



Understanding The Bowen Technique

Body Structure

Unlike some manipulative therapies a Bowen treatment addresses the fascia tissue and muscular structure to bring about postural change and skeletal alignment. Tom Bowen noticed that the body maintained structure through the inter-relationship of certain key structural bands of muscle via what is known as fascia. Fascia consists of tough sheets (sometimes tubes) of connective tissue, providing a covering of variable strength and thickness for every structure of the body. All muscles are surrounded by it and it allows flexibility and movement between various parts of the body.

One function of these bands of fascia is to maintain upright posture. Consequently, fascia receives a lot of attention in a Bowen treatment, as it has such a profound on posture and, in particular, the way we hold our spine. By changing the way in which the muscles and fascia relate to each other, a change in structure becomes inevitable, forcing the spine to adopt a better position. This approach usually has a longer lasting effect on the alignment of the body than those of manipulative therapies.

Gently Does It

A classic Bowen move over a muscle or tendon consists of the therapist's fingers or thumbs being placed on the body (or on light clothing). The skin is drawn lightly away, and a gentle challenge (push) is made on the muscle or tendon. The challenge is held for a few seconds before a 'rolling' move is made over the muscle itself. The action of this type of move elicits a powerful effect on the body on a number of levels, not just the musculo-skeletal system.

Pathways to the Brain

One way of explaining how the technique works is to look at its effect on the nerves within the muscles. Firstly, as a challenge is placed on a muscle and the muscle is gently stretched, the stretch receptors (which lie alongside muscle fibres inside the muscle) begin to send sensory information along the nerve pathways to the spinal cord. There are many thousands of stretch receptors or muscle spindles in each muscle (approximately 7-30 per gram of muscle tissue). Thousands of times a second, they send information to the brain about the status of individual muscle.

During treatment, a stretch on the muscle is maintained for several seconds before the move itself is made. During and after the move, further sensory information is sent via nerves to the spinal cord and then to various areas of the brain.

Positive Feedback

After the sensory information induced by the Bowen move reaches the spinal cord, it passes through the nerve pathways to different centres of the brain. Here, the information is shunted backwards and forwards via a complex, self-corrective



feedback mechanism. Following this, information is sent back down the spinal cord to individual muscles.

Bowen moves are usually carried out in short sequences of two or four moves, leaving a gap of two minutes between the sequences, when the client is left in a quiet, relaxing, and warm atmosphere. During the treatment the client is only spoken to briefly, if they have feedback to give the therapist about sensations they are feeling.

Bowen moves are made at key structural points in the body, which the brain use as natural reference points to determine the body's posture. As a result, certain Bowen moves have a huge effect on the way that the body holds itself.

Waiting for Science

Research has shown that stretches of the fascia produce small electrical charges and studies in the USA have identified them as being created by tiny collagen fibres that make up the bulk of fascia. Other neurological research has shown that the brain has areas of 'body maps' which contain 'blue prints' of homeostasis. It seems possible that the sequences of Bowen moves stimulate the re-instigation of certain protocols that produce rapid repair of body tissue as well as re-alignment. The taking of blood samples before and after a Bowen treatment has shown raised levels of chemical activity, and it is common for all body systems to show marked improvement in function. Variable Heart Rate studies have shown a rapid normalising of fluctuating heart rhythms, and clients commonly report sustained lowering of stress levels and a greater feeling of well-being.

Research Findings

A research study into the effectiveness of the Bowen Technique in treating frozen shoulders, was undertaken by the University of Central Lancashire. It showed that, after only a few sessions, frozen shoulder sufferers showed significantly improved mobility and pain reduction. Other research projects underway, include the treatment of pelvic pain during and after pregnancy, and in post-mastectomy recovery. Examples of studies carried out are included in this presentation.

