How the *Feldenkrais Method*® can Benefit Children with Autism

Amber Adams, GCFP

Parents are often surprised and confused to hear that the *Feldenkrais Method*—a system of movement education—can be helpful for children with autism. If their child doesn’t have visible motor skill delays, they can’t see why improving their movement is necessary, nor why it would impact a condition that is primarily social and behavioral.

Although *Feldenkrais*® practitioners could never claim to “cure” autism, we are able to help with many of the symptoms of autism that contribute to family, academic, and social stress.

**Three ways the *Feldenkrais Method* can help those with autism:**

1. Sensory processing challenges
2. Meltdowns, tantrums, and emotional overwhelm
3. Repetitive Behavior

**1. Sensory Processing challenges**

A large percentage of autistic children struggle with sensory processing challenges. It could show up as an aversion to touch or clothing, an unwillingness to eat foods with certain textures, or an inability to cope with noisy environments. These sensory sensitivities can cause a lot of stress to both the child and the family, and fuel fears about the child’s ability to attend school, make friends, or eat enough nutrients to be healthy. But how are movement lessons supposed to help with this?

Imagine that you could process the primary colors—red, yellow, and blue, but you couldn’t distinguish the shades in between. This means that you couldn’t see secondary colors (purple, orange, green). In order to see those colors, you need to be able to distinguish the difference between totally yellow, totally blue, and yellow-blue (green).

Now imagine walking through a forest, surrounded by all the green trees and grass. Without the ability to distinguish yellow-blue (green) from blue or yellow, how would the forest look to you? You might see the leaves as yellow. Or perhaps you would think they were blue. Or maybe some psychedelic combination of yellow and blue leaves. If you couldn’t tell the difference between “a lot of blue” and “only a little bit of blue”…well, the forest would look like a very different place. And not just different, but confusing. Without the ability to distinguish
between all the subtle shades of color, it would be hard to tell where one leaf ended and another began. It would even be hard to tell where the blue sky ended and the “blue” trees began. If you can’t sense the difference, then everything seems the same.

This ability to sense the subtle difference between one stimulus and another is called “differentiation.” In the Feldenkrais Method, we improve the differentiation of movement and body sensation (rather than color vision, in the analogy above). Practitioners use gentle touch and tiny movements to help your child learn to sense the subtle difference between one sensation in their body and another. This requires the child’s nervous system to make very fine distinctions between what’s easier, and what’s less easy.

Unlike traditional physical therapy, the Feldenkrais Method is not about improving strength or flexibility. Instead, the Feldenkrais Method focuses on refining the ease of a movement, and on helping your child sense where they are in space with greater clarity. This deep, subtle form of physical education sets them up for greater success with the strength and flexibility challenges that traditional physical therapy provides.

2. Meltdowns, tantrums, and emotional overwhelm

What causes meltdowns and tantrums? Every child has them as part of their learning and growing process, yet autistic children seem to be subject to these outbursts for much longer than their “neurotypical” peers. Being able to gain control of bodily functions, manage powerful emotions, and maintain focus and attention are all components of what is referred to as “self-regulation.” This process of self-mastery takes time for all children, but for autistic children it can be an even longer, more challenging process. In the meantime, their outbursts can create quite a strain on their family and teachers, alienate their peers, and even be potentially dangerous to themselves or others.

So how does the Feldenkrais Method help with self-regulation? To begin with, many of the “meltdowns” so common with autistic children are caused by their sensory challenges, as mentioned above. The Feldenkrais Method helps the sensory input make more sense, which in turn leads to less sensory overwhelm and fewer meltdowns.

