

Walking is with the Whole Body

By **Andrew Wright**

From the first time Robert walked into my office, his walking was quite distinctive. His mother had made the initial appointment as a birthday present for Robert—for his leg pain. Robert, who was 42, was using a four-pronged cane to aid him in his walk. Even with the use of a cane, each time he lifted his left leg to take a step, it seemed both difficult and precarious. It turned out that Robert had been born with Cerebral Palsy, and though he had led an active life, after a couple of falls over the last five years, he had started to use a cane when walking, and now couldn't walk without it.

After three *Functional Integration*® lessons done in a variety of positions, mostly with Robert lying on his side or back, he said that his hip and leg were feeling quite a bit better. I could notice an increased ease in the movement of his left leg, and a general softening and a differentiation through his back and chest. There was however only minor improvement in his walking. It seemed to me that the reason he could not lift his left leg very easily was not due to any problem with the leg, but because his pelvis was not shifting in a way that would free up the left leg to lift and swing forwards in order to take a step.

In the fourth lesson we looked at the role of his pelvis and spine in shifting his weight. Robert sat on my low table, and rested his arms on the high table. I sat behind him and helped him shift his weight from one buttock to the other. By placing my hands at various positions along his spine, I helped him sense how to integrate the movement of his spine with the movement of his pelvis. His pelvis started to move more freely. His left buttock, which initially barely budged from the table, suddenly lifted and moved as easily as the right. His head started to be more erect. Robert started to smile and to hum and to laugh. Something profound was happening for him, and I continued to structure the lesson to facilitate his progress. We also experimented with shifting the pelvis forwards and backwards and relating that movement to rounding and arching the back.

Forty-five minutes flew by, and then it was time to stop. Robert stood up. As usual, I handed him his cane. His walking was noticeably more fluid. His left foot lifted without difficulty. The ease and improvement Robert had achieved moving his pelvis while sitting had translated to an improvement in walking. He stopped and then he pushed his cane to the floor with a dramatic flourish, and started to walk unaided. I had some concerns—I didn't want him to fall, but decided to go with it. With me following close behind, he set off. As I was relieved to see, he was doing fine, more than fine actually, and after a few halting steps, he was walking smoothly. It was a stunning shift. It seemed to be that he had put things together from this and previous lessons, which enabled him to coordinate his whole body so that he could once again balance and move freely when walking.

We had not talked about how he “should” walk, nor practiced any specific walking strategies. He knew when he was ready. I did advise him to continue to take the cane with him in case he needed it. We worked together a few more times, concentrating on movements that he could practice at home to continue his progress.

Many students receiving *Feldenkrais*® lessons make profound progress without such dramatic changes. But Robert's breakthrough does illustrate how changes to something as seemingly fixed as walking, are possible by improving the coordination of the body as a whole.

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