

AMANDA

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AMANDA'S VOICE

I am Amanda Salas, nineteen years old, and a c-4 C-5 quadplegic. All my life I've been very active in athletics. My primary sport has always been soccer, but I've also enjoyed many others, such as track, volleyball and water- skiing. I am fascinated with international communication. I speak Spanish fluently and currently I am learning Italian and French. I have a great family with an older sister and a younger half-brother. They have been very supportive through an incredible crisis that began in 1992.

A little over two years ago, I was in Argentina on a summer exchange program when my host family and I got into a car accident. We didn't hit anything or anyone, but our car lost control and went off the side of the road and rolled multiple times. On the first roll, my head hit the roof of the car and my spinal column was compressed, causing the 4th and 5th cervical vertebrae to nearly shatter. Bone fragments were lodged into my spinal cord. As a result, I was paralyzed from my shoulders down. I had lost all feeling and control of my muscles, including the ones that work the respiratory system. I ended up at three different Argentine hospitals because of a number of complications. Two weeks later, I was air-evacuated back to the United States and remained in Sharp Memorial Hospital in San Diego, California for six months. I began Feldenkrais a couple of months after my return to the United States while still at Sharp Hospital.

SHARON'S VOICE

When I first went to Sharp Hospital to visit Amanda she was in the Intensive Care Unit (ICU). Amanda, who I call Mandy, was still in critical condition. She had no respiratory function, she had a tracheostomy and was placed on a ventilator to regulate her breathing, she was unable to verbally communicate, and she was wearing a metal halo device around her skull to stabilize her neck to prevent further damage to her spine. The doctors had placed a titanium plate along C-3, C-4 and C-5 to stabilize her cervical spine. The halo was to be on for a minimum of eight to twelve weeks, to assure the fusion. Mandy had sensation only from the neck up, and a lot of the feeling was pain.

Since Mandy couldn't speak, I decided to share with her my story of how I came into the Feldenkrais world. Upon completion of my story, I left Mandy with a touch of Feldenkrais. I began to verbally direct her through some tongue, lip and eye movements. After just a few minutes of exploring her teeth with her tongue and visually following the movements of her tongue with her eyes, she was able to move her jaw more freely, allowing her mouth to open wider. We continued doing a few gentle lip movements; separating them, wetting them and pressing them together. She was now able to close her lips with greater control, allowing her to hold a straw between her lips without any

assistance. This was extremely useful, since Mandy could only drink beverages by sipping through a straw. Mandy decided to continue with Feldenkrais lessons.

Mandy's emotional state was remarkably good. I was amazed at how cheerful and enthusiastic she was considering all that she had been through, and that she didn't know what was ahead for her.

Our journey began while she was still in the ICU. Mandy was confined to an airbed which automatically rotated her from side to side every two hours maintaining her circulation and preventing bed sores. She was not to be moved by anyone at any time. Therefore, we started working with her jaw, tongue, lips, neck and eyes. Within a relatively short time Mandy was able to freely move her tongue and jaw around, and the pain in her cervical spine subsided. However, Mandy remained in the ICU due to her respiratory system failure. Since leaving Argentina, she had remained on the ventilator connected to the trache tube in her throat that pumps air into her lungs, breathing for her. At this point, we decided to start working with her breathing. I began by having Mandy imagine the movements I asked of her. This allowed her to have a much clearer idea of the movement before attempting to do it. We started with her imagining bringing air into her nostrils and allowing the air to travel down her throat into her chest, and releasing her breath. I had her visualize how her ribs and sternum would rise and expand as her breath entered her lungs. I continued to direct her through several variations relating to the timing of her inhalation and exhalation, the rhythm of her breath, and how to hold her breath. We continued by incorporating her belly, and how she could push her belly out and pull her chest in to move her breath up and down. After a few weeks of daily practice, Mandy was able to breathe regularly on her own. She then moved out of the ICU into the rehabilitation section of the hospital (for stable spinal cord patients).

