Flexibility in the brain can be described as the ability to find new pathways that interconnect, so that a change can be observed. How can we view this change in the brain function? Neuroscientists have been able to apply modern technology to discover which parts of the brain are ‘lighting up’ with information: either efferent nerve function (messages going outwards), or afferent nerve function (messages coming into the brain) with new signals registering on the cerebral cortex. Awareness Through Movement® lessons can deliver both improved flexibility for our bodies and also the stretching of the mind to sense, feel, discover and apply the new idea of learning with ease and attention to detail. The key is in Flexible Brains

Fiona Morris Upward, GCFP
The Feldenkrais Method®
& Parkinson’s Disease
Ernie Adams, GCFP

For a person with Parkinson’s Disease (PD), the natural rhythm and flow of perception, feeling, and movement is disrupted. There is a disconnection between the intention to move and the ability to start or complete an action. Routine automatic behaviors, such as those involved in walking, speaking, breathing, swallowing, and facial expression, become difficult or unavailable.

In his book, Movement, Dr. Feldenkrais emphasizes that openness to learning is of such paramount importance. There is the possibility that as one improves one’s awareness and learning through movement the brain’s flexibility will also improve.

Fiona Morris Upward graduated from the first Mid-Atlantic Feldenkrais Training Program with David Zemach-Bersin in 2001, and graduated in 2013 from the one year advanced training in the Jeremy Krauss Approach to working with Children with Special Needs in Tegernsee, Germany. Website: http://healthharmony.net/feldenkrais-for-children

Feldenkrais Method®
& Parkinson’s Disease

SenseAbility
Spring 2014

Clever Solutions:
In 2010 the New England Journal of Medicine published videos of a 58 year old man, with a ten year history of Parkinson’s Disease, who would “freeze” in place whenever he wanted to walk, yet could ride a bike very well. As soon as he dismounted from the bike, however, he once again became frozen and unable to walk. The Mark Morris Dance Company in Brooklyn, NY, began offering dance classes for persons with PD in 2001. They report that during classes many students shed some symptoms of PD, at least temporarily, and were able to move gracefully in a kind of choreographic harmony with other dancers. Outside the classroom, some discovered they could cue themselves into moving with feelings of lightness, and rhythms they had practiced in Dance for PD classes, and were able to walk, speak, and express themselves better.

There are many stories about how individuals with Parkinson’s are able to shed symptoms while climbing stairs, riding a bike, playing piano, skiing, singing and acting. Neuroscientists and clinicians have begun to identify how these remarkable things are possible and to develop strategies using music, dance, exercise and movement, as well as including the Feldenkrais Method of somatic education, to help persons with Parkinson’s live a more active life.

Some people theorize that the rhythm and phrasing of music, dance steps, choreography, and perhaps the cadence created by the crank on a bike, or visual rhythms from stairs, or lines on the sidewalk can give people with PD enough visual, kinesthetic and auditory cues to keep pace with the activity. Clearly defined rhythm, tempo, larger amplitudes, and dynamic range can help carry action forward in time and space. This is particularly useful for walking. Vivid kinesthetic experiences, visual imagery, metaphor, and dramatic involvement can also help express emotions, meaning, and feeling for actions, which is good for communication. Whatever

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The Feldenkrais Method offers persons with Parkinson's Disease a way to discover and implement action patterns that can enhance functional ability.

**FOCUSING:** Directing attention towards the physical requirements of the action, rather than trying to persuade the body to move. If you get “frozen” focus on: “shifting your weight,” “freeing the opposite foot,” “taking a step.”

**SWALLOWING:** Experiencing how the voice box lowers when you yawn, and rises when you swallow; noticing how the tongue anchors deep in your throat, and how it profoundly affects breathing, swallowing, and speaking.

**VOCALIZING:** Using your voice to create good vibrations to wake up the lips, skull, jaw, face, and self-expression.

**INCREASING CORE AWARENESS:** Developing strength and flexibility in the core, spine, and legs to support yourself. Learning how your pelvis and hips are the center of support, balance, and power.

