Review of the Australian Government Rebate on Private Health Insurance for Natural Therapies

Submission to the Department of Health and Ageing, 2012/13

AUSTRALIAN FELDENKRAIS GUILD INC
Overview

This submission makes the case that the Feldenkrais Method is an effective, cost efficient and safe modality that should be included in Health Insurance rebate schemes.

The Feldenkrais Method is a leader in the field of individual health promotion and has broad application to the management of health-related conditions. Advances in the field of neuroscience are increasingly validating the Feldenkrais Method. A growing body of evidence spanning more than 30 years supports the benefits of the Feldenkrais Method.

The National Council of the Australian Feldenkrais Guild Incorporated (AFG) makes this submission on behalf of Feldenkrais Practitioners in Australia. The AFG is a non-profit professional member based association, which was established in 1987 and incorporated in 1988. It is the national entity responsible for representing the Feldenkrais Method in Australia. It oversees the accreditation of Australasian and International professional training programs, and the Certification of Australian practitioners. A Certified Feldenkrais Practitioner (CFP) who is also a member of the AFG meets the requirements under Rule 10 of the Private Health Insurance (Accreditation) Rules 2008.

Graduates of Australian Feldenkrais Practitioner trainings began to practice in Australia in 1990. Since then the Feldenkrais Method has gained increased acceptance and recognition as an effective modality in rehabilitation, health-care and preventative health in Australia.

The World Health Organisation’s framework for innovative care of chronic diseases has identified self-management support as part of the building blocks for effective health care. Fundamental to the Feldenkrais Method is the promotion of individual autonomy and responsibility, resulting in an individual developing more efficient and effective ways of functioning in daily life. Such autonomy facilitates less dependence on treatment modalities. This is particularly so in relation to aging or long-term, chronic conditions. The Feldenkrais Method can therefore contribute to reducing the health costs to the health care system and in particular the cost of inappropriate long-term treatment regimes.

This submission argues that the Feldenkrais Method:

- fits the contemporary model for contributing to health
- is evidenced based
- is clinically effective
- is cost efficient
- is safe for clients
- is delivered within a quality framework
- meets the current government legislation for private health insurers.
- addresses the key action areas for effective health promotion as identified by the World Health Organisation’s Ottawa Charter

“Movement is life. Life is a process. Improve the quality of the process and you improve the quality of life itself.” - Dr. Moshe Feldenkrais Ph D.
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1 The intention of this submission

Our intention is to:-

• Summarise the extensive body of research in Australia and internationally that supports the effectiveness of the Feldenkrais Method

• Emphasise the scientific basis of the Feldenkrais Method

• Increase awareness of the cost effectiveness of the Feldenkrais Method in the overall delivery of health care

• Facilitate the recognition of the benefits and relevance of the Feldenkrais Method in people’s everyday life

• Highlight the Feldenkrais Method as a contemporary approach to health care, compatible with multidisciplinary teamwork

• Have the Feldenkrais Method as practiced by Certified Feldenkrais Practitioners (CFP®) recognised as a modality for rebate in its own right

• Highlight the Feldenkrais Method as a modality that offers a lifelong learning process for people to develop personal skills for better health

• Support Government policy to pursue better health outcomes and move in a health promotion direction that focuses on the total needs of the individual as a whole.
2 Description of the Feldenkrais Method®

2.1 What is the Feldenkrais Method?

The Feldenkrais Method is a method that uses the intelligence of the human nervous system and its ability to learn. The Feldenkrais Method develops sensory awareness by exploring movement and helps clients recognize habits of movement and posture. Increasing the awareness of habitual postures and movement patterns potentiates the ability to learn new options, developing better choices for movement that foster health and healing. Learning to use the body more intelligently can help reduce occupational injuries, falls, chronic pain and many symptoms associated with chronic diseases.

The Feldenkrais Method of somatic education is practised around the world by people from many walks of life and for many purposes. Its uses vary from helping dancers achieve their best on stage, to helping children with special needs learn to perform basic functional tasks. This submission will focus on its application in the health arena in Australia.

The Feldenkrais Method offers a safe and gentle way to improve movement capability. It teaches greater control and enjoyment of movement for clients of any age, ability, and level of mobility. The resultant learning generates significant preventative, rehabilitative and therapeutic outcomes. In particular, this approach is beneficial in people with joint or soft tissue pain, movement restriction or neurological impairment or deficit.

The traditional approach to the treatment and management of musculoskeletal problems is to focus the ‘treatment’ on a specific anatomical part. The Feldenkrais Method looks at the problem holistically – the whole body – the whole nervous system – the whole person. Rather than focussing on the pathology in a particular area, the wider focus is on the client’s overall functional movement patterns that create or maintain the localised pathology and pain. The Feldenkrais Method is a safe and conservative option, which may alleviate the need for more aggressive treatment interventions. More importantly, it may provide neuromuscular rehabilitation that prevents a recurrence of pain; it doesn’t simply alleviate the symptoms, but helps a person learn to change how they move. Figure 1 illustrates the spectrum of health status which health care and wellness services are involved in, and the broad range of health status for which the Feldenkrais Method can provide benefits.

The Feldenkrais Method was developed by Dr Moshe Feldenkrais (1904 – 1984). Dr Feldenkrais was trained as a scientist, engineer and martial artist. He was interested in the potential of the human being and human function on all levels. Over several decades he widely researched Western and Eastern medicine and educational schools of thought. He wanted to understand how humans could engage in life-long learning to improve not only their movement and function, but also their thinking. He then developed his Method focussing on the body as the vehicle for change. Many of his insights are now being ‘discovered’ by cutting edge neuroscience research.

Dr Feldenkrais based his approach on a thorough knowledge of human movement and biomechanics, combined with an understanding of human development and learning. He also had a keen interest in human behaviour and society, combining his insights into how emotions impact on movement with the capacity of the brain to learn and change, to develop a unique system of learning experiences. The Feldenkrais Method is therefore a highly sophisticated form of somatic education. It is not just about using touch (as in massage) or exercise (as in Pilates), but about enabling transformation of how a person ‘uses themselves’ in their lives.

Concepts such as learning how to improve ‘self-use’ and ‘self-image’ are central to the Feldenkrais Method, but also present challenges to the researcher, as research that adequately captures the complexity of the Feldenkrais Method is extremely hard to perform. Standardised measures to assess such complex concepts are only starting to be developed.
Figure 1

The main reasons people engage with health practitioners can be viewed along the following spectrum:

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<tr>
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<th>8</th>
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<th>10</th>
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<tbody>
<tr>
<td>death</td>
<td>survival</td>
<td>manage pain</td>
<td>basic functioning</td>
<td>return to work</td>
<td>fitness</td>
<td>maximise performance</td>
<td>vitality</td>
<td>wellbeing</td>
<td>mental</td>
<td>calm</td>
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<tr>
<td>Conventional Western medicine</td>
<td>Meditation</td>
<td>Gyms, Physio</td>
<td>Feldenkrais</td>
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2.2 What happens in a Feldenkrais lesson?

As the Method has a focus on learning, Feldenkrais sessions are often referred to as a ‘lesson’.

Lessons can be designed for individuals or groups and are suitable for all ages and levels of ability. A series of lessons can be designed for a range of intended outcomes; for example back care programs, reducing falls risk in the elderly, improved performance for athletes or violin players and improved confidence in performing everyday tasks in clients with Multiple Sclerosis (see Research section below for information on studies which support these claims). There are two parallel applications of the Feldenkrais Method: Functional Integration® and Awareness Through Movement®. In each approach, the practitioner engages the client in structured and exploratory movements in order to improve function.

*Functional Integration® (FI)* is an individualized approach, guiding the client towards a new or more varied use of self that is more efficiently organised. The client is fully clothed. The practitioner, primarily through the use of the hands, gently and respectfully moves the client, and guides the client in exploring new movement patterns while creating awareness within the person. The FI lesson is designed to meet functional learning needs of the client, such as improving walking or the ability to sit comfortably.
Awareness Through Movement® (ATM) lessons are a series of verbally instructed structured movement sequences for groups of clients. The practitioner designs an ATM lesson with a functional outcome in mind and will invite exploration of diverse movements, frequently asking clients to rehearse, and reflect on; feeling and action. This is a cost effective form of service delivery as one practitioner can conduct a class with up to 12 clients, and only requires an open space and a mat for each client. Furthermore, because of the semi-independent nature of the participation in a group setting, participants generate greater self-efficacy as ‘they’ have achieved improvements rather than a therapist-driven change.

The practitioner assists the client in both applications by gradually improving the way the nervous system organises posture and movement with the intention to move with less effort in more efficient, flexible and graceful ways. This takes the strain off aching and injured parts of the body, restoring comfort and freedom of movement, re-awakening the inherent ability to learn which naturally and automatically improves health. The major criteria of quality of the movement are comfort, ease and the development of each person’s inner authority.

2.3 How is the Feldenkrais Method practised worldwide?

Approximately 9,000 practitioners throughout 40 countries worldwide practise the Feldenkrais Method. The International Feldenkrais Federation (IFF), was founded in Paris in 1992, and adopted the standards of practise that are maintained for the Feldenkrais Method. See Section 5, The Professional Organisation, for details on regulation of the Method.

2.4 How is the Feldenkrais Method practised in Australia?

Many Feldenkrais practitioners operate a private practice, which may be an individual practice, run in conjunction with other modalities or health care providers, or as treatment/education professionals working in various institutions.

Each client is assessed individually, and specific functional goals identified. The Feldenkrais practitioner is focussed on how the client is able to improve functioning in their everyday life. Individual client programs are then devised, which may comprise individual sessions (FI) or group sessions (ATM), or a combination of both. For example, a client may commence with individual sessions, then progress to ongoing group sessions.

The Australian Feldenkrais Guild Inc (AFG) is contributing to the identification of appropriate assessment tools for measuring outcomes relating to the Feldenkrais Method. The AFG has supported a project investigating the use of standardised outcome measures for determining outcomes of Feldenkrais Method sessions. The project is now complete and the results have been published in the Journal of Bodywork and Movement Therapies, 2011, Vol 15(4): 446-451 Connors, Pile and Nichols, Does the Feldenkrais Method make a difference? An investigation into the use of outcome measurement tools in evaluating changes in clients. Some results are included in Section 3.2 below. Thirty Feldenkrais practitioners from across Australia registered interest in volunteering to participate in the project. This willingness to participate in such a project demonstrates the level of interest by Feldenkrais practitioners in using recognised outcome measures to assess their work. Part of the purpose of the project was to familiarise practitioners with the types of assessment tools available, with the aim of practitioners using these tools in their everyday practice in the future.
2.5 How does the Feldenkrais Method work?

The Feldenkrais Method uses an exploratory learning approach, in which participants are guided through movement sequences that aim to improve body awareness and movement organisation (Feldenkrais, *Awareness through Movement*, 1972). Each movement sequence is considered an exploration; clients do not do repetitions of the same movement, but repeatedly explore the nuances of the movement sequence, so they learn to feel how their whole body is involved in any activity they perform. Stephens (Stephens et al, *Physical Therapy*, 2006) explains that the Feldenkrais Method “facilitates the learning of strategies for improving organization and coordination of body movement by developing spatial and kinaesthetic awareness of body-segment relationships” (p.1642). In other words, clients learn to move better through improved body awareness.

The Method has been found to be consistent with current movement-science research into motor skill acquisition (Connors et al, *Physiotherapy*, 2010). Many of the components of motor skill acquisition, which are considered important for improving motor performance, are integral to the Feldenkrais Method. These include repetition of movements, repetition with variability, attention to internal feedback, activities to improve inter-segmental control, body awareness training and use of imagery.

There is an assumption in the Feldenkrais Method that the person’s organisation is changed at the level of the neural connections in their brain. Recent neuroscience research has confirmed that the brain is indeed “plastic” and changes in movement organisation are in fact expressed by changes in the sensorimotor cortex (Doidge, *The Brain that Changes Itself*, 2007). This plasticity of the central nervous system may be both the source of chronic functional problems and the means to recovery from them. When Feldenkrais originally said he wanted to develop “flexible minds not flexible bodies” several decades ago, people did not understand what he meant, but today it is accepted that flexibility of the body is about more than just muscles that can stretch, but also about thinking that is not rigid. A person’s cognitive flexibility is closely linked to their movement flexibility. The Feldenkrais Method develops this cognitive flexibility and richness of connections in the brain through carefully structured learning experiences. These learning experiences involve the client becoming curious about how they move and how they organise themselves to perform everyday tasks. Clients learn to let go of old movement habits that don’t serve them well and instead learn to move with more ease and improved coordination.

The Feldenkrais Guild of North America hosted a two day Neuroscience Symposium in 2012. Some of the world’s leading authorities on movement and rehabilitation, such as Dr Michael Turvey and Dr M Merzenich gave presentations that linked the Feldenkrais Method to the latest thinking about movement and neuroscience. Exciting future research collaborations with leading scientists from institutions such as Stanford University and University of California Santiago were initiated at the Symposium, though results will be some years away.

Prior to the Symposium, Dr Merzenich gave an informative interview, in which he discussed the Feldenkrais Method and neuroscience. This interview is available for viewing in the News section of the AFG website http://www.feldenkrais.org.au/news/2012/07/dr-michael-merzenich-feldenkrais-method and the authors of this submission consider this to be essential viewing for the Reviewer, as it is an excellent form of expert opinion about the Feldenkrais Method, by a non-Feldenkrais practitioner. There is also an interview with Dr Merzenich and practitioner Anat Baniel, which is highly recommended to help explain some of the principles of the Feldenkrais Method.

Associate Professor Milton Cohen, the eminent Australian pain and rheumatology physician, wrote (email correspondence with a representative of the AFG, 2012): “I am indeed a great champion of the Feldenkrais Method, not only because of its repudiation of the power imbalance
inherent in much Western therapy but more so because of its respect for the sensitised nociceptive apparatus that characterises the experience of chronic pain”.

Dr Feldenkrais own explanations of how the Feldenkrais Method works (The Body and Mature Behavior, 1949/1996; Awareness Through Movement: health exercises for personal growth, 1972; The Case of Nora: body awareness as healing therapy, 1977; The Elusive Obvious, 1981; The Potent Self, 1984 and The Master Moves, 1984) were based on neuroscience as it stood then. As science has developed, the newer perspectives show even more strongly how profound the links are between neural networks and impaired movement, and between awareness-based approaches and improvement in movement.

In the book “The Psychophysiology of Self-Awareness” (Fogel 2009) psychologist Dr Alan Fogel frequently describes the Feldenkrais Method as an effective modality for assisting people to find easier and more effective ways of moving, through embodied self-awareness. He outlines the neurological, anatomical and neurophysiological aspects of the processes involved, again validating Dr Feldenkrias’ insights into the integrated nature of the mind and the body, and how important it is for therapies to have an approach which includes the person’s thinking, sensing, emotions and actions.
3 Why the Feldenkrais Method Should Attract Rebates

3.1 The Feldenkrais Method encourages clients to take responsibility

The primary focus of the Feldenkrais Method is to facilitate clients to take responsibility for their own care. This devolution of responsibility to the individual is considered by current Australian Government Health Policy to be a fundamental tenet of health care policy and delivery. The World Health Organisation’s framework for innovative care of chronic diseases identifies self-management support as part of the building blocks for effective health care organisations. It also states that health care workers are crucial in educating patients and families about self-management and importantly that health care workers must support patients’ self-management efforts over time.

The Feldenkrais Method teaches this self-management process efficiently and effectively by using individual consultations when appropriate and also class formats – which are a cost effective form of health care delivery. The Feldenkrais Method can be learnt at all stages of a person’s life so a person can use this as a preventative strategy thus promoting lifelong learning. This is achieved in several ways:

- By teaching people how to participate in their own somatic mind–body organization, they become much more resourceful and less reliant on treatment modalities
- People apply the Feldenkrais methodology they learn to their own changing health situation and can manage both acute and chronic health conditions more adeptly
- Teaching skills of self-efficacy, self-management, and adaptation to changing circumstances is especially important for a community such as Australia, experiencing an ageing population with higher health outcome expectations and limited financial resources. Several Feldenkrais research studies have focused on older adults, with positive results (Vranditis 2010, Connors 2010, Hillier et al 2010, Hall 2003)
- An ongoing issue for funding bodies is the high cost of continuing treatment when the condition does not respond to initial treatment and becomes complex, e.g. chronic pain. In these circumstances, in spite of costly outlays the results are often poor to average. The Feldenkrais Method has been shown to be effective even in chronic conditions (Connors 2011).
- Individuals proficient in the Feldenkrais Method are able to increase control over and improve their health through the use of sensing and movement strategies that allow them to change or cope with their environment. For example, a client who has attended a Feldenkrais practitioner in the past for back pain, and now experiences neck pain, will be able to apply many of the strategies learnt previously in order to change or cope with the neck problem

Figure 2 maps the Feldenkrais Method and other health care approaches according to the systems complexity embraced and the degree of client responsibility involved.

The Feldenkrais Method enables individuals to identify and realise their aspirations as a human being by developing their personal resources as well as physical capacities in order to promote a healthier lifestyle and well-being.
Figure 2

More holistic, systems approach

Client relies on authority of practitioner

Chinese Medicine Acupuncture
Holistic massage
Yoga Tai Chi
Pilates
Pain management
Physiotherapy
Psychology

More reductionist, mechanistic approach

Client takes responsibility for self

Meditation
Art/music/dance therapy
Feldenkrais
Psychotherapy
Feldenkrais

Meditation

Client takes responsibility for self

Chiropractor
Remedial massage
Surgeon
GPs
GPs (old style)
Gyms

Surgeon

Meditation

Client takes responsibility for self

Chiropractor
Remedial massage
Surgeon
GPs
GPs (old style)
Gyms

More reductionist, mechanistic approach
3.2 The Feldenkrais Method is cost effective

In a recent research study (Connors, Pile and Nichols 2011), the clients had an average of only 6.4 Feldenkrais sessions, and an impressive 98% achieved improvements in performing functional tasks, as identified using the “Patient-Specific Functional Scale”. These results were remarkable given that the majority of clients had had their symptoms for a median time of 12 months prior to commencing the Feldenkrais sessions (as identified from data on the “Pain Outcomes Profile”). To achieve these improvements in function with such few sessions in clients with such long-standing symptoms is evidence of the cost-effectiveness of the Feldenkrais Method.

Feldenkrais group classes (Awareness Through Movement, ATM) are a cost effective method of service delivery. In the class setting, a client can work at improving functioning, even in a group of 12 other people. A person with a chronic condition such as arthritis or chronic pain can find classes a beneficial way of maintaining optimal functioning in their everyday life.

The self-management approach described above also makes the Method cost effective. The client is encouraged to manage his or her own condition and not become dependent on the Feldenkrais practitioner. The practitioner may give the client tapes of their sessions, so that the client can then practise certain movement patterns on their own at home. There is also a large catalogue of Feldenkrais Method CDs available for purchase, so that the client can continue to work on their health at their own pace and in their own home. Many of these resources are now available on-line (for example on www.feldyresources.com) which makes self-management a convenient and cost effective option.

Research has provided evidence for the net benefits of the Feldenkrais Method. A study by Bearman and Shafarman demonstrated significant cost savings for a group of people with chronic pain:


Participants in the Feldenkrais Method program reported increased mobility and decreased perception of pain, both immediately after the program and in a one-year follow-up questionnaire. Cost effectiveness calculations found a 40% saving compared to standard Medicaid costs for conventional chronic pain treatment program.

Another important, well-designed study demonstrated improved outcomes in a group of workers with neck and shoulder complaints. Reductions in symptoms in this group would be associated with improved productivity:


Randomised controlled trial comparing Feldenkrais to physiotherapy and no intervention in 97 female industrial workers with neck and shoulder complaints. Pre and post measures spanned one year, with the intervention lasting 16 weeks. The Feldenkrais group made significant improvements, the physiotherapy group showed no change and the control group had a worsening of complaints.

These studies illustrate the types of sustained improvements in function that the Feldenkrais Method can produce – both these studies demonstrated ongoing benefits at 12 months, despite the Feldenkrais intervention only lasting a few months.

The Method aims not to just make immediate improvements to a client’s movement, but for the client to learn better ways of moving that will serve them well in their everyday functioning – thus
reducing the risk of re-injury and re-emergence of the problem. A comprehensive summary of the research into the Feldenkrais Method, including over 100 studies and papers, is presented in Section 10.

More studies are needed on the cost savings from the use of the Feldenkrais Method. As the Method matures and more practitioners progress to engage in research, these studies will emerge. As a comparison, the physiotherapy profession has been practised for nearly a century, but only in the past few years have cost/benefit analyses commenced.

3.3 The Feldenkrais Method is increasingly Evidence Based

The Feldenkrais community is committed to measuring the effectiveness of the Feldenkrais Method.

- The National Council of the AFG has auspiced and funded research (as described in Section 2.4)
- The Council regularly draws on the expertise of highly qualified professionals who hold senior positions in research and allied health organisations.
- The international Feldenkrais community continues to promote research. It has introduced Research sessions at Feldenkrais Conferences, and launched the Feldenkrais Research Journal in 2005.
- The International Feldenkrais Federation (IFF) has initiated scientific forums to facilitate communication between Feldenkrais practitioners and eminent scientists and educationalists from varied backgrounds.
- A bequest from the leading neuroscientist and Feldenkrais practitioner, Ester Thelen, has enabled the development of a scientific website, www.feldscinet.org.au, devoted to supporting and promoting research for Feldenkrais practitioners.
- The growing volume of research, as described below, is providing emerging evidence for the effectiveness of the Feldenkrais Method.

An extensive body of research into the Feldenkrais Method has been developed. See Section 10 for a detailed inventory. A comprehensive summary of research into the Feldenkrais Method was published by Dr P Buchanan in 2012, The Feldenkrais Method of Somatic Education. This excellent chapter, in the book ‘A compendium of essays on alternative therapies’, includes a table presenting research into the Feldenkrais Method according to its ‘Level of Evidence’. The chapter is available online at www.intechopen.com or a copy can be requested from the AFG secretariat. Inclusion of this chapter in the current Review is considered essential.