In the rehabilitation section of the hospital, there is a tremendous amount of activity going on. Mandy's day became quite full with Occupational Therapy and Physical Therapy. Fortunately, she was able to still have her own private room, which allowed us to have a quiet space in which to work. We changed our schedule to working on Saturdays, when there was no other therapy or activity going on. Two months passed, and it was hopeful that within the next week Mandy's halo would be removed from her head. Mandy had no functional movement below her neck, so our emphasis was on improving the mobility of her cervical spine. A great deal of caution was necessary. It is critical for the fusion to stabilize to prevent any further damage to the spinal cord. Any large movements could disturb the fusion. We continued to work with her eyes, jaw, lips and inside her mouth, increasing the mobility and freedom of movement in these areas, which indirectly were freeing up the cervical spine. Mobility in Mandy's neck would be essential. An electronic wheelchair was being designed and prepared for her. This wheelchair would be operated by her head and her ability to clearly articulate directional movements. We spent a great deal of time exploring the many possible directions that Mandy could move her head. When the halo was removed, Mandy adapted immediately. Every angle and degree of movement was crucial in making the wheelchair move in the direction she wanted it to go. Mandy was fabulous at operating her new chair. What

seemed so ironic was that she could move her neck and head with more freedom than ever before, and yet this is where she had fractured her spine.

AMANDA'S VOICE

By the time I was ready to leave the hospital, I had regained the strength in my diaphragm and some muscles in my arms. I no longer needed an artificial respirator to breathe for me; I could breathe on my own. Ever since then, I have continued to show progress, but still have a ways to go. At first, my Feldenkrais practitioner, Sharon Moyano, and I worked on freeing up the muscles around my jaw and neck that were extremely contracted, from the injury and many subsequent surgeries. We also worked with maintaining the natural curvature of my spine so that the traction devices used to stabilize my neck after the injury didn't end up restricting my future mobility. In addition we worked on improving the mobility of my ribs to aid in the expansion of my lungs and diaphragm. These areas can now move more freely than before. This is amazing, considering that my doctors fixed a titanium plate over three vertebrae to prevent further damage to the spinal cord and that I had lost my respiratory function for three months. Now, over two years later, I can safely say that Feldenkrais lessons have been a significant factor in my recuperation.

SHARON'S VOICE

Mandy had reached a level of stability that the hospital was comfortable with, so she was allowed to return home for brief periods of time. It wasn't until the new year, six months later, that Mandy was allowed to return home permanently. When Mandy returned home, it was now possible for us to begin to work on the table. This really excited me. I realized we were entering a new phase: working with her entire body, which did not show any skeletal movement below her shoulders. I began to feel tested. How much did I really know? How much could I really feel? How much could I communicate to her nervous system without seeing an immediate response? I decided to start doing ATM's myself without moving at all. I wanted to see how much I could learn and feel without actually moving. I became fascinated with how much I could sense and feel right before initiating a movement.

I then began to realize that part of this new phase was just being able to transfer Mandy onto my table. I started to think about how I used myself. I recalled that in my training a great deal of emphasis had been placed on the practitioners' use of themselves during the PT. First of all, was I strong enough to lift this entire person from her wheelchair and lower her down onto my table? Secondly, would I be able to pick her up and return her to her wheelchair? This in itself became a lesson for me. Prior to this experience, all of my students were able to bring themselves to me and were able to at least go from standing to sitting to lying on the table even if they were assisted by a wheelchair or a walker. How much had I learned about organizing myself to support lifting and carrying another person? I decided it was necessary to have Mandy's assistant transfer her with me, so she would always feel safe and supported.

Once on the table, we began to explore many different positions on the table. Lying on her back, on her sides, and even on her stomach increased Mandy's awareness, sensitivity, mobility and functioning. We spent several lessons just exploring sensation and spatial awareness. In the beginning, when I would touch Mandy, she didn't know where I was. I would begin up at her face and neck where she had sensation, and slowly travel down her body, touching her in a way that she could begin to feel herself underneath my hands. Through this process, Mandy began to become aware of many parts of her body. She could now clarify in her own orientation her heel from her big toe, and her elbow from her wrist. Each finger was now distinguishable. This kinesthetic sense of herself seemed crucial prior to thinking about movement and her ability to carry out an action.

