

# BOWEN ASSOCIATION UK



## Bowen News

Winter 2014 – Issue 66



EVERY BODY IS BETTER WITH BOWEN

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## Editor's Column

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Phew! When I look back over the status of the health of my immediate and extended family since the summer, I am astonished by the wide variety of problems we have, some of which would seem to have just “suddenly appeared”. However, it’s fair to say that most of them have most probably been building over years. They include:

- Cancer
- Coeliac
- Hypertension
- Enlarged Prostate
- Alzheimer’s

Add to that the death of three friends from cancer, a potential business court case, and even the dog has arthritis, then it’s been very stressful these past 4 months.

I didn’t realise quite how stressful it had become until I had an argument with a colleague about the need to attend a meeting. I’m not one to be stress but on reflection, I thought that maybe I might be. So I thought I’d let my manager know and after I’d written down the list of events that were impacting my work life, plus the new projects I am to lead, which will stop me seeing my family, I decided that I must be stressed, even though I might not feel it!

Having written to my manager, I immediately felt much better. My next step was finally get round to having a couple of proper Bowen sessions for myself.

I felt absolutely crap and nauseous after the first session but that disappeared by the next day and after 2 sessions I feel like my young self. And whilst the stresses in my life have not yet disappeared, I am now able to step back from the overwhelm and take a new perspective, which keeps the stress to a minimum.

Advice that I usually provide to clients includes the point that if you don’t have your own health, you cannot help others. Now that I’ve taken my own advice, I feel more able to help others.

Stress is quite insidious in modern life, it spirals upwards slowly so that you don’t notice that you’re taking on more and more stress, until perhaps it is too late.

As practitioners we not only have our own personal stresses, we often decide to take on our client’s stresses, which of course just adds to our own burdens and impacts our own health.

We need to take a leaf out of the Counsellor’s handbook, which states that every counsellor should have counselling. In our case, every Bowen practitioner needs to have regular, proper, Bowen sessions from another practitioner, and not trade-me sessions.

Before you read on, take a moment to reflect on and list the stresses in your life. And whether you feel you are stressed or not, book a couple of proper Bowen sessions.

## This Edition...

In this edition I feature a mixed bag of letters and background information plus the personal story of the journey of an amputee.

## 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 😊

## And finally...

I hope you had a merry Christmas and that the new year will see even more awareness by the public of the Bowen Technique.

Roll on 2015.

*Dave Riches*

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07748118071

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## *Bowen Association Chair report*

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Dear Members,

It's been a busy time on the Bowen Committee since September!

One of the things we have been working on is the design of some new leaflets, and you will find a sample enclosed with your newsletter. We feel that they are more contemporary, uncluttered and more eye catching, of better quality, and explain more clearly what 'The Bowen Technique' is.

We are also going to look at flyers aimed at specific groups. For example, the first one will be for Pregnancy and Babies.

We have organized a venue for next year's AGM. It will be held on the 27th June 2015 at the Cairn Hotel in the beautiful spa town of Harrogate on the edge of the Yorkshire Dales. It is a lovely place for a week-end away.

We hope that Harrogate will be a lot more accessible for those people that live more northerly and also not too far north that members from south and central areas have too far to travel. 8 CPD hours will be awarded for attending the AGM and afternoon seminars. You'll find more details at the end of this newsletter.

Please keep sending in your testimonials – they really are one of the best ways to promote your business. The office offers a free service to put your article in an editorial form. We can also post these on our Facebook page and twitter.

I wish you all a Merry Christmas and happy New Year

*Kim Pearson.*

*Chair of BA UK*

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## *Bowen Association Committee report*

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### **Rick Minnery – Member #5**

We hear with great sadness that Rick Minnery has decided to retire from teaching and the Bowen Association UK.



Rick is a former Senior Instructor/Assessor BTAA, was one of the inaugural members of the Association, and hence one of the main sources of income for the Association!

As a trainer and Module 7 assessor, many of you will have met Rick and I'm sure you'll join us as we express our gratitude for all the good work and contributions he has made for the Association and its members over the years.

We wish him all the best in his retirement, and if he ever decides to make a comeback as all good professionals seem to do these days, we will welcome him with open arms.

In the meantime, Rick says he is always happy to receive contact from any of you so do please keep in touch with him.

1. [rick15w@yahoo.co.uk](mailto:rick15w@yahoo.co.uk)
- 2.

