

Case Studies

The story of E

First meeting:

E was 59 years old when we first met. He lives on his own with a caregiver. He had a stroke when he was 49, in the middle of a very successful career. He had a TV series and traveled all over the world, exploring different countries, places, cultures, and communities. He owned a production company.

Our first meeting was arranged by his sister, a Feldenkrais practitioner, who gave me a rough description of him and his situation. He had worked with another Feldenkrais practitioner for four years, but had to look for another practitioner, since she started studying on the same day they used to have their weekly meeting. His sister also mentioned that he suffers from aphasia. Prior to our first meeting I read about aphasia, its presentation, and the different grades of aphasia.

E was accompanied by his sister to the first lesson. He entered through the door of my studio holding a cane in his left hand, an electronic “device” hanging on his chest, and his right hand in a configuration similar to CP. Watching the few steps he took in my studio something unusual caught my eye, but I didn't have enough time to really pay attention to what I saw.

He introduced himself by name. Before he sat down, he switched off the device on his chest. He moved into sitting in an organized way, bending both knees and lowering his pelvis gently to the chair, holding his right palm with his left hand.

In answer to my question about the electronic device, E rolled up his right trouser leg to show me a “band” with a battery wrapped around his right lower leg and said, “To go”. I know the device and the company (Bioness) that developed and produced the device. The device transmits electric pulses to contract the muscles and flex the foot to avoid drop-foot, but I wanted to hear about it from him, so I could observe the way he expresses himself and to learn more about how he relates to his aphasia.

When asked his age he couldn't say “fifty-nine”, so he wrote the digit 5 on his thigh. He understood me, he could plan an answer, but couldn't say what he wanted to say. It

seemed that he was frustrated at not being able to communicate what he had on his mind. Referring to his right hand he made a derisive movement as if this part of him is redundant.

As I learned later, E is a happy person. He is very active, he drives his car, meets friends, travels abroad, paints with his left hand, uses a computer and a smartphone, and likes to be as independent as he can. E lives in his own house with assistance since he had the stroke.

E. didn't specify something he wants to improve, he made a sign with his hand as if he is satisfied with his situation, pointed at me as if to say I can do whatever I find to be beneficial to him.

Where do I start? He walks with the assistance of a cane and of the electronic device, treating his right hand as a redundant organ. It was clear to me that doing something with the right hand is not a good idea. Maybe searching for a way to make his walking easier is a good place to start, but he has this device switched on whenever he stands preparing himself for walking.

Sitting behind E. I put my hands under his greater trochanters and lifted each one in turn. He couldn't sense my palm or fingers neither under the right trochanter nor under the left one. He hardly sensed my hand on the right side of his body no matter where I put it.

I asked E to look around himself, while my hands were on his knees. E jerked his head quickly from side to side. The eyes were not synchronized with the head's movement and no there was no response in the knees or in the rest of himself.

Maybe starting with the head while he is sitting is a direction that I could take to find some connection to his system?

As I was moving my hand to place it on his head, his sister, who had sat quietly and watched us, said to be careful with his head- part of the left parietal and occipital bone had been removed in the surgery (about 6X6 cm) and the implant was rejected afterwards. There is no bone in part of the skull, E only has the skin and hair covering the skull in that place.

So, I have to switch to something else.

I decided to verbally guide him through movements of the head and eyes, since those are very useful in daily life and involved in all of his daily activities. That might be a challenge for me, since these organs are in use from the moment he wakes up till he goes to sleep at night, and I already saw the way he looked around himself.

I asked E to put his left palm on his forehead fingers pointing to his hair with the elbow forwards, look at his elbow, and then turn to one side or the other reducing the speed to the slowest he could. While he was doing that, I put my hands where I saw movement along his spine. It wasn't easy for him to stay with the eyes fixed on the elbow, but at least other parts of himself started responding and were connected to the movement. I asked E if he senses something and I verbalized what I sensed.

The lesson came to an end very quickly, probably due to the way we had to communicate with each other.

After the lesson I wondered: Will it be possible for him to have clearer sensation of himself? Is it possible to regain sensation on his right side? Or shall I make it easier for him to use his left side? Shall I continue with the head and eyes? I have a few options, but I'll decide after speaking to him when he comes for the next lesson.

Lesson No.2

At the beginning of the lesson, I asked E to take off his shoes and lie down on the table. With his left hand he reached his left shoe from outside the knee to untie the left shoelace. He wanted to say something. As I found later on after asking many questions, he has his shoes on from the moment he puts his feet on the floor in the morning till he gets in bed at night.

Why is that? And if so, why does he have shoes with shoelaces? It could have been much easier for him to have shoes without shoelaces. I'll probably find out at the right time.

To untie the right shoelace, he lifted his right knee diagonally sideways and brought his right ankle over the left thigh with the help of the left hand. I was surprised!! He uses his right leg in a different direction, not just for walking!! Is he aware of that? He can plan and perform a movement with the right leg. Could he do the same with the other leg? I

asked him to, but no, he couldn't since the left knee was operated 40 years before after a car accident, he could only lift it towards his chest and not sideways.

