

BOWEN ASSOCIATION UK



Bowen News

Summer 2015 – Issue 68



EVERY BODY IS BETTER WITH BOWEN

Editor's Column

Disclaimer

Firstly, apologies for the late edition. I'd pushed back the date so that we could cover the AGM and then "proper" work got in the way!

I start this newsletter with a reminder. Every article in this newsletter, including my editorial, is a personal opinion. These opinions do not reflect the official status of the Bowen Association UK unless they appear in the Chair and Committee newsletters.

If you do not agree with any of the personal opinions please feel free to get in touch with that person and/or write a response to the article for publication in this newsletter. If you're unhappy with your personal interaction with the article writer that is between you and the writer. Please do not involve the Association unless you feel there is a breach of professionalism.

Wow!

What an AGM! Quite clearly the largest and best in its history with lots of interaction between the attendees, good presentations, and an excellent post-AGM workshop from Kelly Clancy. You can see from the front cover that everyone is paying attention, even Steve!

I include several articles related to the AGM so you can see what a good time was had by all.

I'm not sure what was going on here...



...or here...



...or here...



This Edition...

...besides the AGM notes, contains reviews of courses, books, and conferences...

...some articles that can be considered to be "best practice"...

...and a section on the upcoming International Bowen Conference being held in the UK for the first time since 2010.

Thank you...

...to the following for volunteering to be part of the committee to look after Mentoring and Public Relations:

- Dawn Mills
- Isobel Knight

- Jenni Townsend

You'll hear more about our new initiative on Mentoring in the next newsletter.

Newsletter Prize

The "contribution to the newsletter" prize for this edition will have a choice of:

1. Name Badge, or
2. Marketing Leaflets

Each worth about £10. If you haven't seen the name badge yet, here's an example.



Of course, you'll have your own name on the badge 😊

Survey

We'd like to find out your opinion about the AGM and have a small survey for you to fill in. If you haven't yet received the link to the survey, you can find it here:

<https://www.surveymonkey.com/r/FDXFB28>

And finally...

...if you haven't yet filled in the surveys sent out recently by the Association, then please do so. Just like voting for a new government, if you don't vote, you can't complain 😊

Dave Riches

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Bowen Association Chair report

Dear Members,

We had a very enjoyable day at the AGM. The speakers John Wilks, Kelly Clancy and Sharon Levin all provided excellent presentations. There were a lot of very good ideas and contributions as well as volunteers from members to help with things we can do to improve our organisation and provide a better service for our members. Thank you to everyone who participated in the event and helped to make the day such a great success.

Chair Report Bowen Association AGM 27th June 2015.

Since we met last year at the Back Pain show in London your Bowen Executive Committee has continued to serve the membership and promote the Bowen Technique to the public. I would like to thank all those who served on the committee during the past year. Our current members are:

- Myself Kim Pearson, Chairperson
- Sheila Whyles - Vice Chair
- Rob Godfrey – Treasurer
- Loraine Ireland - Committee Secretary
- Helen Mawson - Marketing Office
- Camelia Pop - Future Projects Officer
- Veena Lidbetter and Marco Ferro - Members

Thank you to Helen Mawson who has produced our new leaflet which is proving very popular. Helen cannot be here today but has produced a report that includes the activities she has in the pipeline to promote “The Bowen Technique” – see Committee Report.

Thank you to:

- Angela Cannon who continues as our PSB CNHC representative
- Dave Riches our Bowen news editor who continues to produce an excellent read. Please keep sending in your contributions

- Ellen Cobb and all the trainers who are now sending through students to join as members.
- All the trainers who continue to provide excellent courses to meet our CPD requirements.

Our Administration and Head office has been manned since 2008 by Angela Cannon and Sheila Whyles who are both Bowtech practitioners. They do a fantastic job interacting with the members by email and telephone, handling PR and press releases, and managing the website. The office isn't always manned but they will try and respond to enquiries as quickly as they can.

We are going to trial sending out the Christmas newsletter on line this year. It gets delayed and even lost in the Christmas post with a lot of people not receiving it.

If anyone is bursting with ideas or has a skill they want to share and think they could contribute to committee activities please see me in the coffee break we have a couple of spaces on the committee.

I am really pleased to see so many of you have come to the AGM this year and I am sure you will enjoy the presentations from our speakers. I am looking forward to meeting and talking to as many of you as I can.

Kim Pearson.