3.3.1 There has been an increase in both the quantity and quality of research into the Feldenkrais Method over the past decade. Research of relevance to health care has focused on three main areas:

- the effects of the Feldenkrais Method on musculoskeletal issues such as neck and shoulder pain, back pain and chronic pain
- the effects of the Feldenkrais Method on emotional responses such as anxiety
- the effects of the Feldenkrais Method on balance.

Research into changes experienced by clients attending Feldenkrais practitioners in Australia for musculoskeletal issues (Connors et al 2011) found significant improvements in six of the eight Health and Wellbeing domains, using the SF12v2 outcome measurement tool. Figure 3 illustrates that clients became closer to normative values on all of the domains, with Bodily Pain and Role Physical making the largest gains. It is interesting to note that Mental Health and Role Emotional also improved to, or past, normative values, reflecting the integrated nature of a person’s physical and emotional health. It is also of interest that General Health had the smallest change, which
actual adds to the validity of the results, as one would not expect the Feldenkrais Method to be impacting on a client’s General Health condition, which includes factors such as heart disease.

One strength of this study is its use of well-recognised outcome measurement tools. Another strength is its generalisability. There were several Feldenkrais practitioners who submitted data, from four different Australian states, so these findings can be assumed to be representative of Feldenkrais practitioners across Australia.

3.3.2 A large volume of research has focused on the development of a robust theoretical framework for understanding how the Feldenkrais Method works.


- Larry Goldfarb’s (1999) PhD thesis on “Understanding Standing” provides an excellent account of some of the neurophysiology underpinning the Feldenkrais Method.

- James Stephens had a landmark paper published in the American Physical Therapy journal in 2006. “Lengthening the hamstring muscles without stretching using “Awareness Through Movement”, which described improvement in the ability to lengthen muscles using the Feldenkrais Method compared to standard stretching. This study provides insight into the Feldenkrais Method from an exercise physiology perspective.
3.3.3 Research has demonstrated improved functional outcomes.

The Feldenkrais Method aims to help people function better in their everyday lives, not just to strengthen muscles or increase joint range. Recent research (Connors et al 2011) found that clients did make significant improvements (p=0.001) in their daily activities, using the Patient-specific-Functional Scale (PSFS) to measure changes before and after a series of Feldenkrais sessions. The “Minimal Clinically Important Difference” for the Patient-specific Functional Scale is 2 points (Beghuis-Kelley and Sherrer, 2007). Clients in the Feldenkrais study improved by an average of 3.8 points (see Figure 4), indicating that the changes in how well clients performed functional activities were clinically, as well as statistically, significant. Clients and practitioners identified the types of activities, which the clients wanted to improve, and then rated how well the client was performing each activity. These activities ranged from static activities such as sitting or lying, through to dynamic activities such as climbing stairs. An analysis of these activities has been published online on www.feldscinet.org (Pile et al 2011).

![Patient-specific Functional Scale (PSFS)](image)

Figure 4. Mean scores on the Patient-specific Functional Scale before and after a series of Feldenkrais sessions. ** denotes p=0.001 (Connors et al 2011)

3.3.4 Examples of recent Australian research into balance retraining and falls prevention

Research has identified that falls and falls related injury are a major cause of morbidity and mortality in older people. Feldenkrais Practitioners have recognised that falls prevention is an important area of health promotion that the Feldenkrais Method can contribute to. The research described below shows that community based balance programs have been found to be effective in improving balance in older people. This research supports the proposition that the Feldenkrais Method is a suitable modality for falls prevention, as outlined in the section on community programs for older persons living independently in the “National Falls Prevention for Older People Plan”.

A. Study on Balance Improvement in Older Women

During 1999, Healthway provided a starter grant to enable a study of the effects of various forms of exercise (Feldenkrais and Tai Chi) on balance in older women (Hall, 1999). The study was conducted at the Sir Charles Gairdner Hospital Department of Rehabilitation and Aged Care Research Centre in Western Australia.

Results showed improved indices of quality of life, and were positive in terms of pain management and medication, with implications for saving health resources. Key conclusions
included significant improvements in psychosocial health, decrease in fear of falling, improved socialization, positive impact on function including walking speed and activities of daily living (Department of Rehabilitation and Aged Care, 1999).

B. Feldenkrais Method improved balance and mobility in older adults attending Feldenkrais Method balance classes

A research project was undertaken at the University of Melbourne investigating the effect of the Feldenkrais Method on gait and mobility in older adults. This study provides evidence on the effectiveness of Feldenkrais group lessons to improve balance in the elderly. It has been published online in the Oxford University Press journal “Evidence-based Complimentary and Alternative Medicine” (Connors et al, 2011a).

Significant improvements were found in older adults who attended Feldenkrais Method balance classes compared to a control group who received no intervention.

C. Randomised Controlled Trial confirmed benefits of Feldenkrais Method classes to improve balance in older adults

Researchers at the National Ageing and Research Institute in Melbourne have also completed a randomized controlled trial investigating the Feldenkrais Method and improvement in balance. Their results, which demonstrated improvements in the Feldenkrais Group, have been published in the Journal of Aging and Physical Activity (Vrantsidis 2009).

This study demonstrated that the Feldenkrais Method is an acceptable and effective means of improving balance in frail older adults.

D. A study conducted by the Centre of Allied Health Evidence at the University of South Australia, comparing older adults attending general balance classes with those attending Feldenkrais classes, found significant improvements in self-perceived health benefits as well as in objective outcome measures (Hillier et al, 2010).

This study confirmed that classes based on the Feldenkrais Method are effective in improving health and functional measures in a healthy aging population, equally so with a generic class.

3.3.5 Case Studies

There have been many case studies written by Feldenkrais practitioners, describing their work with a vast array of clients. These case studies have been published in a wide range of publications. Each country has a Feldenkrais Journal, and this is where many of these case studies have been published. Two particularly well-documented ‘seminal’ case studies have been published in book form.

One is “The Case of Nora: body awareness as healing therapy” (1977), by Dr Feldenkrais. In this book he describes his work with a woman who has had a severe stroke and lost her ability to read and write. He discusses his approach to helping her relearn her lost capabilities. This book provides detailed descriptions of Feldenkrais’ thinking in relation to this client and his work in general.

The other is a case study by Yochanan Rywerant, in his book “The Feldenkrais Method: teaching by handling” (1991). In this case study, Yochanan describes his work with a flute player who has suffered a hand/arm injury. This case study also includes a theoretical dimension to the description of the work.
For a comprehensive summary of the research into the Feldenkrais Method, refer to Section 10, which lists over 100 research studies into the Feldenkrais Method.

3.4 The Feldenkrais Method has strong processes of accountability and governance

There is a standard of excellence held at an organisational level in the Feldenkrais Method. This is evidenced by the governance structure under which Feldenkrais practitioners operate: in Australia there are five State divisions of the Australian Feldenkrais Guild, which are overseen by a national committee made up of delegates from each State. The national Feldenkrais Guild is in turn a voting member of the International Feldenkrais Federation. These organisational bodies are involved in functions such as: the development of Feldenkrais Standards of Practice, practitioner Code of Conduct; practitioner competencies, continuing education programs; implementation of certification policies, and overseeing the Australian Training Accreditation Board. A more detailed history and scope of these organizational structures is included in Sections 5 and 6 of this Submission.

3.5 The Feldenkrais Method and the Private Health Insurance Act 2007


Under Rule 10, Treatments provided by other health care providers, a health care provider providing the treatment must be a member of a professional organisation that covers health care providers who provide that type of treatment and which:

- (a) is a national entity which has membership requirements for the profession;
- and
- (b) provides assessment of the health care provider in terms of the appropriate level of training and education required to practise in that profession; and
- (c) administers a continuing professional development scheme in which the health care provider is required, as a condition of membership, to participate; and
- (d) maintains a code of conduct which the health care provider must uphold in order to continue to be a member; and
- (e) maintains a formal disciplinary procedure, which includes a process to suspend or expel members, and an appropriate complaints resolution procedure.

As an incorporated body, the AFG complies with the above. In addition, the AFG oversees the administration of continuing professional development and manages the Certification process for Feldenkrais practitioners in Australia.

3.6 The Feldenkrais Method has been included by Australian Health Insurance organisations for over 14 years.

The Australian Feldenkrais Guild has a history of negotiating with Health Funds. Health Insurance organisations have successfully included the Feldenkrais Method in their reimbursement schedule.
One example of successful inclusion is in 1998 when the Victorian Workcover Authority acknowledged the Feldenkrais Method as an approach to health care delivery. The perception by Victorian Workcover Authority was that the Feldenkrais Method would complement existing treatment modalities thereby assisting in the prevention of continued ineffective costly treatment regimes. By offering an alternative approach that shifted the responsibility of locus of control to the client, a methodology was taught for their ongoing use as they came to terms with their injury thereby maximising their living potential.

The AFG provided limited funds for research at the time to demonstrate the effectiveness of the Feldenkrais Method in the case of low back pain. Although this research was far from comprehensive, it demonstrated benefits that policy makers accepted as adequate for special inclusion of the Feldenkrais Method. Special categories were formed for clients receiving Feldenkrais treatments. This remains in place to this day.

Many people have benefited from Feldenkrais sessions for Workcover injuries. There have been no adverse affects or complaints related to Feldenkrais practitioners reported to Workcover over the 10 years period.

3.7 The Safety and Quality of the Feldenkrais Method

3.7.1 Feldenkrais practitioners have found the modality to be safe and there have been no reported adverse events in any of the published literature. In the event that a complaint is received there are grievance policies and procedures that can be enacted to protect the rights of and provide security for the complainant, the recipient and the grievance committee.

3.7.2 The quality of Feldenkrais Method practitioners is assured both by the initial training program and ongoing continuing education requirements. The initial training program is approved and accredited by the Australian Training and Accreditation Board (AusTAB) under international guidelines. There are strict guidelines about Trainer credentialing, hours of training, skills to be covered and knowledge to be gained (Refer to Sections 6 and 7 of this submission for more detail about Feldenkrais Training programs).

To qualify for annual Certification (and eligibility to attract Health insurance rebates), all Guild Certified Feldenkrais Practitioners must complete 30 hours of continuing education per annum. Practitioners must detail their Continuing Education activities over the previous 12 months when they apply for re-Certification. The AFG is active in providing educational opportunities for all practitioners in each State with a program of local and international trainers conducting advanced training programs and workshops each year.
4 Benefits of the Feldenkrais Method

‘The aim is a body that is organised to move with minimum effort and maximum efficiency, not through muscular strength but increased consciousness of how it works.’ - Dr Moshe Feldenkrais

The Feldenkrais Method has a broad range of benefits. It has been found to be acceptable to mainstream Australian health consumers (Vranditis, 2009). Listed below are some of the applications and research evidence to support these claims. Please note that all the studies listed in “References” in each section below, are detailed in the ‘Feldenkrais Method Research Table’ in Section 10.

4.1 Chronic Conditions
Chronic pain conditions such as back and neck pain, migraines, RSI, TMJ Syndromes, myofascitis, bursitis, arthritis etc can be improved by altering pain-producing patterns of movement and pathology. Retraining and re-integrating lost movement and function after neurological injury eg stroke, brain injury, cerebral palsy, CVA.

Alexandra (2006) found that Feldenkrais Method group classes resulted in improvements in several outcome measures (such as the Oswestry Disability Index). The paper concludes “This research paper supports the use of the Feldenkrais Method for decreasing pain and increasing function in daily activities for adults experiencing chronic low back pain”.

Another study, which investigated the effectiveness of various modalities for people with dystonia found that “among users of specific CAM methods, breathing therapy, Feldenkrais, massage and relaxation techniques were perceived as most useful” [Junker et al, 2004, Movement Disorders 19 (2): 158-61].


4.2 Stress Relief and Pain Management
The stress-pain cycle is well documented. The Feldenkrais Method offers a way out of this cycle by learning awareness through movement, which increases sensitivity to early-warning signs, and teaches a person to live more comfortably.

A randomly controlled trial found that “compared to the control group, females in the Feldenkrais and relaxation groups reported significantly lower anxiety scores on completion of the fourth session, and this reduction was maintained one day later” (Kolt and Mc Conville, 2000, Journal of Bodywork and Movement Therapies, 4(3): 216-20). These researchers also found that a group of people participating in Feldenkrais Method classes experienced decreased anxiety both after a single class and over a 10 week period when baseline and final scores were compared (Kerr et al, 2002, Journal of Bodywork and Movement Therapies, 6(2): 102-7).

The recent Australian research project (Connors et al, 2011) surveyed clients’ perceptions of their pain before and after a series of Feldenkrais sessions using the “Pain Outcome Profile”. The average score on the “Current Pain” item improved from 3.5 to 1.8. Statistical analysis revealed that there was a likelihood of one in a thousand that the improvements were just by chance (p = 0.001). A study investigating US Veterans with chronic pain, using the same measure, found that the size of the change in the score indicated whether the improvement in pain was small (0.34), medium (0.85) or large (1.35) (Chambers et al, 2003). The clients in the Feldenkrais study had an average 1.7 point decrease in their score – a “large” clinically significant change (see Figure 5).
Figure 5. Results on the Current Pain item on the Pain Outcome Profile ** denotes p=0.001 (Connors et al 2011).

The “Physical Index” impairment score dropped from 28.4 to 19.5, and the “Affective Index” impairment score dropped from 39.7 to 26.9. Again both these improvements were found to have a less than one in a thousand chance of occurring randomly (p<0.001).


4.3 Preventative Health

Improvements in overall posture, ease of movement and co-ordination can lead to:
- Deeper more satisfying sleep
- Healthier aging
- Improved balance and posture, decreased falls
- Better management of neurodegenerative diseases
- Pain and injury prevention
- Improved breathing
- Less secondary complications from neurological impairments

Several health promotion programs, generally delivered in a class setting, have been developed by Feldenkrais practitioners for specific health purposes. These health promotion programs, include: Sounder Sleep System® (for improving the quality of sleep), Bones for Life® (specifically aimed at improving bone density) and Change Your Age® (for healthy ageing).

Research into these programs is starting. Ruthy Alon has published results on a study into her Bones for Life program on the website www.bonesforlife.com. Thirty-one women were scanned for Bone Mineral Density (BMD) of the forearm before and after a 4 month program, and a significant (p=0.039) improvement in BMD was found.

Australian Feldenkrais practitioners offer these programs and there are resources available (books, CDs, DVDs) that support ongoing health maintenance for clients.

References: Bruce 2004; Stephens et al 2003; Bracciante 2003; Jackel 2002; Long 2002
4.4 Balance and co-ordination

Loss of balance has serious consequences, particularly amongst the elderly. Several studies on the effects of the Feldenkrais Method on balance have demonstrated significant benefits such as greater static and dynamic stability, increased gait speed and improved balance confidence.

The Feldenkrais Method improves inter-segmental co-ordination of the whole body. In a Feldenkrais balance class, the participants explore how their head can move relative to their pelvis, and how the pelvis can move relative to the feet. Participants then learn how they can improve the co-ordination between the head, the pelvis and the feet to enhance stability. Connors et al have studied the quantitative effects of a series of balance classes (Connors 2011a) and have also undertaken a qualitative analysis of the classes, published in the leading UK Physiotherapy Journal, which determined that the program was consistent with current theories of motor learning and postural control (Connors 2010).

An Australian health program for improving balance in older adults is titled “Getting Grounded Gracefully”. This series of ATM lessons has been the subject of two research projects (by the University of Melbourne, Connors et al 2011a, and the National Ageing Research Institute, Vranditis et al 2009) which both confirmed its benefits for older clients. This program has been used successfully in Community Health balance programs in municipal Melbourne and in country Victoria.


4.5 Sports and Dance Performance

Unconscious habitual patterns of movement can contribute to less than optimal performance and/or recurrent injury for the sports person or dancer. The Feldenkrais Method develops the awareness necessary to involve the whole body in more coordinated action, producing increased refinement of and power in motor skills. Students learn how to avoid injuries by engaging themselves more fully in any movement and how to facilitate self-management.

Feldenkrais practitioners have enhanced the performance of sports people from amateur joggers (Jack Heggie’s book “Running with the whole body” is a Feldenkrais classic and has been of benefit to hundreds of runners) to professionals including the Canadian Olympic skiing team and the Italian Olympic fencing team. Both these Olympic teams enjoyed improved success with the inclusion of coaching from a Feldenkrais practitioner,


4.6 Back Care

The spine is central to human movement. Overuse of the lumbar and/or cervical spine is a common disorder. The thoracic vertebrae tend to become underused, and this can give rise to injuries in the lower back and neck through overuse. The Feldenkrais Method teaches clients how to recruit the entire spine to reduce excess load on the more mobile lumbar and cervical spine. The Feldenkrais Method is an effective form of both preventative and remedial intervention for many spinal conditions including scoliosis. Many poor habits of breathing can also lead to postural deformity; breathing is a functional activity not often addressed in conventional therapy, but can often be most useful to include in back care.
4.7 Occupational Overuse Injury and Repetitive Strain Injury
Balancing the use of the intrinsic and extrinsic muscles of the hands and wrists leads to efficient and pain-free use in repetitive tasks. When upper trunk, shoulder muscles, arm and finger muscles are all engaged for gravitational support; the smaller muscles are overused and become fatigued especially in repetitive tasks (such as keyboarding). Overuse syndromes may result. The Feldenkrais Method teaches how to sit dynamically rather than statically, to improve efficiency of postural support via the skeleton and thus release the smaller muscles for light, fine work, for which they are designed.


4.8 Aged Care
The Feldenkrais Method can alleviate many movement restrictions and improve function and comfort in old age. The gentleness of the approach, and the manner in which it is executed, assists the elderly to become mindfully engaged in improving their wellbeing by learning easier ways to breathe and move. Flexibility, balance and fitness can improve.

An example of improved function is provided by the impact of the introduction of the Feldenkrais Method into Strathlea Nursing Home, NSW in January 2007 by Agewell Physiotherapy - it resulted in improvements in functional mobility as illustrated in the following graph:

The results for 2006 (pre Feldenkrais Method) are compared to 2007 and 2008 (after the introduction of the Feldenkrais Method). There is improvement in functional mobility following the introduction of the Feldenkrais Method for these nursing home residents. The graph also illustrates how the Strathlea Nursing Home is performing better on this measure than the Agewell Physiotherapy benchmark.

4.9 Paediatrics
The Feldenkrais Method can help children with physical and neurological problems caused by interrupted or delayed motor and cognitive development. Indeed many of Dr Feldenkrais' own clients were children with disabilities. Through the Feldenkrais Method children can learn to learn. Movement is the cornerstone of child development. Many other Paediatric conditions such as rheumatoid arthritis, orthopaedic problems (including pre and post orthopaedic surgery) can benefit from using the Feldenkrais Method. Benefits may include;

- The development of new movement patterns eg. a child with delayed development learning to crawl or walk or even talk
- The ability to learn to learn through movement in developmentally delayed children with learning difficulties
- Improved asthma management
- Decrease in the development or predominance of spasticity
- Improvement in attention and concentration
- Management or prevention of scoliosis and other musculo-skeletal deformities

Anat Baniel is a Feldenkrais practitioner who has worked extensively with children and has written an excellent book "Kids without Limits" (2012) in which she outlines some of the principles of the Method and several case studies of working with children with special needs.


4.10 Cardio-pulmonary and respiratory
The Feldenkrais Method enables a person to recognise habitional breathing patterns. Respiratory function is improved by the discovery of renewed flexibility in the ribs and more efficient diaphragmatic functioning. Improved breathing benefits cardio-respiratory health, spinal integrity and promotes feelings of wellbeing.

References: Lowe et al 2002; Saraswati 1989

4.11 Neurological disorders
The Feldenkrais Method's emphasis on learning and the plasticity of the nervous system enables Feldenkrais Practitioners to address neurological dysfunctions competently. Clients with neurological difficulties often have a very limited range of movement options. The Feldenkrais Method helps them to explore more movement possibilities, and therefore expand the types of movements they can engage in, and hence improves their ability to function.

Indeed a study of individuals with chronic stroke who participated in Feldenkrais group classes improved on several outcome measures of balance and function. The authors concluded that "Findings suggest that gains in functional movement are possible for individuals with chronic stroke using Feldenkrais movement therapy in a group setting" Batson and Deutsch, 2005, Complementary Health Practice Review 10(3): 203-10.

In 2003 and 2005 Feldenkrais practitioners were invited to teach physiotherapists undertaking a Masters of Neuroscience post-graduate degree at the University of Melbourne about the Feldenkrais Method. This is recognition that the Feldenkrais Method has much to offer people suffering from neurological conditions.

The Neurological Special Interest Group of the Australian Physiotherapy Association has also invited Feldenkrais practitioners to teach workshops on the Feldenkrais Method for physiotherapists, to improve their skills in treating neurological clients (2001, 2002, 2003, 2004,


4.12 Musculoskeletal
Learning to move better allows healing of damaged tissues, as strain is spread more evenly through the body. Practice of the Feldenkrais Method has been found to lead to musculoskeletal improvements in the neck, shoulders, arms, back and lower limbs – affecting functional outcomes such as return to work, participation in activities, balance and perceived quality of life. The conclusion of an article in *Orthopaedic Physical Therapy Clinics of North America* journal states “The Feldenkrais Method is an excellent approach to the use in the rehabilitation of people with orthopaedic physical problems” (Stephens, 2000)

A study comparing the effectiveness of the Feldenkrais Method with Physiotherapy and Body Awareness Therapy for people with non-specific musculoskeletal disorders found that “the BAT and Feldenkrais groups reached larger effect-size than did the conventional therapy group. These two groups also improved in self-efficacy of pain and stayed stable while the third group deteriorated at the one year follow up” (Malmgren-Olsson et al, 2002, *Disability and Rehabilitation*, 24 (6): 308-317)

Another study of female workers with neck-shoulder complaints found similar results: “The present study showed significant positive changes in complaints after Feldenkrais intervention, but not after physiotherapy Intervention” (Lunbland et al, 1999, *Journal of Occupational Rehabilitation* 9(3) 179-94).


4.13 Rehabilitation
The Feldenkrais Method has been found to be an effective modality to use in rehabilitation. Its uses vary from the rehabilitation of injured workers to recovery following a stroke or orthopaedic surgery.