Additionally, studies have shown that movement increases one’s ability to focus, learn, and regulate emotions. As a movement-based method, the Feldenkrais Method is a natural choice to help children learn to better regulate their bodies and emotions. The Feldenkrais Method improves posture and ease of movement. Most young children lack the language skills to express if they felt a subtle discomfort. And if it’s one they’ve always had, it will seem “normal” to them and they probably won’t think to mention it. Yet if a child is uncomfortable sitting due to subtle postural challenges, how easy will it be for her to sit still at school for long periods of time and pay attention? Instead, she’ll squirm, move, or act out because she’s distracted or overwhelmed by the “noise” from her own body. On the other hand, when you have a sense of grounded support and ease in your body, it’s hard to feel as anxious, flustered, or overwhelmed. So, improving your child’s posture and movements will give him a tangible, physical sense of emotional support as well.

3. Repetitive Behavior

One of the hallmark features of autism is a tendency toward repetitive, almost compulsive behavior. While these behaviors aren’t necessarily harmful, they do add to the social challenges that autistic children face. The repetitive, rather rigid insistence on playing in the “right” way can alienate peers, which in turn leads to parental concern about whether their child will ever make friends, date, marry, or be able to function in a workplace as they get older.

So how would Feldenkrais movement lessons help with rigid, repetitive behavior?

Behavior requires action. All action requires movement. The Feldenkrais Method interrupts existing habituated movement patterns, and introduces subtle alternative options. Once a movement pattern has been shifted even slightly, the resulting action loses its compulsiveness. It’s not until this compulsiveness has loosened that a new option for behavior can emerge. By discovering new options and new possible patterns of action, the child also becomes more open to variations in behavior. While
he may always have strong preferences or deep, specific interests, the ability to be flexible instead of rigid will begin to emerge.

To summarize, while the Feldenkrais Method isn’t a “cure” for autism, it can help with many of the behavioral and sensory challenges that can cause autism to be stressful for a child and his or her family. This includes (but is not limited to) sensory processing challenges, meltdowns, and repetitive behavior. If your child has autism, the Feldenkrais Method is a very gentle way to increase sensory accuracy, shift repetitive behavior patterns, and decrease the frequency and duration of meltdowns and tantrums. To find a Guild Certified Feldenkrais Practitioner™ near you, visit our online directory.

Amber Adams is a Guild Certified Feldenkrais Practitioner with years of experience in dance, martial arts, and full certification in Pilates. Through the Feldenkrais Method, she found ways to achieve effortless, powerful movement at an accelerated pace.

Having a natural ease with special needs children, Amber has been formally and informally working with them for most of her life. In addition to her four year Feldenkrais training, Amber has done another four years of advanced training as well as volunteering, where she helped children with attention deficit disorders, learning delays, autism, physical disabilities, and sensory integration issues improve their physical intelligence.

For more information about Amber, go to her website: http://www.sensorynexus.com
Rolling with Possibility

Katarina Halm, GCFP

I. Options for those living with autism

Autism is not well understood, and those living with autism have limited options for care and support within the public infrastructure. Jay Kolls, Professor of Pediatrics at the University of Pittsburgh, writes that Autism affects 1 in 150 children. Paul Offit, Professor of Pediatrics at the University of Pennsylvania, acknowledges the perseverance and hard work of most autistic children and the incredible achievements of their families. Seeing these incredible achievements firsthand, Feldenkrais® practitioners are inspired by the families who bring their autistic children for lessons.

II. The Feldenkrais Method® for those living with autism

The Feldenkrais Method of somatic education uses movement to teach self-awareness and improve function. The fact that autism is characterized as a spectrum illustrates its genetic complexity. Feldenkrais practitioners offer skill and knowledge for working with complexity and specialized situations. With the Feldenkrais Method, we meet people in their uniqueness: the movements we develop together with our students bring forward improved functioning and greater ease. The precision combined with flexibility in Feldenkrais lessons allows us to develop movements tailored for each person. Thus, the Feldenkrais Method is well suited for those living with autism. As the Feldenkrais Method gains recognition in the public arena, more families living with autism may benefit from the safety and effectiveness that the Feldenkrais Method offers.

