Requirement 11: Three Case Studies

a)

R was 3 years old when he began as my student. One of a set of twins, he was diagnosed with congenital talipes and suspected brain damage, as well as autism. He was born with both arms and legs in compulsive contraction and the hospital immediately put him into heavy casts in order to force the joints to open. The bones of his feet were then reset, and for all his life he had worn boot and braces at night (the Ponseti method) to keep his legs and feet aligned meaning he could only sleep on his front and in a kneeling position. He was unable to walk or talk and didn't make eye contact.

R was my first pediatric student so I was mindful of not projecting my own anxieties about proving something to the parents (and myself) and 'going in' too ambitiously. The first sessions were focused on making him aware that he had the primary power over the lessons and me. I also had to reverse the traumatic associations he may have had with being manipulated by adult strangers. It was noticeable that he mostly held his spine in extension and did not know how to contract. I did not even approach his feet but spent the time in play – allowing him to push me away, climb on me, rest on me and hold me while romping on the floor – all the time gently suggesting new possibilities as they arose by shifting my entire self beneath and around him. I used this time to get him used to being manually touched, always ensuring my intention was gentle and responsive. In addition, I taught him to self soothe by softening his chest and reintroducing his primal flexion. This powerfully reversed his relationship to the world, people (particularly well- meaning adults) and himself, and he behaved with a greater surety.

His feet and ankles were both set in plantar flexion with the navicular tilted medially. Globally, therefore, this created the pattern of his knees rotating out and his lower back extending. He had little proximal/distal connection in any of his limbs, and they felt hyper mobile due to the forced opening of these joints. It had the effect of making him disassociate from his limbs both functionally and within his self-image. I built from gentle touching – simply 'painting' his bones whilst paying careful attention to whether I had engaged his interest – to a process of helping him re-member developmental levels of functionality in the legs and arms, exploring sometimes proximal/dismally and other times the reverse, in order to provide for him an increasingly fuller picture of himself and his abilities. These would include combinations of, for example. rotation between the ankle, leg, pelvis, spine, shoulders and head; starting with the simplest and following R's lead towards more and more complex variations. Fascinatingly I noticed he would often lead, thrusting the part of himself he wanted to explore that session in front of me, or actively grabbing my hand and removing it if it was somewhere he did not want addressing that day.

I would integrate this by gently introducing the foot board so that he would have an experience of the floor, always going into his extension habit and connecting up to his head before introducing other possibilities.

All this time I would ensure each newly learned function allowed him to enjoy power in affecting both me and his environment. I introduced Props (e.g. Balls which He could kick, chew, hold and throw and which also could be used to explore and develop complex mobility by providing a soft, shiftable floor), and would mirror his sounds and language, repeating them back to him, gently suggesting a sensory development of vowels by touching his face,

lips and tongue, rather than pushing him to 'talk properly' . This would also encourage him to make eye contact where, once again, I would reflect back his facial expressions and moods, allowing him to explore my face manually, so that he might develop and understanding of empathetic response.

Before I first saw him his prognosis was that he was going to have his Achilles' tendon severed in order to allow him to walk. This has not happened and he is now able to walk, climb stairs and talk without any further medical assistance. There are doubts about his autism diagnosis since he has eye contact and empathy and now believe it is brain damage caused in the womb. MRI scans say this is improving.

All through my training and practice I had heard about 'miraculous' responses to the method, and always felt chagrined and slightly cynical of such stories. Even though students of mine had expreinced Improvements I had never experienced an improvement that defied the specialists. This was mine.

Learning includes

- In teaching children one has to be prepared for them to take the lead and therefore one has to maintain the personal flexibility to be able to play around them rather than force them to adjust to one's own limitations and beliefs about how children should behave.
- Learning to Manage parent's expectations and anxieties is as much a part of the professional practise and the child's learning. I found initially I had a tendency to want to over explain but now I endeavour to answer their questions with a demonstration and a reminder that it is about Rs experience , not necessarily a diagnosable prognosis or outcome that is important. I think I used to lecture. I am now more likely to leave them with something to reflect on and ask them to be aware of themselves and of their son's changes.
- Non-verbal communication is an excellent way to develop ones skills at observing other physical cues as to whether learning is taking place and is pleasant. These include sighing, changes of texture in overall tension, quality of eye engagement, laughing etc.

- I learned not to be scared of pediatric work. Not to be alarmed or paranoid if the child cries or is in a bad mood, but always to be curious. As a result of R's lessons with me, and the parents 'evangelism' I now have a whole host of little students

b)

A was a 65-year-old female who came to me for lower back pain. She was a stained glass window maker and was aware that the predominant use of her right hand, as well as her tendency to over-reach across her work, probably created the strain.