

Abstract

Aim

The aim of this study was to develop an **Awareness Through Movement®** based **Feldenkrais** programme for people with SCI and identify whether the programme could address some of the negative consequences of SCI.

Methods

For this study I used an action research process which comprised three main phases:

1. The development of a draft **Feldenkrais®** postural control programme in consultation with people with SCI, **Feldenkrais®** practitioners and literature on both SCI and the **Feldenkrais Method®**.
2. Evaluation of the programme delivery with a group of five people with SCI. Qualitative data were collected from participants and changes were made to the programme in response to participant feedback and practitioner-researcher reflections.
3. A pilot evaluation of the impact of the programme on five people with SCI. Evaluation was done via single case research studies, interviews and feedback during the programme. During this phase qualitative and quantitative was collected. Analysis was done at the individual and group level.

Key Results

My work with colleagues and clients in Phase 1 suggests that the approach I intended to use had face validity; it appeared to be effective. Phase 2 participants reported improved postural stability, ease of movement, body awareness and movement strategies after the lessons but felt they needed more frequent and ongoing lessons to sustain changes. Phase 3 participants reported and demonstrated sustained improvements in postural stability, ease of

movement and function; body awareness and movement strategies. Evidence of sustained improvements in postural stability was supported by the modified seated reach test with all five participants reaching further as a result of the programme. Improvements in seated reach still exceeded baseline at 3 week to 3½ month follow-up. Improvements in postural stability; ease of movement and function; and body awareness are consistent with other Feldenkrais studies.

Participants from both Phases 2 and 3 reported acquiring new skills and knowledge on how to expand their functioning and reduce some of the negative consequences of an SCI. They were motivated to continue with the **Feldenkrais Method** at the completion of the programme and felt that **Feldenkrais** should be used in rehabilitation immediately after an SCI. They found the lessons relevant to everyday functioning and the reduction of stress and pain and valued paying attention to the neglected parts of the body. There were no reports of any negative consequences from the lessons.

Conclusion

There is sufficient evidence that the programme has a defensible theoretical rationale and that it is feasible, safe and relevant for people with SCI. There is also preliminary evidence that it addresses some of the negative consequences of SCI, namely loss of postural stability, ease of movement and function, and loss of body awareness and that it provides participants with knowledge and skills to explore movement and manage their condition. This all suggests that further empirical testing is warranted. Replicating this study in other centres could enable stronger conclusions to be drawn.

Keywords: Feldenkrais, spinal cord injury, tetraplegia, paraplegia, quadriplegia, body awareness, proprioception, postural stability, balance, ease of movement, perceived exertion