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Research Findings

Accelerated Healing Response - Dan Amato RRT, CBT, CBTI (ANS response and Heart Rate Variability tests)

Extracts:

Patrick Rousselot, FT, a Physical Therapist working in Australia, was looking for a modality to help patients who resisted healing. He searched alternative therapies for twelve years before he found a remarkably effective tool. This tool not only helped



treat these difficult patients, but also significantly reduced rehabilitation time in most of his other patients. "I could not understand how doing so little structure work could have such deep impact on patients physically, but also often energetically and psychologically" explained Rousselot, an admitted skeptic. This highly effective modality is Bowtech®, The Bowen Technique. It is a gentle but powerful technique that works by balancing the autonomic nervous system (ANS). which controls over 80% of our bodily functions.

The human body is a massive complex of feedback loops. An example is if you eat a donut, your body digests it and converts it to sugar. The sugar is absorbed into the bloodstream and the body senses the rise in blood sugar. The pancreas responds by secreting insulin to decrease the blood sugar levels. This is just one example of the many thousands of feedback loops in the body. Recent discoveries have shown that the whole nervous system junctions like a vast communication network. Feedback is constantly exchanged among all the different parts with the brain acting as a switchboard integrating and coordinating all activities. If you could tap into these feedback loops and add new information you could accelerate the healing. The Bowen Technique does just that.

A Bowen treatment consists of a series of gentle but precise mobilizations performed on muscles, tendons, ligaments or nerve sheaths. These moves are performed using the thumbs or fingers. First, the skin is pulled to the side of the structure (in this example, the muscle). Gentle pressure is then applied to the edge of the muscle to a point of resistance. This challenges the muscle and pushes it out of its normal position. Next a gentle rolling move is done over the structure while maintaining gentle pressure on me site, which stimulates the proprioceptors sending information through the nervous system to the brain. The body is sent a message that the emergency is over, and it is now possible to initiate healing. To put it simply, a Bowen treatment resets the body allowing it to heal itself. After each series of Bowen "moves", there is an important pause to allow the body to respond to new information from the proprioceptors. It is during this pause that the body begins to make changes.

Increasingly, other Physical Therapists are also finding their way to The Bowen Technique. "I work for a corporation owned practice, and managed care is BIG here," says Jennifer Martin-Riggio, PT, staff therapist at On Track Therapy. The Bowen Technique has made me a much more efficient therapist; I get faster results, especially with acute injury." Martin-Riggio strongly recommends The Bowen Technique to other Physical Therapists, especially in busy practices where they have to juggle several people an hour.

The Bowen Technique-Proposed Mechanisms of Action

There are many proposed mechanisms of action, but I will only discuss a few of them here. It is known that Bowen balances the ANS taking the body out of its hyperactive state of sympathetic intervention. Dr. Whitaker has shown that The Bowen Technique positively affects the Heart Rate Variability. Heart Rate Variability is a measure of ANS function.



The next proposed mechanism is the Golgi endings, which are located in the tendons. Discharges from these Golgi endings are sent to the spinal cord via dorsal root fibers causing an inhibitory effect, which results in relaxation .

Spindle cell receptors are located within the muscle itself. When these spindle cell receptors are stretched they contract; when they are shortened they relax. A Bowen move stretches the muscle and suddenly releases it, which may cause both opposing spindle cells reflexes to be triggered almost simultaneously causing diem to reset

Since most moves are done on the origin, insertion or belly of muscles, the Golgi endings and the spindle cell receptors are the receptors most likely stimulated. Joint proprioceptors may also be involved. They report joint position and motion, direction of motion and velocity of motion . The moves that are done around joints may stimulate the joint proprioceptors sending feedback to the CNS allowing normalization of joint function. It probable that all of these mechanisms, plus a few others are stimulated each time a Bowen move is performed.

Rousselot does not hesitate to recommend The Bowen Technique as a modality to other Physical Therapists. He cites several reasons. Conditions respond faster with The Bowen Technique than with conventional medicine. Things like increased ROM and decreased pain often happen by the end of the treatment. If relief does not happen by the end of treatment it will usually occur in the following hours or days as the body continues to balance itself. Another advantage is the built in pauses. A therapist, depending on the clinic setup, can easily work on several patients at the same time. It is good to have a scenario where everyone benefits, **the patient, the institution, the insurance provider and the therapist**. It is good to have **The Bowen Technique**.