Within a year, Mandy was able to do a lesson bent over the table, which was truly remarkable, considering the titanium plate which is in her neck. This became one of my favorite lessons for translating sitting, kneeling and standing through the pelvis, legs and spine.

We became so comfortable working together that we also did some lessons on the floor. I would sit directly behind Mandy, supporting her as we began to explore tilting to the sides leaning on her wrists, forearms and elbows, as if to come down to a lying position and reversing it. Eventually Mandy was able to sit on the floor, as well as in a variety of chairs. She began to develop the ability to support herself.

I remember one lesson in particular which was a turning point in our work together. Mandy was lying on her stomach with her left leg drawn up along her side. I brought her left arm into a push-up position and began to explore the movement of her shoulder blade, neck and spine. As I lifted her shoulder, I initiated the movement of her head sliding under her shoulder to look at her knee. Her spine and pelvis rotated slightly as her hand pushed into the table. Then I asked Mandy if she could imagine doing this same movement. After using her imagination, I asked Mandy to see if she could actually carry out the movement on her own. I held her arm into the bent position as she began to slide her shoulder blade back and started to slide her head in the direction of coming under the shoulder as her spine and pelvis rotated to the right side. This was the first full skeletal movement Mandy had felt herself doing since her accident. She repeated the movement a few times with joy and excitement. We continued to work in this position frequently, developing more relationship between her head, shoulder blades, spine and pelvis. Six months later, Mandy was successfully moving her shoulders, ribs, sternum and pelvis.

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We are constantly working on every part of my body so that the same goal is accomplished, and that is increasing skeletal organization and mobility of my muscles so that I am well prepared for the day when total voluntary movement and sensation return to me. Until that day, I am also using Feldenkrais to make myself more aware of ways in which I can use the muscles that have the most strength to connect with and therefore move other muscles and parts of my body. I am very thankful that I found Feldenkrais and I'm sure I wouldn't be where I am today without it.

SHARON'S VOICE

One-and-a-half years had passed when Mandy began to want more daily exercise. We decided to add water therapy to her weekly routine. It happened that I had known a water therapist named Alan Voissard since my college days. Alan and I had corresponded for several years and he came to my ATM classes for one year. I felt he would be the perfect person for Mandy to work with. Upon meeting Alan, Mandy decided to give it a try. They began working together twice a week. After a few months of working together, I decided to visit Mandy and Alan at the pool. It was amazing to see how much more Mandy could move in the water. In addition to the natural buoyancy of the water, Mandy was assisted by flotation devices which made it possible for her to float, allowing her to practice moving her arms and legs in the water. During this visit, I suddenly got the idea that maybe Mandy could learn to float on her own. I thought about what this would mean in terms of functioning throughout her whole body. I asked Mandy and Alan if we could try the idea. They agreed to try. I started to talk Mandy through a process of visualizing and feeling her right arm afloat. I began down at the finger tips and slowly moved up her entire arm to the shoulder. Once she fully sensed her right arm floating, Alan slowly removed the floater from her right arm. She maintained her arm's buoyancy. I continued to talk Mandy through the same process with the left arm, left leg and right leg. All her limbs were buoyant. She then began visualizing and sensing how to maintain her head above water where the last floater remained. I had her visualize the connection from the end of her tailbone all the way up to the top of her head. I could see the moment when she had the connection and Alan removed the support. Suddenly, Mandy was floating all by herself. This was the first time Mandy had a sense of supporting her whole body all by herself.

It is now two years later and Mandy is attending Stanford University. While at school, she continues to strive to improve her ability to carry out movement and action. In addition, she is committed to further her knowledge and education. Mandy has been a wonderful teacher for me. She has challenged me to think beyond what I knew and to discover a whole new meaning for movement and life.