

Working with Uncertainty: Structural Integration for a Double Amputee

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There's nothing left to prove when you acknowledge your uncertainty. It leaves you open to the person and the structure in front of you. This is your greatest teacher, your problem to solve, your enigma to unwrap.

(Feitis, 2011, p. 41)

Introduction

There I sat at the Denver IASI Symposium in 2010, to hear Rosemary Feitis speak on “The Wisdom of Uncertainty.” I was young in the field with only three years’ experience in structural integration and in complete awe of being feet away from THE Rosemary Feitis. It was shocking to me to hear that being uncertain in a session was wise. “Wise to not know what I was to do in a session?” I thought, “Whew, what a relief!” I even uttered under my breath, “Yes! Especially for beginners!” Who knew Rosemary had supersonic hearing? She managed to hear my utter, three rows away from her in a crowded room. She shifted her attention toward me, made eye contact, and said something that has stayed with me. “No,” she said, “not just for beginners, but always. If you ever enter into a session fully confident in exactly what you are going to do, then you are doing it wrong. You are not listening to the body you are working with.” I have held this truth in every session I am involved with, be it an SI session or a teaching lesson, ever since.

One of my most uncertain moments was to come a little over two years later, in October of 2012. A gentleman by the name of Daniel came to me for the series to alleviate some of the pain he dealt with on an everyday basis. Daniel, a double amputee, lost his right arm and left leg in an unfortunate motorcycle accident in June of 1990. Daniel lost his left lower

leg from a few inches inferior to the knee joint. Doctors tried unsuccessfully to save his right arm, which they then amputated at the distal portion of the humeral shaft. His right brachial plexus was damaged, with atrophy of the right pectoralis major, pectoralis minor, anterior deltoid, biceps brachii, coracobrachialis, and triceps brachii. Since these muscles were atrophied, Daniel did not have the muscle power to support a prosthetic arm.

After the accident, Daniel lived in constant pain and suffered from phantom limb pain. At times he still felt the missing limbs, and at other times he experienced pain that came to him in a pattern of random shocks that rocked through his body and seized his entire structure for a few seconds. In the article “Psychological Adaptation to Amputation,” John C. Racy M.D. described phantom limb pain as having the ability to be “serious and disabling.” This type of pain has also been described by some amputees as “. . . fleeting episodes of pain described as an electric shock sensation or, as one put it, “like putting your finger in a 220 [volt] outlet” (Racy, 2014, n.p.) This description correlated directly with how Daniel described his pain and what I witnessed as he experienced these shocks multiple times during our sessions.

Daniel never played the role of a victim and was more physically active than your average 50-year old man. His life revolved around the outcome of the incident, but he did not let it rule him. He actively exercised, took rather good care of himself, and continued to work at a physically demanding job. He also loved to play soccer and held a position of head coach of his sons’ soccer team. There were days he

was exhausted, mentally and physically, but his role as father and husband never faltered. All he really wanted from the series was to function better with less pain—a worthy goal.

Needless to say, Daniel gave me good experience working with uncertainty. Not only was I uncertain about how to adapt the series to fit his structure, but Daniel simultaneously added a curveball to the process by participating in a study at the University of Washington on different prototypes of prosthetic legs. The study tested new mobility in the ankle and material used in the socket where the amputated leg inserted into the prosthetic. He went through six different leg socks and locking mechanisms and two different foot prosthetics during our structural integration series together. This undoubtedly changed his gait and movement patterns. Daniel changed his movement patterns to compensate, adjusting to a new prosthetic leg every couple of months. Questions inundated my mind. I had never worked with an amputee, let alone a double, cross-lateral one. How would we get his structure to show true cross-lateral movement? How would we find an optimum gait when his gait would constantly be adjusting to new prosthetics? How would we

appropriately balance Daniel's structure in gravity? I remembered what Karen Bolesky taught us at the Soma Institute: Nothing in nature is symmetrical and therein lies the beauty. A tree will grow to balance in gravity and also reach for the sun. So, I did what I often do, I dove in and learned along the way. I only did traditional SI without trying to do SI on phantom limbs or research desperately for techniques to grasp at how to change the series for him. I wanted to see what a strict structural integrations series would provide for an amputee.

Structure in Gravity

In order to properly analyze Daniel's structure in gravity, I had to make a decision concerning his prosthetic leg. Structural analysis without the prosthetic would not give an accurate picture of his structure in gravity on an average daily basis. But keeping the prosthetic also required a shoe to be on the prosthetic, which would unbalance his pelvis if I left his right foot unshod. Keeping in mind that Ida felt the hip joint was the joint that determined symmetry (Rolf, 1989), I decided to do the reading with his shoes on as this would represent his structure vertically, in gravity. Keeping Daniel shod took away the option of seeing how his right foot



Figure 1. Daniel's posture before the series.

engaged with the ground, but looking at his weight distribution down the leg gave me enough clues as to how the foot was engaging. I was unsure of my decision, but decided to trust my own instinct and go with it. The first prosthetic leg seemed to have a genu valgum quality, where it appeared to be “propping” the leg versus being a part of his structure. This is where I felt integration would best serve him: integrating the prosthetic into his body awareness. So, our goals emerged:

1. re-establish trust on the left side,
2. build a solid grounding (then levity should follow),
3. develop a 50%/50% weight distribution, and
4. integrate this structure with the prosthetic, developing that as his body image.

The Work

Daniel could only afford to come once a month, so the series was done over the span of eleven months. I felt that this would be adequate, and allow his structure more time to adapt to the work. Even though I decided not to engage in trying phantom limb SI, I did make sure to touch and work each end of the amputated limbs to include them in the sessions. I felt just touching and accepting Daniel’s amputations would bring more psychological healing than anything. There is much to be said about feeling rejected, be it as a whole being or just a limb. (Daniel would later thank me for not showing aversion to his body as he had experienced in the past by other body workers).