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Frozen Shoulder Research Dr. Bernie Carter & Rick Minery

Research carried out at University of Lancaster By Dr. Bernie Carter, Principal Lecturer in Children's Nursing – The Clinical Nursing Practice Research Unit

The intention of this study was to evaluate Bowen Technique in the treatment of frozen shoulder.

A mixed method, case study (Stake, 1995) approach was adopted as the best means of generating appropriate data. Quantitative data was generated in relation to physical functioning, mobility, levels of pain experienced, past medical history and specific shoulder pain history. Qualitative data was generated in relation to individual clients' experiences of Bowen therapy and their responsiveness, or otherwise, to the therapy. Data was collected through specially developed consultation sheets, self-report pain diaries, self-complete questionnaires and semi-structured interviews with clients at specific stages within their treatment.

20 participants.

OUTCOMES

A high level of satisfaction with the therapy, a commitment to using Bowen in the future should they require it for another episode of frozen shoulder or other condition, and the intention to recommend the therapy and therapist to friends and family

A significant improvement in shoulder mobility and associated function for all participants, with 70% of participants regaining full mobility (equal to the non-affected side) by the end of the treatment.

Markedly reduced pain intensity scores and pain quality descriptors for all participants, although some participants recorded scores of 1-3 that they described as a slight ache to a mild pain. Participants at the end of the study no longer used the intense and invasive pain descriptors.

Bowen cannot, from this study, claim to be 100% successful but it demonstrated a significant improvement for participants, even those with a very longstanding history of frozen shoulder. For the majority of participants it provided a good outcome particularly in relation to improved mobility.

All participants experienced improvement in their daily activities. None of the participants reported that their pain was having a severe impact on their daily activities, and there was a decrease in the reports of mild and moderate impact by the end of the treatment.

For the majority of participants (even those with a long standing problem) it provided a good outcome particularly in relation to improved mobility. In terms of the outcome measures used in other studies - success rate, mobility, pain and functional status -



Bowen can be seen to be a positive intervention and certainly one which participants in the study evaluated as being highly satisfactory.

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Post Mastectomy Arm Restriction Research **Angela Cannon**

"I just want to be able to fasten my bra and do my own hair again!"

This statement affected me very deeply. It was the beginning of the Journey of discovery I have found myself part of and I would love to share some of my thoughts with you.

AS my mind reflects back over the events of these past few months and my involvement with the Boston Breast Care Self Help and Support Group, I have a sense of great satisfaction and pride in what has been achieved during the Feasibility Study we carried out in Boston, Lincolnshire.

This has been an opportunity to learn, grow and to develop teamwork skills, something that is quite difficult to achieve as a Practitioner working alone in my private clinic. We have been able to provide an effective treatment for members of this particular Group to improve their quality of life after breast surgery.

Finally we have produced a piece of work, which establishes the effectiveness of this gentle non-invasive modality, The Bowen Technique, to improve mobility after breast surgery.

In the latter part of the year 2000 I discussed with a colleague my growing awareness that the Bowtech procedures I had been using on clients who had had breast surgery in the past were making a real difference.

I had come to expect this from those who I treated regularly for shoulder problems but to find the same results after surgery was very surprising.

From these conversations the spark of an idea became a Research Project and then a Feasibility Study, the results of which have pleasantly surprised us all.

MEASURING DEVICES

One of the key aspects of the Research Project and subsequently the Feasibility Study was finding a method of comparing the arm and neck mobility before treatment had begun and after the final treatment.

We know, as Practitioners, so many times the Patient comes to see us with very limited movement and then after a Treatment they quite easily lift their arms much further. We can visually see the difference, however, a measuring device, of some kind was required now as we needed to prove a measurable change, to have something to record for the Study. The design was pondered at length

Richard Waller of the Foot and Back Clinic, is a very skilled Podiatrist and Surgeon specializing in foot problems. He also lectures on a Degree Course at Nottingham University. I have been the Reflexologist at his Clinic for many years and have been invited to observe operations and assessments on several occasions watching Richard measure using a variety of instruments. He supplied me with a device called a Gravity Goniometer, a fancy name for an angle measurer. It has a pointer, which is pulled down by gravity and because of the involvement of gravity it can be considered very accurate.