4.14 Jaw dysfunction
Temporo-mandibular joint (TMJ) syndromes result from the habits of jaw-clenching or teeth-grinding. The TMJ syndrome can cause migraines and tinnitus and produce patterns of anxiety, as well chronic spinal and shoulder pain. The Feldenkrais Method teaches new skills which address TMJ dysfunction. Global effects on the spine and shoulders can be resolved, breaking chronic pain syndromes.

A textbook written for dentists and other health professionals about headaches and TMJ (Headache, orofacial pain and bruxism, 2009, Editor, Dr Peter Selvaratnam) published by
Churchill Livingstone - Elsevier, includes a chapter on the application of the Feldenkrais Method in this field.

4.15 Women’s Health
The Feldenkrais Method is a powerful, gentle and non invasive way to improve pelvic floor health at any age, to prepare for pregnancy, maintain health throughout the duration of pregnancy, the birthing process, middle age, menopause and into old age.

There are several CDs available commercially (eg “Pelvic Power”) of Feldenkrais lessons addressing these issues, which women have found to be useful self-management tools.


4.16 Postural Re-Education
Posture is a static expression of the habitual organisation of our body parts. Through learning new relationships of parts of the self through Feldenkrais Method lessons, the person becomes more aware of their habitual patterns. This can result in improved musculoskeletal organisation, producing an improved posture. The ability to stand or sit ‘straight’ can then happen naturally without effort; resulting in a greater sense of wellbeing and improved body biomechanics.

5 The Professional Organisation

5.1 Background

The Australian Feldenkrais Guild Incorporated is a non-profit professional organisation which was established in 1987; Incorporated in 1988. It is the sole body responsible for representing the Feldenkrais Method in Australia. All Practitioners who have successfully completed an accredited Feldenkrais Professional Training Program are entitled to apply for membership.

The AFG is a member of the International Feldenkrais Federation (IFF) through which members gain access to the legacy of information left by Moshe Feldenkrais, international networks and perspectives as the Method continues to grow globally. Constituted in France, the IFF operates with a Board of Directors elected by the constituent members and holds an annual Assembly where representatives meet to address a wide range of issues related to the growth of the Feldenkrais Method on an international scale. Nationally incorporated Guilds exist in over 16 other countries including, New Zealand, Germany, France, North America, UK, Israel, Switzerland, Austria, Norway, Italy, Argentina and Japan.

5.2 Quality Assurance

The AFG sponsors the process of Certification, whereby any practitioner who has successfully completed an accredited Feldenkrais Training Program and who meets mandatory continuing education requirements each year can apply to use the terms Certified Feldenkrais Practitioner (CFP®) and Feldenkrais Method® (Certification is irrespective of AFG. membership). This process assures the public of a standard of Practitioner service.

All members of the Australian Feldenkrais Guild are enjoined by the Standards of Practice, and the Code of Professional Conduct enjoins all Certified Practitioners. Throughout Australia, there are presently 180 Certified Feldenkrais Practitioners (registered with the Guild under Trademark, Continuing Education, and Code of Conduct requirements).

Feldenkrais Practitioners come from a wide variety of backgrounds including; physiotherapy, osteopathy, acupuncture, chiropractic, dentistry, education, sports, massage, science, medicine, nursing, occupational therapy, performing arts, law, psychology, physical education, speech pathology, social and community work, and more.

Trainees currently enrolled in trainings are eligible to apply for registration with AFG either as Students (within the first two years of the training) or as Student Associates (after two years of training when the trainee is authorized to teach Awareness Through Movement).

The AFG is concerned with protecting the integrity and quality of the Method and to support Standards of Practice by both accredited and Certified Feldenkrais Practitioners by:

- Maintaining a Code of Professional Conduct, Standards of Practice and a grievances mechanism
- Accrediting professional training programs in Australasia via a Training Accreditation Board (TAB) operating as a standing committee, namely AusTAB and in conjunction with international standards of other TAB’s.
- Maintaining a Certification procedure
- Advocating for the recognition and inclusion of the Feldenkrais Method
- Organising and encouraging continuing education and research
- Increasing public awareness of the Feldenkrais Method
- Supporting the growth and development of the Feldenkrais Method as a profession
Submission to the Review of the Australian Government Rebate on Private Health Insurance for Natural Therapies

- Offering professional services for the membership including access to appropriate insurance, policy and lobby activity at all levels of the community, networking with affiliated agencies, and membership networking opportunities through the production of directories, journals, and newsletters.

5.3 National Structure

The structure of the AFG revolves around the National Membership - the National Council is made up of representatives from each State Division with office bearers and an Executive Officer. A Research delegate and project teams are included in the national structure.

The Australian Training and Accreditation Board (AusTAB) is a standing committee of the AFG and a member of the IFF in its own right.

Responsibilities of AusTAB include:

- Evaluating, accrediting and monitoring of all Feldenkrais Professional Training Programs held in Australia, New Zealand, Japan and the Asia Pacific region
- Receiving applications from practitioner members for certification as Assistant Trainers in the Method.
- In cooperation with the NATAB (North America) and EuroTAB (Europe), AusTAB is also responsible for the accreditation of Trainers of the Method and training policy development.
6 Feldenkrais Professional Training Programs

Feldenkrais Professional Training Programs are accredited by a recognised Training and Accreditation Board (AustTAB, EuroTAB or NATAB), which enables graduating Feldenkrais Practitioners to acquire international recognition of their practitioner status.

In all accreditation processes, the Feldenkrais Training Accreditation Boards adhere to the Feldenkrais Professional Training Program Training Accreditation Guidelines and Trainer Certification Policy to ensure students receive the necessary level of education.

[Note: the training requirements for accreditation as a Certified Feldenkrais Practitioner are more rigorous than for some complementary therapies that currently attract a rebate.]

6.1 International Training Accreditation Policy

Each Feldenkrais Professional Training Program consists of:-

- a minimum of 800 hours of face-to-face training.
- An example of terms – two four week terms per year for four years
- The first half of the program focuses on learning and applying Awareness Through Movement (group) lessons. Upon successful completion of this phase, the student is qualified to teach Awareness Through Movement classes
- The second half of the program focuses on learning and applying Functional Integration (individual, hands-on) lessons. Upon successful completion of this phase, the graduate student becomes an Accredited Feldenkrais Practitioner.
- Internationally Certified educational staff members.

6.2 Broad Curriculum Objectives

- to learn to enhance one’s own, and another’s, sensory awareness and neuro-muscular efficiency
- to obtain an experiential and didactic grounding in anatomy, kinesiology, human development, evolutionary theory, bio-mechanics, biological function, communications, operation of the nervous system, creation of movement-based learning environments
- to understand a range of factors in creating an effective learning environment
- to understand the relationship of personal, social, and environmental factors in functional human movement
- to learn the skills required to teach Awareness Through Movement and Functional Integration lessons
- to understand the Feldenkrais theoretical framework;
- to learn skills of critical and creative thinking from a Feldenkrais perspective.

6.3 Awareness Through Movement Curriculum Objectives

- to understand a variety of motor patterns
- to develop enhanced sensory awareness through movement
- to develop an enhanced neuromuscular self-image through movement
- to understand the organisation of the self in the gravitational field.
- to learn a large number of basic Awareness Through Movement lessons
- to understand the processes and internal structure of Awareness Through Movement lessons.
6.4 Functional Integration Curriculum Objectives

- to learn visual and tactile diagnostic techniques for assessing movement qualities
- to develop awareness and sensitivity of body structures through touch and palpation
- to learn to move and handle another person in ways that promote improvements in that person's functional organisation
- to understand the dynamics of the interrelationship between practitioner and client in movement.
- to understand the organisation of a number of Functional Integration lessons.

6.5 National Accreditation

The AFG is currently undertaking a comparative study of Australian education and training sectors to identify the most suitable placement for Feldenkrais Practitioner education.

In order to acquire government endorsed qualifications for Feldenkrais Practitioners the AFG has embarked on the challenge of maintaining the international education standards of Feldenkrais Professional Training Program Training Accreditation Guidelines and Trainer Certification Policy while working toward Australian Government requirements without compromising the unique learning processes inherent in the Feldenkrais Method.

Research and development projects have been part of an ongoing international process. The recently completed IFF Competency Project has produced a Practitioner Competency Profile based on workplace skills and knowledge, while the European based International Trainer and Assistant Trainer Academy (in cooperation with AusTAB) focusses on curriculum standards and learning outcomes.
7 Continuing Education

The Australian Feldenkrais Guild Inc has the responsibility of ensuring the integrity of the Feldenkrais Method® in Australia. It acknowledges the necessity of pursuing knowledge and expansion of awareness to encourage growth in the Method. Practitioners who apply to use the Certification Mark must demonstrate their continuing involvement in learning the philosophy and practise of the *Feldenkrais Method*.

Advanced trainings are offered regularly. Advanced Training is an educational activity, an extension of Feldenkrais Professional Training Programs, which advances Practitioners’ understanding of, and skill in the Method. Trainers, Assistant Trainers or Certified Practitioners with five or more years experience teach Advanced Training. Advanced Training is open only to qualified Feldenkrais Practitioners.

**Continuing Education Guidelines:** The Australian Feldenkrais Guild Inc requires that an accredited Feldenkrais Practitioner spend a minimum of 30 hours per year on Continuing Education. Any of the following may be pursued as part of this requirement:

- Attend an Advanced training conducted by a Trainer or an Assistant Trainer.
- Attend workshops, lectures or conferences in the Feldenkrais Method
- Present the Feldenkrais work to the public through public workshops, conference presentations and talks to specialised groups.
- Write articles for publication
- Attend study group with a colleague or colleagues. These would require some structure and planning to be considered study groups.
- Self-directed learning, such as watching videos, listening to tapes/CDs/digital recordings or reading transcripts of lessons or relevant books.
8 In Conclusion

The Feldenkrais Method plays a role in health promotion through the development of personal skills by teaching people how to adapt to their ever-changing environment to enable them to live a healthier more resilient lifestyle.

The volume and quality of research into the Feldenkrais Method is emerging. Studies undertaken all indicate that there is a beneficial effect. Future research will be aimed at more clearly defining the extent of those benefits.

We believe that the evidence provided in this Submission supports the inclusion of the Feldenkrais Method as a modality for rebate by the health insurance industry now and into the future.

For further information, please direct enquiries to the Australian Feldenkrais Guild Secretariat at database@feldenkrais.org.au or telephone 0418 454 191.

9 Acknowledgements

10. Table of Feldenkrais Research Studies

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<td>2012</td>
<td>Fortin, S; Vanasse, C</td>
<td>The Feldenkrais Method and women with eating disorders</td>
<td>Journal of Dance and Somatic Practices 2012 Vol 3 (1-2) 127-143</td>
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<td>Several women were studied for 21 weeks as they attended Feldenkrais sessions and their changing body perceptions were assessed.</td>
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<td>Perceptual &amp; Motor Skills (2011) Vol Neurology 112 (3): 783-798</td>
<td>Neurology</td>
<td>The role of sensory awareness in movement control is receiving increasing interest in sports and clinical literature as a feed-forward and feedback mechanism. The aim of the study was to assess the feasibility and effect of training in sensory awareness on dexterity in healthy adults. 29 healthy students were randomly allocated to a single-group, sensory awareness lesson with the dominant hand, the same lesson with the non-dominant hand, or to a sham control group. Dexterity measures included the Purdue Pegboard Test, a grip-lift manipulation, and perceived changes using a questionnaire. The sensory awareness lesson with the dominant hand produced a statistically significant improvement in mean dexterity compared to the control group, but not between the other two pairs of groups. The sensory awareness training paradigm is feasible and a single session improved dexterity in healthy adults.</td>
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<td>2011</td>
<td>Plie, C; Connors K; Nichols, M</td>
<td>What functional activities to clients want to improve with the Feldenkrais Method? Results of an Australian survey.</td>
<td><a href="http://www.feldscinet.org.au">www.feldscinet.org.au</a></td>
<td>Musculoskeletal</td>
<td>Investigation of the types of functional activities improved by the Feldenkrais Method will increase understanding of the type of problems it can assist, and provide useful information for potential clients and referrers. Using the Patient-Specific Functional Scale, this study identified 94 daily activities that 33 clients hoped to improve as a result of their involvement in Feldenkrais sessions. Results showed that the majority of activities fell into the moderate to strenuous activities category (37.2%), closely followed by standing and walking activities (34.0%). Sitting activities (18.0%) tended to be work-related compared to the two larger categories, which were mainly leisure or home based. The activities ranged from basic postural tasks such as sitting or lying comfortably, to vigorous activities such as dancing. This information assists in describing the types of daily difficulties where the Feldenkrais Method can offer positive assistance.</td>
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<td>Year</td>
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<td>2011</td>
<td>Thomas Kampe</td>
<td>Recreating histories: transdisciplinary and transcultural perspectives on performance making.</td>
<td>The Dybbuk, Choreography. <a href="http://www.papersearch.com">www.papersearch.com</a> 253-75</td>
<td>Theatre, Dance, Performance</td>
<td>This article discussed potentials and resonances of the application of the Feldenkrais Method, a somatic movement education practice, within the context of the performance making. Questions regarding transdisciplinarity arise through the application of such methodology within a collaborative creative process, where dance-, theatre-, and educational discourses are critically applied through lived, embodied practice.</td>
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<tr>
<td>2011</td>
<td>Edinborough Campbell</td>
<td>Developing decision-making skills for performance through the practice of mindfulness in somatic training</td>
<td>Theatre, Dance and Performance Training (2011) Vol 2 (1):</td>
<td>Theatre, Dance, Performance</td>
<td>Decision-making is a fundamental part of the actor's work. Actors must choose how to present a character, how to tell a story, and how to communicate with an audience. This article examines how certain somatic practices used in actor training can improve processes of decision-making through the development of mindfulness. Through examining the way in which the psychologist Ellen Langer correlates increased mindfulness with a clearer sense of the available options during decision-making, the article shows the relationship between Langer's experimental studies and the practices developed by the somatic practitioners Moshe Feldenkrais (developer of the Feldenkrais Method) and Minoru Inaba (Aikido master). In conclusion, the article suggests that somatic practices and physical training should not merely be seen as tools to improve physical technique, but as valuable processes for improving the actor's embodied sense of self during decision-making.</td>
</tr>
<tr>
<td>2011</td>
<td>Connors, Karol; Pile, Carolyn; Nichols, Margo</td>
<td>Does the Feldenkrais Method make a difference? An investigation into the use of outcome measurement tools for evaluating changes in clients.</td>
<td>Journal of Bodywork and Movement Therapies 2011, Vol 15 (4): 446-52</td>
<td>Outcome measures, Musculoskeletal</td>
<td>Evidence-based practice confirms the need for outcome measures to establish the effects of health interventions. Feldenkrais Method practitioners struggle to use such tools because of the broad scope of the Feldenkrais Method and the difficulty identifying suitable measurement tools. A pre/post test design was used to investigate the use of three outcome measurement tools [Patient-specific Functional Scale (PSFS), Pain Outcome Profile (POP) and Short Form12v2 Health questionnaire (SF12v2)] for clients experiencing problems performing everyday functional tasks who attended Feldenkrais sessions. Changes were detected in the clients' ability to perform everyday tasks (PSFS improved 3.8 points, p&lt;0.001), levels of pain decreased (POP improved in current pain p=0.001, physical index p&lt;0.001 and affective index p=0.001) and quality of life improved significantly in six of the eight SF12v2 domains. These three tools have been found to be suitable for detecting changes in client function before and after a series of Feldenkrais sessions.</td>
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<tr>
<td>2011a</td>
<td>Connors KA, Galea MP, Said CM</td>
<td>Feldenkrais Method balance classes improve balance in older adults: a controlled trial</td>
<td>Evidence Based Complementary and Alternative Medicine Volume 2011 Article ID 873672, 9 pages, doi: 10.1093/ecam/nep055</td>
<td>Balance</td>
<td>Objective: To investigate the effects of Feldenkrais Method balance classes on balance and mobility in older adults. Design: Prospective non-randomized controlled study with pre/post measures. Setting: General community. Participants: Convenience sample of 26 community-dwelling older adults (median age 75 years) attending Feldenkrais Method balance classes formed the Intervention group. Thirty-seven volunteers were recruited for the Control group (median age 76.5 years). Intervention: Series of Feldenkrais Method balance classes (the 'Getting Grounded Gracefully' series), two classes / week for 10 weeks. Main outcome measures: Activities-specific Balance Confidence (ABC) questionnaire, Four Square Step Test (4SST), self-selected gait speed (using GAITRite™ instrumented gait mat). Results: At re-testing, the Intervention group showed significant improvement on all of the measures (ABC, p=0.016, 4SST, p&lt;0.001, gait speed, p&lt;0.001). The Control group improved significantly on one measure (4SST, p&lt;0.001). Compared to the Control group, the Intervention group made a significant improvement in their ABC score (p&lt;0.005), gait speed (p&lt;0.017) and 4SST time (p&lt;0.022). Conclusions: These findings suggest that Feldenkrais Method balance classes may improve mobility and balance in older adults.</td>
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<tr>
<td>2011</td>
<td>Murphy, L</td>
<td>Flexible brains, resilient souls: Traumatic brain injury and the Feldenkrais Method An existential phenomenological study</td>
<td>Michigan School of Professional Psychology</td>
<td>Neurology</td>
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Submission to the Review of the Australian Government Rebate on Private Health Insurance for Natural Therapies

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<th>Publication</th>
<th>Topic</th>
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<tbody>
<tr>
<td>2010</td>
<td>Wildman, Frank</td>
<td>Change your Age: Using your body and brain to feel younger, stronger and more fit. (Book)</td>
<td>DaCapo Press, USA, 2010</td>
<td>Ageing, Exercise, Wellbeing</td>
<td>22 older adults were randomly allocated to attend either a regular exercise class or a Feldenkrais class. Participants were compared on a range of mobility and health measures before and after a series of classes. Participates of both classes made significant improvements, indicating that the Feldenkrais Method is as effective as regular classes at improving mobility and well being in older adults and superior in some instances. Read More: <a href="http://www.amscliepub.com/doi/abs/10.2466/15.22.PMS.112.3.783-798">http://www.amscliepub.com/doi/abs/10.2466/15.22.PMS.112.3.783-798</a></td>
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<td>2010</td>
<td>Hillier, Susan; Porter, Louise; Jackson, Kate &amp; Pelkov, John</td>
<td>The Effects of Feldenkrais Classes on Health and Function of an Ageing Australian Sample: a Pilot Study</td>
<td>The Open Rehabilitation Journal, 2010, 3: 62-66</td>
<td>Ageing, Exercise, Balance</td>
<td>22 older adults were randomly allocated to attend either a regular exercise class or a Feldenkrais class. Participants were compared on a range of mobility and health measures before and after a series of classes. Participates of both classes made significant improvements, indicating that the Feldenkrais Method is as effective as regular classes at improving mobility and well being in older adults and superior in some instances. Read More: <a href="http://www.amscliepub.com/doi/abs/10.2466/15.22.PMS.112.3.783-798">http://www.amscliepub.com/doi/abs/10.2466/15.22.PMS.112.3.783-798</a></td>
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<td>2010</td>
<td>Ohman, Ann; Astrom, Lena; Malmgren-Olsson, Eva-Britt</td>
<td>Feldenkrais Therapy as group treatment for chronic pain - a qualitative evaluation</td>
<td>Journal of Bodywork and Movement Therapies 2010 Vol 15(2): 153-61</td>
<td>Pain</td>
<td>22 older adults were randomly allocated to attend either a regular exercise class or a Feldenkrais class. Participants were compared on a range of mobility and health measures before and after a series of classes. Participates of both classes made significant improvements, indicating that the Feldenkrais Method is as effective as regular classes at improving mobility and well being in older adults and superior in some instances. Read More: <a href="http://www.amscliepub.com/doi/abs/10.2466/15.22.PMS.112.3.783-798">http://www.amscliepub.com/doi/abs/10.2466/15.22.PMS.112.3.783-798</a></td>
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<tr>
<td>2010</td>
<td>Connors, Karol; Galea, Mary; Said, Cathy; Remedios, Louisa</td>
<td>Feldenkrais Method balance classes are based on principles of motor learning and postural control retraining: a qualitative study</td>
<td>Physiotherapy 2010 Vol 96 (4): 324-336</td>
<td>Balance</td>
<td>Background: Feldenkrais Method® balance classes have been found to be effective in improving balance in recent studies, but there has been little research into possible mechanisms behind the effectiveness of these classes. Indeed there has been little research into the content of any balance training classes. Objectives: The purpose of this study was to analyse the content of a series of Feldenkrais Method balance classes to gain an understanding of how the results in these studies may have been achieved and the principles through which it may be effective. Design: A qualitative research approach (content analysis) was used. Method: Feldenkrais Awareness Through Movement lessons were transcribed and the contents were analyzed. An inter-coder reliability study was undertaken. Results: The content analysis revealed that the classes used motor skill acquisition elements of internal feedback, repetition and variability of practice using an exploratory learning approach. Postural control skills of inter-segmental coordination of ankle/hip/trunk synergies were practiced, with control of the centre of mass over the base of support explored in anterior/posterior, mediolateral, diagonal, rotational and circular directions. Key findings were the extensive involvement of trunk flexibility and control in the balance activities and also the intensive attention to internal feedback, which was linked to body awareness training. Conclusion: The Feldenkrais Awareness Through Movement lessons contained many elements consistent with current theories of motor skill acquisition and postural control, providing a sound theoretical basis for the effectiveness of the Feldenkrais approach in improving balance. The methodology used in this study may provide a useful model for similar investigations into other balance training approaches.</td>
</tr>
<tr>
<td>2010</td>
<td>Posadzki, Paul; Stockl, Andrea; Mucha, Dariusza</td>
<td>Qi Gong exercises and Feldenkrais method from the perspective of Gestalt concept and humanistic psychology</td>
<td>Journal of Bodywork and Movement Psychology 2010 14: 227-233</td>
<td>Psychology</td>
<td>This study describes two similar approaches to human movement: Qi Gong exercises and the Feldenkrais method. These systems are investigated in terms of Gestalt concepts and humanistic psychology. Moshe Feldenkrais created the concept known as Awareness Through Movement. This concept assumes that by becoming more aware of one's movements, one functions at a higher level. In similar ways to those using the Feldenkrais method, individuals may become more aware of their own movements by performing Qi Gong exercises: A therapeutic modality that facilitates mind–body integration. Qi Gong exercises commonly lead to increased personal awareness accompanied by enhanced quality, fluency and smoothness of movement. These two methods of movement therapies are explored in terms of their relations with Gestalt concept and humanistic psychology.</td>
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### Abstract / Summary

Background: Falls and fall-related injuries are a major public health concern, a financial challenge for health care providers, and critical issues for older adults. Poor balance and limited mobility are major risk factors for falls. Objective: The purpose of this study was to examine effects of Feldenkrais exercises in improving balance, mobility, and balance confidence in older adults.

