

## **Early Intervention of Cerebral Palsy with the Anat Baniel Method for Children<sup>SM</sup> (based on the work of Dr. Moshe Feldenkrais) by Josie Davenport**

*"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 [The Feldenkrais Method] to be much more useful than standard physical therapy."*

**Andrew Weil, MD, Author of Spontaneous Healing and Natural Health, Natural Medicine**

As a practitioner of the Feldenkrais Method® and the Anat Baniel Method for Children<sup>SM</sup>, I have had the joy of discovering the miraculous world of "turning the learning switch on" in children with learning disabilities and especially with children who are diagnosed with cerebral palsy. First, to simply describe cerebral palsy; children are born with either too little or too much tone in their muscles which is seen as floppiness or spasticity. Children who are born with these constraints on their movement are not able to do the myriad random movements that healthy babies do. This random exploration of movement is an important part of the child's internalized self-image. It is as though the child is painting an image of their 3-D possibilities of movement into their nervous system. In this exploration of the world there are no mistakes, only information. This is the beginning of self-referencing - of knowing their boundaries and preferences and of experiencing the world directly.

Using the Anat Baniel Method<sup>SM</sup>, I create pleasurable ways for children to explore vectors of movement that were previously either unavailable or uncomfortable. This method is not massage and it is not therapy even though the effect is very therapeutic and pleasant. This method is all about learning, about exploring many options in movement, movement being the language of the brain. I help the child create movement choices that are volitional, while at the same time the child can stay in the happy process of curiosity and exploration rather than goal orientation or performing for external approval. I hope that the following examples will illuminate these ideas further.

**Ruby** was born with no heartbeat. She consequently had seizures, was in NICU for three weeks and was diagnosed as having cerebral palsy. I gave Ruby her first lessons in August when she was 1 1/2 years old. She had been working with a PT and OT and a speech therapist for about a year. She did not speak at all. She had learned to rigidify her pelvis hips and low back and her legs in order to "stand" with support. When left alone she lay on the floor not using her arms.

- After the first lesson she started using her voice and progressed to saying her first word "Elmo" and singing. Often after a lesson she would experiment with sounds.
- At two years she was able get into a crawling position without external chest support. She learned to roll from her back into a "W" and then push herself up to sitting. In sitting she would bounce by rocking her pelvis and raise her arms in the air.
- Ruby became very opinionated and learned to state her likes and dislikes. Her mother told me early on that she didn't expect that change in Ruby who was so docile and "easy" before.

The following notes were written by Ruby's mother, Maya:

Ruby is imitating speech more, is more verbal and making new sounds.

When we are in the bath I support her by the back of her head and she floats freely and kicks and splashes, but last night she bent her legs and kicked off the bottom of the tub, threw her hips up and made big splashes! Often, she is grabbing her toes and feet and lifts her legs up when she is sitting, in a way she never has before. Saturday night she rolled over to me on the bed and I put her on her stomach across my legs. I was on the phone and realized she had gotten

herself into a sitting position all by herself!

**JJ** is a two-year-old boy with mild CP. When I first met him in he was very fussy. I worked with him in his mother's arms until he became quiet and comfortable and interested in what I was doing. Then she put him on the table close to her and we began to explore movement. At first JJ lay on his back with his knees standing and he did not use his hands. His arms were bent at the elbows and his hands were in tight little fists.

- During playful exploration of movement JJ became ecstatic. By the end of the first session he was rolling left and right and reaching, slapping the table with each hand open and laughing hysterically.

- During the second lesson, JJ got up on all fours leaning on his hands. Since that time he has spontaneously pulled his pelvis up to stand on his knees and leaned on his hands with his head up.

- We continue to explore together the many variations of movement that are foundational to sitting alone and being able to fall safely as well as transitioning from one position to another. By keeping this learning a pleasurable exploration process rather than working seriously towards a goal, he is able to stay out of the spasticity and frustration of goal oriented performance.

The following notes were written by JJ's mother, Alison:

I wanted to let you know that JJ army crawled today unassisted for the first time ever, in addition he can now stay on his stomach far longer and he keeps his head up so much better. JJ is now able to get around on his back on the carpet, before we started seeing you he could only move around on his back on linoleum. On the way home JJ slept for over an hour - not only does he rarely sleep in the car but even when he does he's never slept for that long before. Thanks again Josie for all you're doing for JJ and our family.

## **Conclusion**

The skill of this work with children of any age is to hook up with that child's own sense of curiosity and enthusiasm while at the same time helping them to learn to use their body and mind more fully. Movements that are small at first and within the child's range of safety allow the child to gain more control and ease and therefore more pleasure and eventually more skill in their actions. Actions include thinking, speaking, listening and movement.

You may have noticed that both children in this article were two years old and younger. I want to point out how quickly children can improve when they are not trying to perform and when they are not yet identified with a diagnosis. However, this work can help children (or adults) of any skill level learn to act with greater ease and grace.

If you are interested in more information, I have a lending library of videos showing several lessons with each of three children. I may be reached by cell phone at 352-514-5076, e-mail [josiedav@mac.com](mailto:josiedav@mac.com) , and on the web [www.josiedavenport.com/](http://www.josiedavenport.com/).

***If you are interested in more information, please note the following sites:***

[www.anatbanielmethod.com/children.html#how](http://www.anatbanielmethod.com/children.html#how)

[www.freechildrensclinic.org/articles.html](http://www.freechildrensclinic.org/articles.html)

[www.feldenkraislearningcenter.com/Index.htm](http://www.feldenkraislearningcenter.com/Index.htm)