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STRAIGHT BACK TALK: "GETTING IT STRAIGHT"

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Introduction:

One purpose of this paper is to acquaint you with scoliosis, a health problem which has not received a lot of attention and yet affects physically and emotionally, a great many people. The following information on definition and forms of treatment is taken from publications put out by the National Scoliosis Foundation. I was unable to find statistics on effectiveness, side-effects, or future benefits of these treatment plans and so I shall rely on personal statements made by acquaintances, friends and clients who have experienced these treatments to illustrate some contrasts between these programs and my "GETTING IT STRAIGHT" scoliosis program. The second and main purpose of this paper is to introduce you to the program.

I. Definition of Scoliosis:

The National Scoliosis Foundation defines scoliosis as a lateral curving of the spine, usually developing in pre- and early adolescence and affecting one in every ten persons. While some curvatures are caused by congenital deformities or diseases

affecting the neuro-muscular system, over 80% are idiopathic (no known cause) and usually develop between the ages of 10 and 14. Most idiopathic curvatures are slight and non-progressive, and need no treatment. But 1 in 5 cases will need treatment to stop the progression.

The traditional approaches for treating scoliosis have been: "the wait and see approach" also known as observation; bracing; or surgery. The observation approach is the initial nontreatment because the scoliosis is often so mild as to not need further treatment. However a mild form of scoliosis can radically change during a rapid growth spurt and as the child grows larger the curvature can also grow larger and the doctor may then choose another form of treatment.

Bracing is the most common form of treatment. Braces are designed to prevent mild to moderate spinal curvatures from growing worse. Frequently an active exercise program will be used with the brace. Spinal fusion is the operation used when the physician feels that no other treatment will prevent the curve from interfering with a healthy active life.

II. Personal History and Scoliosis Program Development:

When I was thirteen, my mother noticed that my right hip was higher than my left hip. A visit to our family physician confirmed that I had scoliosis. I was given an exercise program and some tools for improving my posture. My scoliosis was a mild to moderate curvature. Even so, I have experienced back pain, limitation in my activities, especially sports, have not been able to wear certain types of clothing because "they looked funny", and

felt self-conscious about a crooked body. Two years ago I came into contact with a practitioner who offered a new approach for handling pain, restricted muscle movement, processes for postural changes, and new insight into the effects of emotions on the body's structure. From this new information I have formulated an approach for working with scoliosis in a very conservative but effective way. In my many years as a T.F.H. practitioner and teacher, I have found many uses for this discipline as a significant part of this new methodology. By employing these processes and techniques, and developing them into a daily routine for myself, there has been a marked change in my posture, increased range of motion, improvement in my appearance, and only occasional minimal bouts of back pain.

III. Description of Program:

This program is structured on four basic premises.

1. Bones do not move, muscles move bones.....
2. The cause does not matter.....
3. The body grows up around the person.....
4. 40 days are needed for body to establish a new habit.

Let's briefly discuss each premise.

First, bones do not move, they give shape to and support the body. They surround and protect some vital organs and give points of attachment for the muscles, serving as levers and making movement possible. Except for the bones of the skull, which move microscopically when we breathe, the movement of bones in our bodies is controlled by muscles and ligaments. By re-educating these muscles and ligaments, and "switching on" the systems which

nourish and communicate with these tissues, it is possible to change the way the spinal column is being held. This "re-alignment" creates a new posture and improves muscle balance, regardless of the cause of scoliosis. The focus is not on cause but on effect.

In order to create change for ourselves, all the parts of ourselves must be included in the process. We can not exercise and re-educate a muscle group without regard for the nutritional needs of those areas or of the emotional scars, memories, fears, and armors stored in these areas. If we regard the body as a part of our self-expression, then we can assume that by changing our emotional posture we will affect our physical posture. We can allow our bodies to grow up around us, perhaps straighter and stronger.

It is not an overnight process.

The program has two component parts:

1. in office
2. at home

In office:

1. Rebalancing: using TFH, Acupressure, and nutrition.
2. Neuro-muscular re-education: muscle "strokes", spindle-cell mechanism, and Golgi-tendon apparatus are used to "re-set" the muscles. Positional release with breathing techniques are used to introduce new habits of position.
3. Biofeedback: relaxation exercises and guided phantasy used in conjunction with EMG and Temperature trainers are an important part the re-education process.
4. Teaching: instruction for at home program

5. Emotional stress release: where needed emotional/psychological elements are discussed.

At Home:

1. Neuro-lymphatic reflexes
2. Emotional stress release points
3. Cross-crawl
4. Basic nutrition
5. Specific exercises: individually selected for the clients needs

The initial program involves twelve sessions with follow-up sessions as needed. Ideally, sessions are bi-weekly for three weeks and then once per week thereafter.

IV. Case Studies if time allows:

V. Conclusion:

Like adolescence this program continues to evolve and to grow with every client. A workbook is being developed at present which reflects the universally effective techniques and also discusses the wide variety of additional exercises that may be of specific value for some clients. Feedback and comments are greatly appreciated. Please address these comments to:

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