III. Reversibility, ducks swimming by the road

It was a warm sunny day. I walked along a dusty road; at the edge of the road was a shallow ditch where a small creek flowed. To my surprise, two ducks were swimming in the muddy water. Serene and purposeful, they swam upstream, turned and swam downstream, then turned and turned again. The ducks moved along at a steady pace with me as I walked. It was a lovely rendition of the Feldenkrais principle of reversibility, the capacity to turn in whatever direction is appropriate in the moment.

On the other side of the road, cars were parked while people attended a farm market nearby. Small bits of paper and debris were scattered along that side of the road. A boy was carefully picking up the bits and pieces, tucking them into a small bag, then looking around to see if there was more to pick up. His movements were purposeful. However, his face did not show any expression. He went on to find the next object to put into the bag; the boy knew where to turn and when to turn around. I crossed the road and sat on a wooden bench by the side of the road, rocking a little forwards and backwards on my sitting bones to ease my back after walking. With the rocking, I could sense the tiniest adjustments of my head floating upwards, my whole spine aligning itself freely, my breathing becoming more comfortable. The boy’s mother came over and spoke with me; she was interested in my small movements. We discussed the Feldenkrais Method and her son’s autism diagnosis. She agreed with me that Max’s* actions showed a promise of the boy being able to build on the principle of reversibility. The following week Max came with his mother to my studio for a Feldenkrais lesson.

IV. Feldenkrais Functional Integration® lessons

Feldenkrais Functional Integration (FI®) lessons begin by offering structural support for movements which tend to be effortful or painful. As the FI lessons proceed, the student learns more and more refinements of his skeletal organization. Even though Max pursued his chosen tasks...
with deftness, many of his movements were effortful and mechanical. Max also showed discomfort in social situations. I wondered how we might build on his repertoire with reversibility.

I was heartened by Moshe Feldenkrais: “If you come across something obviously new to you, in its form at least, please stop for a moment and look inward. Working out new alternatives assists us to grow stronger and wiser.”

I took care to respect all that Max had created for himself in his living with autism. Thus, I began the lesson with his mother while Max settled into the studio and observed from a comfortable distance. His mother was intrigued as I guided her with gentle movements in standing, walking, then seated in a chair. Towards the end of the lesson, we worked with a roller on a low Feldenkrais table. Max slowly became interested when he saw his mother with the roller.

V. The lessons continue

During their second visit, the lesson focused around Max’s mother with the roller in various configurations. Upon arriving for the third lesson, Max discovered a roller for himself in the corner of the studio. He began to turn the roller very slowly. We left Max to find his own way with the roller. The lesson for his mother continued.

In planning the lessons for Max, I remembered the reversibility of those ducks in the roadside creek, swimming one way, then turning the other way. My own sense of reversibility led me to discover just the right distance and just the right timing for working with Max.

During the next weeks, Max easily engaged with the roller, while I came closer, but not too near. He reached over the roller to pick up small objects I had placed on the floor. Our first study was with paper clips: Max leaned on the roller, picked up one paper clip at a time, and put it carefully into a box with little dividers. As Max explored the paper clips, I gently held the very end of the roller and turned the roller to connect with his movement at various angles. As Max reached for a paper clip with his right arm and hand, I followed the trajectory from his left foot through to his pelvis and ribs on the right side. I guided the roller a little downwards and forwards to encourage a gentle stretching along Max’s ribs. Thus, Max’s breathing filled out and he was able to rest his whole body into the floor. He no longer thrust his arm forward to reach for a paper clip, rather his whole spine became involved. His movements were more fluid, his reaching more comfortable. As Max’s movements became less mechanical, more integrated, Max also became more comfortable with my presence. During the next lessons, a similar process developed in various configurations.

Eventually, Max discovered more reversibility, his repertoire of movements grew, and his overall ease expanded. Recalling the words of Moshe Feldenkrais, we found that “working out new alternatives assists us to grow stronger and wiser.”

