The Alexander Technique Practice
www.thealexanderpractice.co.uk
01992 812189

Stephanie Smith
MSTAT OCN ITEC

Alexander Technique and Back Pain

Alexander Technique and RSI

Alexander Technique and Back Pain: A Case Study

Stephanie Smith 15th March 2006

K, female aged 38

K is a health service professional. She has a physically demanding job with occasional challenging situations. She is unmarried, career minded and maintains her professional skills and competence.

K's interest in the Technique was that she was suffering lower back pain after an accident when a patient fell on her at work in 1996. She had a two-year history of lower back pain that physically restricted her. As a consequence she stated she felt anxious and low in mood and was beginning to avoid activities. She had been taking Iboprufen for the last two years. Her GP had advised that she would be on painkillers for the rest of her life and offered to sign her off work because she would be permanently disabled by back pain.

K refused to accept this and was persistent in requesting rehabilitation from the GP. Eventually she was offered a course of outpatient physiotherapy.

> 'I felt as though I was on a conveyor belt. I wasn't given a full physical assessment. I had ultra-sound and that didn't seem to do anything. Lying down in my underwear if front of a male physiotherapist with only a flimsy curtain separating me from another patient I felt exposed and vulnerable. That increased my tension, which didn't help the treatment I was receiving.'
>
> K (1998) at the start of her Alexander Technique lessons.

She also paid privately to see an osteopath and this helped slightly.

I first met K in June 1998 when she came to my Adult Education course 'Introduction to the Alexander Technique'. This was held for one evening a week over five weeks, 19th May to 16th June 1998. K conscientiously attended and at the end of the course said my teaching of form and function fascinated her. She bought a cassette tape of the semi-supine[1] procedure and was given printed lesson guides as the course progressed.

K then booked a lesson with me, 30th June 1998. She phoned to ask if she could have another lesson 6th July 1998 (just before she was due to go on holiday). This was followed by seven lessons on a weekly basis. She then had a three week holiday after which she booked a further five lessons on a fortnightly basis. After this, K has been coming to me regularly every four – six weeks.

---

[1] By supporting the body on a flat, firm surface, the muscles of the body can be encouraged to release and the shape of the body changes. See supplementary to portfolio.

First lesson

K was pleased to see a woman practitioner and she felt that her unique situation was listened to. Pain was the issue for K and she wanted to be rid of painkillers. Although painkillers helped, they did not eliminate the pain and she was not happy about the side effects, which included mouth ulcers and constipation. Her pain was such that it hurt when standing to wash up and she couldn't sit for extended periods of time, e.g. the length of a film or long car journeys. She feared she was becoming psychologically addicted to painkillers – always having to check that they were with her and that she had a spare supply if she was going out of the house for any length of time.

When I put my hands on K, I found that her back was twisted and she was pulled down into her right side. I also found that her feet were not in a good supporting contact with the floor and that she had a tendency to shorten her breathing cycle and not allow a complete exhalation of breath so that the in-breath exceeded the out-breath.

The immediate problem was to work with K in a way that would give her confidence in her body and how allowing the supporting reflexes to work with her skeleton would support her body. Using verbal instruction and guiding touch I demonstrated to K that she could have a conscious control of her body.

By means of light touch along with verbal guidance I showed K how to activate the supporting and balancing mechanisms in her body. In the semi-supine position, starting with the feet, I asked K to think about her skeleton in a way that gave clarity to its supporting role. K was shown how thought could inform the imagination about the mechanisms that support her. Thinking in this manner stops (inhibits) interferences to the supporting reflexes – the supporting reflexes are organised to stabilise joints and being conscious of the reflexes spontaneously reduces habitual interference with them.

While working with K, I became aware that she had a problem with co-ordination and motor planning (mild dyspraxia[2]).

Subsequent lessons

K was impressed by her first lesson and she phoned for an extra appointment and left pain free.

Follow up lessons continued to include how K could direct[3] thought in order to organise and co-ordinate her body. I gradually introduced inhibitory[4] directions for specific muscular release. Because of K's dyspraxia she could not 'feel' how her thoughts affected her body but she was aware that thinking of self-organisation affected her co-ordination and balance. She gradually became

---

[2] Dyspraxia is a complex learning difficulty, which impacts on a learner's ability to think out, plan and carry out sensory/motor tasks.

[3] The sending of messages from the mind to the muscle to bring about self-organisation.

[4] Non-doing thought that allows muscular release without manipulation.

more aware of her body and physical limitations and she learned how to take care of her self.

K was off painkillers three months after she started her lessons.

Comparing the AT with the physiotherapy and osteopathy she had received K spontaneously reported that although she felt she had made some progress she felt ‘dependent’ upon the physiotherapist and osteopath for treatment: *‘it was something they did to me’*. However, the Alexander Technique, taught her to be more aware of her movements and how she used her body. Learning how to direct thought to consciously control her body, minimise pain and eventually become pain free gave K a sense of control: *‘it was something I could do for myself. This was very empowering’*.

Summary

Since 1998, K has been coming to me for lessons on a regular basis (every 4 – 6 weeks). The technique has affected *how* she thinks and she attributes the technique and ongoing Alexander Technique lessons to helping her career e.g. being able to cope with difficult meetings and interviews. She has learned how to check herself out and during a particular confrontational meeting she was able to stop herself becoming over-emotional and angry and as a result, was able to express her case constructively. She felt she was able to respond to the situation rather than react to it and she found this experience very empowering.