This time we measured using landmarks on the body and we could say we were measuring the bio-mechanical movement of the shoulder joint. The same person was measured in the same way three times and on three different occasions and allowing for human changes. We found the device to be very accurate.

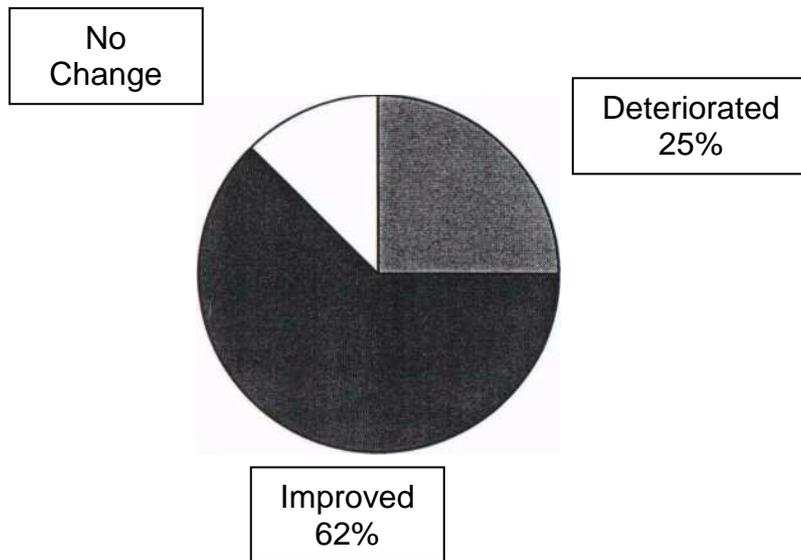
RESULTS

The figures supplied by the Treatment Group at the third and final meeting do show 83% of those surveyed felt their arm and shoulder mobility had improved completely with 66% stating their neck rotation had also completely improved. The women report that 66% felt their sleep pattern was completely improved and all the women surveyed no longer experienced any difficulty fastening bras or brushing their hair. Three years on these figures were still accurate.

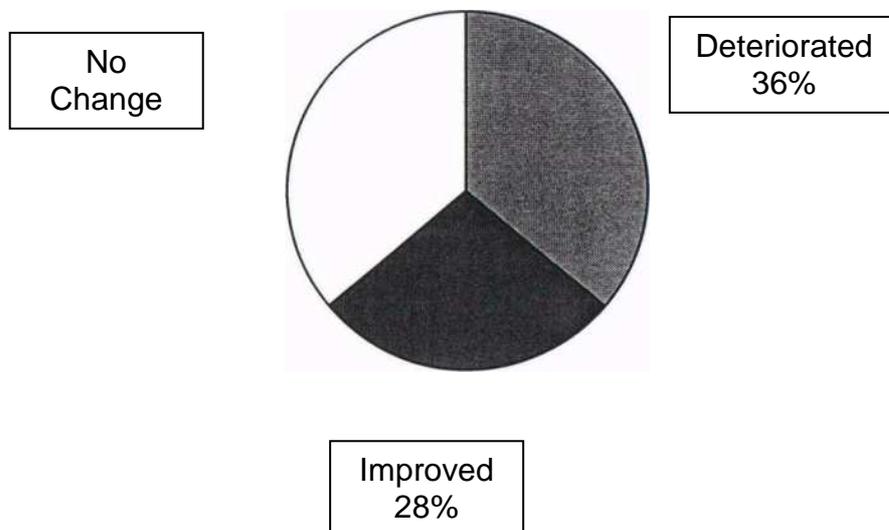
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Treatment Group Range of Movement Developments



Control Group Range Of Movement Developments



- Knee and hip restrictions
- Menstrual and other female problems
- Pelvic (tilt, leg length, hip imbalance)
- Prostate
- Repetitive stress injury (RSI)
- Sciatica
- Skeletal and muscular problems from

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