With a raft in the rushing river, the swimmer can find support to rest and breathe more easily. With the roller, Max found a support for new kinds of movements. The series of lessons came to a close when summer arrived. At the end of the last lesson, Max carried his roller to the studio door then sat outdoors on the steps with a glimmer of a smile.

VI. A neurologist’s appreciation of living with autism

Oliver Sacks’s extraordinary and epic article in The New Yorker, “An Anthropologist on Mars,” includes the story of his visit with the autistic scientist and scholar, Temple Grandin. Sacks brings to life the essence of this extraordinary and important woman, her being able to communicate about the differences and advantages of autism.

“She thinks that she and other autistic people, though they unquestionably have great problems in some areas, may have extraordinary, and socially valuable, powers in others—provided that they are allowed to be themselves, autistic.”
Sacks confirms that “Temple’s own formulations and explanations generally correspond with the range of existing scientific ones, except that her emphasis on the necessity of early hugging and deep pressure is very much her own—and, of course, has been a mainspring in directing her thoughts and actions from the age of five.” With her childhood ingenuity Temple developed a hug machine to bring a missing component to her living with autism: “She feels that the machine opens a door into an otherwise closed emotional world and allows her, almost teaches her, to feel empathy for others.”

VII. Closing and continuations

Just as Temple Grandin found comfort with her hug machine, Max’s experience with the roller at the studio opened the door to a missing component in his living with autism. Max and his family continue to enjoy Feldenkrais principles, movements, and the roller.

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References


*Name changed to protect anonymity.
The excitement has been palpable. Earlier this year, physician Norman Doidge released his second book, *The Brain’s Way of Healing: Remarkable Discoveries and Recoveries from the Frontiers of Neuroplasticity*. He shares the stories of people with “brain” conditions including chronic pain, autism, developmental delay, and stroke. His first book, *The Brain That Changes Itself*, offered intriguing accounts of the of twentieth century scientists (Doidge dubs them the first generation) to “discover” the many ways in which the cells, or neurons, of the nervous system, including the brain, change their patterns of connecting to and communicating with one another, and even grow new cells. This ability to change function and structure, now known as neuroplasticity, is essential to learning, adapting, and recovering. Contrary to the long held belief that beneficial alterations in the nervous system ended once humans reached their adult stature, accumulating research demonstrated the capacity of the brain and nervous system to change throughout the life span.

Now, Doidge explores the ways in which a “second generation of neuroplasticians” has moved beyond the need to demonstrate neuroplasticity’s existence and begun investigating its workings and applications. What has Feldenkrais® teachers doing head stands is that two of the eight chapters of this fascinating storybook are about Moshe Feldenkrais and his method.

Doidge tells of meeting the people whose stories he shares, including “clinicians and patients who together stumbled upon neuroplasticity and perfected effective treatment techniques, even before plasticity had been demonstrated in the lab.” Doidge could not meet Moshe Feldenkrais, who died in 1984, but he met people who knew and studied with Feldenkrais, became teachers of his method, and benefited from his approach to learning. Feldenkrais’s story is so compelling that Doidge gave it its own chapter. Doidge dedicates a second chapter to the case of David Webber, a Feldenkrais teacher who used the method to recover functional vision after being legally blind.

If Feldenkrais “stumbled,” he did so methodically, beginning after a knee injury while a young man in Palestine. Unwilling to accept his condition, Feldenkrais set out to learn to improve his function. He shared what he learned about self-improvement throughout one’s life with thousands of students and personally taught three groups of teachers.