The phantom limb pain shocks would come during the sessions at the table, affecting his entire body. Not because of anything that we did, they would just come on sporadically and quite frequently at first. I would just lay my hands gently on Daniel until the wave of intense pain would leave his body. Then I would proceed with the session. I knew I was not causing the shocks, and Daniel was always quick to reassure me that it was not the result of anything I did, and that he appreciated that I did not recoil, or make it a big deal, and that I just remained with him in this partnership of healing.

After Session Two¹, Daniel received treatment for his phantom limb pain in the right arm. Doctors performed a brachial plexus nerve block as post-operative pain management, which they performed a

couple more times later during the series. This block turned out to be very useful for me to gain access to the brachial plexus in Session Three and subsequent sessions. During Session Seven, Daniel and I began to see spasms happening in his pectoralis major, anterior deltoid, and biceps brachii during thoracic and clavicle work. We took that opportunity to begin exercise to activate these muscles outside our session, trying to build the neural connections. These movements were extremely difficult as the limb felt like a 50-pound weight. By Session Eight, Daniel could actively move his right arm in adduction, abduction, flexion, and horizontal add/abduction, which he could not previously perform without assistance. When he asked his doctor how this was possible, the doctor felt that the combination of the nerve block along with the work we did with the fascial network supporting the brachial plexus allowed for nerve pathways to begin to open again.

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With movement re-education for gait in mind, getting his weight 50/50 over his feet was our first priority. We began with just standing and connecting into his internal body awareness. He had to internally feel this pattern before he could understand how to change it. This was an area where the different prosthetics sometimes became an issue. Sometimes the leg sock and locking mechanism would be problematic, either being an incorrect fit or cutting into his leg. He would shift his weight back to the right to avoid the pain. In another instance, one prosthetic had high mobility in the ankle, causing Daniel to lose his balance and fall often. I started seeing improvement finally when he began to move from his core after Sessions Four and Five.

The University of Washington finally settled on one prosthetic in the integration phase, which I found to be perfect timing. This profoundly-comfortable, highly-functional prosthetic finally gave Daniel the confidence he needed in his left leg, which subsequently reconnected him to using his core. Integrating the leg with cross-lateral movement was easier than anticipated as this newfound security allowed for free flowing movement within his spine.

1 Soma structural integration is fairly equivalent to the traditional Rolf Ten Series, with only the addition of an arm session after integration.



Figure 2. Daniel's posture before the series (top), after the series (middle), and about a year after the series (bottom).



His body knew cross-lateral movement from being an athlete; all he needed was the grounding support.

Our Results

When Daniel finished the series, he had considerably less pain in his body. The phantom limb pain shocks occurred less frequently than before we started.

By the end of the series, he was not having the shocks at all during our sessions, which was a huge improvement over earlier session in which three or more shocks would occur. His foundation, his legs, dropped straight down from the pelvis in a position that provided better support for his structure. He fully trusted his left leg, having established the 50/50 weight distribution. A new levity emerged in Daniel and allowed him to externalize and share his energy, as his personality seemed to be projecting outward verses collapsing inward. His after pictures represent a complete, integrated body. Daniel's quote on what he feels the series has done for him:

I have better posture and body mechanics. I also became less guarded of moving my residual limb. I have been able to be more active with better body posture and [be] more flexible, breaking free [from] damaged cartilage and unused muscles. As result, I have lost weight and been more active, and my pain spasms have been less frequent but with the same intensity.

(personal communication, 2014)

Once I decided to write this article, I invited Daniel back for an interview and pictures. It had been about a year after we completed the sessions. He had received no additional structural integration or any other type of bodywork. He unfortunately had a soccer accident where he fractured the distal, amputated end of his left leg. This required him to not wear his prosthetic and be wheel chair bound for a couple of months. By the time of the interview, he had been out of the chair two months and was back to full function. I was amazed at how much the work still held after the year, even with the incident. He reported feeling the same positive effects as quoted above and continued to progressively move forward. Daniel is a firm believer in structural integration.

What do I take away from this? A discovery that insecurity and uncertainty are two different beasts, not only in the world of SI, but in life in general. Insecurity that results from one's belief in her own ability—to be a good SI practitioner, to “do good work”—is hers to own. I speak from experience of once having these feelings myself, and from watching students evolve through insecurity stages during SI trainings. Being uncertain is bowing to the ego inside you. It's walking into a session, or taking on a case, without a pre-established agenda. It means approaching each session as a blank canvas with your knowledge of SI in hand. Trust the Recipe, adapt to your clients' needs, and trust yourself.

Acknowledgements

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I dedicate this article to my father, Lester David Foster III, August 11, 1951–December 3, 2012.

“When he shall die,

Take him and cut him out in little stars,

And he will make the face of heaven so fine

That all the world will be in love with night

And pay no worship to the garish sun.”

Shakespeare, *Romeo & Juliet*, Act 3, Scene 2

I Love you Da...

References

- Feitis, R. (2011). The Wisdom of Uncertainty, In K. Schumaker, & P. Kemper (Eds.), *LASI 2011 yearbook of structural integration*, p. 41-45. International Association of Structural Integrators.
- Racy, J. C. (2014). *Psychological Adaptation to Amputation*. Retrieved from Digital Research Foundation for Orthotics and Prosthetics Community: <http://www.oandplibrary.org/alp/chap28-01.asp>
- Rolf, I. P. (1989). *Rolfing: Reestablishing the natural alignment and structural integration of the human body for vitality and well-being* (p. 143). Healing Arts Press.