I asked E to lie on one side; he preferred the left side; legs bent the right over the left leg. This was an opportunity to lift the right knee off the left one, similar to the movement he did sitting, but no, what worked in sitting didn't work while lying down. I decided to lift both knees together – his system resisted, but differently. I verbally described my intention and asked E if he could help me lift the knees. The movements were difficult for him, he held his breath and contracted the abdomen. I asked E to think of the leaning points of his left side on the table at the same time he performed the movement. It worked! Is he feeling a lack of support? After a few movements I asked E to stop helping me and I continued lifting the knees and changed the speed of lifting and lowering of the knees and found a certain pace his system responded to in an elegant way. Since lifting the knees worked nicely, I lowered the knees and lifted the feet and lower legs a few times, and then alternated. I sensed that he needed a rest. After a little rest I repeated the movement a few more times, then asked E to join my movements. I gradually ceased making the movement for him and it was E who did it. I asked E what he sensed, making sure that it was clear to him that it was he who made the movement. He started playing with the movement so I used my hands to draw his attention to what he was doing with his pelvis and I added a verbal description. The next step was to introduce as many variations as possible, using different combinations and speeds: lifting both knees and lowering one at a time, lifting both feet and lowering them separately, lifting one at a time and lowering the two together, and so on. It seemed that E enjoyed all this novelty. It seems that working with the two legs together does influence the entire system. That might be a good strategy to begin with when introducing new variations.

I wondered what will happen when he stands up? I'll bring him to a sitting position to prevent his habitual patterns from taking over. Since E wants to do everything by himself and be independent as he could, I had to explain my intentions.

In sitting I once more tried the movement from the knees. E noticed the difference from the beginning of the lesson.

I asked E to think of the way he was going to stand up and then look for another way to stand up, a different way than the one he is used to. As he was standing his eyes opened bigger and he said “Wooooow”. I wanted him to be specific, but with his difficulty expressing himself I had to ask yes/no questions that would clarify both for him and for me where specifically and how he senses the changes. He needs to integrate it in standing – shifting weight from one leg to the other, rotating the pelvis over each leg, and so on.

I noticed that when E wants to say something about his right or left leg or hands he points with his finger and says “this”. Why is it that he can't express right or left? Can't he name his body parts? Does he know the difference between the sides? Is it related to the aphasia? These were all open questions to deal with at the right time.

Planning the next lessons, I assured myself that I'm going in the right direction. But what is it that makes it possible to work with the two legs together? Is it the mirror neurons? Is it his self confidence when he senses the left side moving? I'll keep on adding more challenges and variations, which might make his walking easier, increase his faith in himself and in the idea that he can improve.

I wondered: Will today's results and insights last a week till our next session?

Lesson No. 3

E entered my studio with a smile. He was in a good mood and, with his left thumb, gave me a thumbs up.

E brought me a book he wrote lately with the help of his mother, who helps him regain his ability to express himself. E describes in the book all stages of rehabilitation, including letters from professional people he worked with and items the entire family wrote. His motivation was to increase the awareness of the families and friends of individuals with aphasia and to emphasize the help they need. The dedication he wrote to me using his left hand was clear; he learned how to use his left hand for writing.

This lesson I'll try again to begin with the two legs together – let's see how it develops.

Lying on the same left side, I asked E to place one leg in front of the other, one knee close to the back side of the knee in front. I started pushing the front knee backwards and pushing with the sole of the foot behind forwards, many times, gradually and slowly, and

I watched the response of the entire body, playing with distance and speed. I repeated the movement, switching the position of the legs. I asked E to join me. His first movements, which were fast and using a lot of force, gradually became slower and gentler. I gradually added flexion and extension of the feet in the ankles according to the direction of movement. When integrating in sitting I added the use of the feet pushing the floor to assist turning sideways and looking around over one shoulder or the other. He put on the Bioness instrument before standing up but didn't switch it on as per my request. When integrating in standing, I asked E to place one foot forwards and then the other one. E walked around the studio clearly using his knees, lifting the knees up and forwards. Before leaving the studio, he switched on the device and started walking. Switching on the device disrupted some of what was achieved in the lesson, the lower leg was thrown forwards in the pace and intensity determined by the device; I wondered if he noticed. I'll talk with the physiotherapist who calibrates the device to find out how it functions and the possibilities of changing the calibration to fit his progress.

At the beginning of the following lesson to, E in his own special way described what I saw and added he made an appointment with the company to re-calibrate the device. We went back over part of the previous lesson and I added a new dimension and ways he could use himself and his leg. At the end of the lesson, I asked him to walk to his car with the device on his lower leg but switched off. He hesitated for a while but walked like that to his car.

The following lesson, after re-calibrating the device, his walking was more organized, but still the same walking pattern persisted.

The strategy of introducing a new movement in each lesson proved itself successful. For the next lessons I planned to add other directions of movement of the leg and influence the entire self through the leg. Each new idea or movement was introduced first to the left leg until I got the impression that he could carry out the movement by himself in a reasonable way. We could then apply what he learned to the right side.

Repeating and overlapping ideas and movements from previous lessons and adding new ones is working for him. I was gratified to see that part of what was achieved in previous lessons remained in the system from one lesson to the next one.