In advance of the term neuroplasticity, Feldenkrais proposed it as early as 1972 in his book *Awareness Through Movement*. He knew of neurosurgeon Wilder Penfield’s efforts during brain surgeries to identify the sensory and motor areas of the outer layer of the brain, the cortex. Because brain cells are not pain sensitive, Penfield could apply a small electrical stimulus to a tiny area and ask the patient where he or she felt the sensory stimulus (tip of left thumb, right ear lobe, etc), or observe the motor response (lifted the big toe, raised an eyebrow, etc). As Penfield documented these locales on the brain, he developed sensory and motor maps, like the topographical maps used by hikers, sometimes called the...
homunculus (“little man,” because of the correspondence with the body’s form). Based on his direct experience and work with students, Feldenkrais believed that we change our maps throughout life. Specifically, he hypothesized that the sensorimotor maps of the left ring fingers of musicians would differ from nonmusicians because of their extensive, attentive touching of fingers to strings and keys. Two decades later, “first generation” neuroplasticians used new technology to confirm his hypothesis (Elbert).

Doidge states, “Most of the interventions this book make use of energy—including light, sound, vibration, electricity, and motion. These forms of energy provide natural, noninvasive avenues into the brain that pass through our senses and our bodies to awaken the brain’s own healing capacities….I will show how it is possible to use these different forms of energy to modify the patterns of the brain’s electrical signals and then its structure” (xviii).

Doidge omits touch here, but not in the book. Touch is another form of energy that influences the function and structure of the brain, whether presented through the feet contacting the ground, the hand stroking the chin, or the teacher supporting and guiding the student’s arm to explore options for reaching.

Foreshadowing chapters five and six, Doidge emphasizes two prominent elements of the Feldenkrais Method: the skillful use of touch and the attentive use of mental imagery. He references “…the slow, soft movements of the human hand over the body to cure a girl, born missing a huge section of her brain, of cognitive problems and near paralysis. I will show how all these techniques stimulate and reawaken dormant brain circuits. Among the most effective ways to do so is by using thought itself to stimulate brain circuits, which is why most of the interventions I witnessed paired mental awareness and activity with the use of energy (Doidge, Healing xix).”

In the Feldenkrais Method, thought is one strand of an interwoven fabric also comprised of sensation, feelings (emotions), and movement (action) by humans situated in cultures, contexts, and conditions from which emerges the best behavior currently available. With attention and motivation, we learn, change, and improve.

Doidge writes, “It may seem odd that the ways of healing described in this book so frequently use the body and the senses as primary avenues to pass energy and information into the brain. But these are the avenues the brain uses to connect with the world, and so they provide the most natural and least invasive way to engage it (Doidge, Healing xix).”

This is not odd at all to Feldenkrais teachers and students, nor to movement scientists adhering to dynamic systems.
theory (including developmental psychologist and Feldenkrais teacher Esther Thelen) who recognize the interrelationships among the parts that form our bodies, our history of experiences, the tasks we want to do, and more. The brain is just a brain incapable of being of use to us unless it is integrated into a body that is situated in an environment with something essential or interesting to do. Each element influences and is influenced by the others. Behavior in all its forms emerges from those interactions and is facilitated by what we pay attention to while we sense, feel, think, and move. Doidge importantly notes, “The body and mind become partners in the healing of the brain, and because these approaches are so noninvasive, side effects are exceedingly rare (Doidge, Healing xx).”

Doidge slips in and out of dualistic, reductionist language as he speaks of people changing their brains: “What follow are stories of people who have transformed their brains, recovered lost parts of themselves, or discovered capacities within that they never knew they had. But the true marvel is less the techniques than the way that, through millions of years, the brain has evolved, with sophisticated neuroplastic abilities and a mind that can direct its own unique restorative process of growth” (Doidge, Healing xxii).

While Doidge uses habitual language to describe what is uncommon understanding, his books are changing language and understanding. His latest stories are of people transforming their lives. Changes in the brain are just part of the interrelated components within these stories of self-transformation. Feldenkrais teachers and students can find insights and recognize parallels with many of the tales of self-improvement throughout Doidge’s new book. I invite you to get in touch with it all.

I also invite you to explore a closely related book published around the same time. Eric Linden is a neuroscientist and self-proclaimed “fanboy” of touch. His latest book is Touch: The Science of Hand, Heart, and Mind.

