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Balance and Falls Prevention

An Interview With Alan Questel, GCFT

IT: In your experience working with people through the years as a Feldenkrais® teacher and trainer, have you observed some commonalities among students who have a history of falls?

AQ: A few things show up typically. and I think we can break it down into a few different approximations.

One is a person who falls periodically, and it's a surprise for them. They don't know what they're doing or how that happened. They are kind of really not-very-aware of what they're doing.

And then there's another approximation: People who fall more frequently, so they end up in a much more protected stance that usually makes them fall more because they lose the dynamic mobility that they need to have.

In both of those cases, I would say the thing that stands out the most is that the relationship between stability and mobility is out of balance. Of course, it's always tricky to say "the commonalities" within a group of people, but we can look at those ideas as contributing factors for why someone falls.

A third approximation is, those with some kind of neurological condition, or some kinds of vertigo, where all of a sudden their world is spinning, and they can't control it. That's a different reason for falling.

Another commonality I see with people who fall is that they're pulling away from the ground, and that the way they pull away from the ground actually exacerbates the fall. When they pull away and they do it in a way that lacks any understanding of how to be reversible, they hit even harder.

IT: That's a great segue! As Feldenkrais teachers, we love to talk about a person's relationship to gravity. That's exactly what you're talking about. So how do you think of the elements of that relationship?

AQ: We're always in the field of gravity. So then it becomes the question of, "What can I do differently within that field, to have better balance or not fall?" Since gravity is always there, how can we better utilize it? Well, we can learn to get a little friendlier with the ground. So that idea of feeling the pull of gravity and then pulling away from it, Is one of the things where again we come back to the idea of reversibility. How do we either give into gravity more, or how can we pull away from it with some sense and understanding of reversibility?

We can also talk about the sense of lowering one's center of gravity, which is a nice idea. But then, how do I do that? And now we have to understand more of the mechanical nature of how we use our pelvis and our head in relation to each other, and how we can have movement translate through us more freely so that when I do begin to fall, I have more places that I can bend, fold, and shape myself differently. Those new options either allow me to fall better, more gracefully, and with less injury; or, I can reverse it.

I used to have a poster in one of my trainings that showed a picture of a guy's head with all these graphs and pulleys and equations. The caption said, "Gravity: it isn't just a good idea. It's the law!" If it's the law then the question is, "How do we function within that law?"

So again, if gravity is a given, what can we do differently in relationship to it, when we feel it taking us out of the range of what we intend to do? Then, we have to learn to do something new.

Back to the Basics

IT: It's physics! A lot of folks probably have some cognitive knowledge of physics, but they have no idea how to embody that or how that relates to them in action. So, in your opinion, what are some essential experiences that a Feldenkrais

teacher could design to help a student develop that kind of confidence and competence in their overall use of self?

AQ: The first thing that comes to mind is: someone is lying supine on a roller, which makes them more unstable. The whole process of working with someone like that is such that they have to learn to organize themselves to stay on the roller through different perturbations, whether it's moving their head off the roller, or lifting one leg, or having rollers under both feet. And with each variation, their system starts to adapt to that.

When we take the roller away, then they sense that their center of gravity is lower.

They can feel that they have a different base of support. That's when they can find a way to negotiate themselves more easily in space.

IT: Can you give an example?

AQ: The first time I really saw this happen was with a woman I worked with who had suffered a stroke. She was going to her daughter's wedding, and she wanted to wear heels. So I said, okay, get a low, flat, wide, heel. She came in to her next lesson with 3-inch spikes! She told me they were on sale. . . Really!

Her right side was affected by the stroke. Her right foot didn't stand on its own but I thought: okay: let's see what happens if I put the shoe on her foot. I had put a board on the surface of the table so that her heel wouldn't puncture it. So I'm watching her foot, in this shoe, trying to stand, and I'm thinking that it's kind of a waste of time.

Nothing's happening. It's just more unstable. I'm thinking what am I doing? Finally after five minutes. I give it up, take off the shoe, and put her foot down. Her foot stood really clearly. And I thought, what's happened to you? I realized that this is a good example of the nervous system learning and taking on a challenge and having to figure something out. When you take away that challenge often there's a greater stability. They "figure it out" in an embodied way, rather than in a cognitive way. We can't figure it out for them – their own system has to do it.