Chair of BA UK



Bowen Association Committee report

CNHC Validation Report to the Bowen Association AGM 2015

The Bowen Association is an approved validator for registration to the Complementary and Natural Healthcare Council, CNHC. Bowen Association Full members are eligible and can register with CNHC.

When students have passed their mod 7, or when applicants apply to join BAUK from other Associations, after being assessed by our Bowtech trainers at a Module 8, they are all given a leaflet about the CNHC so they can decide at any time whether or not they wish to become a CNHC registrant. It is not compulsory!

BAUK provides information about the CNHC, but it's your personal choice whether you join - and not every Full member chooses to register. A visit to the CNHC website, www.cnhc.org.uk, will provide you with a full picture of its remit.

Remember, the CNHC is purely a register for the public to check that their chosen practitioner is qualified and to make a complaint if necessary. The CNHC role is solely to protect the public, not the practitioner.

Fifteen different therapies make up the CNHC and have profession-specific validators who must ensure that all registrants are qualified. The Bowen Core Curriculum "standards of training", which was created jointly by BAUK and BTP A for the CNHC before 2008, ensures Bowen standards are acceptable. Myself and some of the others who were instrumental in the creation of the Core Curriculum, are still involved with the CNHC as serving members of the Profession Specific Board, PSB.

So why be registered with both BAUK and CNHC? Well, The Bowen Association is **your** professional association, and is there for the benefit of you the Practitioner. We can give you guidance and emotional support if a

complaint is made against you, and our Arbitration committee will always look at any issues in a fair and balanced way. BAUK's stringent CPD policy also ensures that the public can expect to receive a safe, effective Bowen treatment, as taught by the Bowtech team, not a mash up of many therapies.

So spread the word to any colleagues who are not registered with a professional association to join us here at the Bowen Association UK. They too can enjoy being part of our Bowen Association family.

We are often told that our Association is 'considered the Gold standard' in the industry - and we are proud to say so on our website. Therefore, it is essential that we all keep our CPDs up to date and are fully insured at all times. Yes, I know we all forget our first aid renewals occasionally, but first aid seems to be very important to the public when selecting a practitioner.

Angela Cannon



Marketing Report

I just wanted to give you a brief update on some of the marketing activities that the Association is undertaking at the moment. Ideas are always welcome so please don't be shy!

If you have anything published in the press local, national or regional or online it would be great to hear about it so we can feed it through our social channels. Please remember that the Association office is always more than happy to write press releases on your behalf, so do ask.

I run the Bowen twitter account using the hash tags #TheBowenTechnique or #BowenTechnique. Hash tags or # make a

tweet more visible so these are great for people to use when tweeting about Bowen. If you use twitter, check out groups in your locality and other organisations that will re-tweet your messages to their members. Retweeting will expose your messages to more people.

I do this when I am running a taster event or my mini Bowen sessions for example and it's so successful that the sessions are generally all booked up before I actually advertise them in the clinic where I work!

We will develop targeted flyers that can be downloaded from the Bowen website and be used to send to specific groups. Some ideas for the groups to target include:

- Mothers & babies/children
- Cyclists/cycle clubs
- Golfers/golf clubs
- Tennis players/tennis clubs
- Musicians
- Runners/running groups/clubs

We have re-designed the car stickers so that they are aligned to the new leaflet, which reinforces our "The Original Bowen Technique" brand.

Social media:

- Twitter account revamped and appropriate groups/associations/businesses followed
- Tweeting weekly
- More interaction with other groups and therapists both Bowen and non-Bowen
- Tagging key influencers i.e. Janey Lee Grace
- Using #BowenTechnique to raise awareness of Bowen
- I would like to do more linking to our FB page in next few months

I hope this is useful to you all and please do let us know if you have any ideas. Also please let us know of marketing activities that work well in your practice. It would be great to start sharing our knowledge, experience and expertise.

Helen Mawson



Twitter: @HelenMawson

Treasurer's Report to the Bowen Association AGM 2015 - Abridged

[...] As in previous years the committee tries to limit the expenses for the year to the amount of income received from membership income. The amount that we are able to spend on promoting Bowen and the Bowen Association is limited by the number of members that belong to the Association and the annual membership fee that is received from our members.

Membership figures have improved slightly since the previous year and we have increased the annual membership fee so this has helped to improve the income for the year by over £2,000.

Angela reports that new membership has again increased in 2015 so thanks to the trainers for encouraging new students to join up and thanks to Angela for her continued efforts in this regard.

