

Introducing Bowen Therapy into the Public Health System



Anna Dicker

The results of an initial survey of community health staff who had received Bowen Therapy, led to a health promotion project for health staff, policy development and the establishment of a permanent clinic for staff and patients.

Let me share that journey with you. I am a generalist community nurse working full time at Byron

Bay on the NSW Far North Coast. I became interested in this therapy after noting the effect on one of my horses. This simple technique had remarkable results on a mare who had hindquarter wasting after a debilitating and near fatal illness.

3 years ago I started my Bowen training. While I had originally thought I would learn EMRT, it was the human course that caught my interest. The effect on my own health was profound. After the first training block my need for asthma preventers vanished and has not returned.

The North Coast of New South Wales is well known for its acceptance and demand for complementary therapies. Indeed in 1995 a wide survey of residents found that 76% of those surveyed were recent users of complementary therapies.

A recent look at our local paper finds a plethora of therapies advertised - Feldenkreis, massage (hawaiian, deep tissue, shiatsu, therapeutic, relaxation) yoga (dru, Japanese, astanga, iyengar, hatha), pilates, cranio-sacral balancing, osteopathy, chiropractic, homeopathy, naturopathy, acupuncture, colonic irrigation, hypnotherapy, reiki, Bowen and many more.

As I deal with many patients with chronic illnesses who have reached the end of available treatment I found myself offering a treatment of this remarkable new therapy. Every patient I gave a treatment to got something out of it. The results were not always what I expected. The first client had a long standing history of head pain and stress. After 1 treatment she stopped biting her fingernails and her hair stopped falling out. This may not sound significant but she rated this as enormously important as she was blind and had distorted facial features after a shotgun injury and she felt that the only remnant of her previous beauty was her long black hair. Now she had lovely nails as well.

A client being with an eroding diabetic foot ulcer grew a new arteriole into the area. A painful shoulder relieved here, diuresis increased there - things were happening.

The GPs were kept informed and were encouraging. In fact the only opposition I had was from some of my peers who obviously felt threatened when I was doing things that they couldn't.

During this time I often gave staff 'on the run' treatments for minor ailments - sore necks, headaches, sore backs etc. Of course Bowen Therapy is not considered part of nursing core business, so the time was coming when the successes I was having was going to pose some questions. So I decided the time had come to formalise the incorporation of Bowen therapy into my Community Nursing practice.

21 staff at Byron and Mullumbimby Community Health were known to have received Bowen Therapy from 1 of 2 Bowen Therapists on staff in the past 12 months.

17 staff responded to a questionnaire - a response rate of 81%. Problems treated were:- Headache 4, Shoulder pain 6, Back pain 5, Respiratory problem 1, Sore neck 5, Stress 5, Ankle pain 1, allergy 1.

Staff were asked if treatment improved their ability to work that day.

Yes	13	76%
No	1	6%
Unsure	3	18%

Did the treatment provide significant relief?

Short term relief	6	35%
Long term relief	9	53%
No relief	2	12%

Many of these treatments took only 7 minutes.

Conclusion.

That lasting relief was achieved in 53% of staff (1 treatment) comparing favourably with a national survey (1999) where 49.95% of problems resolved in 1-2 treatments and 80% in 1-4 treatments.

"Kept me at work - without treatment may have gone off on sick leave." From a staff member who felt she was on the edge of a nervous collapse "the lightness in my back and limbs was amazing. I felt like I could leap, and recalled this is how I felt in my 20s (now 42). I had a flashback to how a well maintained and healthy me could feel"

The encouraging results of this survey laid the basis for an application to proceed with a formal health promotion project involving the staff. However, to comply with the policy of the Nursing professional bodies, local policies had to be written. Email flashed around the world and unfortunately nothing exists that met the requirements. So I set to work to write them. A worldwide literature search was undertaken but again little exists.

There is a very exacting format required for any new service to be introduced into the Public Health System. In our area this involves writing a policy, clinical standards, practice guidelines, a practice audit form and compiling a research evidence database to mention a few items.

Once written these documents were widely distributed for comment. The policy was also presented at

the Area Nursing Council and the State Rural & Remote Nursing Council at which I represent the area.

BODY AND SOUL PROJECT.