### **CNHC Recent Activity**

The CNHC (Complementary & Natural Healthcare Council) has been re-accredited by the Professional Standards Authority (PSA) for the period ending 23 September 2015 and will begin the renewals process again in June/July 2015.

The CNHC is also supporting the work of the Research Council for Complementary Medicine (RCCM) in the debate with the Advertising Standards Authority (ASA) and the Committee of Advertising Practice (CAP) about the hierarchy of evidence and ASA's lack of transparency.

The CNHC will participate in the next RCCM meeting for corporate members on 10<sup>th</sup> December 2014.

The Voluntary Organisations (VOs) were encouraged to take up corporate membership of RCCM and to contribute to the work of RCCM by feeding examples of research to them.

During 2013, the CNHC received 110 complaints about advertising which were all resolved informally. Five complaints were referred to the Conduct and Competence Panel and had been satisfactorily resolved, none of which were Bowen practitioners. All practitioners are advised to follow the CAP code advice.

The CNHC continues to advertise and monitors the information printed about the CNHC in various publications and websites.

For more information please visit the CNHC website. [www.cnhc.org.uk](http://www.cnhc.org.uk)

*Angela Cannon, PSB (Bowen)*

### Marketing Idea

Kim says: "I get together with a friend who is a fitness instructor to produce a flyer – I print details about my Bowen clinic on one side – she prints information about her fitness classes on the other. We have 5,000 flyers printed and delivered by local companies in our local area in the 1st week of January. We therefore share the cost of printing and distribution. I find this an excellent way of promoting my business and getting new clients in a month that may otherwise be a bit quiet. Previously I have got quite a lot of new business from this.

If anyone out there has any other tips that that they use that they find works well for them we would love to hear about them."

### Letter from CNHC

I am writing to let you know that the Professional Standards Authority for Health and Social Care has removed the word 'voluntary' from its accredited registers programme. This means you are now on CNHC's 'Accredited Register' rather than 'Accredited Voluntary Register' and can refer to yourself in this way.

As a result of this the Professional Standards Authority has changed its logo which means CNHC's Quality Mark has changed.

The Authority has asked CNHC and all CNHC registrants to use the new CNHC Quality Mark on all digital information (for example websites, social media and email signatures) by 31 January 2015 and on all printed materials by 30 November 2015.

You can download the new CNHC Quality Mark by logging into MyCNHC. You can log in by entering your username (your email address) and your password here: [https://www.cnhcregister.org.uk/secure/login.cfm?loc=/my\\_cnhc](https://www.cnhcregister.org.uk/secure/login.cfm?loc=/my_cnhc)

We appreciate that you may not be able to make changes to your website yourself. But we hope you will do your best to arrange to have this done by the end of January 2015. If you have large quantities of printed material with the existing CNHC Quality Mark then please aim to use it by 30 November 2015 and include the new Quality Mark in any new print runs.

If you have any questions please contact [info@cnhc.org.uk](mailto:info@cnhc.org.uk)

### *Bowen Association Executive*

Kim Pearson	- Chair
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Lorraine Ireland	- Secretary
Camelia Pop	- Projects
Helen Mawson	- Marketing
Veena Lidbetter	- Committee
Marco Ferro	- Committee

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## *My Journey as an Amputee*

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I have recently qualified as a Bowen Therapist and was encouraged to share my personal journey with Bowen by one of my tutors, Nicola Hok. It's taken me nearly a year to get around to doing this because the pathway of my Bowen training has opened yet more doors into understanding my body and the effect of the Bowen technique on a holistic basis. I am very excited to be part of this community and in sharing this I hope it will be as interesting and useful to you as it is to me in understanding this wonderful Technique we are all developing.

I lost my left leg at the age of seven due to Synovial Sarcoma: a malignant cancer of the synovial sac inside the knee joint. It's a relatively rare cancer found mostly in middle-aged men and if found anywhere else, then in very young girls. My cancer was found because my left knee remained locked in the bent position after I stood up from sitting in the floor crossed legs as most children do. During my adolescence and twenties I was extremely sporty doing sponsored walks, playing netball, swimming, horse-riding, scuba-diving and working as a qualified nurse. This was all great and largely down to my family philosophy.

However there was always a sense of 'trying to keep up with my peers,' or 'be even better accomplished' than them. I was in defiance of my disability. While this meant I achieved a lot, it also meant I lost awareness of my body; I became disembodied from my physical body and emotionally blocked from the reality of the strain that wearing a prosthetic leg entails.