Methods: Participants (N = 47, mean age 75.6) were randomly assigned to a Feldenkrais group (FG, n = 25) or to a control group (CG, n = 22). The FG group attended a 5-week Feldenkrais program, 60 minutes three times per week, while the CG group was a waitlist control. The outcome measures were balance (tandem stance), mobility (Timed Up and Go), gait characteristics (GAITRite Walkway System), balance confidence (Balance Confidence Scale: ABC), and fear of falling (Falls Efficacy Scale). Pre- and post-tests were conducted. Results: After completion of the program, balance (p = 0.030) and mobility (p = 0.042) increased while fear of falling (p = 0.042) decreased significantly for the FG group. No other significant changes were observed. However, participants of the FG group showed improvements in balance confidence (p = 0.054) and mobility while performing concurrently a cognitive task (p = 0.067).

Conclusions: These results indicate that Feldenkrais exercises are an effective way to improve balance and mobility, and thus offer an alternative method to help offset age-related declines in mobility and reduce the risk of falling among community-dwelling older adults. A long-term follow-up study of balance and mobility is warranted. Further research is needed to identify whether Feldenkrais exercises may impact cognitive processes.
BACKGROUND AND PURPOSE: Passive stretching is widely used to increase muscle flexibility, but it has been shown that this process does not produce long-term changes in the viscoelastic properties of muscle as originally thought. The authors tested a method of lengthening hamstring muscles called “Awareness Through Movement” (ATM) that does not use passive stretching.

SUBJECTS: Thirty-three subjects who were randomly assigned to ATM and control groups met the screening criteria and completed the intervention phase of the study.

METHODS: The ATM group went through a process of learning complex active movements designed to increase length in the hamstring muscles. Hamstring muscle length was measured before and after intervention using the Active Knee Extension Test.

RESULTS: The ATM group gained significantly more hamstring muscle length (+7.04 degrees) compared with the control group (+1.15 degrees).

DISCUSSION AND CONCLUSION: The results suggest that muscle length can be increased through a process of active movement that does not involve stretching. Further research is needed to investigate this finding.

Deploys Feldenkrais notions to argue for the value of enhanced somatic awareness for performance in the arts and the humanities, and relating Feldenkrais work to the field of somaesthetics.

The Feldenkrais Method is a complementary approach to motor learning that purports to induce change in chronic motor behaviours. This preliminary study describes the effects of a Feldenkrais program on balance and quality of life in individuals with chronic neurological deficits following stroke. Two male (48 and 53 years old) and 2 female participants (61 and 62 years old), 1 to 2.5 years post stroke, participated as a group in a 6-week Feldenkrais program. Pretest and posttest evaluations of the Berg Balance Scale (BBS), the Dynamic Gait Index (DGI), and the Stroke Impact Scale (SIS) were administered. Data were analyzed using a Wilcoxon signed-rank test.

DGI and BBS scores improved an average of 55.2% (p=.033) and 11% (p=.034), respectively. SIS percentage recovery improved 35%. Findings suggest that gains in functional mobility are possible for individuals with chronic stroke using Feldenkrais movement therapy in a group setting.

PRIMARY OBJECTIVE: To understand the temporal evolution of brain reorganization during recovery from stroke. RESEARCH DESIGN: A patient who suffered left middle cerebral artery stroke 9 months earlier was studied on three occasions, approximately 1 month apart. This patient received interventions based on Feldenkrais Method twice a week for 8 weeks. METHODS AND PROCEDURES: Brain activation was studied using functional Magnetic Resonance Imaging (fMRI). During each session, the patient performed a finger-to-thumb opposition task, which involved one bimanual and two unimanual conditions. Each condition consisted of overt movement of fingers and imagery of the same task. RESULTS: With recovery, greater recruitment was observed of the affected primary motor cortex (M1) and a decrease in activation of the unaffected M1 and supplementary motor area. In addition, the widespread activation of brain areas seen during the initial session changed to a more focused pattern of
**2005**

**Guimond, Odette**  
**Title:** “Who's there? / Who goes there?” Point of view of the Feldenkrais method of somatic education.  
**Publication:** IFF Academy Feldenkrais Research Journal, 2.  
**Topic:** Performance, Body Awareness / Self Image  
**Abstract / Summary:** Referring to seminal texts and influential authors in the field of biology of cognition, the author discusses connections between mind and body, insisting on the critical role of the body in the acquisition of knowledge viewed as biological phenomena. She reviews in that context the principles of the Feldenkrais method of somatic education whose goal is essentially to restore the integrity and unity of sensorial, affective and intellectual levels of the self. This approach designed to enhance body awareness and consolidate body image through sequences of movements and functional integration is said to be most beneficial to actors and artists in their search for creativity but it may benefit as well individuals who seek improvement of their health and personal growth.

http://www.iffresearchjournal.org/guimondenglish.htm

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**2005**

**Gard, G.**  
**Title:** Body awareness therapy for patients with fibromyalgia and chronic pain.  
**Publication:** DISABILITY AND REHABILITATION, 27(12), 725-728.  
**Topic:** Body Awareness / Self Image  
**Abstract / Summary:** There are several therapies designed to improve body awareness. They are commonly known as body awareness therapies (BAT) and include Basic BAT, Mensendieck and Feldenkrais therapy. A focus on emotions is important in all these therapies. In this article the aim and development of Basic BAT is described together with evaluations of treatments including Basic BAT. Multidisciplinary studies have shown that Basic BAT can increase health-related quality of life and cost-effectiveness. However Basic BAT needs to be further studied in relation to patients with Fibromyalgia (FM) and chronic pain. Studies so far indicate that Basic BAT has positive effects.

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**2005**

**Mehling, W.E., DiBlasi, Z. & Hecht, F**  
**Title:** Bias control in trials of bodywork: A review of methodological issues.  
**Publication:** Journal of Alternative and Complementary Medicine, 11(2), 333-342.  
**Topic:** Research  
**Abstract / Summary:** Objective: To review and summarize the methodological challenges in clinical trials of bodywork or hands-on mind-body therapies such as Feldenkrais Method, Alexander Technique, Trager Work, Eutony, Body Awareness Therapy, Breath Therapy, and Rolfing, and to discuss ways these challenges can be addressed. Design: Review and commentary. Methods: Search of databases PubMed and EMBASE and screening of bibliographies. Published clinical studies were included if they used individual hands-on approaches and a focus on body awareness, and were not based on technical devices. Results: Of the 53 studies identified, 20 fulfilled inclusion criteria. No studies blinded subject to the treatment being given, but 5 used an alternative treatment and blinded participants to differential investigator expectations of efficacy. No study used a credible placebo intervention. No studies reported measures of patient expectations. Patient expectations have been measured in studies of other modalities but not of hands-on mind-body therapies. Options are presented for minimizing investigator and therapist bias and bias from differential patient expectations, and for maintaining some control for non-specific treatment effects. Practical issues with recruitment and attrition resulting from volunteer bias are addressed. Conclusions: Rigorous clinical trials of hands-on complementary and alternative therapy interventions are scarce, needed, and feasible. Difficulties with blinding, placebo, and recruitment can be systematically addressed by various methods that minimize the respective biases. The methods suggested here may enhance the rigor of further explanatory trials.

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**2005**

**Stephens, James, Pendergast, Christopher, Roller, Beth Ann, & Weiskittel, Robert Scott.**  
**Title:** Learning to improve mobility and quality of life in a well elderly population: the benefits of awareness through movement.  
**Topic:** Balance and Mobility  
**Abstract / Summary:** Objectives: This study tested the hypothesis that an alternative movement learning method, Awareness Through Movement, would produce improvements in coordination, mobility, economy of movement and quality of life in older adults. Methods: A group of 31 older adults was studied using a prospective, repeated measures control group design. The SF-36 was used to assess health status - quality of life. Video motion analysis was used to collect data on walking and on a floor to stand transfer movement. Results: Coordination of the transfer movement improved significantly in the experimental group. Vitality and mental health scores also improved significantly in this group. Interesting differences between young-old and old-old changes were observed. Conclusions: Awareness Through Movement may be an additional effective method for activation as the patient recovered. Imagery tasks resulted in similar brain activity as overt execution pointing to imagery as a potential tool for rehabilitation.
### Year | Authors | Title | Publication | Topic | Abstract / Summary
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2005 | Eisenberg, R., Chávez, Cuevas, V., Iññárez, J., Rosas, S., Landañáez, A.M. | Psycho-corporal recovery as the essence of environmental values training. | IFF Academy Feldenkrais Research Journal, 2. | Body | Referring to seminal texts and influential authors in the field of biology of cognition, the author discusses connections between mind and body, insisting on the critical role of the body in the acquisition of knowledge viewed as biological phenomena. She reviews in that context the principles of the Feldenkrais method of somatic education whose goal is essentially to restore the integrity and unity of sensorial, affective and intellectual levels of the self. This approach designed to enhance body awareness and consolidate body image through sequences of movements and functional integration is said to be most beneficial to actors and artists in their search for creativity but it may benefit as well individuals who seek improvement of their health and personal growth. |
2005 | Guimond, Odette | Qui va là? Point de vue de la méthode Feldenkrais d'éducation somatique. | IFF Academy Feldenkrais Research Journal, 2. | Body | Objective: The Feldenkrais Method (FM) is being promoted for a range of medical conditions. This article is aimed at summarising and critically evaluating the results of randomised controlled trials of FM. Design: Systematic review; literature searches were carried out in 7 electronic databases. All randomised controlled trials of FM were included regardless of indication. No language restrictions were applied. The data were extracted and evaluated by two independent reviewers. The methodological quality of the primary studies was assessed with the Jadad score. Setting: Academic centre, UK. Participants: All human volunteers participating in trials. Interventions: Not applicable. Results: Six studies met our inclusion criteria. They were all burdened with significant methodological weaknesses. The indications included multiple sclerosis, neck/shoulder problems and chronic back pain. All but one trial reported positive results. Conclusion: The evidence for the FM is encouraging but, due to the paucity and low quality of studies, by no means compelling. |
2004 | Hanley, F | The Dynamic Body Image And The Moving Body: A Theoretical And Empirical Investigation | Submitted in fulfillment of the requirements for the degree of Doctor of Philosophy, School of Psychology, Faculty of Arts, Victoria University. | Body | A Feldenkrais practitioner explores concepts of body image in this thesis. |
2004 | Jain S., Janssen K., DeCelle S. | Alexander technique and Feldenkrais Method®: a critical overview. | Physical Medicine & Rehabilitation Clinics of North America. | Comparison | This article develops an overall better understanding of the Alexander technique and Feldenkrais method. Initially, a brief history is provided to lay the groundwork for the development of these techniques. A description of the techniques, training requirements, and mechanism of action follows. Indications, contraindications, and patient selection are discussed. This article reviews and identifies what research has been completed and what areas need further investigation. Overall, the goal is to establish a guide to aid in determining who may benefit from these techniques and outcomes to expect when using these techniques. |
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<tr>
<td>2004</td>
<td>Connors K and Grenough P.</td>
<td>Redevelopment of the Sense of Self following Stroke, using the Feldenkrais Method.</td>
<td>Poster presented at the Feldenkrais Annual Research Forum, Seattle WA</td>
<td>Neurology</td>
<td>The purpose of this study is to explore the relationship between self-generated movement and processes of self-learning and self-change. It is hypothesized that: 1) Moving is a primary mode of interacting with a world that we construct through our interactions; 2) self-moving is a way of knowing, which structures both the knowing self and the perception of personal reality; 3) self-change is a process of self-learning which changes the ways in which the self perceives and interacts with personal reality, the nature of which reality changes in a mutually causal relationship with processes of self-change. This study is a philosophical inquiry in narrative form, informed by my experience as a dancer and a practitioner of The Feldenkrais Method of Somatic Education. Dynamical Systems Theory is employed as a concept-generating metaphor, by means of which personal experience is interwoven with theoretical approaches to cognition as embodied and environmentally embedded. A conceptual structure is developed in which the cognizing self, as a dynamical system, is defined as an environmentally dependent self-organizing, complex of structural change, absent any central controller. The cognitive domain encompasses all the possible functional interactions, where function is taken to comprise moving, sensing, feeling, and thinking. The integrated nature of function stipulates that: 1) Each component of function represents and postulates the others and functions as a whole; 2) all human actions, including processes of abstract thought, are accompanied by distinct patterns of muscular activity. Thus, a change in habitual patterns of movement is reflected in a change in habitual patterns of function, and a change in any other aspect of function is reflected in changes in patterns of movement. The implications for processes of learning and change are discussed, together with potential pedagogical applications.</td>
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<td>2004</td>
<td>Junker J. Oberwittler C. Jackson D. Berger K</td>
<td>Utilization and perceived effectiveness of complementary and alternative medicine in patients with dystonia.</td>
<td>Movement Disorders. 19(2):158-61, 2004 Feb.</td>
<td>Neurology</td>
<td>The use of complementary and alternative medicine (CAM) is increasing worldwide, especially by patients with chronic diseases. To date, no data are available about utilization and perceived effectiveness of CAM in patients with dystonia. 180 members of the German Dystonia Society, a patient advocate group, completed a questionnaire survey on utilization and costs of CAM. In total, 131 dystonia patients (73%) were current or former users of CAM, 55 patients used CAM in addition to botulinum toxin A injections, and 86 patients had experience with three or more CAM methods. The options used most widely were acupuncture (56%), relaxation techniques (44%), homeopathy (27%), and massages (26%). Among users of specific CAM methods, breathing therapy, Feldenkrais, massages, and relaxation techniques were perceived as most effective. On average, patients spent 1,513 Euro on CAM without reimbursement. There was no correlation between costs and perceived effectiveness of different methods. In line with other studies on chronically ill patients, our results show that dystonia patients frequently utilize CAM methods, often in addition to conventional treatment. There is a growing need to evaluate scientifically the effect of CAM methods on symptom severity and quality of life in dystonia, to prevent utilization of costly and ineffective CAM treatments.</td>
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<tr>
<td>2004</td>
<td>Theuring, Carolin</td>
<td>Beginners' guide to science.</td>
<td>IFF Academy Feldenkrais Research Journal, 1 <a href="http://www.iffresearchjournal.org/theuringeng.htm">http://www.iffresearchjournal.org/theuringeng.htm</a></td>
<td>Research</td>
<td>The idea for this beginners guide came to my mind during a meeting in Munich, Germany, initiated and sponsored by Roger Russell, Ulla Schläfke and Prof. Klaus Schneider in July 2003, where two university professors, Beatrix Vereijken from Norway and Klaus Schneider from Germany, sat down with something like 40 Feldenkrais practitioners to collect ideas for research projects in connection with the Feldenkrais method. So we were discussing and working and everybody was very motivated, but at one point we got suddenly stuck. In this situation it occurred</td>
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### Abstract / Summary

to me that full-time researchers don’t know how the ordinary (Feldenkrais) person thinks and the ordinary (Feldenkrais) person has no idea of the thinking of a scientist. To create a little bit more understanding for the Feldenkrais people in this project I pulled out all my notes and books from my research method classes and tried to give a little introduction to them, to facilitate the dialogue with the scientific world we are facing. Now with the IFF Academy Research Journal we again move a little bit forward on this road with collecting and presenting a lot of thoughts and studies about the Feldenkrais Method. It seems to be the right place for this beginners guide to science again, to introduce to basic concepts lying behind the studies.

### Year | Authors | Title | Publication | Topic
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As we debate the process and usefulness of research within our ranks, people are looking at us from the outside to try to evaluate the effectiveness of what we are doing in achieving the claims that we make. One of the ways we communicate our work is through the sharing of personal experience. Another way is the presentation of formal research that documents the outcomes of our work and suggests the context within which in may be most effective. This article will review some of the criteria that people use when they look at our work from the outside and discuss some of the conclusions about research on Feldenkrais Method based on those criteria. We have made a good start in addressing the outcomes of the work that we do but we have a long way to go to address the full range of the work that we do. Suggestions are made at the end for some next possible steps along the path of improving the research we do.

The Feldenkrais Method is first and foremost an experimental practice guided by certain fundamental assumptions both explicit and implicit. These assumptions have been influenced by a variety of experiences/concepts/theories..... In “The Case of Nora – Body Awareness as Healing Therapy” Moshe Feldenkrais wrote that the working hypothesis for this case study “is somewhere between intuition and future scientific gospel.” As yet we are still far from approaching this future science, but the conditions for its emergence have improved. Such science can only be developed through dialogue. I am interested here in the number of possibilities and preconditions for such a dialogue with different sciences and what Feldenkrais teachers and scientists can learn from one another. Our practice is to some extent already interdisciplinary and many-voiced because we are always dealing with living human beings who cannot be fitted into the limitations and fragmentations of separate disciplines. Thus we need many dialog partners. We should not only favour the natural sciences. If we wish to get in a dialogue with others, we have to be able to express what is important to us in our work, what experiences we have and what insights we gain. This requires that we develop and practise using a language of our own. In December 2002 leading scientists and Feldenkrais teachers met in Paris for a dialogue.(1) In an atmosphere that was both pleasantly relaxed and stimulating, a group of Feldenkrais teachers from all over the world listened to lectures with great interest. These four days were a beginning but not as yet a proper dialogue. The lectures and conversations with colleagues prompted me to write down a few thoughts about the relationship between Feldenkrais and science. This is a personal response, founded on my individual and professional background as much as on what I experienced in Paris – and what I felt to be missing there. Others would respond differently; and thus a dialogue might ensue which could take us further. My thoughts are associative and fragmentary rather than systematic. They are intended to encourage discussion rather than trying to prove or justify something.
### Abstract / Summary

Somatic Education is the name of a new disciplinary field that focuses on the living body, on the biological basis of consciousness and awareness, and on movement as experienced in space. The Feldenkrais Method and all other methods for somatic education share the need for qualitative research: to formulate their theories and define the scientific basis of their concepts; to measure the effects of their practices; to understand and improve the training process for practitioners and teachers. The paradoxical nature of verbally conducted research dealing with a non-verbal research object such as the body also needs to be clarified. Any researcher concerned with the quality of somatic education must bring to the research process an awareness of her/his own body. This is both a characteristic feature and an undeniable necessity for such research.

Based on the movement-pedagogical concept of Feldenkrais and the findings of disturbed body perception by eating disordered patients this research aimed at studying the therapeutic effects of the Feldenkrais Method "Awareness through Movement" with eating disorder patients. 15 eating disordered patients treated at the Rosenheck hospital for behavioural medicine rated – by means of a questionnaire consisting of scales of the Body Cathexis Scale (BCS), the Body Parts Satisfaction Scale (BPSS), the questionnaire for body perception (Fragebogen zum Körpererleben; FKE), the Emotion Inventory (Emotionalitätsinventar; EMI-B), the Anorexia-Nervosa-Inventory for Self-rating (ANIS) and the Eating Disorder Inventory-2 (EDI) – various aspects of their eating disorder before and after participating in a nine hour course of the Feldenkrais Method. The data of these patients were compared to those of the members of a control group, also consisting of 15 eating disordered patients who did not participate in a Feldenkrais course. The participants of the Feldenkrais-course showed increasing contentment with regard to problematic zones of their body and their own health as well as concerning acceptance and familiarity with their own body. Other results were a more spontaneous, open and self-confident behaviour, the decrease of feelings of helplessness and decrease of the wish to return to the security of the early childhood, which indicates the development of felt sense of self, self-confidence and a general process of maturation of the whole personality. The outcome points to the therapeutic effectiveness of the Feldenkrais Method with eating-disorder patients within a multimodal treatment.

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**PURPOSE/HYPOTHESIS:** To assess quality of life changes associated with a successful balance intervention in a group of people with MS. **NUMBER OF SUBJECTS:** 12 people with MS mean age 54 yrs, mean Kurtzke EDSS level 4.75 **MATERIALS/METHODS:** Subjects were randomly assigned to 2 groups: Awareness Through Movement intervention (ATM) and control group (EDU). The ATM group participated in 8 Awareness Through Movement sessions while the EDU group participated in 4 educational sessions over 2 months. Balance and mobility measures were performed before and after the intervention period. These results were published in Neurology Report 2001; 25(2): 39-49. To assess quality of life the MSQLI was administered.
before and after the intervention. The MSQOLI has 10 sub-scales including: Modified Fatigue Impact (MFIS), Pain Effects, Perceived Deficits (PDQ), and Modified Social Support Survey (MSSS). All scales are valid for people with MS with reliability scores ranging from .78 to .97. Data analysis used Kruskal - Wallis ANOVA for group comparisons and Spearman rs for correlations. RESULTS: There were 3 significant group differences: 1) increase in pain effects in the ATM group (p< 0.03); 2) decrease in perceived difficulty recalling recent events (PDQ-RM) in the ATM group (p< 0.035); and 3) improvement in perceived availability of others for companionship (MSSS-POS) in the ATM group (p< 0.035). Improvement on the PDQ-RM was highly correlated with decreased Fatigue Impact. Improvement in MSSS-POS was highly correlated with decreased cognitive fatigue impact and a decrease in total PDQ, retrospective memory and planning and organization subscale scores. CONCLUSIONS: The larger picture that emerges is that an intervention that was successful in improving balance and mobility had other spin-off benefits that were physical, psychological and social improving quality of life. ATM is intended to improve people's awareness and understanding of their bodies and to help individuals create alternative strategies for setting and achieving goals in their life. This spin-off impact may be present in other kinds of interventions but it has not been measured or documented. CLINICAL RELEVANCE: In an environment where patients and payers increasingly demand significant functional outcomes and measurable improvements in quality of life, it is important to document not only the physical outcomes but also the outcomes that reflect quality of life.
the present study, the authors assessed state anxiety, depressive mood, and subjective well-being prior to and following 1 class of 1 of 4 exercise modes: yoga, Feldenkrais (Awareness Through Movement®), aerobic dance, and swimming; a computer class served as a control. Participants were 147 female general curriculum and physical education teachers (mean age = 40.15, SD = 0.2) voluntarily enrolled in a 1-year enrichment program at a physical education college. Analyses of variance for repeated measures revealed mood improvement following Feldenkrais, swimming, and yoga but not following aerobic dance and computer lessons. Mindful low-exertion activities as well as aerobic activities enhanced mood in 1 single session of exercise. The authors suggest that more studies assessing the mood-enhancing benefits of mindful activities such as Feldenkrais and yoga are needed.

