

Parkinson's Advice

- 176 That they are a PERSON first with a difficulty. Listen, observe and have fun learning together.
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- 178 I have worked with a lot of people with medical conditions. Be attentive to the person's specific needs if applicable and use the Technique as it is designed which is a gentle way of exploring how to use the body differently.
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- 181 KNOW that we can help and encourage the pupil to take responsibility for directing, as much as they can.
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- 182 Ground yourself
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- 186 Take it slow, only one or two teaching points and changes of task
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- 187 Take time. Don't expect to change the pupil. Accept where they are. Often amazing changes can happen with this attitude, esp. as the pupil often doesn't accept themselves with the difficulties they have to face with Parkinsons. Don't always work with semi supine, or at least not as a first activity in the lesson, as sometimes the shaking is felt by the pupil to be very extreme and intrusive at a time when pupil hoping to be feeling calm. This can distress the pupil so much that they can't relax at all. I found it was better to do other activities that brought mindful attention to balance, release of limbs when standing, walking, sitting etc. and this brought about a quietening of the nervous system. Lying in semi supine after these activities was often a very calming experience, where no shaking happened at all..
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- 189 Again, my students were all in the earlier stages, but I would say if you had a concern, to ask the student about it directly.
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- 190 Just work the way you would with anyone. and see what comes up.
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- 193 Understand their fear of falling. Work slowly with a simple exercise first, maybe start with wall work so they have support whilst co-ordinating themselves. Look at something they find difficult and work round that.
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- 195 Each Parkinson's pupil will be different. Go gently, be patient - with yourself and your pupil. Go slowly. Don't expect 'straight line' improvements. Parkinson's varies hugely from person to person, and from day to day. Any help on any day on its own is an improvement. Be aware that the muscular feel of an AT pupil will be with Parkinson's will be different. Any small ease of flexibility will be an improvement. There may be, or may sometimes be, some cognitive impairment - which varies. Trust that AT works - you don't have to 'do' anything!
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- 196 As with any new pupil.

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- 199 Use the Alexander work to calm, don't worry if it seems not to succeed at first. Believe in the power of touch to communicate direction. Don't treat the pupil like an infant. Try to find something from their past the can reconnect with. One of my pupils used to dance and engaging with that in a slow gentle way helped to recover continuous movement more under his control.
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- 201 Empathy Support Accept what you find on the day Trust that the principles of AT will help the psychological and physical effects of this disease.
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- 203 Talk to them, ask what they find difficult, what they want help with. First hands-on without attempting to make movement.
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- 205 Be confident in your ability to convey the power of Alexander's technique's. Work with laser focus on micro physiological response and with each, ask for the Student's feedback to increase their awareness of bodily change I like my students to bring someone with them so there is someone else to witness and delight in the extraordinary and encourage the Teaching beyond the sessional
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- 207 My advice would be to check things out with the pupil as you go along and be open to being wrong.
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- 208 Rather periferal vision than focused vision. Step "over a stick" when starting the walking. Primary control effects strongly to facial expression, therefore chair and tablework are the basics. Directing the fingers/ pointing helps with trembling or "freezing" hands.
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- 211 Don't be overawed by the word Parkinsons. They can get real help from a caring hand and gentle instructions in AT activities.
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- 213 The ability not to react in a mechanical way. Being able to apply within themselves the essence of the Alexander Technique...Self-observation, Inhibition, Re-direction, Activity.
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- 221 Find out what their main concern is. (Balance? Rigidity? Tremor? Eyesight? Sense of being ruled by illness?) Find out their impairments. Talk about recent research - what they know, what you know (AT angle). Take time - lots of time. Give them time. Watch out for end gaining!
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- 224 To be very, very, very gentle and calm. To remember that your student may be afraid of change and of physical movement especially, but not only, where balance is concerned. To remember also that your student will have talked with doctors and others who may be very sceptical about the AT and that you will need to think carefully about what you are going to say and not just about how you are going to use your hands. The little video attached to your email is wonderful and might be shown to any prospective student.