At the age of thirty, my body started to grumble in the form of back ache, sores on my residual limb (leg stump), and eventually a slipped disc at the age of thirty two. This slipped disc was not diagnosed for a year despite an emergency scan being performed due to the sudden onset of such severe pain. This meant that for large periods of time I was unable to sit upright due to the

degree of pain. This had a huge, detrimental effect on my muscular-skeletal system: its strength and efficiency. It took two years before I could reclaim my life but my health never returned to its former status. Within this time my GP prescribed Tramadol (a category B drug) to counter the pain but I experienced hallucinations and severe disorientation so this became an untenable option. With the help of my late father, a retired doctor, I came off this and decided instead to learn how to meditate to see if this could help me manage the pain without the sedative and hallucinogenic effects of prescribed drugs. Meditation literally helped me to learn how to sit up again by using the breath as a supportive focus. By paying attention to the breath, I progressively built up my ability to sit up without pain from thirty-seconds, to one-minute, to five, and eventually to two hours.

Once I had established this mindfulness on the breath over the span of one year, I learnt how to train in meditation more formally through a local Buddhist school and have since become a Mindfulness Teacher for people with chronic pain and stress. In 2008 however, my body was to take another challenge when I developed Fibromyalgia. Again drugs were the preferred option from my GP but I was reluctant and with my health and meditation background intuitively wanted to explore a more holistic approach. I found a local Bowen Practitioner literally through a free national resource catalogue and felt instantly drawn to her, really out of desperation to understand what my body was trying to tell me at this stage in my life, now at the age of thirty-seven. I was soon to find out. Joy was a thorough and meticulous assessor and practitioner. No stone was left unturned when it came to my health history and the physical experience of the technique opened a significant doorway into my experience of my body.

The door way that Bowen Therapy opened was what Tom Bowen coined as the "body awareness". As the moves unlocked the various pockets of tension holding in my fascia, I realised that my body awareness had been only very superficial. One treatment in particular opened my internal body eyes when I had that "felt sense"

during the rest period after BRM 2 of the erector-spinae literally unravelling, reconfiguring, before then ravelling again. It was extra-ordinary.

As an amputee, I have been interested in any effect on my residual limb, which is very short but consists of healthy dermal and the fascia here feels smooth with no obvious pockets of tension. As said above, I was disembodied for many years, approximately thirty, and to address this I tried to have the courage to ask for my residual limb to be directly worked on as well as the energetic body of where my left leg would have been if it had not been amputated.

Research has suggested that the brain retains a map of the whole body despite amputation or any limb loss, hence why some people experience phantom limb pain. I have had Reiki, massage on my stump and energetic body so I was curious as to what if anything I would feel with Bowen. I have been continually brought to tears at the effect that the Bowen Technique has on my energetic, physical and emotional experience. Immediately, there is an integrating effect so not only does my stump feel part of the rest of my body but energetically I feel 'whole' - complete even.

Physically this addresses much of the postural strain I always experience as a prosthetic limb wearer. Emotionally, there is something very affirming about receiving gentle touch with a key wracked in pain and strain, especially for a part of the body (my stump) that has largely been blocked from my awareness for most of my life.

I think as a therapist, my own experience of the Bowen Technique is teaching me many important lessons. That Tom Bowen's premise, supported by John Wilkes, of the therapy supporting the body to return to its original blueprint is a valid one, that we need more scientific research to further support our presence of in the medical world. Another important lesson for a deeper understanding is that gathering the client's health history is essential for me to then be able to really fully engage the Technique with the client's individual holistic needs.

I understand now that by the time clients arrive at my door they have usually

experienced so much life and health events, that recording these events gives me a mental, emotional and visual map, of what they have experienced and where their bodies might be holding those experiences.

Finally, something that I have heard since training, there are suggestions that after a certain amount of years following surgery or amputation that the effect of Bowen is lessened. I am sure as with all therapies, the effect will be very individual and this is part of the beauty of our work. However, my own experience begs me to offer the question if we can ever really close the doors on the possible benefit of Bowen as a technique for amputees and indeed any health condition?

John Wilkes, in his article on Embryology refers to the body's ever evolving capacity to change. This is further supported in 'The Endless Web' by Schultz and Feitis (1996) who share, "The basis for all body form is embryology. In understanding embryology, we understand how the adult structure came to be. Embryology doesn't stop at birth, we have that potential for change all along. In a sense, we are embryos throughout our lifetime."