Man is a holistic system: thinking, feeling, and acting are interactive elements of life. It follows that when I touch a person, I touch not only his body, but I also move and touch his mind and his soul. Using this as a given, and assuming the human concept of the Feldenkrais method, namely that man is a self-regulating system, with a lifelong capacity to learn, we describe the essential aspects of touching. What posture should I assume? Where do I begin to make initial contact? What are the elements of having a "silent dialogue"? In concluding, we make clear that this form of touching can only succeed in making the patient feel accepted if extreme care and sensitivity is applied.

This is a conversationally written report of the process and impact on Feldenkrais work with a 45-year-old woman with Autism/Cerebral Palsy. It tracks the development of the strategy of the work, the dynamics of the process of change and concludes with some theoretical considerations and practical implications.

Outlines the basic theories of Moshe Feldenkrais, including the concept of "effortless self-organization" and the concept of movement as a medium for self-development, in so far as it influences the sensory, emotional, social, cognitive and linguistic aspects of the person. Describes the process of becoming conscious of self through movement, the path from harmonious movement to perception and feeling, and the importance of breathing as a support to movement. Outlines the application of two aspects of the Feldenkrais method, ATM (Awareness Through Movement) and FI (Functional Integration). Demonstrates how the Feldenkrais method can be applied in an elementary school setting.

Examined the effectiveness of the Feldenkrais method of functional integration and of progressive muscle relaxation (PMR) compared with the standard medical treatment during the acute phase after myocardial infarction. Three patient groups (20 in each) received 1 of 3 treatment options: 2 sessions of Feldenkrais therapy, 2 sessions of PMR, or no intervention. Evaluations using quantitative and qualitative methods were performed an average of 3.7 and 7.8 days after Ss’ myocardial infarction, respectively. Significant improvements, independent of the intervention, were found over the evaluation period in the Perception of Body Dynamics body image scale and in the Physical Well-Being and Emotional Well-Being quality-of-life scales. A statistically significant, differential effect of any one intervention with respect to the control group did not arise in any of the quantitative questionnaire variables examined. However, subjective improvements of varying description were noted by 17 of 20 patients after the 1st Feldenkrais therapy and by 13 of 20 patients after the 1st PMR treatment. The qualitative patient statements support using the Feldenkrais method or PMR for particular cases in an acute medical setting and

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<td>2003</td>
<td>Niethammer U</td>
<td>Silent dialogue with the body -- the Feldenkrais view of touching [German].</td>
<td>Krankengymnastik: Zeitschrift fur Physiotherapeuten. 2003; 55(12): 2134-6, 2138-40</td>
<td>Touch</td>
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<td>2002</td>
<td>Lowe, Bernd; Breining, Katja; Wilke, Stefanie; Wellmann, Renate; Zipfel, Stephan; Eich, Wolfgang</td>
<td>Quantitative and qualitative effects of Feldenkrais, progressive muscle relaxation, and standard medical treatment in patients after acute myocardial infarction.</td>
<td>Psychotherapy Research. Vol 12(2) Sum 2002, 179-191.</td>
<td>Cardiac rehabilitation</td>
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Margaret O'Connor and Robert Webb report on the usage of a lesser-known approach -- the Feldenkrais Method -- in teaching people to cope with pain on movement.

18 women (18-45 years) served as subjects for either the experimental group or control group. Individuals participated in a series of exercises designed for either the experimental or control group. The experimental group participated in a series of Feldenkrais Method(TM) exercises, while the control group participated in a series of related stretching exercises. Exposure to each condition took place over a four-week period, meeting two times a week for 35 to 45 minutes, for a total of eight sessions. Values of height and postural stability were gained from the sensor information of designated marker sites. A multiple regression analysis was used to assess the effects of group training, pre- and post-participation. Results from this analysis showed that no significant difference in height and postural stability existed between the Feldenkrais Method(TM) group and the stretching group. These results did, however, reveal superiority in the amplitude during medial-lateral sway in subjects who received Feldenkrais Method(TM) over those who underwent stretching exercises. Additionally, the frequency during medial-lateral sway, and for the interaction values for frequency during medial-lateral and anterior-posterior sway, revealed significant differences for the within group analysis.


A comparison between three physiotherapy approaches with regard to health-related factors in patients with non-specific musculoskeletal disorders.


PURPOSE: The main aim of this study was to compare the effects of Body Awareness Therapy (BAT), the Feldenkrais (FK) method and conventional physiotherapy on changes of health-related quality of life (HRQL), self-efficacy and sense of coherence (SOC) in patients with non-specific musculoskeletal disorders. A second aim was to explore the relationships between SOC, HRQL and self-efficacy and to examine whether SOC could be a predictor of the treatment outcome.

METHOD: A total of 78 patients, 64 women and 14 men, were recruited consecutively to the three treatment groups. The instruments used were the Swedish version of SF-36, the 20 items Arthritis Self-efficacy Scale and the 29-item questionnaire by Antonovsky. RESULTS: The results showed that there were significant improvements on all subscales of SF-36 except for one. By using effect-size values it was found that the BAT and FK groups reached larger effect-size than did the conventional therapy group. These two groups also improved in self-efficacy of pain and stayed stable while the third group deteriorated at the one-year follow-up. There were significant correlations between the mental dimensions of SF-36 and SOC indicating that the instruments may measure aspects of the same global construct. CONCLUSIONS: Although few significant differences between the three treatment groups the BAT and FK seemed to improve health-related quality of life and self-efficacy of pain to a somewhat higher degree than the conventional physiotherapy. SOC seemed to be a stable trait measure over time.


The ability of the FELDENKRAIS Method to reduce state anxiety was investigated. Specifically, both a single FELDENKRAIS Awareness Through Movement lesson and a 10-week FELDENKRAIS Awareness Through Movement programme were studied. Participants volunteered to take part in one 1-hour class each week for 10 weeks. Individuals who declined to participate in the 10-week programme were given the opportunity to participate in a single 1-hour lesson during week 5. Participants were divided into two groups: new and returning students, based on previous experience with Awareness Through Movement lessons. Participants were administered the state scale of the State-Trait Anxiety Inventory (Spielberger et al. 1983) prior to the beginning of the first lesson (week 1--T1), immediately before and after the fifth lesson (week 5--T2 and T3), and after the final lesson (week 10--T4). Findings indicated that state anxiety scores decreased significantly over a single lesson (T2 T3) for both new (n=13) and returning
Submission to the Review of the Australian Government Rebate on Private Health Insurance for Natural Therapies

(n=42) students. In addition, state anxiety scores were significantly lower after the 10-week programme (T4) when compared with baseline scores (T1) for new (n=3) and returning (n=42) students, with new students experiencing a significantly greater reduction than returning students. These findings can be interpreted as further support for the efficacy of the FELDENKRAIS Method in reducing state anxiety.

A somatic approach to contemporary dance technique advocates individual uniqueness and the distinctive sensory experience of each student as a starting point to improve understanding and self-knowledge of movement. Despite the recent increase of somatic education within dance education and academia, there has been little research investigating somatic education and contemporary dance from the perspective of the student. This thesis presents a phenomenological study examining student perceptions of the Feldenkrais Method® of somatic education and contemporary dance technique with a group of pre-professional and professional dancers in New Zealand. A socio-constructivist position informs the researcher’s teaching process and the interpretation of students’ experiences. Students’ voices are examined through thematic analysis while the researcher’s teaching practice is investigated through teacher research (Cochran-Smith, 1993; Mitchell, 2000; Russel & Bullock, 1999) and reflective practice (Schon, 1983). Results are discussed in relation to socio-constructivist epistemology, students’ perceptions of self-authority and sensory awareness in dance. The study has shown that a combination of both teacher and student centered pedagogy was a useful approach for integrating somatic education and contemporary dance technique.

This tutorial describes the Feldenkrais Method and points to parallels with a dynamic systems theory (DST) approach to motor behaviour. Feldenkrais is an educational system designed to use movement and perception to foster individualized improvement in function. Moshe Feldenkrais, its originator, believed his method enhanced people’s ability to discover flexible and adaptable behaviour and that behaviours are self-organized. Similarly, DST explains that a human-environment system is continually adapting to changing conditions and assembling behaviours accordingly. Despite little research, Feldenkrais is being used with people of widely ranging ages and abilities in varied settings. We propose that DST provides an integrated foundation for research on the Feldenkrais Method, suggest research questions, and encourage researchers to test the fundamental tenets of Feldenkrais.

This installment, the fourth in a series, presents information useful in harnessing the principles of physics to bodywork and movement therapy. It also provides encouragement towards developing skeletal awareness. This ‘felt-sense’ may help bind a better resolution of the spatial relationships of the human locomotor frame. In turn, this conception may assist in applying the Principle of Least Effort to good effect. Gravity, an unseen force of constant direction and intensity, may be
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<tr>
<td>2001</td>
<td>Hannon JC.</td>
<td>The physics of FELDENKRAIS: part 5: unstable equilibrium and its application to movement therapy.</td>
<td>Journal of Bodywork and Movement Mechanics Therapies. 2001 Jul; 5(3): 207-21.</td>
<td>Musculoskeletal Physiology</td>
<td>This article, fifth in a series, explores the concept of unstable equilibrium as a form of dynamic repose. This presumes that movement best complies with the Principle of Least Effort when the initial posture incorporates maximal potential energy with minimal inertia. Such action, properly controlled, incorporates strength, dexterity and a quickened reaction time. Also introduced is the idea of reversibility; an attribute, described by Feldenkrais, indicating excellence in motor control. Different forms of gait provide a vehicle for discussion. Exercises and a sitting treatment featuring unstable equilibrium are presented.</td>
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<td>2001</td>
<td>Lusky BW. Devlin K.</td>
<td>Alternative therapies in the treatment of upper extremity dysfunction.</td>
<td>Orthopaedic Physical Clinics of North America. 2001 Dec; 10(4): 667-79.</td>
<td>Musculoskeletal Pain</td>
<td>This article describes the use of alternative therapies to treat patients with orthopaedic upper extremity injuries. Numerous alternative therapies might be considered for treatment; this article discusses the approaches most widely used and scientifically documented, including acupuncture, craniosacral therapy, and Feldenkrais, all of which have in common a general philosophy of enhancing the natural healing system to improve function and decrease pain.</td>
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<td>2001</td>
<td>Kendall SA. Ekselius L. Gerdle B. Soren B. Bengtsson A.J</td>
<td>Feldenkrais intervention in Fibromyalgia patients: a pilot study.</td>
<td>J Musculoskeletal Pain. 9(4):25-35.</td>
<td>Musculoskeletal Pain</td>
<td>Objectives: To evaluate the effect of the Feldenkrais intervention, in fibromyalgia patients. Methods: Twenty fibromyalgia patients started Feldenkrais intervention done as one individual and two group sessions weekly for 15 weeks. Nineteen started a group-based pain education program followed by a pool program. Test and self-report questionnaires were administered at the start, at six month follow up, and at the end of intervention. Results: After the Feldenkrais intervention improvement in balance and trends to better lower extremity muscle function were shown, but the improvements were not maintained. Conclusions: No sustained benefit of the Feldenkrais intervention compared to a pool program was seen. Methodological problems are discussed.</td>
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<td>2001</td>
<td>Smith AL. Kolt GS. McConville JC.</td>
<td>The effect of the Feldenkrais method on pain and anxiety in people experiencing chronic low back pain</td>
<td>New Zealand Journal of Physiotherapy. 2001 Mar; 29(1): 6-14.</td>
<td>Psychology - anxiety, Pain</td>
<td>The aim of this pilot investigation was to evaluate the Feldenkrais Method's effect on pain and state anxiety in people experiencing chronic low back pain. Participants (N = 26) were aged between 25 and 78 years, and were recruited from a community health centre, a rehabilitation hospital, and from the general community. The sample was divided into two groups: Feldenkrais and control. The Feldenkrais group experienced a 30-minute Awareness Through Movement session whilst the control group listened to a narrative of the same duration. Pain was assessed pre and post intervention using the Short-Form McGill Pain Questionnaire. State anxiety was also measured pre and post intervention using the State Scale of the State-Trait Anxiety Inventory. Multivariate Analyses of Variance showed that the Feldenkrais intervention was effective in reducing the affective dimension of pain (p &lt; .05), but not the sensory or evaluative dimensions, nor state anxiety. These findings are discussed in relation to previous research and some of the theoretical concepts assumed to underlie the Feldenkrais Method. The clinical implication of the findings involves the potential for the Feldenkrais Method to complement existing modes of pain management for people experiencing chronic low back pain problems.</td>
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<td>2001</td>
<td>Malmgren-Olsson E.</td>
<td>A comparative outcome study of Feldenkrais and conventional physiotherapy for patients with non-specific musculoskeletal disorders: changes in psychological symptoms, pain, and mobility.</td>
<td>Physiotherapy Theory and Practice. 2001 Jun; 17(2): 77-95.</td>
<td>Musculoskeletal Physiology</td>
<td>Patients with non-specific musculoskeletal disorders are often remitted for physiotherapy treatment in primary care. The rehabilitation effects for this patient group are generally poor and many of the treatment methods used have not been scientifically evaluated. The purpose of this study is to compare treatment effects of Body Awareness Therapy, Feldenkrais, and conventional individual treatment with respect to changes in psychological distress, pain, and self-image in patients with non-specific musculoskeletal disorders. A total of 78 patients, 64 females and 14 males, with non-specific musculoskeletal disorders were recruited consecutively to the different treatment conditions. Each patient received a single 30-minute therapy session per week for 12 weeks. The Feldenkrais group experienced a 30-minute Awareness Through Movement session whilst the control group listened to a narrative of the same duration. Pain was assessed using the Visual Analog Scale, and self-reported anxiety and depression using the State-Trait Anxiety and Depression Questionnaire. The results showed that the Feldenkrais group had a significant reduction in pain and a trend towards a reduction in anxiety and depression compared to the control group. The findings suggest that Feldenkrais might be a useful complementary therapy for patients with non-specific musculoskeletal disorders.</td>
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Feldenkrais® Functional Integration®, Awareness Through Movement®, and CTP® are registered marks of the Australian Feldenkrais Guild Inc
Year | Authors | Title | Publication | Topic | Abstract / Summary
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2001 | Stephens J. DuShuttle D. Hatcher C. Shmunes J. Slaninka C. | Use of awareness through movement improves balance and balance confidence in people with multiple sclerosis: a randomized controlled study. | Neurology Report. 2001 Jun; 25(2): 39-49. | Balance and Mobility, Neurology | This study examined the effectiveness of a structured, group motor learning process, Awareness Through Movement (ATM), on balance, balance confidence, and self-efficacy. Twelve people with multiple sclerosis were randomly assigned to either ATM or control groups. The ATM group participated in 8 classes, 2 to 4 hours each while the control group participated in educational sessions, over 10 weeks. Six outcome measures were used: the Basic Balance Master modified Clinical Test of Sensory Interaction in Balance (mCTSIB) and Limits of Stability tests; the Activities-specific Balance Confidence Scale; prospective falls; Equiscale; and the Multiple Sclerosis Self-Efficacy Scale. The ATM group exhibited significantly improved mCTSIB scores indicating an average center of pressure position closer to theoretical center, had significantly fewer abnormal mCTSIB tests, and demonstrated improved balance confidence compared to controls. There was a trend toward improvement in all other measures in the ATM group compared to controls. These results suggest that this type of motor learning intervention can be effective in improving a variety of physical and psychological parameters related to balance and postural control.

2001 | Güner, Perinisa Rahsan | Körperbildveränderungen durch die Feldenkrais-Methode: Möglichkeiten der Operationalisierung. Changes of the body image through Feldenkrais Method: Possibilities and Operationalization. | Unpublished master's thesis, Universität Koblenz-Landau, Abt. Landau, Germany | Body Awareness/ Body Image | In Western societies since (and probably before) Descartes, the human body has been objectified and alienated from the self, something to be subdued, managed and more recently worked upon as symbol of self-value. Sport and exercise are sites where the objectification of the body has been traditionally promoted. In recent times with the scientisation of elite sport and the commodification of bodies in sport, the objectification of the body has taken new forms and achieved greater prominence. Physical education as the school site for bodywork has been implicated in the process of objectification and alienation. The traditional practices of physical education, including choices in teacher language, position bodies as objects, and movement as an instrumental outcome of practice. Not all movement practices, however, subscribe to this approach. This paper will compare the language practices of teachers in a physical education lesson and a Feldenkrais movement class, as these constitute different forms of embodiment, different selves. Its purpose is to provide further resources for critical reflection on the ways in which

2001 | Bober, Jocelyn Mary | The Feldenkrais Method as a Somatic Approach to Learning in Dance: Case Studies Considered in Relation to Theories of Motor Learning. | Unpublished master's thesis, Laban/City University, London, UK | Dance | In Western societies since (and probably before) Descartes, the human body has been objectified and alienated from the self, something to be subdued, managed and more recently worked upon as symbol of self-value. Sport and exercise are sites where the objectification of the body has been traditionally promoted. In recent times with the scientisation of elite sport and the commodification of bodies in sport, the objectification of the body has taken new forms and achieved greater prominence. Physical education as the school site for bodywork has been implicated in the process of objectification and alienation. The traditional practices of physical education, including choices in teacher language, position bodies as objects, and movement as an instrumental outcome of practice. Not all movement practices, however, subscribe to this approach. This paper will compare the language practices of teachers in a physical education lesson and a Feldenkrais movement class, as these constitute different forms of embodiment, different selves. Its purpose is to provide further resources for critical reflection on the ways in which

2000 | Wright, J. | Bodies, meanings and movement: a comparison of the language of a physical education lesson and a Feldenkrais movement class. | Sport, education and society 5(1), Mar 2000, 35-49 | Education | In Western societies since (and probably before) Descartes, the human body has been objectified and alienated from the self, something to be subdued, managed and more recently worked upon as symbol of self-value. Sport and exercise are sites where the objectification of the body has been traditionally promoted. In recent times with the scientisation of elite sport and the commodification of bodies in sport, the objectification of the body has taken new forms and achieved greater prominence. Physical education as the school site for bodywork has been implicated in the process of objectification and alienation. The traditional practices of physical education, including choices in teacher language, position bodies as objects, and movement as an instrumental outcome of practice. Not all movement practices, however, subscribe to this approach. This paper will compare the language practices of teachers in a physical education lesson and a Feldenkrais movement class, as these constitute different forms of embodiment, different selves. Its purpose is to provide further resources for critical reflection on the ways in which
which pedagogical practices position students and contribute to the shaping of particular forms of subjectivity.

In the last issue, which was the first of this series, the Principle of Least Effort was introduced. (Use the least effort necessary to achieve the maximum in efficiency). Two sitting self-awareness explorations were presented to help deepen this understanding and to encourage a visceral comprehension of another principle: Control follows awareness. This issue features additional clinical examples and an explanation of several terms of art in bodywork: stress, strain, translation and rotation. These words help to stake out the territory of bodywork. There are only five forms of strain and only two basic movement in any form of bodywork. We shall see the practical advantages of understanding the concepts these words carry. Clinical results may be enhanced with improved physical safety to both the therapist and client. Secondly, a sure grasp of the technical meanings of these words is essential for delving further into the treatment applications of the Principle of Least Effort.

To investigate the effect of sensory imagery on subsequent movement, a unilateral Feldenkrais lesson of imaging a soft bristle brush passing over one half of the body and in which no movement occurred, was given to 12 naive subjects. Forward flexion for each side of the body was measured at a sit-and-reach box. For 8 and 10 subjects who reported the perception of a side as being longer and lighter following the sensory imagery, there was also a significant increase in the forward flexion range on that side.

This is an excellent review article that mentions Feldenkrais Method as one of 20 or so approaches to working with back pain.

