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Bowen Technique Treatment Strategy for Stroke Victims

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The term 'stroke' is used to describe an acute disturbance of brain function due to an abnormality of blood supply. About 75% of acute stroke cases occur in people aged 65 years or more. About 35% of stroke victims will die within the first three weeks.

The Application of Bowen Therapy in the Treatment of Stroke Patients

The majority of stroke survivors will suffer a permanent disability in the form of a paralysed arm (right or left according to the location of the infarction) and will be unable to walk normally. While the incidence of recovery of full limb functionality is minimal, Bowen Therapy can be applied beneficially to the stroke patient.

Physical incapacitation is the consequence of failure of that part of the nervous system controlling movement. With stimulation, the body has the capacity to forge new nerve system links to restore, in part, some control over physical movement. Although the fundamental damage is to the brain, experience has shown that Bowen moves to other parts of the body have contributed to improvements to physical mobility. The following are worthy of consideration when treating a stroke patient:-

1. Aim to begin treatment as soon after the stroke event as possible. The longer the passage of time before treatment commences, the less effective will be the result.
2. Stimulation of the head is an obvious and natural starting point. 'TMJ' offers a sound basis for head treatment. This can be complemented with the very gentle 'Spider' procedure, to which can be added a series of light touch movements 'a la Hayfever 1-4' all over the skull.
3. Arm stimulation is important. Employ Elbow/Wrist procedure (NO SNAKE) with added Bowen-type moves on inner upper arm moving from armpit to elbow. Make good use of the Carpel Tunnel moves on the inner forearm. Consider also small and gentle Bowen-type moves in the lymphatic area under the arms – these moves are best done with patient's hand placed on head (own).
4. Hand mobility and control is a major casualty in stroke cases; the hand often becomes clenched into a fist and the wrist spasms inwards toward the forearm. Consider gentle prising open of the hand, straightening of the fingers and wrist, followed by gentle Bowen-type movements over the back of the hand and fingers. Provide a small sponge or rubber ball for gripping exercise. The patient should also be encouraged to engage in regular finger rolling exercises.
5. In many case, the elbow also spasms, pulling the forearm up toward the upper arm. Introduce a re-education of the arm positioning-programme by encouraging the patient to wear an apron and placing the hand/fist in the pocket. A trouser pocket can be used with equal effectiveness.
6. Improvement of leg/ walking function can be pursued through the execution of both Pelvic and Coccyx moves and regular heel/ toe exercise. The stroke often causes a spasm of the ankle resulting in weakness in ankle function/ stability. The Knee and Ankle procedures are useful in addressing this weakness.

Treatment Frequency

'Little and Often' is most important to provide continuous stimulation of the affected areas. A 15-20 minute treatment regime every other day is considered to be more beneficial than a 60-90 minute treatment once a week.

Finally

Remember, the patient has lost considerable mobility. Any improvement you can achieve will have a disproportionately beneficial impact on their confidence and morale. Be positive, experiment with and around the above suggestions, but above all, persist. Changes may take six months of regular treatments before any improvements are noticed.