During an individual or group Feldenkrais session, the practitioner will suggest specific actions and movement sequences verbally or through hands-on direction, in sitting, standing, or lying positions, or while doing activities, such as walking. Some of this is to assess your specific needs; some of it will be to explore action patterns that may require a novel, or unusual solution. This “problem solving”, is not necessarily stressful or difficult; it is done to shed light on ways of moving that you may not have considered.

Many people with PD are frustrated with the typical generic prescriptions of “exercise therapy,” “fall prevention,” or “gait training,” and want to find additional ways to help themselves. There has been an upwelling of political advocacy and fund raising in the last few years to increase research and awareness of PD by nonprofit organizations, such as the Michael J. Fox Foundation. Complementary medicine and mind-body approaches, such as the Feldenkrais Method, are becoming more widely recognized as significantly beneficial to people with both orthopedic and neurological conditions. Students and clients of mine with PD have enthusiastically embraced the Feldenkrais Method because it empowers them to take control and make things happen. If you are interested in finding out more about the use of the Feldenkrais Method to address PD, please contact me.

Ernie Adams is a Guild Certified Feldenkrais Practitioner® and Certified Pilates Trainer, with an extensive background as a professional dancer. He works with both orthopedic and neurological conditions in many different settings, including physical therapy clinics, Kaiser hospitals, yoga and pilates studios. Ernie also offers advance training for Feldenkrais practitioners, with upcoming workshops 5/10, 7/26, and 8/3. His private office is in Albany, California. Reach Ernie at: www.bodyinaction.com or adams@bodyinaction.com • 510.619.9223

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Neuropasticity & Working with Parkinson’s Disease

Advanced Training with Ernie Adams, GCFP for Feldenkrais® Practitioners & Trainees, Health Providers, & Others
Saturday, May 10 or July 26
2:00PM-5:00PM
Berkeley, CA

In this workshop, we’ll work with the following areas of focus that I’ve found work well with people with Parkinson’s:

- **WALKING**
- **BALANCING**
- **CORE AWARENESS**
- **SWALLOWING**
- **VOCALIZING**
- **FOCUSING**

For more information:
adams@bodyinaction.com • www.bodyinaction.com • 510.619.9223

SenseAbility Spring 2014
Learning to Crawl

Most new parents hope and assume their infant will navigate successfully through all the normal developmental phases—rolling over, sitting up, and crawling. But what if they don’t?

Clients of mine had their first baby in their early 40s. After Christine was born they were thrilled to watch and identify every stage of development. As she grew they could identify her right knee. She merely dragged it under her hip, but she appeared to have no concept of what to do with the right knee. What an interesting strategy she had developed. It was a major effort for her to move herself forward. A major component of her motor concept and balance was missing. As I watched her move forward, she would slide almost onto her right side, and then push herself onto the left leg and hands. As she made that movement, I gently grasped her right ankle, and slid her right knee under her hip to bear weight, thinking maybe this was the missing connection in her brain. She stopped, looked around and grinned at us. She paused for about a minute assessing things. You could see the mental wheels turning. Her next movement, however, was to return to her familiar strategy, dragging the right knee behind. She merely dragged it along and did not bear much weight on it. As she made the excursion down the table I could see Christine was struggling, using her left knee to propel herself forward. Then her body would list to the right side because she did not know what to do with the right knee. What an interesting strategy she had developed. It was a major effort for her to move herself forward.