Expenses for the year increased slightly for two reasons, one is the increase in the AGM cost last year against the previous year due to attendance at the CAM expo. However, this is offset by its use as a Public Relations exercise. The second is due to increased website maintenance costs from Strategy Plus. The cost of maintaining and enhancing the website varies depends is proportional to the number of changes made and varies from year to year. If anyone knows a reliable IT person who would be able to take on the maintenance of the website for next to nothing, please let me know.

The balance sheet shows the financial situation as at the end of the year and provided the number of members continue to increase I expect that the net Reserves will be maintained at current levels.

Unlike the Bowen maxim where "less is more", for the Association to continue to improve the service provided to our members it's a case of "the more the merrier"!

So thank you all for the contribution that you make to keep this Association going. Encourage as many people as possible to join the Association so that we can spend more on promoting the good work that Tom Bowen started all those years ago.

Rob Godfrey

[Ed. If anyone would like a copy of the financial report, please ask the Office for a copy.]

Therapy registers.

We understand that practitioners are again being approached by a company claiming to be setting up a register of complementary and alternative therapists which it says will be specifically aimed at GPs and commissioners. Bowen Practitioners should be aware that this and other similar companies are commercial organisations that charge a fee to be included on any such directory or register. These organisations are not regulators and are not part of the government's Accredited Register scheme.

You might want to listen to PSA Chief Executive Harry Cayton talk about one such organisation on an edition of BBC Radio 4's "You and Yours" broadcast in February 2015 (fast forward to 28m49s).

<http://www.bbc.co.uk/programmes/b053bq4q>

Bowen Association Executive

Kim Pearson	- Chair
Sheila Whyles	- Vice Chair
Rob Godfrey	- Treasurer
Lorraine Ireland	- Secretary
Camelia Pop	- Projects
Helen Mawson	- Marketing
Veena Lidbetter	- Committee
Marco Ferro	- Committee
Dawn Mills	- Committee
Isobel Knight	- Mentoring
Jenni Townsend	- PR

Letters to the Editor

Commendation

Hi my name is Debbie van Dijk. I am from the UK and now live in New Zealand. I am a qualified Occupational Therapist (22years) and in June of 2013 I began my Bowen studies. I absolutely and totally love my

Bowen work and have set up a clinic at home whilst still working at our local hospital as a community OT.

I have completed mods 1-7 and also mod 8 which is an examination weekend. Whilst doing mods 1-6, I completed the first 10 case studies. Following that we have to complete 60 further case studies which have to be clients who have never had Bowen and whom we treat twice or more. I have completed these 60 and more. I have yet to do my first aid course and A+P hours.

I have been so impressed with your website and the support you have for students and professionals that I am enquiring if it possible to become a member under the UK Association? I would be very grateful for your advice in this matter.

Warm regards

Debbie

To Their Comfort

Dear Ed.,

Just a few thoughts for new practitioners on various positions we can use on our clients.

I find that Bowen is equally responsive when used on people who are standing, sitting, lying on their side as well as in the prone and supine positions. I believe the key words here are 'to their comfort'. Or something similar, so just holding that thought in mind and thinking that we, more experienced practitioners, take things for granted I share my thoughts on positions for the comfort of the client for the benefit of students and new practitioners.

Standing: I have carried out a Bowen treatment on someone as they work on a very busy till taking payments at Hampton Court Flower Show. Sara was ready to collapse as she was exhausted due to consecutive days and long hours on her feet. Bowen immediately energised her and enabled her to continue through the rest of the show which included another full day and breaking down their stand. Bowen works absolutely fine when people are standing using BRMs 2 & 3 and the lats and anything else which is appropriate.

Sitting: I always treat the elderly with neck restrictions seated in a chair. This

allows them to be confident in the treatment and avoids the risk of neck strain. I too have a chair each side of them so I'm working at their eye level and saving my knees. The same applies for those in a wheelchair. I always offer anyone with neck or shoulder restrictions either seated or lying down for their treatment.

Clients lying on their side: Very useful for those who are heavily pregnant or had breast surgery, or even those who suffer badly with asthma and don't want to lie face down. I use regular pillows for them to lie against and they end up in the foetal position. I also have a memory foam topper on my couch for added comfort.

I wonder if anyone else has ideas to share?

Angela Cannon

Sharing Experiences

We live in Lancaster and realised that there were several Bowen Therapists around our region. About 6 of us decided to meet up approximately once a month to discuss cases, moves, and ideas, and also give each other a Bowen treatment. Presently there are 3 or 4 of us, 1 of whom is with the European College, who continue to meet on a regular basis.