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- 227 Not about posture - they will make an effort. If they have a tremor let it happen don't fight it. It is common to fight it consequently causing more conflict.
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- 232 I cannot generalise on the basis of one experience.
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- 233 Creating an environment of calm with no demands or expectations. Providing support in usual ways i.e. table and chair but also using wall or providing support with hands resting on a chair back.
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- 234 Listen closely Be calm as well as cheery Do not promise the earth
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- 235 Don't be distracted by tremor .
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- 236 Read up first Dont be afraid as you can help
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- 239 Work gently, using listening hands. Ensure the pupil has adequate support for limbs and is warm enough. Be prepared to help onto and off the table (especially).
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- 240 If you work to principal, it's no different, so have courage and go for it!
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- 243 Manage expectations. Try to make the lessons varied but not tiring.
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- 244 See if you can
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- 245 Start where the pupil is. And agree a contract of what they want to achieve
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- 248 Listen to their need. Be up front about ATs possibilities and limitations.
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- 249 Learn about Parkinson's disease and ask your student lots of questions about the present conditions. Be prepared to cover just a little and to repeat. Find out what they most want - balance when walking? Getting out of a chair? Relief from sore muscles?
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- 252 Be patient. Listen to the pupil first and foremost. Even getting in and out of a chair might be too much of a challenge so start slow and build each week. Realise that there might be a large element of fear. I talk to pupils about emotions and how this manifests in the body but other teachers may not include this.

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256 These dear souls enjoy the simply, quiet and clear touch and directions which many AT teachers embody. We always started with the support of the feet and pelvis in sitting, or under the whole body in laying down. Letting go and trusting the support was the key to improvements of the coordination of primary control. The need to feel SAFE and SUPPORTED was vital. Well I do too, so this was not difficult to understand. Letting go of the neck and Going Up as we call it followed at a later stage, initially the solid contact to support and an experience of trust was liberating for every one we worked with. Particularly a gentleman who walked with a frame loved the support not only under the feet but also under his hands. Communicating the gift of sensual feeling, feeling the ground. There seemed to be people who were starved of sensual feeling. This gave them a sense of self and of being more than a Parkinson's person.

257 Approach the person, not the label.

258 I don't have sufficient experience to give any advice.

260 Allow yourself to know nothing and do not try to help.

261 Not to get intimidated by the label or the presentation of symptoms e.g. the excessive shaking. Stick with the AT but also read the research articles & make use of the tips.

262 Read the research on AT and PD. Also read the latest research on exercise and PD. Ask questions if your pupil, all are different, and things change.

264 That they emphasise it being a slow process and will take time and talk about the nervous system and the relationship to the brain function (if they feel they are in a position to absorb that sort of information)

268 You might notice an overall slowness in their responsiveness to hands on work.. as direction isn't picked up so readily. You might observe them to be more tense or rigid and assume it to be entirely use related..which in a way it is. It has been found that the symptoms of Parkinson's start several years earlier than most diagnosed.. so people will have symptoms before they present with problems and seek help.

270 Take your time and trust that they know more than you do about their disease. Each person is so different just as each instructor is very different. Be patient and do some independent research so you may understand your role better as an instructor. Rhythm and movement are good.

