Movement, mind and confusion

It has taken several years to achieve, but in this issue of JBMT we are beginning to see the result of the diligent work on the part of the editorial team, and a welcome group of authors, as articles begin to appear which reflect the breadth of our initial aims. These papers include aspects of, or are directly focussed on, Alexander technique, Feldenkrais® and Pilates, and aim to expand on the base of more obviously ‘bodywork’ oriented topics.

It seems inevitable that an integration will evolve, in which those working on the structural and functional integrity of the body through manual methods, and those who currently focus on re-education through movement and structured exercise programmes, learn from each other and work in collaboration. Clinical experience makes it obvious that an improved re-educational potential exists once structural restrictions are modified or eliminated. It is also stating the obvious to say that unless re-educational methods are introduced which eliminate the causes of habitual patterns of use (posture, breathing etc), symptoms will return, sooner rather than later, no matter how well the manual therapist/practitioner performs the task of restoration of function.

The concepts (and the methods) which characterize movement and re-education methods are capable of design where ergonomic factors exert powerful influences on the human body. For example, systems such as Alexander technique are seen, in the insightful paper by Galen Kranz, to have the potential to modify the design of furniture. Cross-fertilization also occurs within individuals. For example, John Hannon, who is writing JBMT’s series on Feldenkrais®, epitomizes the evolving practitioner who combines complementary disciplines – in his case chiropractic with Feldenkrais®. Examples of such interdisciplinary merging are increasingly apparent, as the limitations of individual approaches become obvious. Chiropractic has shown itself ready to explore other dimensions, as the work of Associate Editor Craig Liebenson demonstrates. He leads the field in promotion of Chiropractic Rehabilitation which blends the best of modern manual medicine, physical therapy and chiropractic concepts, seasoned with a smattering of osteopathic methodology.

JBMT is determined to continue to offer evidence of the value of such homogenization, in which dental surgeons utilize cranial manipulation and neuromuscular therapy to deactivate myofascial trigger points; and physical therapists incorporate yoga and Pilates methods into their practices; and Tai chi, offered as ‘in house’ classes, becomes a standard means of encouraging better balance and integrated function in all bodywork settings.

In addition to the ‘movement’ papers we have, in this issue, a welcome return to our pages of Philip Latey, with his insightful examination of issues which lie beyond the obvious ones of technique and manual therapeutic methods. In this issue he explores the profound and complex influences manual therapists and practitioners have on their patients’ recovery processes, other than through biomechanical effects. If we can honestly reflect on these issues we should come to a better understanding of the ‘art’ aspect of our particular therapeutic endeavours. It is a paradox that out of such reflection we may reach a point where we learn to embrace the ‘possible’, and become more skeptical about the sort of absolute certainty which characterizes the recent graduate who has had insufficient clinical experience to realize the degree of uncertainty which permeates health care in general and bodywork in particular. JBMT aims to offer practical papers and although there are no ‘manual technique’ elements in Phil Latey’s paper in this issue, the practicality of a greater awareness of the forces at work during the clinical encounter are extremely profound. Realization that we work with placebo all the time, and that in many instances (most, some would suggest) it is a placebo effect which is the primary catalyst which allows a patient’s recovery, in no way nullifies the therapeutic value of what is done manually. It is through the bodywork medium, in many
instances, that the barriers to recovery are removed. Whether the reader ultimately agrees with Phil Latey’s exploration of these issues, or not, is less important than the certainty that it will provoke thought and reflection.

Finally a word to those readers who communicated with me their confusion regarding the terminology relating to muscle designations, as used in Chris Norris’s excellent *Functional Load abdominal training* in JBMT 3(3): 150–158 and 3(4): 208–214. For many years the terms ‘postural’ and ‘phasic’ have been employed to describe the predominant function of certain muscles. Newer designations, which unfortunately are not easily compatible with these earlier characterizations, were used in Norris’ papers, i.e. muscles are described as either ‘mobilisers’ or ‘stabilisers’, with additional descriptors such as ‘deep’/‘superficial’ and ‘monoarticular’/‘polyarticular’ being added to the equation. In order to assist in the clarification of what is fast becoming a maze of confusion, JBMT has undertaken an exercise in which leading researchers and clinicians have been asked to offer their views as to validity, usefulness and accuracy of such descriptors. The panel will include leading physical therapists and chiropractors from the USA, UK and Australia and their answers to a set of exploratory questions, compiled by the JBMT editorial board, will be published in this current volume, just as soon as they have been collated and edited.

Leon Chaitow
Editor