We find this very beneficial - not only to bounce ideas off each other but also to check our moves for position and pressure and of course have the benefit and enjoyment of receiving a Bowen treatment.

We highly recommend that others start their own regional groups. It is well worth it and keeps you on your toes!

Pat Carvill and

Carolyn Wilson, Lancaster



Obituary

It is with great sadness that we bring you news of Hilary Marchant's death on 2nd February from Myeloma. She was both a Bowen and EMRT practitioner and was

absolutely passionate about Bowen as a therapy. She will be very much missed.

Champneys

Well, it would seem that you can now enjoy a Bowen treatment at this prestigious place! If you're the therapist involved, let us know:

<http://tinyurl.com/of4wwe8>

Bowen & Business

No, I don't sell myself to others that's horrible! I let people know how enthusiastic I am about what I do and how I help others get well. I'm not a Bowen Therapist, that's just a name, no, when asked what I do I tell them I help people to get better and to have better health.

Marketing, what's the point of that? I'm not a marketer...that requires creativity and it's too hard to do. I find that writing a letter to the newspaper works better than marketing. If I want proper marketing I ask my friend to do that for me.

Do I know how Bowen works? Of course I don't, I leave that to the people who like to research that sort of thing. And if someone asks, I tell them I don't know but I can give them a research paper from the library if they'd like to study one. Sometimes I ask them how does a car work, just to check whether I need to know in order to get from home from town better than I do now.

Do I make a profit? No idea, but I did look at what other therapists in my area charge and worked out how much I need to live on so that I can stay healthy and still help others to stay healthy. I don't keep ledgers either but I do have a spreadsheet where I keep track of who has come to see me and how much they paid each time.

Mind you, I don't like making people pay for me to help them get better, after all, doctors don't charge, do they? I'd rather my customers spend their money getting their hair cut, or their windows cleaned.

I don't have customers either, I have people who come to me because they want to get

better and think I can help them because I helped their friend get better.

Am I good at service delivery? I don't think so but I know, though, that I do my best, that my room is clean, oh and I do have a qualification from a recognized organization with all the necessary First Aid, A&P, and insurance credentials just like any other therapist is required to have.

Pipeline and Prospecting, isn't that what the water man does when he's looking for a burst pipe with that funny device? No, I don't want one of those. I'd rather have a calendar where I keep not of who's coming to see me and when meetings are at which I'm going to present and hand out my details so that people know where to find me.

No, I don't do any of that evil corporate stuff. I'm just a person who helps people to get better.

Fiona Wells & Dave Riches

A miss is as good as a mile!

Have you ever heard of the expression, 'a miss is as good as mile?' I believe that this is highly applicable to our work as Bowen practitioners. For every year that we are on the road, it is inevitable that the accuracy and placement of our moves will slip. If we slip one millimetre per month, that is just over a centimetre per year, which makes all the difference to the location of our move.

If we then increased, or even decreased the depth of a Bowen move at a similar rate that too is a big difference. Finally, if we are then doing more and more work, or not even perhaps using the best moves for our clients, factoring in not only clinical assessment, but our strong use of intuition, we might no longer be doing the best Bowen work. This means that our work becomes less effective and quite possibly, our quality of results will dwindle.

When you are in the process of training, your Bowen work is assessed every few

weeks. Your concentration and intent are massive as you get to learn this incredible work. You have the added pressure of Module 7 where the fruits of your labour are fully scrutinized. Then, you are on your own with no one to continue to nag you about location, pressure, sensibility of moves.

It is after this time that some 'hands-on' Bowen Continuing Professional Development, or CPD, becomes essential. Not only does it ensure your hands and their accuracy remain as good as possible, it continues to make your work remain as effective and excellent as it can be.

I write this because I realise that, after performing Bowen for fourteen years, I am still learning. Every single day. With every single client. I know I do a lot of good work, but sometimes I get it wrong. I do too much. I wonder if I made the right choice of procedure. Were my hands good enough? Was I fully attuned to the client?

Bowen is an art, perfection is always something to strive for, and it is for that reason that CPD is so important. If your hands are not good, you can no longer perform effective Bowen. Like a car being serviced, it is important that you too have your MOT and check in for revision modules.

Keep your technique honed, and you will not miss that mile. Remember also to have regular Bowen sessions for yourself, as this will remind you of the value of the work, and keep yourself in optimum condition.

For details about future training visit:

www.bowentraining.co.uk

Isobel Knight, London



Lucky Prize Winner...

...is **Pat Carvill**, who will receive her prize very soon. Contribute an article to the next edition and you'll be in with the chance of winning.