Linden opens with a story of teenagers playing a game of “would you rather lose” your sense of hearing or sense of vision, etc. The game pitted each of the major senses against one another and invited the participants to contemplate life without one of these modes of sensation. He noticed no one picked the sense of touch, and wondered why:

was it that we could easily imagine what it would be like to experience the loss of sight or hearing (we had all shut our eyes or plugged our ears), or even of taste or smell, yet none of us had ever actually been able to re-create the sensation of the loss of touch. Perhaps touch was woven so deeply into our sense of self that we could not truly imagine life without it (2).
Many of us have briefly lost touch with a leg that “went to sleep,” a sprained ankle after icing, or a cheek after dental anesthesia. Very rarely, an infection can disrupt much of one’s ability to be in touch with nearly one’s whole self. (See Cole, 1995 for the story of Ian who, through persistence and attention, remarkably adapted to his severely impaired touch and recovered much of his function. See also http://www.dailymotion.com/video/x12647t_the-man-who-lost-his-body-bbc-documentary_tech.)

Linden explains and explores the myriad ways in which touch informs and shapes our lives. My touch experiences help me know the firmness of my chair, the fit of my jeans, the safety of a fallen log for crossing a stream, the path to the toilet in the dark of night, and the intention of another’s hand on my shoulder. Touch extends beyond sensation to include our language (“He rubs me the wrong way”) and emotions (“I’m touched”). Humans can impressively adapt to the loss of certain sensory input (e.g., hearing or vision), but the absence of touch has major, maladaptive impact. Linden writes, …deprive a newborn of social touch, as occurred in grossly understaffed Romanian orphanages in the 1980s and 1990s, and a disaster unfolds: Growth is slowed, compulsive rocking and other self-soothing behaviors emerge, and, if not rectified, emergent disorders of mood, cognition, and self-control can persist through adulthood. Fortunately, even a relatively minor intervention— an hour per day of touch and limb manipulation from a caregiver— can reverse this terrible course if applied early in life. Touch is not optional for human development. We have the longest childhoods of any animal— there is no other creature whose five-year-old offspring cannot live independently. If our long childhoods are not filled with touch, particularly loving, interpersonal touch, the consequences are dramatic (4).

Linden reports that torturers intentionally and malevolently use tactile deprivation. He counters, Fortunately the same emotional and cognitive control circuitry that is exploited by torturers to maximize pain can potentially be used beneficially to reduce pain, particularly chronic pain. A number of mindfulness-based practices—including meditation, yoga, Tai Chi, and the Feldenkrais Method— have been reported to decrease both chronic and acute pain sensations.... [T]here are indications from some large, randomized, well-conducted studies that these techniques can be efficacious for certain forms of chronic pain (17).

Pain is the primary reason students come to the Feldenkrais Method (Buchanan et al, 217). Touch—whether through the skillful, mindful application by a Feldenkrais teacher during a Functional Integration® lesson, or by the attentive self-touch that occurs as a student experiences an Awareness Through Movement® lesson—is an essential aspect of the process of learning to transform pain and improve function. (You can support Feldenkrais Method research with a contribution to the Esther Thelen Research and Education Fund.)

Throughout his book, Linden describes for readers how “all touch sensation (or sensation of any kind) is ultimately in the service of action” (196). He helps Feldenkrais teachers and students understand why touch is so profoundly impactful for clarifying and expanding our self-images, and improving function throughout our lives. It is a fitting complement to Doidge’s book about our self-healing abilities. Both books offer touching stories about how we can change our brains and enrich our lives.

Pat Buchanan, PhD, ATC, PT, GCFT helps female athletes create powerful performance. Her unique, holistic approach is based on expertise developed through over thirty years in movement science, education, and healthcare. Pat loves guiding girls and women to master their movement, get rid of pain, and play at the top of their game.