After an exploration like that, the student probably wouldn't say, "I have a lower center of gravity." They just feel more grounded. They feel more secure. They feel less unstable.

And then of course the next question is, how do you differentiate the pelvis? The hip joints become a really significant skeletal axis of movement around which we move, which relates to all the large muscles around the pelvis that are fairly undifferentiated. Once this area becomes more available someone's ability to

negotiate space in different directions becomes more possible. The pelvic clock is a great example of that. When you ask people, “When you move your pelvis, what do you sense?” they usually sense the lower back. But they don’t sense their hip joints, which is not an easy thing to do. Once that becomes more and more part of the picture of what someone’s doing, I think then they can improve their capacity to sense their balance, fall less, or fall better.

Alan’s Favorites on the Theme

IT: What are your favorite lessons, in terms of their clarity and effectiveness, that amplify these ideas around improving balance and safety in falling, or fall prevention?

AQ: One of my favorites is AY 241, “Getting to know the hip joints.” That’s really something that can really help people understand the movement of the pelvis. When the pelvis is moving, where does the movement happen? So it’s connecting farther down in that area, from perhaps just arching the low back to really sensing something in their hip joints. When that happens, it’s going to make a difference.

Lessons that are on the hands and knees both in FI® and ATM® lessons help someone figure out a different way of how much they press the ground and use

the ground. How much shifting needs to happen when one limb is lifted, and can that shifting be diminished to make lifting easier? Can we adapt more quickly?

Lessons that help people find a playful way of falling, like the rolling lessons where you're sitting holding your feet until you end up rolling like a top. Think about it: falling to the floor when you're already on the floor is the smallest fall you could take! So that's the safest possible place. The beginning of falling is when you roll from your side onto your back, if you can allow gravity to take over more and not control it as much. It's falling, but it's safer.

Now another way to help someone find greater stability is to look at the relationship in standing and the front of the heel. It's a part of the foot that's often not even on the floor, but when we can access that, the front of the heel is really more in line with the bones of the lower leg. So now we're back to this idea of a skeletal support.

When our relation to the skeleton improves, and when someone does fall, and movement translates more easily through them, it's because the joints throughout their skeleton are working in a kinematic linkage that allows for the distribution of effort or force to go through them more easily. Oscillation lessons, that kind of shake through us, can get more of the joints involved in different ways that allow for a fall to take on a different quality.

Steps to Growth

IT: What's the best way for a practitioner to explore this for themselves to understand it better and experience it more?

AQ: Take a lesson and play with just the idea of reversibility: when can you stop? Whenever I talk about reversibility, I'm not just talking about going back and forth in the same trajectory. In order to reverse something, first you have to stop and then you reverse! So it's the ability to first stop that is essential in doing this.

But then from there you don't have to go through the same path back. You can take a different path, which is what a martial artist does. They transform a fall into a roll. It becomes something else that has a sense of reversibility to it. Even though they're not pulling themselves back up in that "irreversible" direction (most often they can't return in that way), they can regain volition over what they are doing and avoid a fall.

Then, play with reversibility as a concept in FI lessons, even in the movement of taking someone from sitting to standing, and helping them find different ways of making it more reversible, with more choices added. That has to influence someone's ability to fall less or fall well.

Differentiation is another possible theme, or perspective from which to play in any lesson. How can a person have more mobility through more places, so then they can discover reversibility at different levels. Then a person can have reversibility at different levels. Then, from differentiation go back to the idea of oscillations and back to the idea of the clear transmission of force through the skeleton. Where does the transmission of force seem stuck, or blocked? Sometimes people who don't move much in their ribs tend to fall a lot. If they can gain more mobility there, there's a good chance that they're not going to fall as much. Of course, it's different for each person. Where do they seem to move the least? How can I invite that into any of the patterns of movement that they might participate in?

Try an Awareness Through Movement lesson from Alan Questel, "Finding the front of your heel."

And another ATM on reversibility, "Attention on the return."

ABOUT THE AUTHOR

Alan S. Questel was trained by Dr. Moshe Feldenkrais (Amherst 1983). He has lectured and taught in diverse settings and in Feldenkrais Professional Training Programs around the globe. His current and upcoming training programs are in Santa Fe, NM and at Austin Peay University in Clarksville, TN.

He is the creator of 17 CD workshops in the Feldenkrais Method® of somatic education and Pregnant Pauses – Movement for Moms, a DVD program for pregnant women.