Migraine Insight

Cambridge 25th April 2015

I was asked recently if I would like to have a stand at this event. As it is my local city and have had such amazing results treating migraine sufferers I was happy and very enthusiastic to attend to try and spread the good word about 'The Bowen Technique.'

I had a stand at the back of the hall next to a lady promoting acupuncture. I was a bit miffed because we were placed behind the audience who had their backs to us whilst listening to the lectures. The chiropractor had a table in the area where refreshments were being served – in the opposite direction to us. People would go over there and back to their seats whilst not necessarily even noticing us at the back of the hall.

The event was attended by about 70 migraine sufferers who were there to attend the lectures. They had the opportunity to approach our stands during breaks. Perhaps a dozen wandered over to the back of the hall to our stands. The people I talked with seemed to be genuinely interested in trying the Bowen technique and went away with a leaflet and my card.

1 in 7 people in the UK suffer from Migraine if we can help just a few then we have changed the quality of peoples' lives considerably.

I have condensed the lectures to give you an idea of what migraine sufferers have to go through and try to ease their pain and suffering.

“Migraine overview, treatment and prevention.”; Dr Andrew Dowson, Kings College Hospital London.

Types of headache: Tension headaches are usually monthly, migraines on average occur once a month, cluster headaches often intense for 30 -45 minutes daily for 6 – 12 weeks. Chronic Daily headaches, medication overuse headaches.

What is Migraine? An intense throbbing headache usually affecting one side only.

However for most sufferers migraine is a great deal more than just a headache. Other symptoms include visual disturbances, confusion, speech difficulties, weakness, numbness, tingling, pins and needles, nausea/vomiting, sensitivity to light (photophobia), sensitivity to sound (phonophobia), sensitivity to smells (osmophobia)

NICE Headache Guidelines 2012

- Standards of Care for GPs:
- Triptan plus NSAIDS
- Topiramate 1st line of prevention
- Acupuncture for frequent migraine
- Cluster treatments supported
- No need to scan for headache alone
- Telmisartan
- Frovatriptan

Aims of medication – to enable sufferers to return to daily activities within 2 hours.

Recommended treatments UK Beta blockers, ARB, Anticonvulsants, Anti-depressants. Second line medication- Botox, greater occipital nerve injections, serotonin antagonists. Other medications used include drugs originally developed to treat high blood pressure, epilepsy, anti-depressants, serotonin antagonists, calcium channel blockers.

Incidentally, the occipital nerve injection is in the same area that we as Bowen Therapists work on moves 5 and 6 of the neck procedure.

Other therapies under investigation – handheld neuro-stimulation, occipital nerve implant, sphenopalatine ganglion implant trials.

The lectures continued to talk about all the different medications that are used.

“Hormonal Aspects of Migraine”; Dr Linda Damian, Norfolk & Norwich University hospital.

Changes in sex-hormone levels during menarche, menstruation, pregnancy and menopause affect the prevalence and character of migraine.

In adults the prevalence of migraine is 3 times higher in women (18%) than in men (6%) (Goadsby et al. 2002)

Headaches and migraine frequency are increased in females with early menarche (Aegidius et al 2011)

Why do hormonal changes play a role in migraine? The etiology of migraine during the different periods and events in a woman's life that are associated with hormonal changes is not known. Genetic factors play a role in making a woman susceptible to migraine.

Hormonal changes act as triggers for migraine attacks in susceptible women (Goadsby et al. 2002)

Many women report migraine headaches are more frequent or severe during their menses. Increased probability of headache during menses does not mean menstrual migraine. There are menstrual migraines, menstrual associated migraines, non-migrainous perimenstrual headaches.

10% of the women who had not had headaches before oral contraceptives reported headaches when they started taking them. Oral magnesium decreases the severity of PMT symptoms and the duration and intensity of menstrual migraine. (Facchinetti et al 1991a, 1991b, 1991c)

Migraine may increase in frequency and severity in the premenopausal and perimenopausal periods.

"Migraine - The Future"; Dr Alex Valori. Migraine Clinic. Norfolk & Norwich Hospital.

The old Vascular model perception of blood vessel malfunction has now been overtaken by understanding nerve action in the brainstem and trigeminal pathway.

Research identifying neurotransmitters is currently fundamental to systematic development of new drugs to combat and prevent migraine attacks.

Some micronutrients have been found to benefit migraineurs; examples include: Vitamins B2, B3, B12 & C, folate, Co-enzyme Q10, Carnitine, Lipoic Acid, Glutathione, Magnesium.