The effects of a FELDENKRAIS Awareness Through Movement program and relaxation procedures were assessed on a volunteer sample of 54 undergraduate physiotherapy students over a 2-week period. Participants were randomly allocated into a FELDENKRAIS METHOD group, a relaxation group, or a no-treatment (control) group, and state anxiety was measured using the Composed-Anxious scale of the Profile of Mood States-Bipolar Form (Lorr & McNair 1982) on four occasions: prior to the first intervention, prior to the fourth intervention, on completion of the fourth intervention, and one day after the fourth intervention. Analysis of variance showed that anxiety scores for all groups varied significantly over time and, specifically, that participants reported lower scores at the completion of the fourth intervention. Further,
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<td>Stephens J.</td>
<td>Feldenkrais method: background, research, and orthopaedic case studies.</td>
<td>Orthopaedic Physical Therapy Clinics of North America. 2000 Sep; 9(3): 375-94.</td>
<td>Musculoskeletal</td>
<td>Functional Integration and Awareness Through Movement are aspects of the Feldenkrais method that have been used successfully in the rehabilitation of people with orthopaedic problems. These methods include approaches to motor learning that can be used to facilitate change and integration in postural and general musculoskeletal control. This article describes the background and development of the Feldenkrais method, including its philosophic and scientific basis. An outcome survey of the use of the Feldenkrais method is presented along with four case studies that demonstrate the integration of this method into physical therapy practice. The Feldenkrais method is an excellent approach to use in the rehabilitation of people with orthopaedic physical problems.</td>
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<td>2000</td>
<td>Wendell LL.</td>
<td>Some effects of the Feldenkrais Method on Parkinson’s symptoms and function.</td>
<td>Unpublished case study by LL Wendell client and Marilyn Johnson, Feldenkrais Practitioner. June 2000.</td>
<td>Neurology</td>
<td>This is a brief, interesting, single case study documenting observations on changes in function before and after a year of Feldenkrais lessons.</td>
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<td>2000</td>
<td>Wildman F, Stephens J, Aum L</td>
<td>In Novey DW (ed). Musculoskeletal Functional Integration and Awareness Through Movement are aspects of the Feldenkrais method that have been used successfully in the rehabilitation of people with orthopaedic problems. These methods include approaches to motor learning that can be used to facilitate change and integration in postural and general musculoskeletal control. This article describes the background and development of the Feldenkrais method, including its philosophic and scientific basis. An outcome survey of the use of the Feldenkrais method is presented along with four case studies that demonstrate the integration of this method into physical therapy practice. The Feldenkrais method is an excellent approach to use in the rehabilitation of people with orthopaedic physical problems.</td>
<td>Clinicians Complete Reference to Complementary and Alternative Medicine.</td>
<td>Research Theory and Reviews</td>
<td>This is a good summary article about the method with a review of research literature through 1998.</td>
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<td>2000</td>
<td>Ives, J.C., &amp; Sosnoff, J.</td>
<td>Beyond the mind-body exercise hype.</td>
<td>The Physician and Sportsmedicine, 2000, 28, 3.</td>
<td>Research Theory and Reviews</td>
<td>Mind-body exercise methods are spreading rapidly throughout the health, fitness, and rehabilitation fields. Many of the claimed benefits for these activities are not supported by clinical evidence, and, as alternative therapies, they carry legal and professional ramifications. Understanding the nature of mind-body exercise and knowing the scientific evidence behind claims for its benefits can help clinicians make appropriate recommendations to patients. For example, yoga and tai chi can reduce stress, decrease hypertension, and exert cardiorespiratory benefits, and tai chi can improve balance in seniors. However, there is not enough evidence to support replacing conventional medical treatments with somatic methods.</td>
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<td>2000</td>
<td>Ohry, A., &amp; Tsafrir, J.</td>
<td>David Ben-Gurion, Moshe Feldenkrais and Raymond Arthur Dart.</td>
<td>Unpublished master’s thesis, Carl-von-Ossietzky Universität Oldenburg, Germany.</td>
<td>Psychology-concept of self</td>
<td>A philosophical study that includes a chapter comparing the methodologies and background principles of the Feldenkrais Method with Alexander Technique and Bioenergetics, and that also includes chapters on the soma-media relationship and on non-discursive understanding in terms of the concept of somaesthetics.</td>
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<td>2000</td>
<td>Wong, Lester</td>
<td>Phenomenology, philosophy, and the Feldenkrais Method: Moving towards understanding the meaning of movement.</td>
<td>Unpublished master’s thesis, Auckland University, Department of Health Science, New Zealand.</td>
<td>Philosophy</td>
<td>The present study aimed to investigate whether physiotherapy or Feldenkrais interventions resulted in a reduction of complaints from the neck and shoulders (prevalence, pain intensity, sick leave, and disability in leisure and work roles) in 97 female industrial workers (not on long-term sick leave). Range of motion of neck and shoulders, VO2, endurance score (i.e., summation of pain intensity ratings during a static shoulder flexion), cortical control according to the Feldenkrais methodology, and physiological capacity according to a dynamic endurance test of the shoulder flexors with simultaneous surface EMG were also recorded. The workers were randomized to: (1) physiotherapy group (PT-group; treatment according to the ergonomic program of the PTs of the occupational health care service); (2) Feldenkrais group (F-group; education according to the Feldenkrais methodology), or (3) control group (C-group; no intervention). Pre- and post-tests were made at one-year intervals. The two interventions lasted 16 weeks during paid working time. The F-group showed significant decreases in complaints from neck and shoulders and in disability during leisure time. The two other groups showed no change (PT-group) or worsening of complaints (C-group). The present study showed significant positive changes in complaints after the Feldenkrais intervention but not after the physiotherapy intervention. Possible mechanisms behind the effects in the F-group are discussed.</td>
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<td>2000</td>
<td>Diegelmann, Bernd</td>
<td>Therapeutische Effekte der Feldenkrais-Methode im Rahmen einer stationären verhaltenstherapeutischen Rehabetationsbehandlung. (Therapeutical effects of the Feldenkrais Method in the context of behaviour therapeutic rehabilitation treatment).</td>
<td>Unpublished master’s thesis, Universität Koblenz-Landau, Abteilung Landau, Germany</td>
<td>Philosophy / Rehabilitation.</td>
<td>A preliminary study was undertaken to determine both the efficacy and cost effectiveness of the Feldenkrais Method for treatment of Medicaid recipients with chronic pain at the Santa Barbara Regional Health Authority (SBRHA). SBRHA staff wished to offer treatment for chronic pain patients beyond what is provided for in the Medicaid scope of benefits. Conventional intensive chronic pain treatment programs costs range from $7,000 to $30,000 and are not covered by regular Medicaid benefits. Patients with chronic headaches and/or musculoskeletal problems were enrolled in the study. Seven patients began the program; all completed it. Patient satisfaction, function, and perception of pain were evaluated by using the National Pain Data Batik (NPDB) protocol of the American Academy of Pain Management. Participants reported</td>
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<td>2000</td>
<td>Wright, Jan</td>
<td>Bodies, Meanings, and Movement</td>
<td>Sport, Education and Society, Vol. S No. 1, 2000, Univ. of Wollongong, Australia</td>
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<td>Hopper C, Kolt GS, McConville JC</td>
<td>The effects of Feldenkrais Awareness Through Movement on hamstring length, flexibility and perceived exertion.</td>
<td>J Bodywork Movement Therapies 3(4): 238-247, 1999.</td>
<td>Musculoskeletal</td>
<td>Although the Feldenkrais Method is rapidly gaining popularity among health professionals, only a small body of empirical research has documented its efficacy. The aim of the current study was to investigate the effects of the Feldenkrais Method on flexibility, perceived exertion and hamstring length. In Study 1, 79 healthy participants undertook measurements of flexibility (sit and reach test), perceived exertion (Borg's Rating of Perceived Exertion 6-20) and hamstring length (active knee extension test) prior to being randomly allocated into a Feldenkrais or control group. The same measurements were taken after the group intervention (a Feldenkrais Awareness Through Movement lesson, or control procedure). Although the Feldenkrais participants improved significantly more in sit and reach measurements than their control counterparts, no differences between the groups were found for measures of perceived exertion or hamstring length. In Study 2, a sub sample of 39 participants took part in a further three intervention sessions with the three measures being taken again prior to and after the fourth (final) intervention. No group differences were found for any of the outcome indicators across time. These findings are discussed in terms of implications for further research and health care practice.</td>
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<td>Ginsburg C. J</td>
<td>Body-Image, Movement and Consciousness: Examples from a Somatic Practice in the Feldenkrais Method.</td>
<td>Consciousness Studies. 6(2-3): 79- Philosophy 91, 1999.</td>
<td>Philosophy</td>
<td>We think of consciousness as a thing. Observation of our experience indicates that we are actually consciousing, and that experiencing is closely related to movement and the muscular sense. The position of this paper is that mind and body are not two entities related to each other but an inseparable whole while functioning. From concrete examples from the Feldenkrais Method, it is shown that changes in the organization of movement and functioning are intimately related and that one cannot change without conscious experience. Implications for the resolution of controversies in the field of consciousness studies and the neurosciences are suggested.</td>
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<td>Seegert EM. Shapiro</td>
<td>Effects of alternative exercise on posture.</td>
<td>Clinical Kinesiology: Journal of the American Kinesiotherapy Association. 1999 Summer; 53(2): 41-7.</td>
<td>Posture</td>
<td>This investigation examined the effects of neuromuscular re-education exercises on the standing posture of 25 colleague students. The Portland State University Posture Analysis Form (PSU PAF), a force platform, and a tape measure were used to measure postural alignment, postural sway, and height before and after treatment sessions. Subjects completed a subjective questionnaire. Controls rested in supine posture during the treatment session, while the exercise group performed selected Feldenkrais and psychophysical re-education exercises. Dependent t-tests were used to determine differences between the pre tests and post tests. Both groups showed decreases in all sway variables, for both eyes open (EO) and eyes closed (EC) conditions, improved alignment of body parts, and increased height. Only the exercise groups showed statistically significant sways. Only exercise group subjects reported feeling more efficient after the treatment session. Both groups reported increased tightness and discomfort of various body parts after treatment. The data suggest that the supine positioning is responsible for</td>
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<td>1999</td>
<td>Stephens J. Call S. Evans K. Glass M. Gould C. Lowe J.</td>
<td>Responses to ten Feldenkrais awareness through movement lessons by four women with multiple sclerosis: improved quality of life.</td>
<td>Physical Therapy Case Reports. 1999 Mar; 2(2): 58-69.</td>
<td>Neurology, Quality of Life</td>
<td>some changes. The postural sway results and the rate of height increase suggest that the exercises may also have independent effects. Four women with multiple sclerosis who were ambulatory and worked full-time participated in 10 Awareness Through Movement classes over 10 weeks. Assessment before and after the series of classes included the Incapacity Status and the Environmental Status Scales of the Minimal Record of Disability, the Fatigue Severity Scale, and the Index of Well-Being. Before each class and at the final data collection, each person was asked several questions about her medical and functional status. Analyses of walking and supine-to-stand were done using the PEAK Motus video motion analysis system. A follow-up interview was done with two women one year after the classes ended. Three of the four participants experienced an increase in symptoms at some time during the 10 weeks; nonetheless, all made improvements. Outcomes show that two broad areas of improvement were ease and steadiness of daily movement and, sense of well-being. These Outcomes suggest that Awareness Through Movement is beneficial for some people with multiple sclerosis, although in different ways for each person.</td>
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<td>1999</td>
<td>Shelhav-Silberbush, Chava</td>
<td>Bewegung und Lernen. Die Feldenkrais Methode als ein Lernmodell. (Movement and learning: The Feldenkrais Method as a learning model).</td>
<td>Dortmund: Verlag Modernes Lernen. 1999</td>
<td>Education</td>
<td>This study compared four subjects’ body image scores, as measured by a semantic differentiation scale, before and after a series of Awareness Through Movement lessons. Four subjects were chosen to participate in this study based on their initial score on a semantic differentiation scale. The four subjects met with the researcher twice a week for 45 minutes each time to receive either tutoring or Awareness Through Movement lessons. Subject one received Awareness Through Movement lessons during the whole six weeks session. Subject two received Awareness Through Movement lessons for the first three weeks and one-on-one tutoring during the last three weeks. Subject three received one-on-one tutoring the first three weeks and Awareness Through Movement lessons during the last three weeks. Subject four received one-on-one tutoring during the whole six weeks session. The subjects completed a semantic differentiation scale before the study began, after three weeks, and at the end of the study. The results indicated that a person who received Awareness Through Movement lessons scored higher on a semantic differentiation scale than a person who received one-on-one tutoring. The results also indicated that although the score on the semantic differentiation scale decreased slightly three weeks after the person stopped the Awareness Through Movement lessons, the score did not revert back to the initial level. This study suggests improvements in body image as measured on the semantic differentiation scale, following ATM lessons, compared to controls receiving tutoring. Four subjects, crossover design.</td>
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<td>1999</td>
<td>Inglis, A.</td>
<td>Cause and effect. (The Feldenkrais Method, injured musicians learn movement awareness).</td>
<td>STRAD, 110 (1308), 350-</td>
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<td>1998</td>
<td>Shelhav-Silberbush, Chava</td>
<td>Movement and Learning: The Feldenkrais Method® as a Learning Model.</td>
<td>PhD Dissertation, Faculty of Sociology and Behavioral Science, Heidelberg University, Germany. 1998. Published in German.</td>
<td>Education</td>
<td>Controlled study with a group of learning disabled children in Germany.</td>
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### Submission to the Review of the Australian Government Rebate on Private Health Insurance for Natural Therapies

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<td>1998</td>
<td>James ML, Kolt GS, Hopper C, McConville JC, Bate P</td>
<td>The effects of a Feldenkrais program and relaxation procedures on hamstring length.</td>
<td>Australian J Physiother 44: 49-54, 1998</td>
<td>Musculoskeletal</td>
<td>Despite the growing popularity of the Feldenkrais method in Australia (Wildman 1990b), little research is available investigating its efficacy. The current study investigated the effects of the Feldenkrais method on hamstring length. Forty-eight healthy undergraduate participants were randomly allocated into Feldenkrais, relaxation, or control groups. All subjects had their right hamstring measured using a modified active knee extension test prior to the first session, prior to the fourth (final) session, and after the final session of intervention. Two-way analysis of variance with time of measurement repeated revealed no significant differences between the groups. The findings are discussed in relation to apparent ineffectiveness of the Feldenkrais awareness through movement lessons used on hamstring length, exposure time to the technique, and attitudes towards the Feldenkrais method.</td>
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<td>1998</td>
<td>Ives JC, Shelley GA.</td>
<td>The Feldenkrais Method in Rehabilitation: a review.</td>
<td>WORK: A Journal of Prevention, Assessment and Rehabilitation. 11: 75-90, 1998.</td>
<td>Research Theory and Reviews</td>
<td>This article contains a listing of many unpublished pieces of research, which are not listed in other places. Peer Reviewed. Musculoskeletal disorders are often suggested to be caused, in part, by poor postural behaviours that are associated with occupational demands. The inefficacy of conventional strategies to elicit postural correction has prompted many to seek alternative techniques such as the Feldenkrais Method[R]. The rapidly growing use of the Feldenkrais Method[R] by laypersons and professionals has been fuelled by extravagant claims and data published in non-peer-reviewed sources, for the effectiveness of this technique has been poorly documented in peer-reviewed publications. Therefore the purpose of this review was to critically assess the literature on the Feldenkrais Method[R] in both juried and non-juried sources. The results have generally indicated some improvement with Feldenkrais[R] interventions; however, these improvements are not nearly as large as suggested by the anecdotal claims. Unfortunately, most of the juried and non-juried findings and conclusions are questionable due to inadequately controlled studies and other serious methodological problems. As such, determination of the effectiveness of the Feldenkrais Method[R] based on the literature is difficult at best, and the only justifiable conclusion is that more study is warranted.</td>
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<td>1997</td>
<td>Gilman, Marina</td>
<td>Reduction of Tension in Stuttering through Somatic Re-Education</td>
<td>Master’s thesis at Northwestern University, Department of Communication Sciences and Disorders, Evanston, IL, 1997</td>
<td>Voice and Speech</td>
<td>This paper reviews the history of relaxation techniques in stuttering therapy and proposes a means for viewing relaxation not as a passive process (e.g., a feeling of calmness), but rather as an active, dynamic process involving coordinated movement of the entire Neuro musculoskeletal system. This balance is central to the theories of somatic education, such as those developed by Alexander, Rolf, and Feldenkrais. Accordingly, this paper argues that the use of somatic education in stuttering treatment may promote the perception of relaxation and facilitate the habitation of new behavior patterns, thereby leading to improved generalization of relaxation outside the treatment setting.</td>
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<td>1997</td>
<td>Pendergast C, Roller BA, Weiskittel RS and Stephens J.</td>
<td>Awareness through Movement as a Strategy for Improving Coordination and Economy of Movement in Older Adults</td>
<td>Masters’ Thesis at Widener University, Institute for Physical Therapy Education, May 1997</td>
<td>Musculoskeletal</td>
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<td>1997</td>
<td>Laumer U, Bauer M, Fichter M, Milz H</td>
<td>Effects of Feldenkrais Method Awareness Through Movement in Patients with Eating Disorders</td>
<td>Therapeutic Psychother Psychosom Eating Disorders Med Psychol 47(5): 170-180, 1997</td>
<td>Eating Disorders</td>
<td>English abstract only (Published in German) Based on the movement-pedagogical concept of Feldenkrais and the findings of disturbed body perception by eating disordered patients this research aimed at studying the therapeutic effects of the Feldenkrais Method &quot;Awareness through Movement&quot; with eating disorder patients. 15 eating disordered patients treated at the Rosenbeck hospital for behavioural medicine rated-by means of a questionnaire consisting of scales of the Body Cathexis Scale (BCS), the Body Parts Satisfaction Scale (BPSS), the questionnaire for body perception (Fragebogen zum Körpererleben; FKE), the Emotion inventory (Emotionalitätsinventar; EMI-B), the Anorexia-Nervosa-Inventory for Selfrating (ANIS) and the Eating Disorder Inventory-2 (EDI)-various aspects of their eating disorder before and after participating in a nine hour course of the Feldenkrais Method. The data of these patients were compared to those of the members of a control group, also consisting of 15 eating disordered patients who did not participate in a Feldenkrais course. The participants of the Feldenkrais-course showed increasing contentment with regard to problematic zones of their body and their own health as well as concerning acceptance and familiarity with their own body. Other results were a more spontaneous, open and self-confident behaviour, the decrease of feelings of helplessness and decrease of the wish to return to the security of the early childhood, which indicates the development of felt sense of self, self-confidence and a general process of maturation of the whole personality. The outcome points to the therapeutic effectiveness of the Feldenkrais Method with eating-disorder patients within a multimodal treatment program.</td>
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These included (among others) conscious breathing, walking meditations, Authentic Movement, Body-Mind Centering, Feldenkrais Awareness through Movement, yoga related to chakras, and theatre improvisational games. Concurrently, the course encouraged participants to become consciously aware of their creative processes. The researcher utilized data from pre and post questionnaires, written responses regarding exercises, essays regarding creativity, autobiographical essays, and exit interviews. Data were presented via individual profiles of the participants, mostly in their own words, structured around these questions: (1) How do students understand their own creative process? (2) How do they experience creative blocks? (3) What were the effects of this course? (4) What connection, if any, do participants perceive between body awareness and creativity? and (5) Does being a member of a group that comes together to focus on somatics and creativity affect one's creative life? The researcher found participants shared many common themes concerning their experiences of (a) creativity, (b) somatics, and (c) the relationship of somatics to creative process. Themes of self-knowledge, movement from inside to outside, power, energy, receptivity, heightened states of awareness, and change were the most prevalent, dynamic ways in which participants experienced the three categories to be related. The researcher concluded that somatic awareness seemed to be a means of enhancing and fostering creativity for the participants of this study, and that courses which value creativity and kinaesthetic "ways of knowing" would be valuable in general college curricula as well as in arts curricula. The purpose of this study was twofold: (1) to investigate how, if at all, participants, in a specially designed course, experience and understand the relationship between somatic awareness and their creative processes, and (2) to ascertain the value and effectiveness of this course, which emphasizes creative and somatic awareness processes and seeks to provide an atmosphere conducive to enhancing and fostering creativity. The researcher/teacher designed and implemented, at a university, a semester-long course and research project, in which seven women participated. The women, ages 20-51, were encouraged to do a daily practice of exercises designed to increase conscious awareness of sensations in their bodies.
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<td>The effects of a Feldenkrais Awareness Through Movement program and relaxation training on cognitive mood states.</td>
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<td>Bach-y-Rita, E.</td>
<td>New pathways in the recovery from brain injury (Part I).</td>
<td>Somatics, 3(2), 26-34.</td>
<td>Neurology</td>
<td>Groups proved significantly superior to the control groups. Data collected show that the Feldenkrais techniques bring about psychological and physiological changes and probably promote the exploitation of the individual's potential.</td>
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<td>1977</td>
<td>Feldenkrais, M</td>
<td>Awareness through Movement exercises</td>
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Attachment A. Recent Feldenkrais Scientific Conferences & Presentations in Australia


Australian and New Zealand Falls Prevention Conference, November 2010, Dunedin, podium presentation: “What can we learn from the Feldenkrais Method about balance retraining?”


36th Annual Conference of the Australian Association of Gerontology, Conference theme: Expanding our Knowledge, Hobart, 2003. Podium presentation on pilot study into the Getting Grounded Gracefully program. The title was “Getting Grounded Gracefully - Feldenkrais”
Attachment B. Early articles about the Feldenkrais Method

1997

Francisco J. Varela, Ph.D.: Large Scale Integration in the Nervous System and Embodied Experience. First European Feldenkrais Conference, Heidelberg 1995, reported by Ilana Nevill

1996


1995

Fowler, Bob. "Olympian exercises: Kayakers are learning moves to help their aches, pains." The Knoxville News-Sentinel, December 10, 1995, Pg.AC4

1994


1993


1992


Uderstadt, Iris / Liane Stephan: *Contact Improvisation - FUNCTIONAL INTEGRATION* (Paris 1992) Iris is a dancer, choreographer and movement teacher. M.A. in sports. Tai Chi, modern dance and the Feldenkrais Method are her background. She lives in Michelbach, Germany. Liane Stephan, (Hamburg 1992) Liane teaches dance, Aikido and Feldenkrais in Cologne, Germany. She has studied dance, contact improvisation, Aikido and Body-Mind Centering.


1991

Gisela Rohmert/ Johanna Rohmert-Landzettal: *Sounding Out the FELDENKRAIS METHOD* (Neuss 1991) Singer, violinist, Assistant Director of the Lichtenberger Institute, directs a project at the institute to explore movement and sound and how they interact. Gisela Rohmert, Singer. Founder and Director of the Lichtenberger Institut für Gesang und Instrumentalspiel, author. She has researched the coordination of voice and movement as well as the physiology of music.


Claus Bühler: *Dancing Our Way Through ATM* (Neuss 1990) Studied sports and has taught dance and the martial arts of Capoeria and Philippine fencing. Has taught the Feldenkrais Method in a psychiatric hospital. Former president of the German Feldenkrais Gilde. He lives in Giessen, Germany.


1990


Dornan, P. "Feldenkrais: Useful Adjunct for Therapists?" Sport Health Volume 8, No. 3, September 1990.
1989

François Combeau: Vocalisation in Classical ATM Lessons (Paris 1989) President of the International Feldenkrais Federation as well as former president of the French Guild. As a former singer, he is now a voice teacher and works in a hospital, with people with brain damage, as a speech therapist. In his work with actors, musicians and singers, he tries to find a synthesis between voice work and Feldenkrais.