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- 271 I realised that getting out of a chair was an immediate need so I focused on this first of all and asked him to practise at home and his wife did the same so they monitored each other. It worked very well and both of them got a lot of practice in the first week. I just gave simple instructions - moving forward to the front of the chair, putting the feet in a helpful position and leaning forward from the hips to move the centre of gravity forward. Stopping and changing the habitual way of moving.
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- 273 The same as for any other pupil... observe, one step at a time, optimistic yet honest approach stating possible limitations... step into unknown. Space/ time/ unfolding....
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- 274 Patience patience patience. Sometimes speaking can be very slow so listening carefully is essential. Really helping them to stop before moving, the need to rush in case they won't make wherever their going is so unhelpful.....teaching that it's ok to take time seems to be a relief to them. Breaking things down.
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- 277 Don't work them too hard. Otherwise, treat them like another other pupil, with appropriate modifications to respon to their needs. No two Parkinson cases are the same and sufferers will vary week to week.
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- 279 I think getting some advice from someone experienced would help a great deal.
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- 280 Keep coming back to quiet. Be patient, spacious, calm and friendly, as with other pupils.
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- 281 I do not have enough experience to give generalised advice. I have worked fairly extensively with two people (and just a little bit with a couple of others) with Parkinson's and the two differed quite a lot. One has no option but to look after oneself and find out what works.
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- 282 go to my website and read my article about my work's relationship to Parkinsons
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- 287 Very gentle and sensitively exploratory.
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- 289 Learn about the condition in general, as well medication. Take the time to find out about your student's specific situation. Obviously best to plan to schedule lessons when student likely to have decent motion, i.e. not great use of their cash or time if they are having a heavy duty frozen episode. Because i live in countryside, i offer to do part of lesson walking outdoors. Non congested space, indoors and outdoors, very important for PD folk.
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- 290 Don't be afraid to ask direct questions in order to get a clear picture of what the pupil is and isn't able to do, at present. Let them know that it's a joint venture, you will take your cues from them as to the direction of the lessons and that you will always listen carefully to and trust their judgment about their needs.

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- 291 Don't be afraid to use your hands and don't treat them any differently to anyone else. I find people respond well to hands on work, allowing tension to unravel. I also talk a lot, telling them stories, encouraging them to move towards their own success. Consultants tell people how things will get worse, in my experience. I tell them how things can get better, and I believe it. One student of AT kept improving and even got a second opinion in the end as to whether he had Parkinson's. He did, but he used the AT to stop it taking over his life.
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- 292 Use with your instinct and treat them like you would anyone else. Gentleness and compassion.
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- 293 Stick with AT principles but be patient and take things slow. Start with table work before chair and walking. As for walking, the means-whereby really comes into its own. For the Parkinson's sufferers I have taught (approx 9 I think) I find getting them to think of the knee leading to start the step works really well because they're not thinking of taking a step (often associated with effort and freezing). If they use a stick, I ask them to nudge the stick with their knee to start the movement.
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- 294 Inhibit!
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- 295 Stick to principles and see what happens. Don't be afraid of spasms, twitching, pain etc.
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- 297 Don't worry and trust the technique.
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- 300 Be clear and patient.
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- 304 Don't expect to see immediate results.
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- 309 Aware Enable Connection of brain and body Confidence
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- 312 Depends on what stage they are at. Early stage, treat as usual. Later..... be creative.
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- 315 Take time to talk and listen to the person and find out how their condition is affecting their lives; then begin with small stages of change through inhibition; point out when they rush to react so they know what you are looking for and what they can change.
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- 317 Stay calm, take a full clinical history, explain the principles of inhibition and direction. Make sure you have plenty of space in your teaching room. Not too much lying down, my pupils did better if they had an activity in view, such as standing against a wall or taking a step. Gentle hands-on work on the neck/ head relationship. If they come with a 'carer' you might asked this person to stay in the room during a lesson to watch, in order to reinforce the mental directions

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318 No key words. One works as usual.

319 Be aware of their emotional response to having Parkinson's. For some it's a huge area of disappointment, embarrassment and for some just something to be managed!

320 Be aware that muscles in the face can be affected by Parkinson's characteristic stiffness, so don't be misled by a fixed expression at times. Take it easy, learn from your pupil, inhibit the immense desire to help and recognise that it's a continual challenge for anyone to live with the disease.

321 Establish as clearly as possible what stage their condition is at and how able they are to support themselves in standing and walking. It can be dangerous for them if the condition is advanced. Consider getting specific training in order to make the process safe and more effective.

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