I am interested in exploring this further, and am currently writing a proposal to trial a course of treatments for the regional prosthetic centre. I hope to gather more objective information on the efficacy of Bowen Technique looking specifically at how and if manipulating the fascia can resolve phantom limb and postural strain. I feel so grateful to Nicola Hok, Jacqui Hoitingh, and my fellow-graduates this last year for their support and encouragement.



*Anjali Chatterjee, Manchester*



## Letters to the Editor

### Cerebral Palsy – Update

*Camelia Pop* has written in with an update on a couple of children who joined her case study later in the programme.

**Child no 13** – boy 2.5 years, spastic cerebral palsy, all limbs affected, Right side worse than left side. Can't walk but can speak.



This boy had the biggest improvement after just 1 session. On the day of his first session and then the following weeks he was able to sit and play with both hands off the ground with great balance, something he has never been able to do before. Improvements in all areas: coordination, balance, less muscle tension, memory, less pains, better behaviour.

After 2 sessions he was able to build for the first time a 10 “bobbies” tower with the educational therapist. His physiotherapist was also happy with his walking as he is not crossing his legs as much as before. He uses both hands equally when performing exercises or playing.

”Bowen is changing my son’s life. Literally after every session he has within a few days started achieving new things. C has spastic cerebral palsy affecting both his legs and mildly to his arms. Within 1 session C's sleep had improved as did his balance. Now after 6 sessions C is able to kneel, his walk pattern is improving, his technique for feeding himself has improved greatly and his overall confidence in what he can now achieve is a pleasure to see. I would recommend any parent of a child with cerebral palsy to try this fabulous technique.” says his Mum.



**Child no. 14.** Boy, 5 years old, diagnosed with Neuronal Migration Disorder leading to Severe

Cerebral Palsy, Pituitary Dysfunction, epilepsy and optic Hypoplasia both eyes. No ability to walk due to low tone trunk muscles but has full control of his legs when lying down.

After 2 sessions was able for the first time in his life to move his hand in the direction of his mouth to feed himself. After 4 sessions improved his swimming style on his front, after 5 sessions he sits cross legged on the floor with support for balancing. Mum is very happy with this achievement. One of his school teachers attended his Bowen session to see this technique as she observed these changes in him, she noticed also that during the afternoons he is not as stiff as he used to be.

“The results this therapy has had for my son has been amazing. He has severe CP throughout his body and so cannot sit, stand, walk or talk but smiles beautifully! Since starting this program he has started to feed himself with a spoon, hold his head up for a lot longer, stand up straight and want to walk obviously with full assistance but the changes have been phenomenal. The future now looks fantastic, thank you“, says his Mum.

### Bowen is Easy, Being a Therapist isn't!

The other week, I had a recent graduate ask me for advice on a client she had. During our conversation she made a number of statements that made me think about what we do, how we do it, and how stressed we get being a therapist. In this letter, I address the following statements:

1. “I really want him to have the best chance of quick recovery possible.”
2. “But yes, the more I do the more I realise the training we had was purely the moves but that there is a LOT more to Bowen than that.”
3. “I have bought the Graham Pennington book and love his approach to Bowen. It is so logical and practical. I must say though that after reading I felt like maybe I shouldn't be seeing any clients yet as in terms of assessing and the importance of it in his approach I really know nothing!”

4. “The more I do, the more I realise I don’t know”
5. “Why don't they teach us all this in the training!”

I almost called my book, did I ever mention I’d written a book☺, “So you want to be a therapist?” because it wasn’t a book about being a Bowen Therapist, but a book about being a Therapist. And this I think is the biggest distinction that needs to be made.

My first concern was to address **bullet 1**. “Stop yourself from wanting to get him to recover quickly. Your focus is on his body and how to get it better, not to do it quickly. It’ll happen in a shorter time if you focus on what his body is telling you rather than your desire.”

All too often, we expect instant results and are disappointed when that does not happen. And then we start to question what we’re doing and whether we’re any good at what we do. I tell my clients that I expect to see an improvement within 2 to 4 sessions, and if nothing has improved, I tell them to try a different therapy. I’ve only ever had two clients who showed no improvement after 4 sessions, one of them was an ex-SAS soldier and the other was one with whom, in her words said, I “tried too hard”.

Starting with **the 2<sup>nd</sup> and 5<sup>th</sup> bullet**, the Bowen Training courses, teach you how to perform the Bowen Technique, which is very simple and straightforward. In fact, you learn all there is to know about the technique in the very first module, indeed the first 10 minutes I would say. Basically, it’s the “take the slack, make the challenge, roll the move, and wait for 2 minutes”, with a few adjectives, keep it light, keep it slow, and keep it in the right place. You can’t get simpler than that, can you?

