occipital joint, which immediately brought his entire organism into an improved level of coordination and balance. What we as physical therapists refer to as "forward head posture" is considered by the Alexander teacher the primary source of maladaptive movement patterns that we are unaware of until something hurts or breaks down in our bodies.

An unresolved injury introduced me to the Alexander Technique. As a new PT in my first job in a large rehab center, I sustained an injury while I was helping a patient with paraplegia learn brace walking. Even though I was using good body mechanics, when his tone kicked in and he started to jackknife forward, as I lowered him to the hi/lo table, I felt a pop in my right side. While I never missed a day of work, had excellent manual physical therapy treatment and osteopathic manipulation for over a year, I still had daily musculoskeletal pain along my entire right side. Interestingly enough, I felt okay in the clinic working with patients, and usually the pain only got bad at the end of the day doing documentation. My massage therapist happened to be an "Alexander teacher" and convinced me to attend an introductory workshop that she and another teacher were conducting.

I still remember my first hands on experience of what it was like to have a teacher's hands on me. With the lightest of manual contacts at the base of my skull, along the sides of my ribs and at my pelvis, I felt lighter, easier when I walked, and somehow "natural," even though I had no idea how to define natural.

From that first evening's class, I was hooked and resolved right then to become a teacher; not only for personal reasons, but also because I felt this was the "missing link" in my professional life.

At the same time I was frustrated with my confusingly slow recovery, I was also a very frustrated new PT. Many of the people who came for outpatient PT to our rehab center had complex issues and were at our clinic as a "last resort." It was a shock for me to realize that I had to teach many of my patients how to manage their pain, not get rid of it, and how to make lifestyle accommodations, not to return to previous levels of function.

When I was introduced to the principles of Alexander, I intuitively knew this work could help not only those with chronic back pain, but also people with more permanent neurological changes such as post-polio syndrome, multiple sclerosis and Parkinson's disease, recover more function and move through the world with much less pain and greater economy of movement. I realized that what was missing from the therapy that I could offer patients was a kinesthetic learning that went beyond what I had been taught in PT school.

Fast-forward 14 years. In addition to practicing as a physical therapist, I have also been teaching the Alexander Technique for eight of those years. While the Alexander Technique is not for everyone, it has much to offer not only physical therapy patients but also therapists themselves.

One Case Study

Gloria, 61, presented with pain in both arms, neck and back, walking with bilateral Canadian (Lofstrand) crutches for several years. She had polio as a child, and had been diagnosed with post-polio syndrome. Her goals were to continue walking with the crutches, even though the recommendations of the local PPS clinic had suggested she consider a scooter for part time use.

Gloria was a retired school teacher, and was still active and fiercely independent. She and her husband traveled west to summer in their cabin in Colorado each year.

Gloria and I worked together using mostly the principles of the Alexander Technique, with the rationale that the more organized she was in her trunk, getting her head to lead the spine in a more balanced manner, the more she could give us a better indication of the manner in which she was weight bearing through her crutches.

Strengthening was not the issue; this was an overuse injury with no options for resting her overused arms. The pain in her upper body, neck and back dissipated within several weeks.

After several weeks, Gloria came in one day announcing that she wanted to get a scooter. She was feeling so good that she wanted to maintain this feeling, and increase her activity level. The scooter was now not an assistive device that signaled a decline in function, but for her was a ticket to greater freedom.

What was significant about this decision was not that she finally chose to use a scooter. Sure, we could have done modalities, manual therapy and gotten her a scooter right away. What was so important was the means whereby she made this decision, and the strong independent place it came from, rather than from one of resignation.

Conclusion

My own orthopedic injury and Gloria's recovery are two examples of how the principles of this technique can help patients. Perhaps more importantly, the technique offers a lifeline to therapists who find themselves suffering from the physicality of our work, the greater demands for productivity, increasing paperwork and the generally increased stress we all experience in our work today.

The principles that Alexander so beautifully articulated more than 100 years ago go well beyond mere "body mechanics." He discovered how to tap into the body's innate design which, when cooperated with, provides us with greater ease, freedom of movement and even clarity of thinking. Every PT can benefit from having a series of lessons for their own personal use.

Given how little time we have with patients these days, transferring a patient to the capable hands of an Alexander teacher can ensure a better outcome. Alexander teachers are trained in anatomy, and lessons often cost less than a PT visit. It is a movement-oriented, hands-on approach, consistent with the PT approach of empowering patients to take responsibility for their own well-being.

Health care professionals are being asked to do more in less time, with more people and more paperwork. Collaborating with an AT teacher can make not only our lives but also those of the patient a lot easier. Seek out local AT teachers, invite them to your clinic for a day, and schedule a series of lessons in their studios. It is a wonderful way to be a student of movement again, and you will be delightfully surprised by how good learning to move can feel. ■

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