A major component of her motor concept and balance was missing. As she attempted to motor forward, she would slide almost onto her right side, and then push herself onto the left leg and both hands. As she made that movement, I gently grasped her right ankle, and slid her right knee under her hip to bear weight, thinking maybe this was the missing connection in her brain. She stopped, looked around and grinned at us. She paused for about a minute assessing things. You could see the mental wheels turning. Her next movement, however, was to return to her familiar strategy, dragging the right knee behind. I allowed her to

do several more movements dragging the right knee, then intervened again, sliding the right ankle and knee forward until they were directly under her right hip. At this juncture, she stopped, rocked herself on both hands and knees forward and back with a very puzzled look on her face. We waited. She attempted a backward movement starting with her right knee, then lost her balance and went to her belly. Gently, I placed her onto both hands and knees forward and back with a very puzzled look on her face. We waited. She attempted a backward movement starting with her right knee, then lost her balance and went to her belly. Gently, I placed her onto both hands and knees again. This time, I nudged her weight slowly to the left hand and knee, then back to the right hand and knee several times to see if she could get the connection of weight bearing equally on both sides. I was hoping that her right side could hold her and be stable, and her brain might make the connection about stability. Again, we waited to see what her next move would be.

Information about moving, crawling, and walking is hard-wired into our limbic system, but we explore these movements little by little.

Our brain begins to make sensory distinctions through trial and error. It’s not the muscles that change the movement, but the brain that makes the distinctions between stability and falling on our face. Gravity produces the external environment against which we push, but learning is required to make movements predictable and repeatable. We try, fail, try again, fail a few more times, eventually succeeding and somewhere in our attempts our limbic human brain understands the connection of how to do what we want to do. Not all children will react as Christine did, but children generally learn more quickly.

Christine’s next move was to smile, followed by a look of astonishment. Off she went in a true crawl with her right knee under herself, using it as precisely as she did the left. Priceless.

Three small interventions and she had it! She was crawling the length of the table to mom and the toy as if nothing out of the ordinary had occurred, as if it were the easiest thing in the world. Her parents reported later that she never returned to dragging the right knee. Months later as she attempted walking, she had no trouble getting over both feet.

Jane has been a Feldenkrais Practitioner since 1996; she works with children, adults, horseback riders, musicians, etc. She lives in central Washington state.

Contact: jane@movelightly.net
Phone: 509-929-3838
Office: Move Lightly
109 E. 3rd, Ste. 1
Ellensburg, WA

Jane working with a young girl who wanted to learn to stand on her head.

Jane McClenney, GCFP

Jane working with a teenage paraplegic to get him to crawl.

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Ellensburg, WA

Jane working with a young girl who wanted to learn to stand on her head.
I used to work in a pain clinic with many people recovering or living with the results of horrendous injuries. One day a woman came in who’d had her right hand violently amputated while working in a dangerous blue collar job. The accident had occurred almost a year before, yet she was still experiencing pain in her right shoulder and neck. She assumed, as did her doctors, it was from nerve damage. The fact that the pain practically resolved in a short four or five Feldenkrais sessions proved otherwise. Her pain was not from nerve damage, but from the protective manner in which she had locked her shoulder after the injury. It was a natural behavior and because she was a quick learner and because she was a quick learner

but from the protective manner in which she had locked her shoulder after the injury. It was a natural behavior and because she was a quick learner

she was soon functioning pain free. However, that is not the remarkable part of this woman’s story. The following outlines what I observed and shows what a flexible brain she really had. On her first visit I inquired about the injury and her loss. I asked if she had been right handed. “Yes,” she answered. I asked if it was difficult to learn to do things with her left hand. “No,” she replied looking at her left hand. “This is my right hand now.” The comment struck me as kind of odd at the time, enough to remember it. All other amputees I had met that lost their dominant hand complained of great difficulty relearning everything on the other side. But she acted as if it were nothing. I assumed it was a type of coping mechanism. Then our focus turned to her complaint of pain. The woman was always early to her appointments until the fourth session when she arrived about ten minutes late. She came in apologizing, flustered and almost out of breath. “It’s alright,” I assured her. But she wanted to explain. Upon entering the city an interstate sign posted road work ahead. It instructed cars to move into the left lane. She of course thinking her left hand was her right merged into the right lane thinking it was the left. Once there she had a difficult time getting back into traffic. Thus when she was late. She was so sorry she apologized again. It was at this point that I realized just how completely her flexible brain had switched her dominant hand. She signed her name with her left hand. She ate with her left hand. She did it all as a lefty. She was truly left handed now, with the only exception being she thought of it as right handed.