The rest of the 6.5 modules then condense years of experience into 13 days to show you where the “right place” is, and in what order the moves will give you a good result.

So the Bowen Training does what it’s supposed to do, teach you the Bowen Technique and provides you with a set of protocols that help you achieve good results straight away without the need for years of experimentation.

There is no more to the Bowen Technique than that!

However, there is a lot more to being a therapist than that, especially in this day and age where clients want more “value” for their money; aren’t afraid to ask or complain; and therapists need to look and behave in what’s considered to be a more professional manner.

That’s why we need first aid, insurance, accreditation, anatomy and physiology, uniforms, logos, business cards, and so on. It’s not the place for Bowen Training to teach you how to be a therapist. Personally, I’d like to turn all this into a University degree course on how to be a therapist, so if anyone out there is affiliated with universities then do let me know ☺

**Bullet 3 – Assessments.** As a newbie, starting out in the world of therapy using the Bowen Technique, do you need to know how to assess the body of your client in order to achieve good results?

I don’t think so.

The Bowen Training that you go through provides you with protocols that have been proven to be effective in the majority of cases that will appear in your therapy room.

My advice here is to consolidate your training, make sure you’re effective and getting results, make sure you know your protocols. And when all this is second nature to you, then start looking at what else you could do to enhance your knowledge and expertise...notice, I do not say, “...that will make you a better therapist”.

Don’t compare yourself with therapists who’ve been in the business for many years. That’s like the difference between studying GCSEs, A-Levels, and Degrees when you’re a student. If you tried to answer an A-Level question when you’re a GCSE student then of course you won’t be able to. So don’t compare yourself with people who had years of experience, instead, listen to what they have to say.

In Graham’s case, he uses the Functional Short Leg assessment to enable him to pinpoint the root cause of the problem and address that directly.



If you have so many clients in a day that you only have 15 minutes for each client then such an assessment can help you go straight to the problem area, do a couple of Bowen moves, resolve the problem and move on to the next client.

I suspect that the majority of us do not have so many clients each day that we only have a short time with each.

But there are other types of assessment that I think should be used by everyone and these are ones that measure the progress of the client. For example, Range of Movement, Metrics identified during your assessment such as the number of times an event happens, duration of events, etc. What's the purpose of these?

- They help you to convince the client they're making progress.
- They help you to put forward a good case study to convince others that Bowen is effective.

So, I would learn how to perform these types of assessments first before learning how to get to the root-cause immediately because the Bowtech training provides you with a set of protocols that clears 80% of presenting problems.

There will come a time of course when you feel the need for something else but that time is not during your first couple of years of practise. Concentrate first on keeping your Bowen technique first class and helping your clients to notice the improvements they're making.

And lastly, **bullet 4**. Isn't that always the case? It can become an elephant if you let it but then, the way to eat an elephant is to do it bite by bite!

*Dave Riches, Bucks*

p.s. I should point out that these are my thoughts only and not necessarily those of Bowtech Training or the Association ☺

## **Kambur**

Well that's what they call humpback in Turkey! I passed module 7 in Antalya, Turkey this November, with Trevor Griffiths

who took time off from his holiday to be their examiner, thanks Trevor!

I live in Antalya on the south coast of Turkey and work mainly with the physically handicapped/challenged people, especially youngsters.

One of my clients is 20 years old and presented with a pronounced humpback, see left hand picture.



After 3 treatments, and some exercises to improve his breathing his posture greatly improved, see right hand photo. In fact, it was quite different after the first treatment.

Session 1: BRMs and Kidney

Session 2: BRMs and Lower Respiratory

Session 3: BRMs and UR/TMJ

Session 4: BRMs and Thoracic.

I've performed a couple more treatments since with longer spacing between them.



I haven't used Coccyx because the upper body work was more beneficial to 'get into his head' and help with his very negative thinking.

*Sefa Yurt, Turkey*

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## *Lucky Prize Winner...*

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...is **Anjali Chatterjee**, who will receive her prize within a week.

Contribute an article to the next edition and you'll be in with the chance of winning.

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## IMPORTANT DATE FOR YOUR DIARY

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# 27<sup>th</sup> June 2015 Bowen Association UK AGM. The Cairn Hotel Harrogate.