Scanning sophistication with PET scans highlights areas of activation in the brain during attacks. Molecular labelling

techniques can track neurotransmitter activity and uptake steps of the pathway.

Anatomy: Refined understanding improves theories of abnormalities in thalamic and cortical sensory processing which are vital for deep brain stimulation surgical techniques. Placement of occipital or other stimulators.

Botulinum Toxin: a recent significant advance in chronic migraine. In Norwich the factors provoking pain generation in Spinal Trigeminal Nuclei have been studied. Pain management techniques have been applied with some success to address stressing forces at the spinal cord/brainstem function.

My Conclusions

After all this I wanted to shout to them all to come and have a Bowen treatment. In fact, a small scale study of 39 participants conducted by Nikke Ariffe in the UK between 2001 and 2002 looked at the impact of Bowen on people with migraine:

"31 participants reported a positive change in severity and/or frequency of attacks after Bowen (Ariffe 2002)" - Using the Bowen Technique, John Wilks and Isobel Knight 2015

I spoke to Rachel Clegg, one of the organisers, after the event who says they are working toward getting therapists such as Bowen and other alternative therapies to be speakers at these events as they are realising that we have an important role to play in helping migraine sufferers.

I also spoke to Simon Evans Chief Executive for 'Migraine Action' who also said they were towards getting complementary therapists such as Bowen practitioners more involved but there are restrictions at the moment. He agreed that we have a lot to offer even if we can only help some of the sufferers.

As you can see, the lectures were quite extensive about the different types of drugs that can be taken which often have quite severe side effects. My general feeling from the audience was of some very frustrated long suffering people who really had suffered enough and just wanted an end to the pain but felt like they were going round in circles

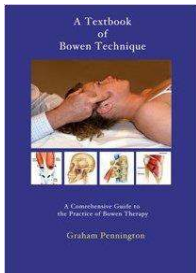
often just trying one drug after another to try and get some relief.

If I get clients from 'Migraine Action' and I treat them effectively. I will ask them to contact the organisation and tell them. These events are attended all over the country. If they contact you as a therapist please get involved. If we keep telling them about successful cases hopefully they might start listening more and we can therefore help so many more people with this debilitating condition.

Kim Pearson, Cambridge

p.s. Since I wrote this article, I have had a referral from the Migraine Institute. A 9-year-old boy who has suffered with migraines for 3 years. He has had 3 Bowen sessions and has been treated very successfully.

Book Reviews



"A Textbook of Bowen Technique", Graham Pennington.

<http://amzn.com/098725524X>

Graham has over 20 years' experience in Bowen, is proficient in several different body modalities; and has also worked closely with Romney Smeeton, one of the six so-called "Tom's Boys". His book is interesting from many different angles, he:

- Uses his experience to provide insight into how Bowen correlates with Chinese meridians, chiro. & osteo. fundamentals, and other types of bodywork.
- Provides analysis and reasoned logic for why each of the traditional Bowen procedures works.
- Describes his approach to determine an individual treatment plan for each of his clients, using his Functional Assessment of Asymmetry to identify the Functional Short Leg.

It is well written, easy to read, and knowledgeable.

Dave Riches, Bucks

Course Reviews

Tensegrity, Posture & Fascia Assessment

28th-29th June 2015

Kelly Clancy, Levels 1 & 2.

After the AGM in Harrogate, Kelly Clancy ran this course. Day 1 was offered as a stand-alone option, which 22 therapists completed. 12 had signed up for both days and 1 therapist decided to stay for the extra day making 13 in total. Several more expressed disappointment at not being able to join us to complete day 2. This course was repeated in Sherborne, during the week. About 7 practitioners enjoyed Level 1 so much we signed up for Level 2 the following weekend, joining those who had completed Level 1 last year!

The purpose of the Tensegrity, Posture & Fascia Assessment course is to teach us to identify where in the body the greatest restriction is - the 'causal criminal' rather than the 'symptom victims'.

The key elements of this course are:

1. Identify standing postural patterns & movement patterns in walk.
2. Use specific myofascial tests to establish the Range of Movement (RoM) of individual muscles to identify non-compensatory RoM, i.e. measure the ROM of individual muscles BEFORE the body brings in compensatory patterns to facilitate limb/back movement; e.g. engaging levator scapular to lift arm, rather than just the arm extensor muscles.
3. Align findings from 1 & 2 to the fascial lines identified by Thomas Myers in "Anatomy Trains".
4. Select key Bowen procedures, and sometimes only single moves within these, to release the areas of greatest restriction.