In December 2000 a Health Promotion Project proposal to run a 6 week trial of Bowen Therapy to improve staff health was accepted.

The project was called Body and Soul (which aptly described the holistic nature of the therapy) and ran from mid December. Together with the assistance of another Bowen Therapist on staff we offered our colleagues Bowen treatments Mon – Fri 8-8.30am. Over the 6 weeks we treated 31 staff with 90 treatments. Up to 6 staff were treated at each session.

Participants were asked to identify any health problems and to indicate how they felt their levels of stress were. This group were not youngsters, included hospital staff – nursing and hotel and community health staff. They represented the aging workforce with bodies showing a high level of wear and tear. Stress levels were high with the demands of Christmas coming up – both personal and professional.

Physical Problems:- Neck 18, Lower Back 12, Shoulder 12, Hip 6, Upper Back 5, Buttock Pain 3, Knee 4, Ankle 2, Dysmenorrhoea 1, Stress incontinence 2, Lymphoedema 1, Headaches 7, Sinus 2, Ear Pain 1, Sciatica 2, Asthma 2, Tendonitis 3, Breast tenderness 1, Bursitis 1, Allergy 1, Jaw 1, Gall Bladder 1, Foot pain 1. Stress levels were indicated on a scale of 1-10

While the major emphasis of the project was on stress it was felt that some physical problems could be alleviated with treatments.

On completion of the project participants completed a detailed questionnaire, from which there was a 90% response. We also received great positive feedback during the trial. The therapy provided significant pain relief for 81% of areas of the areas mentioned as being problems. A couple of comments received were:-

“Approx. 1 hr after initial treatment I felt as if I had been trampled in a rugby scrum. 7 hrs later I felt great. Each treatment left me feeling euphoric immediately. I can’t praise the treatment enough.”

“Treatment would usually relieve headaches and I found less need to use painkillers. Also I noticed a reduction in frequency.”

Treatment provided significant improvement in mobility for 67% of areas mentioned as being problems.

Comments:-

“Even 4 weeks later I feel movement is completely free.”

“Hips feel less fused.”

Although there have been no surveys done on Bowen Therapy and its effect on sleep, this question was included out of interest.

41% of participants reported improved sleeping patterns.

Comments:-

“I now sleep like a baby when previously I was a light and restless sleeper.”

Ossie Rentsch has commented that Bowen Technique works where it’s needed most.

The main emphasis of this project was to see if Bowen Therapy is an effective stress reduction tool. BINGO the results were overwhelming.

83% of respondents reported significantly reduced levels of stress.

Comments:-

“I found the therapy to be very good for stress. Just having the time to concentrate on healing was a great experience.”

One staff member who rated his stress level as 10 out of 10 felt that the treatment reduced his stress level to zero – a fact happily noticed by his colleagues.

“My stress levels have dramatically dropped.”

“Felt energised and was able to cope for the rest of the day in a busy atmosphere of work.”

64% of respondents felt there had been a positive change in their energy levels & feeling of well being.

Comments:-

“I noticed a change about 2 weeks into the course, when I felt more energetic than I had for some time.”

“I felt nurtured and cared for and this felt very important in my job which often feels like energy being given out to clients and few are in a situation where any can be returned.”

“Particularly at work I have felt calm and able to deal with stressful situations with ease.”

To gauge the appropriateness of such a program staff were asked how they viewed such a workplace stress reduction program. The response was overwhelming. Staff felt morale rose and people felt better. They saw this sort of program as an inexpensive way for the Health service to reduce workcover claims.

93% of participants felt this sort of program was a useful workplace stress reduction tool.

96% wanted an ongoing program

86% saw workplace stress reduction programs as the responsibility of the Health service.

Comments:-

“Very positive feedback from all staff I know who attended, also there is no other health promotion program offered for the staff. It is not a youthful staff and many have stress/physical work related problems.”

On release of these evaluation results I proposed the commencement of a permanent clinic for staff. With my manager’s support his commenced in June of this year. I run 3 45minute sessions a week – one early morning and 2 afternoon sessions. Up to 5 people book for treatment at a time. I use tables in a group room with antenatal mats on top. Clothing is not removed. A gold coin donation is requested and we have already funded our first massage table.

