

Keeping Your Balance

By Gabrielle Pullen, GCFP

Dr. Frank Wildman is widely recognized for introducing the clinical applications of the *Feldenkrais Method*[®] to the medical community. He is founder and director of the *Feldenkrais*[®] Movement Institute. He works privately with individuals in California, New York, Australia, and conducts professional trainings worldwide. Dr. Wildman studied for more than a decade with Moshe Feldenkrais. He also brings an interest in evolution, dance, and somatic psychology to the table.



Dr. Frank Wildman, GCFP teaching a class

SA: There are many ways to work with balance. You are currently writing a book that relates to balance issues?

FW: Yes, indirectly. I recently finished a book called, **Change Your Age**. In this book, I necessarily address balance issues given that they are so often associated with getting older!

SA: Clearly, everyone reaches some point in time where they wake up one morning and realize they are afraid of falling. For some it may begin at 40; for some it may not begin until 65. It may be prompted by a long period of being sedentary, or a recent accident. Either way, it's the beginning of a new fear response where previously there was none. What's the difference between the physical therapy approach and a *Feldenkrais* approach to balance issues?

FW: There are many different kinds of physical therapy approaches. The *Feldenkrais* approach is focused on learning in small increments. One of the things that my students complain about to me is that they have been put on a balance program through a hospital or clinic, and the program is too difficult, or there's no 'how' to it. They don't learn how to do it. One of the advantages to working with a *Feldenkrais* approach is that I can give students very small movement tasks to do every day that aren't too challenging. Then I increase the challenge gradually as they master those tasks without anxiety. Nothing is ever too hard, so there is high compliance and a longer lasting outcome.

SA: Do you mean you start out by anchoring new pieces of knowledge on an existing experiential knowledge base?

FW: Yes. Because of all the equipment available today, there's a tendency to create so much challenge that people start off feeling as if their balance is worse than they thought. They end up

thinking, 'I can't do this. This is really hard.' And that's not a good way to learn. So, I feel it's best to start off with no equipment at all, by learning to do things that are very simple in the kind of situations that approximate daily life.

Actually, if you wanted to think of non-traditional balance exercises, the closest approximation would be the kind of things that dancers do. In dance, there is the need to get length in the body and to be very, very stable and balanced as you are moving from leg to leg.

There are simple things you can teach people that can improve their balance in just minutes a day. For example, I teach students to walk backwards. If a person can walk even a few steps backwards, and be really comfortable doing that while breathing easily, it can make a huge difference. This, along with a few other simple *Awareness Through Movement*[®] lessons people can do, may enable them to keep their house. Often people move out because it happens to have a second floor and they find it too difficult to go up or down the stairs; their balance is too poor.

Falling is one the major causes of catastrophic injuries in the U.S. Often, when people fall, they break their hip. The consequences can be really difficult in terms of maintaining your ability to work, being able to easily get in and out of a car, or move easily up and down stairs.



Dr. Frank Wildman, GCFP

SA: It's often a problem that leads into a significant decline. Do you think it's preventable?

FW: Absolutely, it's entirely preventable. I think it can also be one of the easiest and one of the most fun things to prevent. Balance problems that seem to accumulate as we get older can easily be changed and my "Change Your Age" program has demonstrated that older people can—at any point of their life—learn to balance like a very young person. Older people can reverse the habits that lead to difficulties with balance.

Balance is not just something that takes place when we're older. For example, when we're infants, we fall down a lot. Kids really fall down. They have terrible balance. They fall down much more than older adults. They grow up getting used to the idea that they're supposed to fall down. Generally, we fall less as the proportions of our bodies change and we gain more muscular control. Finally, we reach ages and stages where we can maintain balance quite easily, even when playing sports or climbing trees, which is a good way to improve balance. But in many sports you expect to fall down. Feldenkrais learned how to fall well because you must in a sport

like Judo. I think that may be why he developed so many excellent lessons that strongly affect balance.

SA: Are you saying we should actually learn to get more comfortable with being a little bit out of balance, or sometimes off balance, or in and out of balance?

FW: Yes, like kids. One of the things I teach people explicitly is to get to the floor in a single movement faster than they could fall. Because when we fall, we struggle a bit, and we get stiff and that stiffening can lead to broken bones if people cannot move well enough to get to the floor. I have them try several ways to get into and out of a crouching position.

SA: Like a stunt man, for example?

FW: More like an athlete because if you can get into a crouch immediately, you're more stable. You've lowered your center of gravity, and if you widen the stance of your legs a little, it's actually quite hard to fall from that position and it's easy to move. So, instead of falling and stiffening or trying to raise the head and neck, you learn to get down like a baseball player. If you can learn to move faster than gravity, you're less likely to fall, because you've got control over your body.

The primary movement you need for good balance is to move the center of your body. If you have to move your arms and head a lot, or if you have to twist or torque your ankles, you are probably pretty unstable. People with good balance control the center of their body, they move their core and their pelvis. If you move your pelvis just one inch with all the weight of your center over it, you have far more control than trying to catch yourself with the edge of your ankle, or by grasping into the air with your arms.

A really good fun thing that people can do at any age to develop their balance is the hula-hoop. Then you've got it covered, because you're moving the middle of your body, and you're engaged with something other than your balance.

That's important, because what physical therapists face, and a lot of clinical studies have found, is that you can teach people balance exercises that are successful in the clinic, but they leave and they have a fall. That's because their attention hasn't been trained. As long as their attention is on balance, they can succeed, but in the real world, you're walking through a crowd, you're getting in and out of a car, or somebody calls your name and you turn to look at them. You're spontaneously not paying attention to your balance, and you might have a spontaneous fall, if you're off balance.

So, my idea of training people for balance is to have them do something else, while they're working with balance. Once they've mastered what they need to concentrate on, I might have them sing.

SA: Sing?

FW: Yes, sing while they are balancing. Tell me a story. Or, I might throw a ball to them. Can they engage in other activities while balancing? The dangerous moments are when the person is momentarily distracted, so you want to make sure they can walk outside while looking at the scenery, or talking with a friend, or looking in shop windows, whatever it might be. The moment of distraction is the dangerous moment, and you want to make sure the person's attention is trained for those kinds of moments.

SA: It's said that the knee is the most vulnerable joint in the body. What would you say to someone who came to see you with a knee problem?

FW: I would ask him to show me how he moves to create the knee pain intentionally. I'll get him to practice that movement very slowly and carefully until he really starts to feel a pattern with the rest of his body. I might even put my hands on him and guide a part of him that he is unable to pay attention to while attending to the pain in the knee. For example, what is he doing with his head and neck while he steps forward making the knee hurt? I might guide his head and neck with my hands until he starts to feel a whole body pattern through the conversation with my hands. I want to make sure that my student in pain knows how he hurts himself. It's not just something happening to him, but in fact, he has control over it.

Once he learns that he can make pain worse intentionally only then do I ask him, "What could you do that would make it hurt less?" I try to guide him into developing internal skills and body awareness and then move in the other direction with a more evolved set of postural habits, and maybe into a new way of walking.

SA: In essence, you are guiding people to develop their own internal resources rather than 'fixing' them?

FW: Exactly. That's one of the many skills I learned from Moshe.