The main principle behind tensegrity within fascia is that the right balance of give and take in the whole fascial system of the body, together with good movement, hydration

and nutrition, enables the body to be in optimum health.

Where there is restriction in the fascia, through shortening, twisting, scarring, the body has to start compensating to enable it to stay upright and move. Over time, because fascia is a continuum within the body it impacts all the body systems. Kelly described how imbalance within the fascia might trigger migraines, fibromyalgia, arthritis, bunions and much more - so releasing the fascia might help many conditions.

We learned tests for the main superficial muscles – e.g. hamstrings, gastrocs, biceps, triceps, paraspinals, latissimus dorsi, sartorius, the adductors etc. % ROM measurements were noted. The muscles' interplay within the various fascial lines was identified, and discussion of appropriate Bowen procedures/moves followed.



Kelly Clancy Tensegrity Class Students

Some moves were a full procedure, others a subset of them. For example, if the tests showed the greatest restriction was in ankle dorsiflexion, or biceps femoris within the hamstrings, treating with Ankle/Hammer Toe/Bunion, or lateral only hamstring moves could release the fascia in these areas or further along their fascial line to significantly increase RoM. If tests indicated latissimus dorsi was restricted it may be that only 8a, 8b were needed to free this muscle.

The muscles were retested for post-treatment ROM measurements, giving evidence of often substantial improvement.

On the afternoon of Day 2 of both Levels we had volunteers come in for us to assess, identify patterns, test, devise a treatment plan and be treated. One of these included a waitress from Wagamama's who Kelly roped in the night before, and the husband of one course attendee. Bill was particularly interesting for me as his body seemed to demonstrate very clearly the muscle linkage through the 'Superficial Back Line'. When Kelly moved over his left hamstring insertion Bill's eyebrows moved.

When she turned him onto his left side (he couldn't lie flat) and moved over his right lateral hamstring insertion his hair & scalp moved up the back of his head, and into the eyebrows again. It seemed very clear evidence of a fascial line!!

Irena, the waitress, had been in the UK for 18 months and had some friends but no family, so was suffering from stress settling into a new country. She had back/neck pain, increasing over last year, and used to run 10k. Main restrictions were hamstrings and gastrocs, and had a significant increase in ROM following a 5+ mins break. She experienced "speed trains running through her body".

Kelly described how working from superficial to deep supports the Bowen approach of balancing through BRMs, before focussing on more specific muscle groups. If superficial layers of fascia are restricted, the deep layers will automatically be restricted too and cannot release before the superficial layers are released. If the fascia is restricted all over, the BRMs in initial treatments will enable a general freeing of the whole system, which will then enable more accurate assessments of specific areas.

Measuring changes in specific ROMs through the tests you learn on this course helps engage the client directly with their body and the treatment. The measurements also help to validate the work of Bowen. By making our work more accurate, I believe these tests and approach will help strengthen the reputation and professionalism of Bowen in the healthcare industry.

When using this approach on 5 (mostly regular) clients, in between Levels 1 & 2 last

week, I felt much more competent and professional. I explained to them what I was learning and how I would be changing the sessions with them – i.e. more assessments and less, but more specific, work. All were intrigued and happy to be ‘guinea-pigs’.

One, a violinist, experienced a sensation of ‘integration’ during her treatment and on retesting her left shoulder, had no pain for the first time in years. I was as elated as she was!

This course appears to help us get closer to Tom Bowen’s “Less is More” principle. Perhaps for many practitioners this has meant not doing too many procedures in one session. Having a greater understanding of where the greatest restriction is, and what moves might free that, means we can perhaps move closer to how Tom Bowen himself worked. Learning how to see what he saw instinctively, and learning which individual moves will have the greatest effect might mean we too can do just a few moves on the client and leave them in better health.

Fiona Webb, Hants



Hong Kong Public Hospital

This was seen recently on one of the Facebook newsgroups related to Bowen:

Lisa Black received an email from a Dr. and Bowen Therapist in NZ asking the following:

"I am writing a proposal to one of the public hospitals in New Zealand to introduce a fascia based interventional therapy model for back, hip and knee pain to consider prior to elective surgical procedures.

Recently I heard that ISBT has successfully introduced Bowen Therapy into a public hospital in Hong Kong."

I asked one of our ISBT teachers in HK to comment as she is one of the Occupational Therapy (OT) senior dept. heads at her hospital and was very involved in this success. Here is her response:

"I am Selina Wan, an occupational therapist working in an acute general hospital in

Hong Kong. In Hong Kong all the public hospitals work under the Hospital Authority (HA) and all allied health professionals need a medical referral from doctors before we deliver any treatment to our patient.