Roger Russell/ Ulla Schläfke/ Helga Bost: The Feldenkrais Method and Multiple Sclerosis. Helga Bost, (München 1989) Teacher (including sports) in primary and secondary schools, she has a private practice in Saarland, Germany. Participated in the Feldenkrais research project of the German Multiple Sclerosis Society. Ulla Schläfke, (Paris 1991) trained in different fields of humanistic psychology, and has worked with groups for many years. She has a private practice in Heidelberg and has developed a program to work with women on body image. Administrative Director of the Heidelberg FPTP.

Jacoby, Peter: Exploring the Origin of the Voice (Neuss 1989) Professor of voice at the Opera School in Detmold, Germany where he lives. He studied piano, conducting, musicology and history, and he is the author of many articles about the Feldenkrais Method and voice.


1988


Paul Doron Doroftei: The Right to Breathe Easily (Tel Aviv 1988) Artist and sound engineer. Born with cerebral palsy, he met Moshe Feldenkrais in 1972 and began an intensive process of exploring his handicap and potential through the Feldenkrais Method. He concentrates on working with handicapped children and artists in Hamburg, Germany.


1987

Larry Goldfarb/ Jim Stephens: *Science and the FELDENKRAIS METHOD* Jim Stephens, (Toronto 1987) Ph.D. in neuroscience and a Physical Therapist. He is the chairman of the research committee of the North American Feldenkrais Guild. He lives in Havertown, PA, USA.
Roland Gillmayr: *Skiing With Awareness and Pleasure* (Munich 1987) Sport teacher and ski instructor. He has developed ski courses utilizing the Feldenkrais Method for beginners and experienced skiers. He lives in Frankfurt, Germany.
Livia Calice: *Art Appreciation - A Moshe Video June 26, 1980 Amherst* (Toronto 1987) Assistant Trainer, Administrative Director of the Vienna FPTP. Studied art and Romance languages in Boston/Vienna, dance in India for two years, teaches since 1986 at Max Reinhard Seminar in Vienna where she lives and works.

1986

Hutchinson, Bill and Jenkins, Beth, as told to Kip Goldreyer. "Dams and Leaks." Practical Horseman, Oct. 1986.
Riordan, Kate. "Increasing Length of Stride With Front Leg Exercises." Hoofs and Horns, January 1986.
Riordan, Kate. "Improving Performance With Hind Leg Exercises." Hoofs and Horns, March 1986.
Riordan, Kate. "Influencing Behavior and Performance." Hoofs and Horns, April 1986.

1985


1984

Jeremy Krauss: Handwriting, Styles and Technique - A Workshop in Creativity (Amherst 1983) Assistant Trainer. He has a special interest in Moshe’s Tel Aviv ATM lessons, and has taught at the Feldenkrais Institute in Tel Aviv for several years. His last book was published in German in 1995. He lives in Tel Aviv, Israel.

Mara della Pergola: Working With Actors - Voicing the Movement / Moving the Voice (Amherst 1983) Assistant Trainer and former president of the Italian Guild. She is the Administrative Director of the Milan FPTP. Besides teaching in various trainings in Europe and North America, she teaches actors at the Teatro Sabile in Torino, Italy.

Lea Wolgensinger: The Power of Speech (Amherst 1983) knew Moshe since childhood. Assistant Trainer in trainings throughout Europe and Administrative Director of both Swiss trainings in Brig and Locarno. Active for many years in Swiss and international Feldenkrais politics.

Jeff Haller: Aikido and Feldenkrais - Exploring Intention and Fixation (Amherst 1983) Trainer and Educational Director of the Vancouver FPTP. Jeff has a black belt in Aikido, is a sports teacher and a Ph.D. in psychology. He is a former president of the North American Guild. He lives in Seattle, WA, USA.

Petra Koch: The Unity of ATM and FI (Amherst 1983) Assistant Trainer and Physical Therapist. She assists in trainings across Europe, and works with children at the center of Dr. Inge Flehmig in Hamburg, Germany where she lives.

Garet Newell: Drawing on Our Legacy (Amherst 1983) Assistant Trainer and Administrative Director of the Lewes FPTP in England, founding member of the European Training Accreditation Board, founding member of the Feldenkrais Guild of the United Kingdom and one of the initiators of the IFF.

Anna Triebel-Thome: To Be Or To Act - That Is The Question (Amherst 1983) Anna first met Moshe in Holland in 1975, at the same time that he was starting the San Francisco FPTP. She has developed a program for movement education for actors based on the Feldenkrais Method. She lives in Berlin, Germany.

Jeff Haller: *The Potent Use of the Self* (Amherst 1983) Trainer and Educational Director of the Vancouver FPTP. Jeff has a black belt in Aikido, is a sports teacher and a Ph.D. in psychology. He is a former president of the North American Guild. He lives in Seattle, WA, USA.


1982


1981


Rosenfeld, Albert. "Teaching the Body to Program the Brain is Moshé Feldenkrais's Miracle." Smithsonian, Vol. 11, No. 10, January 1981.

1980


1979


1978


1977
Carl Ginsburg: *The Difference That Makes the Difference* (San Francisco 1977) Trainer. Carl leads and teaches in trainings around the world. A former professor of Chemistry. He has written many articles about the Feldenkrais Method. He lives in Albuquerque, NM, USA.

Linda Tellington-Jones: *Who Dreamed up FELDENKRAIS for Animals?* (San Francisco 1977) Teaches TT.E.A.M. to beginners as well as Olympic riders around the world. Linda has published three books and many videos of her work. She lives in Santa Fe, NM, USA.

Roger Russell/ Ulla Schläfke: *The Kinesthetic Basis of the Self Image* (San Francisco 1977) Assistant Trainer in many trainings in Europe, and the Co-Educational Director of the Heidelberg FPTP, and to his own surprise, a Physical Therapist. He lives in Heidelberg, Germany.

Edward Dwelle: *Is Immediate Perception Still Possible?* (San Francisco 1977) Assistant Trainer, lives in Wackersberg, Germany. He met Charlotte Selver in 1973 and Moshe Feldenkrais in 1974, and since then has been a student of their distinctly different ways of working.


1976


Houston, Jean. "*Prometheus Rebound.*" *Technological Forecasting and Social Change*, No. 9, 1976.


1975


Hanna, Thomas. "*Three Elements of Somatology: Preface to a Holistic Medicine and to a Humanistic Psychology.*" *Main Currents in Modern Thought*, Jan/Feb 1975.


Rappaport, Bernard S. "*Carnal Knowledge: What the wisdom of the body has to offer psychotherapy.*" *Journal of Humanistic Psychology*, Volume 15, No. 1, 1975.

1974


1972


1971

Hubbard, Stanley. "*The Importance of Being Upright.*" *Ciba-Geigy Journal*, No. 1, Spring 1971.


1970


1969
Chava Shelhav: **Evolutionary Revolution** (Tel Aviv 1969) Trainer. She leads and teaches in trainings around the world. Chava is completing her work on a Ph.D. at the University of Heidelberg. She has spent many years researching the Feldenkrais Method with children. She lives in Tel Aviv.

Myriam Pfeffer: **It’s Awareness Through Movement and not Movement through Awareness** (Tel Aviv 1969) Trainer. She is Educational Director of the Paris FPTPs and teaches around the world. She began learning with Moshe in the 1950’s and is particularly interested in the philosophical and psychological aspects of our work.

Ruthy Alon: **The Rationale of Organic Learning** (Tel Aviv 1969) Trainer. Ruthy leads and teaches in trainings around the world. Her book, “Mindful Spontaneity”, has been published in several languages. She lives in Jerusalem.

Amos Hetz: **Movement Studies** is a dancer and professor of dance, movement and Eshkol-Wachmann movement notation at the Rubin Academy in Jerusalem, Israel, where he leads the movement faculty. He worked many years with Noa Eshkol and Moshe Feldenkrais.

Reinhard Fuhr/Martina Gremmler-Fuhr: **The Dynamics and Relationships in ATM Classes and Are Feldenkrais Teachers People Too?** Reinhard Fuhr, Ph.D. is a teacher of education at the University in Göttingen, Germany where he lives. Gestalt trainer and supervisor, and with his wife, author of three books and many articles about alternatives to mainstream learning and teaching methods. Martina Gremmler-Fuhr, M.A. in education, trainer and consultant in Gestalt therapy, and with her husband author of three books, the latest of which, “Gestalt Ansatz”, will prove to be very important for many Feldenkrais teachers. She lives in Göttingen, Germany.

Lader, Lawrence. "Stand on Your Head and be Healthy." *Parade Magazine*, October 7, 196(?).
Attachment C. Comments about the Feldenkrais Method from eminent professionals in various fields

"Dr. Moshe Feldenkrais’ method will be of great benefit to all of humanity. From my own experience I know the remarkable results achieved."
—David Ben-Gurion, First Prime Minister of Israel

"As a neuroscientist interested in the development and plasticity of the nervous system, it is gratifying to see how the Feldenkrais Method demonstrates these principles. The Feldenkrais Method has also greatly improved my personal quality of life – physically and emotionally – by reducing the restrictions and limitations I thought were permanent due to multiple sclerosis."
—Marla Luskin, Professor, Emory University Medical School

"Dr. Moshe Feldenkrais has developed a system that is many years ahead of conventional medical understanding. Martin Rossman, M.D
—American Journal of Pain Management (January 1999)

"The Feldenkrais Method is the most sophisticated and effective method I have seen for the prevention and reversal of deterioration of function."
—Margaret Mead, Ph.D., Anthropologist

"Feldenkrais represents a revolution in human health."
—Smithsonian Magazine

"One of the most exciting developments in the field of mind-body co-ordination is the work of Dr. Moshe Feldenkrais."
—Elmer Green, Ph.D., Menninger Foundation

"I have long been intrigued by this subtle form of retraining the nervous system, which I recommend to patients whose movement has been restricted by injury, cerebral palsy, stroke, fibromyalgia, or chronic pain. I find it to be much more useful than standard physical therapy. I also believe that the Feldenkrais Method can help older people achieve greater range of motion and flexibility, and help all of us feel more comfortable in our bodies."
—Andrew Weil, M.D., Author of ‘Spontaneous Healing’ and ‘Natural Health, Natural Medicine

"The Feldenkrais exercises are ingenious."
—Yehudi Menuhin, Famed Violinist

"I can’t say enough good things about the Feldenkrais Method. I believe it’s made the difference between continuing my competitive running career and retiring prematurely."
—Chris Boyd, 1992 US Track National Champion (5,000 meters)
Submission to the Review of the Australian Government Rebate on Private Health Insurance for Natural Therapies

Attachment D. Ethics and Standards of Practice

Part 1 – Code of Professional Conduct

The object of the Code of Professional Conduct is to enjoin a general standard of professional conduct upon every person who is a member of the Australian Feldenkrais Guild (AFG).

In keeping with the spirit of the work of Dr Moshe Feldenkrais, it is assumed that members of the AFG will function without the need for external regulation. This Code of Ethics is intended to foster and maintain the highest level of integrity in our practice and representation of the work, and shall be binding on all members of the AFG.

The principles of the Code are those which should be observed by the practitioner in the carrying out of his/her profession and, in case of doubt, advice should be sought from the appropriate Division or National Guild.

The principles of the Code should be considered in conjunction with, but not instead of, the relevant acts and ordinances of the State or Territory concerned.

Where the provisions of the Code conflict with the laws of a State or Commonwealth, the law shall prevail.

The Code will be revised from time to time to meet the impact of modern custom and prevailing conditions on the Feldenkrais profession.

General Ethical Principles of the Australian Feldenkrais Guild

A member of the AFG shall

1. Respect the rights and dignity of all individuals.
2. Help all those who seek his/her professional services without discrimination, fear or favour.
3. Give an honest, competent and accountable professional service.
4. Recognise the extent of his/her professional expertise and undertake only those activities that are within his/her professional competence.
5. Hold in confidence all personal information entrusted to him/her.
6. Maintain at all times the highest standard of professional competence and continually update and extend his/her professional knowledge and skill.
7. Contribute to planning and development of services which enable individuals within the community to achieve optimum health.

Responsibilities of the Professional Body (AFG) are set out in a separate section at the end of this document.

Ethical Principle 1:

Respect the Right and Dignity of ALL Individuals

Rights of the Student

1. Each AFG member shall hold in confidence all personal information entrusted to him/her in the course of his/her professional contact with a student.
2. The student has a right to privacy and willingness to relinquish this shall never be taken for granted. At all times the client shall be treated with sensitivity and a mindfulness of his/her personal dignity.
3. The student has a right to be provided with sufficient information regarding the Feldenkrais Method and the inherent potential and limitations regarding his/her needs.
4. The student has the right to expect to benefit from all resources; therefore a member of the AFG must be prepared to refer the student to a more suitably qualified person when appropriate.
5. The student has the right to make his/her own decisions regarding his/her level of learning the Feldenkrais Method.
   This includes the right to:
   a) exercise freedom of choice of practitioner or alternate care. Any request for a second opinion should not be refused; and
   b) choose to cease lessons whenever the student wishes even if further teaching may benefit him/her.
6. The student has a right to be protected from exploitation. A commitment of service, not of self interest, may rightfully be expected from members of AFG.
7. In all matters relating to fees paid for professional services, the student has the right to responsible and honest conduct on the part of members of AFG.
Rights of the Practitioner

1 A member of the AFG has a right to professional independence and autonomy
2 A member has a right to be free from unwarranted attacks on his/her honour, reputation and competency and to be advised of any written complaint of unprofessional conduct against him/her and to be given every reasonable opportunity to defend him/herself (see Grievance Committee in Constitution).
3 A member has the right to refuse service to a student when in his/her opinion the service will not be in the best interest of the recipient.
4 In all matters relating to fees paid for professional services, members shall conduct themselves responsibly and honestly.

ETHICAL PRINCIPLE 2:
Assist all who seek his/her professional service without discrimination, fear or favour

1 A member of the AFG is obliged in principle to assist all those who seek his/her professional service regardless of gender, race, condition, nationality, creed or politics. If for whatever reason, the member is unable to provide the service, he/she will assist wherever possible the attainment of an appropriate service for that person, from a colleague or other professional.
2 A member of the AFG must always consider the consequences of his/her decision making for the individual and the community.
3 A member of the AFG shall respect the customs of his/her student in the performance of his/her professional duties.

ETHICAL PRINCIPLE 3:
Give an honest, competent and accountable professional service

1 Each member of the AFG shall be responsible for judicious and reasonable accuracy in the representation of the Feldenkrais Method.
2 Until such time as an International Training and Accreditation Board is established, only trainings authorised by the North American or European Training and Accreditation Boards will be recognised by the AFG as professional training. Members have the responsibility to clearly indicate that any other extended programme or class in no way constitutes professional training in or authorisation to teach the Feldenkrais Method.
3 Members shall be responsible for the protection of the Feldenkrais name and other words associated with the practice of the Feldenkrais Method.
4 A member teaching the Method has a responsibility for clearly informing the student that he/she is not receiving training in Functional Integration (FI) Awareness Through Movement (ATM) or the Feldenkrais Method (FM).
5 The Feldenkrais Method is a learning model and should be represented as such.
6 A member, when using advertising or any other form of publicity to represent his/her professional abilities, shall do so accurately and in keeping with the fundamental principles of the Feldenkrais Method.
7 The AFG elective office or committee assignment shall not be used for individual business promotion or advantage over another member of the AFG.
8 Members shall not make mention of holding AFG elective office or committee assignment in advertising.
9 Personal and professional qualifications shall be represented accurately.

Ethical Principles regarding qualifications in the Feldenkrais Method

Personal qualifications shall be represented accurately.

Member of the AFG Inc. is to be used by Feldenkrais practitioners only.

Student Associate - denotes having completed the first four segments of a professional training programme and currently training and qualified to teach ATM.

Student Member - denotes currently training in the Method.

ETHICAL PRINCIPLE 4:
Recognise the extent and limitation of his/her professional expertise

A member of the AFG shall recognise the extent and limitations of his/her professional expertise and consult with or refer to other colleagues or professionals where appropriate.
ETHICAL PRINCIPLE 5:

Hold in confidence all personal information entrusted to him/her

1. Information about a student shall not be communicated to another person without prior consent of that student or his/her legal agent.
2. Information may be given if authorised by an appropriate legal authority or if necessary to protect the welfare of an individual or the community.
3. Members must seek to provide an environment conducive to ensuring privacy in his/her lessons.
4. Computer and other records shall be protected in such a way that unauthorised personnel cannot gain access to them.

ETHICAL PRINCIPLE 6:

Maintain at all times the highest standard of professional competence and continually update and extend his/her professional knowledge and skill.

ETHICAL PRINCIPLE 7:

Contribute to the planning and development of services which enable individuals within the community to achieve optimum health.

ETHICAL PRINCIPLE 8: (October 1997)

Presenting Feldenkrais Workshops to the General Public.

1. Courses should be geared towards self-development and self-experience rather than teaching the tools of the Feldenkrais Method.
2. Advertising should encompass the functional aspect of the Method and describe the whole person and not body parts.
3. Advertising should differentiate between Functional Integration and handling techniques. Feldenkrais practitioners should not offer to teach Functional Integration.
4. Advertising should avoid giving the impression of being a professional training program or a training-like session.
5. Advertising should clearly state that completion of a workshop does not qualify participants to offer Awareness Through Movement (ATM) classes or Functional Integration (FI) sessions, nor does it give them the right to use the terms associated with the Feldenkrais Method (ATM, FI, Feldenkrais Method).

Responsibilities of the Professional Body:
The Australian Feldenkrais Guild Inc (AFG).

1. The AFG shall ensure that its dealings with organisations, both internal and external to the profession, are complete and truthful and based on factual information.
2. The AFG shall actively promote the Feldenkrais Method to the public.
3. The AFG shall manage the resources entrusted to it effectively, efficiently and accountably.
4. The AFG shall establish standards of professional practice.
5. The AFG shall give support to members through sharing of information, education, organisation and policy development and through its activities, programmes and forward planning.
6. The AFG shall be responsible for ongoing education programmes within the profession and provide opportunities for its members to increase their professional skills in the Method.
7. The AFG shall be accountable to its members.
8. The AFG shall be accountable to the community.

for the National Committee
OCTOBER 1997
INTERNATIONAL FELDENKRAIS® FEDERATION

Standards of Practice
of the Feldenkrais Method®

Preface:

1. Any attempt to write a definition of the Feldenkrais Method might be seen as producing a somewhat static description of a highly fluid and dynamic method. Feldenkrais practitioners/teachers continually evolve their understanding and practice of the Method and in offering definitive statements about the work we must not lose our perspective of dynamism and evolution. This document should be interpreted in this light.

2. Innovation and growth in this field are valued, especially when based on a solid foundation of understanding, sensitivity and skill embodied in the Methods’ present form. As valid innovations become accepted in the Feldenkrais community, these standards will be changed accordingly.

3. This document will be updated at regular intervals by a committee to be appointed by the Board of Directors for the purpose of reviewing and making revisions to the Standards of Practice.

Introduction:

1. The Feldenkrais Method assumes that human beings have transformational potential and that all people, regardless of their age or condition, have the ability to learn.

2. Moshe Feldenkrais wrote in HIGHER JUDO, “In a perfectly matured body which has grown without great emotional disturbances, movements tend gradually to conform to the mechanical requirements of the surrounding world. The nervous system has evolved under the influence of these laws and is fitted to them. However, in our society we do, by the promise of great reward or intense punishment, so distort the even development of the system, that many acts become excluded or restricted. The result is that we have to provide special conditions for furthering adult maturation of many arrested functions. ‘The majority of people have to be taught not only the special movements of our repertoire, but also to reform patterns of motions and attitudes that should never have been excluded or neglected.”

Section 1 - What the Feldenkrais Method is and what it does.

1. The Feldenkrais Method is an educational system that develops a functional awareness of the self in the environment. The Method utilises the fact that the body is the primary vehicle for learning.

2. The Feldenkrais Method is an approach to working with people which expands their repertoire of movements, enhances awareness, improves function and enables people to express themselves more fully.

3. The Feldenkrais Method directly addresses the question of how to facilitate the learning that is necessary for organising the whole self and recovering excluded and unconsidered movement patterns or actions.

4. This is done by expanding the self-image through movement sequences that bring attention to the parts of the self that are out of awareness and uninvolved in functional actions. Better function is evoked by establishing an improved dynamic relationship between the individual, gravity, and society. Feldenkrais, himself, defined function as the interaction of the person with the outside world or the self with the environment.

5. The Method enables people to include in their functioning, movements and parts of the body unconsidered, forgotten or excluded from their habitual actions or images of actions. By allowing a person to learn how their whole body cooperates in any movement, the Feldenkrais Method assists people to live their lives more fully, efficiently and comfortably.

6. The improvement of physical functioning is not necessarily an end in itself. Such improvement is based on developing a broader functional awareness which is often a gateway to more generalised enhancement of physical functioning in the context of one’s environment and life.

7. The Feldenkrais Method is based on self-organisation and self-regulation in learning.

8. The Feldenkrais Method is expressed in two parallel forms:
   - Awareness Through Movement® and Functional Integration®.

9. Awareness Through Movement consists of verbally directed movement sequences presented primarily to groups. There are several hundred hours of Awareness Through Movement lessons. A lesson generally lasts from thirty to sixty minutes. Each lesson is usually organised around a particular function.

10. In Awareness Through Movement lessons, people engage in precisely structured movement explorations that involve thinking, sensing, moving, and imagining. Many are based on developmental movements and ordinary functional activities. Some are based on more abstract explorations of joint, muscle, and postural relationships. The lessons consist of comfortable, easy movements that gradually evolve into movements of greater range and complexity. There are hundreds of Awareness Through Movement lessons contained in the Feldenkrais Method that vary, for all levels of movement ability, from simple in structure and physical demand to more difficult lessons.

11. Awareness Through Movement lessons attempt to make one aware of their habitual neuromuscular patterns...
12. A major goal of Awareness Through Movement is to learn how one’s most basic functions are organised. By experiencing the details of how one performs any action, the student has the opportunity to learn how to:
   • attend to his/her whole self
   • eliminate unnecessary energy expenditure
   • mobilise his/her intentions into actions
   • learn.

13. Functional Integration is the other form of expressing the Feldenkrais Method. Just as Feldenkrais practitioners can guide people through movement sequences verbally in Awareness Through Movement, they also guide people through movement with gentle, non-invasive touching in Functional Integration.