[www.strathmorehotels.com/cairn+hotel/home/](http://www.strathmorehotels.com/cairn+hotel/home/)

- 9:00-9:30 a.m. arrivals.
- 8 hrs CPD for attendance at the AGM and all the seminars for that day.
- Lunch and refreshments will be included.
- Free parking is available at the Hotel.
- Special room rate at the hotel has been negotiated at £69 per person per night bed and breakfast single occupancy.

### Talks at the AGM – Saturday 27<sup>th</sup> June 2015

- **Kelly Clancy** – *Understanding Assessment from the Perspective of Fascia*
- **Sharon Levin** – *Bowen in the Gym – Incorporating Bowen into an Exercise Regime*
- **John Wilks** – *Where will Bowen be in 20 years' time? Gearing up for being busy!*

## 28th June 2015 - Workshop

### *Fascial Lines, Tensegrity and Assessment for Bowen Practitioners*

**Kelly Clancy OTR/L, CHT, LMP, RBI**

Sunday 28<sup>th</sup> June 2015 9.00am – 5.00pm with optional day 2 on Monday 29<sup>th</sup> June

This assessment workshop, designed specifically for Bowen practitioners, will give you the tools to provide a more targeted and effective treatment for your clients. By learning to objectively test and document limitations, you will then be able to choose the most appropriate Bowen procedures, helping to avoid over-treatment, and staying true to Tom Bowen's "less is more" mission. With these objective measures, you will be able to educate your clients on the source of their discomfort, communicate client progress to other providers, and document outcomes for further Bowen research.

### Workshop Objectives:

- Understand the concept of tensegrity and its applications to the fascial system.
- Gain specific knowledge of the fascial lines, the anatomical landmarks within these lines, and the pathologies commonly associated with them.
- Learn to objectively analyze and document postural limitations in the fascial lines, utilizing Myofascial Length Testing.

- Learn to select appropriate Bowen procedures based on Myofascial Length Testing outcomes.
- Learn to objectively evaluate and document pre- and post-treatment measures in order to determine the efficacy of treatment.
- Establish a customized Bowen treatment plan based on objective findings

***Kelly will also run classes (days 1 & 2 of the above class) on Wednesday and Thursday 1st & 2nd July in Sherborne, Dorset as well as a one-day introduction to the LIFT method on Friday 3<sup>rd</sup> July.***

## **Biographies:**

**Kelly Clancy, OTR/L, CHT, SMS, RBI** is the founder and owner of the Seattle Center for Structural Medicine. She graduated from Colorado State University's school of Occupational Therapy in 1987 and completed her sub-specialty training in Hand Therapy in 1994. Kelly was made a registered Bowen instructor in 2010 and completed a three-year Structural Medicine degree through the Institute of Structural Medicine. Kelly holds a certificate in holistic health counseling from the Institute for Integrative Nutrition, and is also on clinical faculty of the University of Washington's rehabilitation department. She teaches nationally and internationally on topics related to manual therapy and fascia. For more information, visit her website at [www.scfsm.com](http://www.scfsm.com)

**Sharon Levin** is a Bowen therapist, specializing in assessment and body alignment. She has developed aerobic, aqua-aerobic, sports specific and wellness programs in South Africa and abroad since the early 1980's and has been an integral part of the transformation of the fitness industry in South Africa. She is an official presenter of workshops and courses for Virgin Active and is certified with the Register of Exercise Professionals South Africa & UK, the International Nordic Walking Federation and the American Council for Exercise.

**John Wilks** has practised the Bowen Technique and Craniosacral Therapy full time since 1995, and works at a multidisciplinary clinic in the south west of England. He has taught Bowen since 1998 in many countries throughout the world. He is the author of 4 books on Bowen and Craniosacral Therapy including the recent *Using the Bowen Technique to Address Common and Complex Conditions*. John was a contributing author to a recent book on Hypermobility Syndromes by Isobel Knight and has completed a new book entitled *Choices in Pregnancy and Childbirth* for Jessica Kingsley which is being published in August 2015. He is currently editing a new book *A Multidisciplinary Approach to Treating Babies and Children* which is to be published in 2016. [www.cyma.org.uk](http://www.cyma.org.uk)

***For more information and booking on courses with Kelly Clancy, Sharon Levin & John Wilks please see [www.therapy-training.com](http://www.therapy-training.com)***



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Members – Veena Lidbetter, Marco Ferro**

## Deadline for the next Edition – 1<sup>st</sup> March 2015

Send your articles to [dave.riches@bowen-technique.co.uk](mailto: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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