Arnold Askew is a Guild Certified Feldenkrais Practitioner who specializes in pain management and injury recovery. Contact him for more information at askew@bellsouth.net

In the last issue, I wrote about the advantages of sleep, including its role in clearing waste products from the brain, learning, and memory consolidation.

Anecdotal, lessons in the Feldenkrais Method® of somatic education have helped many wired people unwind and settle down for more restful sleep. I invited readers to share their experiences and the results are in! Many thanks to the 47 readers (24 students and 23 teachers) who took part in the informal sleep survey. Here’s what we learned from them.

Twelve of thirteen teachers reported having students fall asleep during both Functional Integration® and Awareness Through Movement® lessons. Fourteen teachers answered questions about student-reported effects of lessons on sleep. Excluding “don’t know,” teachers most frequently reported their students had these responses:

• 57% often slept better
• 4% often fell asleep more easily
• 35% often slept longer
• 46% sometimes took a nap when they normally would not
• 43% sometimes fell asleep more easily
• 36% sometimes slept longer

For students, 65% reported they had fallen asleep doing an Awareness Through Movement lesson and 42% had dozed off during a Functional Integration lesson. Excluding “don’t know,” students most commonly reported these effects:

• 65% often slept better
• 65% often fell asleep more easily
• 48% often woke up fewer times
• 31% sometimes took a nap when they normally would not

Several responders offered their favorite lessons or types of lessons for aiding sleep, including:

• Breathing lessons
• Rolling lessons
• Bell hand
• Pelvic rock and roll
• Shoulder clock
• Alexander Yanai #23 Palate, mouth and teeth

Undesirable changes to sleep were not often reported by students (0%-12%) or teachers (0%-14%). So, here is more support, and perhaps inspiration to researchers out there, to consider more rigorous study of the effects of Feldenkrais lessons on the brain and its regulation of sleep. Meanwhile, many of us know from experience that certain Feldenkrais lessons can help us settle down for a good night’s sleep, cleansing of our brains, and cementing of new and refined learning.

But, wait! There’s so much more about our brains!

Back in 1994, Indiana University professors Esther Thelen and Linda Smith published an academic book entitled A Dynamic Systems Approach...
to Perception, Action and Cognition. It caught the attention of Feldenkrais Trainers who brought that book and Esther Thelen to the attention of the Feldenkrais community. Many viewed their findings from years of research with infants and children grounded in the principles of self-organization, interrelationships, and processes of change to be highly descriptive of what happens in the Feldenkrais Method. It wasn’t light reading, but Esther Thelen, who became a Feldenkrais practitioner, could tell the stories of the research she and her colleagues conducted in a way that brought new insights and inspiration to people needing guidance to improve their lives and to the professionals who assist them.

Pat Buchanan, PhD is a Feldenkrais teacher, physical therapist, and athletic trainer in Toledo, OH.

More about Being Soft-wired

The Esther Thelen Research and Education Fund and the Esther Thelen Research Committee are named to honor her contributions to the Feldenkrais® community. More information is available at: www.feldenkrais.com/resources/research

One of Esther’s colleagues was Michael Merzenich, a pioneer in neuroscience and brain plasticity. Before I became a student and friend of Esther, I met Dr. Merzenich, who calls himself Mike, in San Francisco in a visit arranged by certified Feldenkrais Assistant Trainer Felicia Trujillo. Years later, with Esther as a connection, Mike was happy to give the keynote address at the 2012 Feldenkrais Method Annual Conference. He was among the first to demonstrate to the satisfaction of the scientific community that brain organization changes throughout life. His research began decades after Moshe Feldenkrais throughout life. His research began decades after Moshe Feldenkrais.