14. Functional Integration is a hands-on form of tactile, kinesthetic communication. The Feldenkrais practitioner communicates to the student how he/she organises his/her body and hints, through gentle touching and movement, how to move in more expanded functional motor patterns.

15. The Functional Integration lesson should relate to a desire, intention, or need of the student. The learning process is carried out without the use of any invasive or forceful procedure. Through rapport and respect for the student’s abilities, qualities, and integrity, the practitioner/teacher creates an environment in which the student can learn comfortably.

16. In Functional Integration, the practitioner/teacher develops a lesson for the student, custom-tailored to the unique configuration of that particular person, at that particular moment. The practitioner conveys the experience of comfort, pleasure, and ease of movement while the student learns how to reorganise his/her body and behaviour in new and more effective manners.

17. In Functional Integration, the practitioner/teacher’s intention is instructive and communicative.

18. Functional Integration is usually performed with the student lying on a table designed specifically for the work. It can also be done with the student in sitting or standing positions. At times, various props are used in an effort to support the person’s body configuration or to facilitate certain movements.

19. The Method is based on principles of physics, biomechanics and an empirical understanding of learning and human development.

Section 2 - What the Feldenkrais Method is not.

1. The Method is not a medical, massage, bodywork, or therapeutic technique. It is a learning process, which has been shown to have therapeutic benefits. The Method may function as a complement to medical care.
2. The Feldenkrais Practitioner has no sexual intent and does not place hands on or in the genitals or anus.
3. Chemical or mechanical aids are not used in the practice of the Feldenkrais Method.

Section 3 - What a Feldenkrais practitioner knows, understands and does in practicing the Feldenkrais Method.

The practitioner/teacher:

1. Understands that all actions in the Feldenkrais Method are a product of a way of experiencing and thinking as originally developed by Moshe Feldenkrais, and structured in the curriculum of Feldenkrais Professional Training Programs. All expressions of the Feldenkrais Method in the design and teaching of Awareness Through Movement or in the implementation of a Functional Integration lesson, represent that way of thinking.
2. Is sensitive to the interdependency of acting, sensing, thinking, and feeling that constitute human activity, and recognises that changes in movement influence all these factors.
3. Understands the rationale, design strategies and principles of Functional Integration and Awareness Through Movement lessons. This understanding can be implicit and/or explicit, empirical and/or cognitive.
4. Understands the effectiveness of and can communicate the basic learning strategies of the Feldenkrais Method in teaching Awareness Through Movement, such as:
   a: orienting to the process of learning and doing rather than working towards a goal;
   b: using slow, gentle movement;
   c: directing awareness toward sensing differences and perceiving whole inter-connected patterns in movement;
   d: allowing the student to find his/her own way with the lesson;
   e: directing students to move within the limits of safety by avoiding pain and strain.
5. Observes and interacts with students from the initial contact and interview in a manner that leads to the development of Functional Integration lessons coherent with the principles as stated above in Sections 1 and 2. This means the practitioner/teacher knows how to translate the way students present their problems into the framework of thinking of the Feldenkrais Method.
6. Distinguishes between solving a problem that the student presents and evoking a response designed to create a new way of thinking, feeling, sensing and moving.
7. Knows the difference between learning to accomplish a particular skill or function and learning how to achieve new strategies and possibilities for action in relation to one’s intentions in the environment.
8. Uses his/her voice, body, presentation and presence in relation to the student’s, so as to encourage a supportive environment for learning.
9. Continually reorganises him/herself in relationship to perceived changes in the student undergoing Awareness
Submission to the Review of the Australian Government Rebate on Private Health Insurance for Natural Therapies

10. Contacts another person through touch in a manner that is supportive, non-invasive in intention, and non-corrective.
11. Meshes his/her movements with the easiest directions in which the student moves.
12. Becomes aware when support is given to the student, when quality of action improves, and when function becomes more integrated.
13. Alters his/her self-organisation in order to evoke greater feelings of comfort, greater capacity for learning and improved ability to function in the student.
14. Has the necessary skills to evoke the student's self-regulating abilities.
15. Determines what movement patterns a person needs to learn in order to learn a function.
16. Makes distinctions between a more or less efficiently executed action, becomes aware of the presence of extraneous efforts and can feel where a student interferes with intended actions.
17. Detects changes in muscular patterns, skeletal configurations, respiration, and autonomic nervous system signs in both him/herself and the student.
18. Makes basic distinctions about differences in muscular tonus throughout the student’s body and more importantly, knows how to find those differences by increasing one’s own sensitivity when needed.
19. Is sensitive to the amount of input a student can receive during each lesson and regulates the intensity and duration of each lesson accordingly.
20. Can discuss and describe to others what his/her intentions are or were during a Functional Integration lesson.
21. Organises Functional Integration lessons understanding both the symbolic and bio/mechanical aspects of self-expression and how they are interwoven.
22. Most importantly, knows how he/himself or she/herself, learns.

Section 4 - Organising Processes of the Feldenkrais Method

1. At the core of the Feldenkrais Method is a state of mind that fosters a process of inquiry rather than one that seeks to define solutions. The practitioner and the student join together to discover and promote the awareness necessary in order to improve functioning in the student.
2. The following questions are unique coordinates for the Feldenkrais Method. When they are all brought together as a constellation they represent a unique signature of the Feldenkrais Method. Practitioners teach the Feldenkrais Method by translating the answers to these questions into actions, whether the questions are asked or answered explicitly or implicitly.
3. These questions might never be brought into language by a Feldenkrais practitioner but rather form a sea of thoughts which might occasionally bubble to the surface in an articulate form, and be asked by the practitioner of themselves or another directly.

Questions practitioners/teachers refer to themselves.

1. How am I presenting myself in relationship to my student?
2. What can I do to achieve greater rapport with my student?
3. What must I do with myself to create the environment for learning for any lesson?
4. How am I organised to make contact with another person?
5. How do I organise myself to be able to feel more sensitively (for feedback)?
6. How am I organised to communicate and to act (for feedforward)?
7. What can I do to communicate support and ease with my student?
8. What must I do to evoke a response from my student without being overly directive?
9. How can I work so that my intention is clear but not imposed on the student?
10. What feelings are evoked in myself while working with my student and how is this affecting my actions?

Questions related to observing the student.

1. How can I discover the needs or wants of my student and how can I arrange myself to address them?
2. How does the student succeed in his/her life or in any particular actions of importance in life?
3. If the student feels unsuccessful, has he/she felt successful previously and how did he/she organise themselves to succeed in the past?
4. What can I sense in the way of differences about this person that reveals what is needed, e.g., one side compared to the other, high and low tone, between this person and others, etc.?
5. What can I see, feel or sense that will allow me to discover for myself and to reveal to my student the pattern of organisation he/she is currently maintaining? And how can I feel and reveal the direction he/she might be moving towards from their current pattern of organisation?
6. What can I feel, see, or sense that will allow me to move the student in the direction that will evoke greater learning and increased ability?
7. How can I perceive what is missing or unattended in the student’s self-image as it is revealed in his/her body?
Cognitive questions in the mind of the practitioner/teacher, that he/she considers.

1. What is the student doing and not doing to fulfil his/her intentions in life?
2. How can I find what the student wants in the context of his/her life? What function or functions might be involved?
3. What movement sequences can be organised around a theme which can create a possible learning experience for the student, that will help complete what is missing or unattended in their self-image?
4. What kind of lessons are most appropriate for this person’s needs?
5. Is there a major function I would like to explore with my student and what steps are necessary to embark on the exploration of that function?
6. What movement possibilities and/or what functions are developmentally required prior to working with the function we intend to restore?
7. What can this student learn right now? What is the time frame for his/her learning and what would be required to deepen it?
8. What are the distinctions I need to make and what are the categories and abstractions I might need to form in order to continue my and my student’s learning?

Developed and adopted by the
FELDENKRAIS GUILD of North America in 1992,
and adopted by The AFG Inc. in 1994.
Revised in 2009

Part 3 - National Council Grievance Policy and Procedures

MISSION STATEMENT
To further enhance and maintain the quality and integrity of the Feldenkrais Method throughout the community.

To educate members regarding the function of the Code of Professional Conduct and the Standards of Practise already established and accepted by the Australian Feldenkrais Guild Inc.

To establish and use clear Procedures in dealing with complaints received by the AFG Inc

STRUCTURE
The Grievance committee as a National Council subcommittee shall consist of three members:

1. A National Councillor as decided by the National Council
2. Two ordinary members who shall be selected by the National Council either directly co-opted from the membership or as a result of calls for volunteers from the membership via the National Newsletter - to be decided at the discretion of the National Council.

CATEGORIES OF COMPLAINT
1. against a member practitioner (from a fellow practitioner or client)
2. against the Guild
3. against a training program

CONTEXT IN WHICH GRIEVANCE MAY OCCUR
1. Environment of grievance
   1.1 within the place of practice
   1.2 within the bureaucratic or organisational domain
   1.3 within a situation of professional teaching

2. Issues purported to be contravened (and reference documents)
   2.1 ethical (Code of Professional Conduct)
   2.2 quality (Standards of Practise)
   2.3 bureaucratic process (the AFG Inc Constitution)
   2.4 related to trade practises and fair trading (relevant Parliamentary Acts)

PROCESS
Issues brought to the attention of the national Grievance subcommittee must be in writing and will be treated as confidential. Grievances may proceed from the Divisional Grievance subcommittee to the Divisional committee to the National Grievance subcommittee to the National Council to the Mediation Committee of the International Feldenkrais Federation.

Grievances can enter or resolve at any point in this process.
Specific Procedures:

In the case of a complaint being received against a member practitioner:
1. Written details received from the complainant, identifying person, environment and nature of the issue.
2. The National Grievance subcommittee (hereafter referred to as the committee) makes contact with the complainant to acknowledge receipt and discuss the grievance, then
3. clarifies and checks the issue with regard to the code of Professional Conduct and the Standards of Practise to confirm the nature of the issue.
4a. IF the committee considers the complaint to be not valid, the complainant is advised accordingly, given the reasons and notified of their right to pursue the matter at the next stage in the process if they wish.
4b. IF the committee considers the complaint to be valid, information and advice is provided to the complainant so that:
   (i) he/she can discuss the issue with the practitioner directly for resolution
   OR
   (ii) direct the committee (in writing) to contact the practitioner on his/her behalf to discuss the issue and to supply the practitioner with the relevant documentation (complainants letter, relevant code or standard).
5. If the latter course of action is requested, a response is sought from the practitioner within one month.
6. If that response is favourable to the Committee/complainant the issue is considered closed and all advised accordingly.
7. If the response does not lead to a satisfactory resolution, the committee may offer to convene a mediation meeting with the two parties.
8. If resolution is still not achieved the committee may need to take disciplinary action.

In the case of a complaint being received against the Guild:
1. A formal complaint must be in writing and presented in the first instance to the Secretary. The nature of the complaint will be clarified and directed to the appropriate portfolio holder.
2. The complainant will be advised that the grievance will be followed through by the particular portfolio holder, then by the full National committee, then the IFF Mediation Committee and finally legal action if resolution has not occurred.
3. In most instances the grievance will be considered in light of the AFG Inc Constitution as the governing document.

In the case of a complaint against a training program:
1. The complainant will be directed to the Administrative team for the training program.
2. If no resolution results the grievance may be submitted in writing to Australian Training and Accreditation Board (AUSTAB) for their consideration.
3. After consideration of the grievance in light of the training and accreditation guidelines they will advise the complainant accordingly of the validity of their case or not and open discussions with the program administrators and/or educational directors as appropriate. If they consider the matter to be inappropriate for AUSTAB the matter may be referred back through the committee/National Council/IFF channels for the usual Procedures.

In the case of issues potentially in breach of trade practises and fair trading:
After receipt of the complaint, the person under complaint will be advised of the relevant Act and if no resolution is reached the appropriate authorities notified of the breach.

NOTA BENE
In the situation where a member of the general public misrepresents themselves as a Feldenkrais practitioner, (though this is not under the jurisdiction of AFG Grievance policies), it is recommended that:

   The person allegedly misrepresenting the Method be contacted in writing and advised of
   * the role of the Guild in protecting the Method the nature of the Training and Certification processes
   * available certified practitioners
   * if necessary the role of the Registrar of Trademarks in potential breaches and the possibility of official reporting
   * report the person if the behaviour persists

Part 4 - Policy on Conflict of Interest

As a Professional Association, The Australian Feldenkrais Guild Incorporated (hereinafter referred to as the “AFG Inc” or “the Guild”) represents Practitioners and Trainees of the Feldenkrais Method. In this instance we are inherently self-serving, promoting the training and practice of the Feldenkrais Method for the benefit of the Members’ professional education and practice. The purpose of this Policy is to detail the nature of “Conflict of Interest” in the operation of the Guild.

Note - Throughout this document reference to “Council” or Councillors” shall include members of Council for the time being, its Office Bearers, Standing and Subcommittees, co-optees to such Council, its Standing and Subcommittees, and members of AUSTAB for the time being and its co-optees.
Reference to “Committees” or Committee members shall include members of Divisional Committees for the time being, their Office Bearers, Subcommittees, and co-optees to Divisional Committees and Subcommittees.

DEFINITIONS
For the purposes of this Policy, the following definitions are a guide:

Conflict of Interest – having dual interest; a Member of the Guild as a Councillor or Divisional Committee member; National or Divisional Office Bearer, Standing Committee member, Subcommittee member, or co-optee; AUSTAB member or co-optee; and one with one’s own business/es or employment; one could also have a conflicting interest or dispute through membership on another organisation’s Board or Executive Body.

Disclosure – the process of making one’s interest known.

Interest – legal or financial right, claim or share as in a business or estate.

Interested Councillors or Interested Committee Members – Councillors or Committee members who have a legal or financial right, claim or share as in a business or estate.

Self Interest – the pursuit of personal interest or advantage.

Self Serving – tending to advance one’s own interests.

Special Interest – representing or promoting a particular policy or business in which one has a legal or financial right, claim or share.

Personal Involvement – having dispute as well as close personal friendship.

STATEMENT OF GENERAL POLICY
This Policy recognises that both real and apparent Conflicts of Interest or Dualities of Interest (hereinafter referred to as “Conflicts”) sometimes occur in the course of conducting the Guild’s daily affairs. A Conflict refers only to personal and/or proprietary interests of the persons covered by this Policy and their immediate families and not to philosophical or professional differences of opinion. Conflicts occur because the many persons associated with the Guild should be expected to have, and in fact generally have, multiple interests and affiliations and various positions of responsibility within the community. Sometimes a person may owe identical duties to two or more organisations or businesses conducting similar activities.

Conflicts are undesirable because they potentially or apparently place the interests of others ahead of the Guild’s obligations to its corporate purposes and to the public interest. Conflicts are also undesirable because they often reflect adversely upon the persons involved and upon the institutions with which they are affiliated, regardless of the actual facts of motivations of the parties. However, the long range best interests of the Guild do not require the termination of all association with persons who may have real or apparent Conflicts if a prescribed and effective method can render such Conflicts harmless to all concerned.

Therefore, the Guild shall require that all actual or apparent Conflicts be disclosed promptly and fully to all necessary parties and to prohibit specified involvement in the affairs of the Guild by persons having such Conflicts.

COVERAGE OF THIS POLICY
This Policy shall apply to all Councillors and Committee members. The Guild’s management shall have the affirmative obligation to publicise periodically this policy to all such parties.

Whilst it is not possible to describe or anticipate all circumstances and situations that might involve or appear to involve Special Interest or Conflicts of Interest, the following examples of some such activities are given for illustration, but it should be understood that these examples are not intended to be all inclusive:

- Being connected directly or indirectly with any business, Feldenkrais Professional Training Programme (FPTP), officer, director, participant, consultant, or as the recipient of wages, salary, bonus, fees, commissions or other compensation of value of kind which sells, provides materials, supplies equipment, facilities or services to the AFG Inc; which received benefit from Guild policy; or which is in direct or indirect competition with the AFG Inc, and/or
- Having personal connections either in friendship or dispute with another person whereby participating in Council or Committee decisions affecting that second party could involve a bias in decision making on the part of the Councillor or Committee Member.

DISCLOSURE OF ALL CONFLICTS
All persons to whom this policy applies shall disclose all real and apparent Conflicts which have been brought to their attention in connection with the Guild’s activities. Individuals have an obligation to look closely into the activities and proposals being addressed by Council or Committees in which they are involved and disclose all such Conflicts.

“Disclosure” shall mean providing promptly to the appropriate persons (Council and Committees and individuals) the facts comprising the real and apparent Conflict.

Disclosure is appropriate whenever Conflicts arise. Councillors and Committee members shall sign the Conflict of Interest Declaration which shall be kept on file by the Officer or person nominated from time to time by the Council for the time being.
Councillors and Committee members shall disclose any and all professional or personal involvements in FPTP’s, workshops, seminars or other projects or business in which the Guild is involved directly through contract or indirectly through Guild policy. A professional involvement is defined as any relationship where the Councillor Committee member will derive income directly from the activity or from having financial investment in a programme, project or business.

When a Councillor or Committee member believes that he or a member of his immediate family might have or does have a real or apparent Conflict, he should, in addition to making the disclosure statement, abstain from proposing motions, voting, executing agreements, or taking any other similar direct action on behalf of the Guild. Any person having a real or apparent Conflict of Interest, as described hereunder, may participate in limited discussion of an information-giving nature, then must be absent from the final discussion and vote on the matter in Conflict. Upon receipt of a written request from any Member, or upon its own initiative, Council for the time being may at any time establish further guidelines consistent with the Guild’s Constitution for the resolution of any real or apparent conflicts.
Part 5 - Policy on Confidentiality

CONFIDENTIALITY Policy

Definition - Confidential  entruusted with secrets, privileged information; a Member of the Guild as a Councillor or Divisional Committee Member, National or Divisional Office Bearer, Standing Committee member, Subcommittee member, or co-optee; AusTAB member or co-optee, and being privy to the confidential information which may relate to the members who are peers, colleagues, and friends; or may relate to other strategically important Guild business.

Statement of General Policy

Confidentiality is required by all members of Council and Committees, whilst conducting their duties for AFG Inc.. This is to ensure that drafted material is held private until available for general knowledge. It is also to prevent incorrect information being divulged until consensus has been reached, and, to protect the members who have entrusted the Guild committees to represent them with trustworthiness and loyalty.

Coverage of this policy

At times it is necessary to discuss sensitive information at meetings, and the protocols to ensure confidentiality include:

Each Councillor and Committee member is to hold in confidence all information entrusted to him/her and shall not disclose to another, outside the parameters of their duties
Minutes of meetings are to be held by Committee members or Councillors only, and the National Council meetings to also be held by Divisional Secretary.
Under no circumstances are copies of minutes to be made
Each member of the Guild has a right to Privacy. Each Councillor and Committee member is entrusted with the privilege of confidential information which they shall treat with sensitivity and mindful of the personal dignity of the membership
The membership has the right to be provided with all information for General knowledge made available through annual reports, Divisional newsletters, National Contact, and reading of the minutes on request, in the presence of a Councillor or Committee member.

Councillors and Committee Members shall sign the Confidentiality Clause annually. This shall be kept by the Officer or person nominated from time to time by the Council/Committee for the time being.

Non agreement to sign/ breach of policy.

The intention of the guild is to have a comfortable environment where the committee can speak openly and honestly when dealing with sensitive issues when communicating with other committee members without risk of that information going further. If a councillor will not agree to sign both the Confidentiality Policy and the Conflict of Interest Policy, then that person will not be eligible to serve on an AFG committee.

In the event of a breach of either or both Policies, then, action will be taken in line with National Council Grievance policy and procedure guidelines. (Section I. Ethics)

Appendix 1: CONFLICT OF INTEREST DECLARATION

I have read the CONFLICT OF INTEREST POLICY of The Australian Feldenkrais Guild Incorporated and affirm that to the best of my knowledge and belief I am involved in no such activity or situation which might create or appear to create a Conflict of Interest, except as explained fully and completely on the attached page/s. (Attach information if appropriate).

I FURTHER AGREE TO REPORT IMMEDIATELY ANY CIRCUMSTANCES OR SITUATIONS ARISING IN THE FUTURE THAT MIGHT INVOLVE ME OR APPEAR TO INVOLVE ME IN SUCH CONFLICT OF INTEREST.

Name .................................................................
Address .............................................................
........................................................................
Submission to the Review of the Australian Government Rebate on Private Health Insurance for Natural Therapies

Signature ............................................................................................................ Date

Witness –

Name .................................................................
Address ..............................................................................................
....................................................................................................................

Signature .................................................................................................... Date

Appendix 2: Confidentiality Clause  26th Feb 2003

I (print)................................................................................................................agree:

- not to disclose details of discussions held at the meetings of AFG Inc. National Council, AFG Inc. Divisional Committees and Subcommittees, where those details are identified as being of a confidential nature at the time those discussions are held and as an enduring agreement; and
- to keep confidential any material, regardless of its form, relating to Guild business or which is treated by AFG Inc as being confidential, except where that material is independently developed by me or is public knowledge.
- to renew this agreement annually whilst a committee member

Signed............................................................................................................

Date ............................................................................................................

Part 6 - Policy on Privacy  March 07

Policy on Privacy

The Australian Feldenkrais Guild Inc is committed to respecting the privacy of your personal information.

We are bound by the National Privacy Principles that establish the benchmark for how personal information is to be collected and stored. The Australian Feldenkrais Guild Inc has adopted these principles as part of our standard operating procedures.

As a result we will ensure that all personal information collected is handled in a uniform manner and that the highest regard is taken for maintaining its security at all times. The information will be used by The Australian Feldenkrais Guild Inc in the administration of your membership of the Association, supplying the products you order, providing you with information about membership, Certification and resource services, and providing you with information on how you may access these support services.

The Australian Feldenkrais Guild Inc may, from time to time, disclose some of your personal information to Commonwealth departments and agencies or Health Funds in the course of normal operations. This will be done for the purpose of access and otherwise as required by law. Commonwealth departments and agencies and Health Funds are also subject to Information Privacy Principles that are designed to safeguard your personal information.

If you are concerned that we may have handled your personal information inappropriately please refer the matter to the Secretary of The Australian Feldenkrais Guild Inc.