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After a Knee Replacement: an application of the Feldenkrais Method®

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The door opened to the familiar face of Mrs A. She practically fell into the chair, exclaiming “The leg’s doing really well, but ohh! my back!” She rubbed the small of her back vigourously, grimacing all the while.

Mrs A is a very active woman in her late seventies; she runs a thriving family business. I have been seeing her once or twice a month for a couple of years, initially for help with her ‘frozen’ shoulder, but latterly for the combination of a tricky back and two deeply arthritic knees. Our work together helped relieve some of the pain she felt in activities like standing and walking, and probably helped postpone more drastic intervention, but recently the arthritis was getting the better of her, and she decided to have knee replacement surgery. This surgery is one of the miracles of modern medicine. Mrs A found, as many people do, that even the day after the operation, in the midst of considerable pain arising from the surgery itself, it was clear that the pain specific to the arthritis had vanished.

But standing or walking aren’t actions for which we only use our legs, and their knees; when we stand, it’s our whole self that stands. In standing, the weight of all the parts of our self must balance over our relatively tiny feet. Just like an accountant balancing the books, nothing can be left out, we can’t claim that the books balance ‘except for’ this or that part. Standing, then, is a conspiracy of the whole body, in which all the parts co-operate to aim the total weight through the legs, through the feet, into the floor. If one part changes, other parts must accommodate. So for Mrs A, the new situation in her leg also made quite new demands on her back — demands that, in her case, were not easy to meet. So this was now her request of me: how could she best continue her recovery from the operation, but also make use of the opportunity afforded by her ‘bionic’ knee?

Her first words had told me what she felt was ‘wrong’ and where it was; my next job was to translate from “What’s wrong?” to “What’s happening?” I asked her to sit forward on the chair, and I began to explore her back, touching it with my hands. She was arching strongly at the place she had been rubbing, and I could feel the work of the tensed muscles. I asked her to roll her pelvis so that the back of her waist moved backwards, to look downwards, to let her whole back round. Then I asked her to come back to her normal sitting posture, and to repeat this rounding and straightening a few

times. As she did, I could feel that these same strongly-tensed muscles never really let go into the rounding, and were the first to act as she returned to normal sitting.

What should these, or any, muscles be doing? You could consider the heart as the paradigmatic muscle; it rhythmically alternates between contraction and release in order to pump our blood. If it doesn't contract or doesn't release — either way, we have a problem! This rhythm of the heart is wonderfully regular; other muscles have a less predictable rhythm, yet the principle is the same, contraction and release each have their time. For the whole back to round, all the muscles behind the spine are asked to release; for the whole back to arch, those same muscles are asked to contract. Exactly in the place that Mrs A was experiencing her pain, the constantly tight muscles were no longer part of the rhythm of the whole. While that may sound like merely poetic imagery, the results were very practical: whenever she moved her back, the muscles in front had a fight with the muscles in back, and that fight hurt.

I asked her to do the movement of rounding her back again, with my hand behind the small of her back, but to do the movement this time in order to push the small of her back into my hand. "Do you have a sense of how much work it takes to do this? Would you notice it if that were to be a bit different in half an hour?" Although the amount of work seemed to be entirely natural — our habits always do — she thought she might notice if it were to change.

Then I asked her to lie on her back on the low, padded table that I use for my work. With her legs bent, so that her feet were flat, I asked her to push with her feet against the table; again, to push in order to flatten the small of her back into the table. "How much work is that? Can you feel how readily your lower back arches away from the table when you stop pushing?" She could, but as before, it all felt perfectly natural.

I began to explore with my hands: If I put my hands between her lower back and the table, just supporting the work her muscles seemed addicted to doing, then waited a breath or two, was there any change in the tonus, any release of the tightness? I tried this up and down her back, wherever it was enough lifted from the table that I could fit my hands in. My strategy was to support what she was already doing. Gradually, I moved further away from her lower back, in each place finding out whether I could do this 'supporting act' from the new, more distant part. What could I do with her ribs that might support arching in the lower back? With her shoulders, her arms, her neck? Down into the legs? And in each place, what happened when I eased off the support — did she take up all the work of arching again?

This is the almost magical crux of the whole thing: she didn't. By the end of thirty minutes of this sort of exploration, her lower back was much flatter against the table. When I asked her to push with her legs, to feel how much work was necessary now in order to flatten her lower back, she could clearly feel the difference. "Why, hardly any! How did you do that?"

“Wrong question,” I said; “how did you do that? Because it was you who changed what you were doing; my role was just to give you the sensation of the work you were already doing, and of how there might be a choice.” I asked her to come up to sitting, to do the rounding movement from before, pressing her lower back into my hand. Again, it was easy for her to notice the difference, the greater ease, the agility of her hips in sitting.

She thought we were finished then. “No, I said, we’re just now ready for the most important part of the lesson: your homework!” I asked her to lie down again, and once more to push with her feet in order to flatten her lower back. “How will you be able to use exactly this action tomorrow, or the next day, as a way of noticing the quality of the flattening?” We talked about slowing the movement down, noticing its progress through the different joints of her back, noticing the relation to her breathing, and a few things like that. “Now, if you start to arch your lower back as you did before, you’ll have something to try. It may not be enough, but we can build on this; it’s a start.”

It was a start. The ensuing lessons were not a story of uniform success; life is a bit complex for that. But we had our breakthroughs, and she had, gradually, more tools with which she could respond when her back hurt. Each tool, each new possibility for response, made her less the victim of her pain, and instead, more and more able to respond to its call.