References
I have been teaching the Feldenkrais Method® of somatic education since February 2007. Initially, I had no intention of working with children. My background was in Pilates, aerobics, and weight lifting; I was interested in working with anti–aging and elite athletes. Little did I know, I would fall in love with working with youngsters during my training. Since then, I have worked with a number of children on the autism spectrum, as well as those with other neurological concerns.

After eight years of working with children on the spectrum, it is still amazing to hear the parent’s stories of transformation. Though each child who comes through my door is different, my intention with each is the same: to increase the child’s awareness of his or her self in a gentle, purposeful manner. During a lesson, I will have them slow down, be more cognizant, and move more fluidly through their joints. Depending on the age of the child, I make the lesson about improving their skills around a sport that they like, a video game they play, or something else they love to do. This somatic education is a gentle way of telling the child, “You are perfect the way you are,” and “let’s see where we can improve the way you do what you like!”

In order to illustrate the depth of the changes that can be experienced, I’ve included the stories of two of my students below.

Johnny*

Johnny, a twin, was five years old. He was very active and not able to pay attention to anything for any length of time. Before the Feldenkrais Method, he had tried hyperbaric chambers, physiotherapy, and occupational therapy. His parents initially signed him up for ten lessons.

Johnny’s father was excited to report back to me the changes he noticed after each lesson. He went from a quiet, internal boy who infrequently interacted with the world to a child who recognized the people in his life who loved and cared for him. His drawing, once devoid of people, began to include family members. He started calling his parents “mommy” and “daddy.” Johnny began playing at the playground and alternating his feet as he walked down stairs. His sense of his body increased to the point where he could inform his parents when he needed to defecate. His teacher noticed that he was sitting and listening to the concerts at school. His parents were overjoyed by the differences.
Clark

Clark was the first child I worked with on the spectrum. He was five at the time we started lessons. Clark spoke and acted violently toward his sister. His mom was on high alert all the time, keeping the two apart. This was eventually alleviated over the course of our sessions.

Clark had soreness throughout his body and felt pain from the lightest touch. He was very clumsy. His feet were turned in, which tightened his toes and hands; his neck, jaw, and shoulders were tight. Initially, Clark was not willing to stay on the table for the entirety of the lessons, so I focused on him for five minutes and then his mother for two. The solution worked well and increased Clark’s willingness to participate. I have seen this child for eight years now. He asks for me when he feels pain in his neck. His mother has recorded, in detail, the changes that have occurred since the beginning of Clark’s lessons.

After first set of sessions:
- No tripping up the stairs, better balance
- Asked for help to stop biting nails
- Played with a toy car normally
- Stopped flailing his arms when running
- Wrote “I love you mom!”
- Was able to throw and catch a ball!!
- Improved overhead arm movement
- Very interested in football
- Built a security checkpoint for our family trip (imaginative play)

After second set of sessions:
- Less tripping up the stairs and when running down a hill
- Toes aren’t as pointed
- Arms are looser at sides (not tucked in like a bird’s wings)
- Threw ball better in the ball pit
- Asked to wear glasses
- Played nicely at playground
- Gave high five more accurately
- Danced to “I like to move it”
- Huge improvement in pencil grip and forming letters
- More symbolic play – cars with the city rug mat
- Used computer
- Doing more puzzles on own, a bit easier for him
- Lots of interest in writing, crafts, and model helicopter
- Wrote “J” with the hook the right way
- Able to put on own seat belt

Interested in learning more about the Feldenkrais Method? Contact a practitioner near you: http://www.feldenkrais.com/AF_MemberDirectory.asp

Karen Toth is a Guild Certified Feldenkrais Practitionercm, an Anat Baniel Method (ABM) Practitioner, and an Anat Baniel Method for Children Practitioner. In addition, the title of her article was inspired by Anat Baniel’s book Kids Beyond Limits. Find out more about Karen and her practice at: http://www.healthybodymoves.com/

*Names changed to protect anonymity.