More about Being Soft-wired

Similar to what Moshe Feldenkrais proposed, Mike writes, “If we are serious and systematic enough about it, all of us can find many ways within our own achievable performance repertoires that can contribute to more effectively exercising our brains to sustain and grow its fitness.” (p. 236)

Mike shares more common ground with Moshe regarding the value of mental imagery when he states further on p. 236 that “...mental exercises have substantial neurological value.” Throughout the book, he discusses mental imagery and stresses the importance of mental exercises in various forms: from being able to mentally reconstruct a scene, to regularly taking on new and varied activities, and to continually using and refining existing skills. A prominent way he and his team are applying these learning principles is through computer-based training. He originated this approach over twenty years ago as a way to help children with learning disabilities improve their language skills. The movements while using a computer may not be large, as is true with some Awareness Through Movement® lessons, but they involve actions of the eyes and hands, positioning of the head, etc. Mike firmly recognizes that learning is embodied and that the skillful use of attention is essential to learning. These are essential elements, as Moshe put it, “learning how to learn.”

Mike goes on to summarize Soft-Wired: “Brain plasticity is the stuff of life. As long as you’re alive, it’s with you as a precious, exploitable asset. Don’t neglect to take full advantage of it.” (p. 251)

Pat Buchanan, PhD is a Feldenkrais teacher, physical therapist, and athletic trainer in Toledo, OH.

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Integrating clinical hypnosis with Feldenkrais® lessons

Dr. Carol B. Low & Julie Francis, CGCP

Psychologist Dr. Carol B. Low and Feldenkrais Practitioner Julie Francis often team up to work with people who exhibit complex symptoms that haven’t responded to standard medical interventions. They find that the combination of trauma-informed psychotherapy, often enhanced with hypnosis, and neuromuscular integration using the Feldenkrais Method® of somatic education provides the ideal environment in which clients can heal. Here they share their observations on the process.

Carol: For many years, I have had the amazing privilege to work with clients who have chronic medical issues. These clients are special to me because they come in feeling just this side of hopeless, often after a dozen or so failed treatments over half as many years, and most often, within a few sessions, hope begins to enter their lives. And when they use my guidance to discover the means to heal themselves completely, I have received a gift beyond measure.

I believe in the power of the mind, and in the particular way we can guide the mind using hypnosis. And perhaps my clients would have gotten better with only my direction and their own practice. However, the remarkable speed with which the combination of clinical hypnosis and the Feldenkrais Method can achieve what many had accepted as impossible when they came to me, is priceless.

My part in guiding the process of self-discovery is the work of detecting that is key to my ability to help clients with somatic problems. Why is this problem present now in this person? Why is this the problem versus something else? Why is it not going away with all of the potentially effective medical treatments? What can I learn in conversation or observe in my client’s body that can help to inform me? What has been tried and helped, versus not helped or made things worse? My part in this complex process is the uncovering, teasing apart the process by which a given client has gotten and maintained a chronic illness that has failed to follow the rules of medical treatment. The client and I embark upon an exploration, with and without hypnosis, of the fears and traumas, the successes and failures, of the unique individual before me. We work toward the mind-body solution, hopefully stumbling upon the reason the illness has developed, but more importantly, allowing it to remit safely, without stirring the client’s defenses. This process operates essentially from the top down—both cognitive and unconscious solutions are explored.

The brain is put back in charge of the body, the dissociated limb or process is reassociated, the dystonic process is gotten back into its natural pattern.

It was while I worked at the pain clinic of anesthesiologist extraordinary, David C. Fleming that I discovered the Feldenkrais Method and its remarkable effects on the habituated body. Being me, a mere introduction was far from enough—I demanded the practitioner tell me and show me what the thing with the weird name was, and why I ought to send my clients to him. Over the years, I have met many Feldenkrais practitioners and read much about the Feldenkrais Method, and each separate experience has enhanced my understanding of a concept so remarkable and a treatment so versatile. How rarely such a patient with a somatic symptom without making a referral for Feldenkrais lessons. The referral for Feldenkrais lessons allows for the solution to be explored from the bottom up: for the body to be used to cue the brain that the dissociated limb is there and intact, for the held breath to be permitted to fill naturally, for the stiffened or underutilized extremity to come to life. The combination of rational emotive work and unconscious work using hypnosis and sensorimotor education represented by the Feldenkrais Method essentially doubles the speed at which healing is completed, creating an integrated healing of the bodymind.