To pursue the issue of policy development I took a proposal to the Area Health service & Organisational Ethics Committee, which looks at new service proposals. I proposed that the AHS recognise and allow the practice of

Bowen Therapy by qualified staff in the same way that other Complementary Therapies such as Feldenkreis, Cranio-Sacral balancing & Acupuncture are currently practiced by physiotherapists. I also recommended that a policy be developed to address the practice of all complementary therapies within the AHS.

This of course opened Pandora's Box. It was ground breaking stuff as at this time no other NSW AHS had released such a policy.

The result of this presentation was a step backwards to take a step forward. The answer was that the AHS would agree to develop an area policy on complementary therapies then each individual therapy would be addressed with its own policy guidelines.

To reinforce the positive message of my work I have tabled the policy at the area nursing council, the State Rural and Remote Nursing Council (chaired by the chief nursing officer), and the local union branch. Through the Bowen Therapy Association the policy and pathways of this journey have been distributed interstate and internationally. I have had a paper published in the Australian Journal of Holistic Nursing, had an article in the area nursing council newsletter and our Area Health Service newsletter. There has also been an article on my work published in the Nursing Australia (the College of Nursing Journal). I have also submitted my work for an

area quality award. While I didn't get an award I did get some great comments from the judges and a certificate of participation. I set up a table at the back of the room and gave Bowen treatments to anyone interested. 3 Board members, including the chairperson had treatments. I was grinning from ear to ear because I really thought my entry wouldn't make it to first base.

In the beginning of this year I opened additional clinics for the chronically ill clients that all other treatment had failed on, drug and alcohol clients in recovery, mental health clients and carers. 3 months ago the committee to examine existing complementary therapies was formed and 3 weeks ago I was given formal approval from the health service to perform Bowen Therapy. This is probably a first in the world for a public health service. It certainly creates a precedent that other health services can refer to. There has already been offers of funding for research project I have developed a package to help nurses work their way down these pathways in their own area. The framework could be used to support any other complementary therapy. I am happy to Email this out to anyone interested. Finally I would like to acknowledge Tom Bowen who's presence I often sense and Ossie and Elaine for their devotion to teaching this wonderful therapy.

Anna Dicker, Lennox Head, NSW



Anne Schubert

BRIGID AND ZAC'S STORY

Brigid came to study Bowen with me in January 1999. She was the provider for her family as Zac had suffered a crippling back injury and was house Dad for their 6 boys.

Brigid, with her new skills and her Bowen Manual and before I was aware of using the sensations to guide as a caution for ("hers is best"), Brigid raced home to help her much distressed husband and "threw the book at him". Two days later a very worried Brigid rang to say Zac was having an enormous and painful reaction and I said the usual "That's great! Tell him that his body is rebalancing and to hang in there", and to ring me in a couple of days. Two days later nothing had changed, in fact he was worse even though he was drinking water, having Epsom salts baths and taking Panadol.

So, many worried phone calls were exchanged and Zac wasn't the least bit interested in any further touches from his anxious wife. Three months passed before Zac's reactions finally settled. One day he said to Brigid "That Bowen was mighty powerful stuff I realized from my huge reactions. Now I think I am ready to try again. This time just do a little bit". And so began his miraculous recovery. Lower back 1 to 4 was where the process began. Slowly but surely Zac's body began the long journey to recovery with not much more than the B.R.M.'s, which we have decided to rename "Body Resetting Moves" as the word

Basic and Relaxing don't seem powerful enough. In fact, we have even decided to rename the word "Stoppers" to Starters as that's what happens with moves 1 and 2 Lower back, don't you agree.

Two and a half years later Zac was so well and so sold on Bowen that he decided he could now go back to earning a living, and guess what he chose to become, a Bowen Therapist. Now Brigid and Zac run a thriving clinic in a small country town. He still needs his Bowen and all that is usually required Lower back 1,2,3 and 4. I'm told he even plays a mean game of VolleyBall.

Anne Schubert
Instructor, Forster NSW

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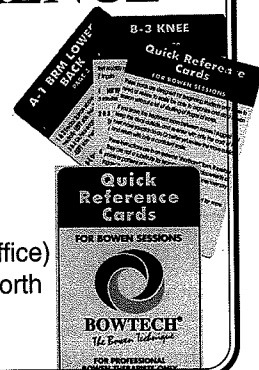
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