January 2006 K became a member of a fitness centre. Because of K’s problems with motor planning and co-ordination she never thought that she could enjoy using a gym but she does enjoy it more than she thought she would. Before she uses each exercise machine, she stops and thinks through how she is going to apply the principles of the technique to the activity.

K is able to take on more activities than she thought would be possible, for example she is able to drive to see her sister – approximately 75 miles. Before Alexander Technique lessons this would have been impossible without severe pain spoiling the enjoyment of her visit.

> ‘I am relieved to be out of pain and to have found a technique that works for me. I hadn’t appreciated when I first started lessons how much of a positive impact the AT would have in other areas of my life. Considering I only started AT lessons for back pain, this has been an unexpected bonus!’
>
> K – March 2006.

Alexander Technique and RSI: A Case Study.
Stephanie Smith, 4th March 2006.

J, female, aged 41.

J is a lively, active woman with a demanding, stressful job that involves a lot of computer work. She is very busy at the moment with arrangements for her marriage in September.

J had 15 lessons with me throughout 1998. She originally came to me for upper back pain. This had been caused by a wrench to the shoulder, when the bus she was travelling on braked sharply while she was holding on to a handrail. This had been investigated by her GP and hospital and she had received a course of physiotherapy, but the pain remained. Also, at that time, she had a motorbike accident that injured her right knee and causing inflammation.

In J's own words:

> 'By the end of the course of lessons (1998) the pain had gone completely from my back. One lesson was spent concentrating on the knee injury and following this I remained pain-free for five years.'

She resumed lessons with me December 2005 because of severe pain in her right shoulder. The pain was concentrated across the collarbone and restricted movement of her arm. The pain was dull on resting and sharp on movement. The pain had been recurring for the last 3 months, was constant for about 2 – 3 days and would recommence after a 2 – 3 day interval. The inflammation to her knee had also returned.

J had 2 lessons on a weekly basis before Christmas, 2005. There was a four-week break for the Christmas holiday. In January 2006 she had two lessons with a fortnight's break between and then one lesson four weeks later – in total 5 lessons.

First lesson

J could remember her previous lessons although she had not maintained her practice. When I put my hands on J I found her shoulders were pulled forward and down with tension and her neck muscles were contracting at the same time as movement e.g. sit to stand. There was also considerable tension in her legs. The immediate problem was to help J improve the use of her neck and shoulders in movement to prevent further inflammation.

During the lesson, while working with my hands to give J the experience of my verbal instructions, I reintroduced her to the concepts of The Alexander Technique – how good use of the primary control[1] is activated by inhibitory

[1] A fundamental concept of The Alexander Technique that describes a certain relationship between the head, neck and back and how this affects poised, co-ordinated action. Alexander teachers call this 'use'.

thought[2]. I used my hands to help J direct her thoughts to bring about a better use of the primary control. I also used light touch and verbal instruction to activate and explain the support and balance mechanisms of the body. Using visual aids (a skeleton) and light touch I was able to demonstrate to her how she could allow her shoulders to 'float'.

J is able to direct[3] her thoughts with clarity to organise a muscular release. I gave her lesson guides and information on semi-supine[4] for her to practice on a daily basis between her appointments.

Subsequent lessons
Practising semi-supine increased J's sensory awareness and constructive thought, which gave her a good use of the primary control and the support and balance mechanisms of the body. Using this as the context in which further release could take place, I was then able to work with gentle guidance from my hands and with verbal instruction to obtain release from the large movement muscles of the shoulder and arm[5] allowing the shoulders to be free. When the drag of the arm and shoulder girdle was lifted, the brachial plexus was no longer impinged.

While working for further release of tension, I have also looked at how J is sitting at her desk and using her computer and mouse. I pointed out to her that there is undue muscular activity in her legs while she is sitting. I have started to include more work on how she can release her legs by encouraging J's self observation using verbal instruction and visual aids in the form of lesson guides to assist her daily practice.

Summary
Further lessons will include continuing with practical activities such as driving and monitoring J's use at the PC. I will continue to introduce work (using my hands and practical activities) that will increase J's proprioceptive[6] acuity so that she will have a better perception of the use of her legs. She will then be able to inhibit inappropriate muscular activity so that she may become aware how this may be affecting knee.

> 'The shoulder improved from the first lesson, and after three lessons the pain has gone. This time I have learnt more about the large muscles across the front of the shoulder and the back that affect the movement of the shoulder and arm and this has had a definite impact. I am now back to typing 70wpm!!'
>
> J (after her fifth Alexander Technique lesson).

---

[2] Non-doing thought that allows proprioceptive (*cf.* footnote 6) guidance without muscular force.
[3] The sending of messages from the mind to the muscle to bring about self-organisation.
[4] See supplement to portfolio.
[5] Principally: flexors of the hand, short head of the biceps, coracobrachialis, pectoralis minor, pectoralis major, latissimus dorsi, trapezius.
[6] The sense that indicates whether your body is moving with required effort, as well as where the various parts of the body are located in relation to each other.