Julie: The path to healing is indeed a two-way street. As a Feldenkrais practitioner, I often see clients whose physical progress is impeded by deeply held belief systems and habitual patterns of behavior. Through the unconscious learning inherent in the Feldenkrais Method’s sensory motor lessons has the potential to shift unsupported habits of its own accord, I find that combining Feldenkrais lessons with psychological treatment significantly increases the rate of change. This is no more evident than in the case of somatically-based illness (resulting from trauma accompanied by dissociation) and chronic pain. As Carol points out, the top-down, bottom-up combination of trauma-informed psychotherapy and Feldenkrais lessons provides the double reinforcement necessary to keep creative dissociation under check.

There are numerous strategies a Feldenkrais practitioner can use. The goal is to integrate the nervous system, helping the client to develop awareness of self in relation to self and to the environment. The Method relies on gentle touch and slow, verbally guided movements. At its core is honoring the innate ability of the human nervous system to learn.

Typically, I begin by eliciting the client’s support in shifting their atmosphere of trust and cooperation that brings them into deeper attending to their actions and reactions. This is done verbally and gentle touch. The quality of touch used in the Feldenkrais Method is unlike that used in massage or other forms of bodywork. Rather than by simply “touching,” Feldenkrais practitioners are trained to connect through touch at a skeletal level that requires a kinesthetic attention on the part of the practitioner. This quality of touch signals the over-exercised nervous system to attention and in the process creates a background of calm from which re-organizing and re-wiring can emerge. In this state, the possibility of shifting existing patterns of muscular effort can be explored.

Without exception, clients who exhibit dissociative tendencies also exhibit restrictions in their breathing patterns. This becomes the focus of our early sessions. Rather than simply give a client breathing exercises, I use my hands along with verbal cueing to help the client’s neuromuscular system feel where the breath is free, where it is not and where, with support, it can let go of unnecessary effort to allow the breath to become freer and easier. This begins to release the muscular patterns of trauma and moves the entire neuromuscular system toward a state of neutrality.

Once the breath begins to shift, I do give clients breathing “lessons” to play with between sessions. Unlike exercises which can be done by rote, Feldenkrais lessons (commonly referred to as Awareness Through Movement® lessons) require the client to focus. They also rely on the introduction of options mimicking healthy infants as they explore themselves and their environments.

When the breath becomes softer and more supportive, I shift the primary focus to integrating all parts of the person into a single whole. This entails cueing a client to bear weight clearly through the feet and sit bones, and supporting them in finding and accepting a neutral carriage of the head. This is done even in cases where someone has dissociated a limb and/ or experiences severe pain when touched.

The beauty of the Feldenkrais Method is one of the things that sets it apart from other body-centered approaches is the use of gentle yet directed force through the skeleton to guide integration. A practitioner can access any part of the body from any other part. The hip bone truly is connected to the leg bone, etc.

As pain lessens and movement patterns begin to normalize, I engage the client in physical activities that place an increased demand on the vestibular system and require the integrated use of the whole body. This is done through more complex Awareness Through Movement lessons as well as through targeted play. The client learns that there is more than one alternative to right and appropriate action. Carol and I regularly share insights about clients and brief each other on what happened during our sessions. Having the extra set of eyes as well as hands gives clients the ability to come apart and re-integrate quickly. It also keeps the focus on integration as the general goal and allows for much more rapid healing.

Dr. Carol B. Low is a clinical psychologist and educator who enjoys a wide-ranging clinical practice at the Centre for Conscious Living at Naperville, Il. She has published numerous articles in peer-reviewed journals.

Julie Francis is a Guild Certified Feldenkrais Practitioner® and Assistant Trainer with more than twenty years’ experience teaching clients how to change their brains by changing their movement patterns. Julie’s office is located in Glen Ellyn, IL.

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