Scoliosis: Working with Clients in the New Paradigm (ENG)
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What do you do when a mother calls about her 15 year old daughter who has a scoliosis now advanced to 47 degrees? That sets off medical alarms. Knowing no other means of treatment, the doctors request the mother to consider surgery. What kind? A radical, life-altering surgery involving attaching a Harrington rod to the spine with turnscrews. They have already tried physical therapy, and everything else; yet nothing has worked to reverse the slow creep of the scoliosis.
How can scoliosis be treated? Can the course of curvature of the spine be halted, even diminished? First, it takes a different approach, one that looks at the scoliosis as an idiopathic disordered response to growth. This different approach means looking further into an underlying pattern, an existing postural disorder accompanied by functional movement distortions and limitations not even seen by the examiners, nor treated by any of the therapists.
Hypothesis: If the body is already out of its core support, out of balance (as demonstrated by posturo-mechanical measurements), and cannot find its own built in movement transmission, myofascial pathways back to postural equilibrium, it must seek adaptive adjustments. These compensations are still in the system's interest to maintain postural integrity and functional ability. The system adapts by contractures and directional movement deviations. The system is seeking to maintain itself now by re-routing of postural balancing and tension-integrity mechanisms. The structural sectors of the body-spine, ribs, hips, shoulders-adapt to a deviational pattern, like a tree trying to grow vertical, but pulled off center by obstructing forces. Scoliosis is the structural manifestation of this internal cns-gravity driven dynamic.
There are now two approaches possible: one is to halt the progress of the scoliosis by external highly invasive means, like surgically inserting rods. However, this medical intervention has lifelong consequences. The central nervous system can no longer recognize the adaptation, nor control its destiny.
The other approach is to work with the neuro-biomechanical movement patterns which are hard-wired into the nervous system. This requires awareness of the pattern, awareness of other movement pathways available, and a program of neuromotor reeducation.
The 15 year old girl presents a body of adaptation, already in the process of visible distortion, with compromised functional movements, i.e. movements that are no longer smooth, efficient, or direct. In effect, she is in certain structural and motoric sectors disconnected to herself. Yet it takes only six sessions before she gets reconnected. By introducing her to a map, and the schemata of six core pathways of movement, she would have more control over her movements, and with this the possibility of reorganizing and redirecting her movement patterns. At first, she does not understand but does the exercises and lessons. In the process of doing, slowly and with awareness, we help her connect to her own body, marker by marker, via anatomical stations, or check points. Since the human brain is a mapping and tracking system, the process inevitably stimulates a pattern of recognition, a sequence of connected movement dots which lead to a vital function of everyday life. She quickly becomes cognizant, and soon can follow the paths of levering and transmission through joints. Session six finds her scoliosis so reduced that her parents observe a distinct, even describable difference. The medical specialists at Children's Hospital do their retesting, only to find she has dropped below the critical point. Now they have no basis for their surgery. She is relieved of the burden of inner anxiety, and can resume a normal life. [NB: she was referred to me because the parents heard of the possibilities of an alternative method with a record of success far greater than conventional, even alternative modalities. It is interesting that the doctors showed no interest in how she achieved this result.]

The Case of N.F. This woman in her late thirties had had a double rod implanted since her late childhood. Her body was cast into a markedly adaptive-distorted pattern. She had lost mobility, her spine rigid and in lordosis, with pains more and more frequent. She was encouraged to come to one of our seminar clinics where we worked with her in the context of her also learning the lesson-

exercises under supervision by CI practitioners. [October 2006, Acquapartita, Italy]. For the first time she felt positive results including greater ROM (range of movement), and the opening of movement pathways long stultified. She attended again in November 2007 for 4 days. The physical changes were evident and have been recorded. She was also free of pain for a longer period. The method involved a specific kind of myofascial work that opened up access to the nervous system's functional and myofascial movement flow. She has been documented in her movement patterns, and reports that she is able to continue on her own, releasing pains from myofascial constrictions, maintaining and continuing to improve in function. [Personal training clinics are held in Watertown and in Worcester, MA, and also at our training facility in Italy]

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