# WHY IS THE ALEXANDER TECHNIQUE

IN THE NICE GUIDELINES? Dr Wohl presents the

**Question** - Why is the Alexander Technique in the NICE Guidelines? Answer - Because, unlike physiotherapy, osteopathy, chiropractic, Pilates, yoga and supervised exercise, only the Alexander Technique has been shown in a large randomised controlled trial

published in a peer-reviewed journal, to provide substantial long-term benefit in chronic low back pain<sup>1</sup>. 590 people were studied and had on average 21 days per month in pain. One group had normal GP care (painkillers, physiotherapy, etc) and, at the end of a year they still had 21 days in pain. One group had six sessions of therapeutic massage, which provided the same amount of time and touch); at the end of a year, they had an average of 19 days in pain. Another group was advised to take exercise (half an hour of brisk walking or swimming daily) and at the end of

peer-reviewed journal,

to provide substantial

chronic low back pain1.

long-term benefit in

the year, they had 14 days in pain (this is consistent with other RCTs of supervised exercise in chronic low back pain). Another group was prescribed the exercise after attending 6 Alexander Technique lessons, and, at the end of a year, they had 10 days in pain. The last group attended a

> full course of 24 individual Alexander lessons, (and half of them were prescribed the exercise). At the end of a year, they had 3 days in pain and those prescribed exercise gained no advantage. 2,3,4,5

Not only is there RCT evidence for the efficacy of learning and applying the AT in chronic low back pain, but the AT is also in the NICE guidelines for Parkinson's disease after an RCT showed statistically significant benefits in the performance of the activities of daily living and in depression scores for people on drug treatment for Parkinson's disease<sup>6,7,8</sup>.

**Evidence for Benefit in** 

Other Conditions - How is

this Achieved and What is

the Relevance for Sports and Exercise Medicine? It is because learning and applying the AT enhances general functioning that it is so beneficial in back pain, and improves the performance of daily activities "The Alexander in people with Technique has been shown in a large randomised controlled trial published in a

evidence for prescribing Alexander Technique (AT) lessons in Sports and Exercise Medicine.

Similar enhancements have already been shown in pilot trials for such diverse conditions as performance anxiety and blood pressure lowering in musicians9, respiratory function<sup>10</sup>, balance<sup>11</sup> in elderly people<sup>12,13,14,15</sup>, knee osteoarthritis<sup>16</sup>, neck pain<sup>17,18</sup>, gait<sup>19</sup>, chronic pain<sup>20,21,22,23</sup>, stuttering<sup>24</sup>, postural tone<sup>25,26</sup> and surgeons'

#### Alternative or Orthodox?

Many so-called "alternative" or "complementary" therapies (as well as, recently, some very popular painkillers) have fallen from favour once properly conducted trials or reviews have shown they are little or no better than placebos (cf paracetamol), but each time the microscope of scientific enquiry has hovered over the AT, the results have been positive, all without any gruesome side effects (cf Ibuprofen). Even Professor Edzard Ernst has nothing bad to say about it! Have a read of the research for yourself at http://alexandertechnique. co.uk. Click on "Research".

As a former G.P., nothing I have learned in 33 years of studying the AT is at variance with orthodox medical science. Further research is ongoing, and unpublished results are promising. Watch this space!

### **Teachers or Therapists?**

Like Speech Therapy, the Alexander Technique consists entirely of tuition, but, whereas Speech Therapists name themselves (and the people they work with)



for the results of their tuition, Alexander Technique teachers name themselves and their pupils for the process of their tuition, despite the therapeutic results people experience when they use the Technique. Registered Alexander teachers (who belong to the recognised professional body, The Society of Teachers of The Alexander Technique) ( http://alexandertechnique.co.uk.) undergo a three year full-time training, and members of the Society adhere to a code of conduct and disciplinary procedures modelled on those of the GMC.

# Why is AT Not More Widely Prescribed?

In my opinion, this is because doctors don't feel comfortable prescribing something that is outside of their experience. Because AT involves experiential learning, it is notoriously difficult to explain in words. If I try to explain in words the taste of a maracujá, you would find it difficult to imagine, but if I told you that "maracujá" is another word for passion fruit, you might well know. Confucius, he say "he who tastes, knows", but here goes:- The Alexander Technique is a taught self-help method to promote naturally efficient psychophysical functioning by meticulous awareness and control of one's reactions providing re-education of one's proprioceptive and kinaesthetic senses resulting

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in improved efficiency in performance, whether in the activities of daily living, artistic endeavours or sport and exercise.

## "He Who Tastes, Knows"

So, what do Daley Thompson, Linford Christie, Sally Gunnell, and John McEnroe have in common with Miriam Wohl, South Leicestershire's best known amateur ping pong player? They all attest to the fact that when they use the AT, their performance

"You have to get a teacher to show you"

In conclusion, why not ask a local STAT-registered teacher to give you a few lessons? You have only to remove your shoes and your fear of the unknown.

What's the worst that could happen? Dr Wohl is a former GP and one of only 13 medically qualified Alexander Technique teachers in the world. She has been teaching the Alexander Technique for 27 years, and works as a GP Expert Witness in Leics and Lincs.

Readers are welcome to contact Dr Wohl for further information and advice:

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