In HA, now nearly all doctors when they make their referral to the allied health use the electronic system called 'Clinical Management System' (CMS). Inside the CMS, each allied health profession lists the type of services they usually provide to patients e.g. Fall prevention, stroke rehab, activities of daily living training and assessment.

About two years ago, HA occupational therapists successfully added ISBT-Bowen Therapy to the OT service list. Therefore, doctors in HA can select BT in the CMS under the occupational therapy services list and we also had BT accepted as one of our routine services provided to patients.

The following are the types of patients that usually show good results after receiving ISBT-Bowen Therapy:

1. Acute orthopedic problem e.g. Colles fracture, sprained ankle, shoulder fracture and dislocation, whiplash injury, acute neck pain, lower limb fracture.
2. Cumulative traumatic injury e.g. Carpal tunnel syndrome.
3. Chronic musculoskeletal problem e.g. Low back, hip, knee, neck, shoulder pains
4. Medical problem e.g. Post stroke shoulder pain, ankylosing spondylitis, Rheumatoid Arthritis, fall prevention and intervention, Parkinsonism
5. Pediatric problems e.g. Torticollis, cerebral palsy, scoliosis, kyphosis, TA tightness
6. Surgical problem e.g. Post mastectomy lymphoedema, post radiation therapy neck stiffness, lower limb lymphoedema.

IMPORTANT DATE FOR YOUR DIARY

Saturday 5th and Sunday 6th September 2015 **The Nottingham Belfry Hotel and Conference Centre**

On-site accommodation, free parking, easy access by road, rail and air

BOWEN 2015

celebrate : educate

Providing the opportunity to bring the whole Bowen community together, showcasing the latest advances in Bowen whilst also providing you with expert speakers in topics and subjects aligned with Bowen to help broaden your horizons.

Lectures and workshops in a variety of subject areas including:

- Anatomical understandings - importance and relevance
- Fascia and bodywork - enhancing our practical understanding
- How our language can help or hinder our bodywork
- Biomechanics and functional movement
- Marketing tips and strategies to grow your business
- Fascia Bowen, Smart Bowen, respiration, TMJ, equine and canine, and Bowen in the NHS
- The Tom Bowen Legacy Trust Fund

To book your tickets, and for more information, please visit

www.bowen2015.com

(Tickets limited to 250 and are going fast - miss it...miss out!)

Back (eventually!) by popular demand, following the well received 2010 Conference! The ethos and vision behind Bowen 2015 is education and celebration, bringing all faculties of Bowen under one roof, regardless of qualification or membership. Organised and run by ECBS teachers, Bowen 2015 is NOT an ECBS event - speakers will be represented by ECBS and BOWTECH, and members from BTPA and BAUK are invited.

The speakers fall into two categories:

- **Celebrate** - this explores the different areas in which Bowen therapists have been using their skills, from working in the NHS, respiratory, TMJ, the Tom Bowen Legacy Trust Fund, fascia and smart Bowen, equine and canine, and much more.
- **Education** - not specifically Bowen, but the information delivered will be specific to us as Bowen therapists. The speakers will have a slant on anatomy, functional movement, fascial understandings, linking mind and language, and marketing.

The first day will be a mixture of lectures and talks, and workshops - delegates will choose two workshops to attend, many of which will be run by the speakers. The second day will be lectures and talks.

The venue is in the centre of the UK, just off the M1, accessible by road, rail and air with ease. There is plenty of free parking, and enough accommodation on site, you can even fit in some time in the pool and spa/gym if you so wish!

There will be a dinner on the Saturday evening, giving people the opportunity to relax, network and catch up with friends...mixed in with good food, a few drinks and some entertainment along the way.

We are limited to 250 tickets, so grab yours while you can. All information will be posted onto the conference website: www.bowen2015.com and you can register and pay for your ticket only through the website. This is going to be a great event - and the only opportunity for Bowen-specific people across the country to really get together and move things forward.

I look forward to seeing you all there!

Michael Morris & the rest of the organising team ☺



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Deadline for the next Edition – 1st October 2015

Send your articles to dave.riches@bowen-technique.co.uk

We are always eager to hear from you, for example interesting case studies, ways you have found to run your business, charity work you may be involved in, unusual circumstances you have done Bowen in, work on animals or children, events or shows you have been to – also please send in your pictures or post information on our Facebook site.

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