



## The Society of Teachers of the Alexander Technique (STAT)

### **Randomised controlled trial of Alexander Technique lessons (AT), for management of disability by people with Parkinson's**

#### **Evidence for the efficacy of Alexander Technique lessons for patients with Parkinson's**

A randomised, controlled clinical trial was funded by the Foundation for Integrated Medicine, the Parkinson's Disease Society, REMEDI and the University of Westminster. It showed that the skills learnt in Alexander Technique (AT) lessons, when applied in daily life, lead to sustained benefit for people with Parkinson's.<sup>1,2</sup> The trial was designed and led by Dr Chloe Stallibrass.

#### **Clinical trial details in brief**

All contact with the trial participants, apart from the AT lessons and the massage sessions, was with the Research Manager, Peta Sissons. The two AT teachers were both members of STAT.

A total of 93 people with clinically diagnosed idiopathic Parkinson's were recruited into the trial, mainly through publicity in the national press. They were randomly allocated to three groups:

- a control group (no intervention)
- a group who received 24 lessons in the AT (two lessons a week for 12 weeks)
- a group who received 24 sessions of therapeutic massage (two sessions a week for 12 weeks) to control for the likely effects of touch and personal attention in AT lessons.

The groups were balanced for age, gender, and duration and severity of illness using a randomising computer program. All participants continued their pharmacological treatment for Parkinson's throughout the trial and received usual care.

#### **Outcome measures**

The main outcome measure was the Self-rated Parkinson's Disease Disability Scale. Participants rated their performance of everyday activities both at best and at worst times of day: the 'worst' times excluded periods of freezing. There were five secondary outcome measures, including one for depression.

#### **Results: One-to-one Alexander Technique lessons provide significant and sustained benefits for people with Parkinson's**

The results of the main measure clearly showed:

- Of the approaches tested, lessons in the AT provided the most benefit. Following 24 AT lessons, participants performed everyday activities with less difficulty than the control group, at both best ( $p=0.04$ ) and at worst times of day ( $p=0.0004$ ).
- At 6-months' follow-up the comparative improvement was maintained both at best times ( $p=0.03$ ) and worst times of day ( $p=0.01$ ).
- The improvement in the massage group was not statistically significant. This indicated that the benefits from the AT lessons were due to learning and applying skills over and above any improvement due to touch and personal attention.
- Post-intervention, ie during the follow-up period, the AT group was significantly less likely to have adjusted their Parkinson's medication to cope with worsening symptoms during the trial than were the other two groups ( $p=0.001$ ). This intriguing finding merits further research.
- At 6-months' follow-up, of the participants who had not changed their medication for whatever reason, a smaller proportion of the AT group than the other two groups, reported worsening symptoms, ( $p=0.045$ ).

The secondary measures showed the AT group to be less depressed after 24 lessons compared with the control group ( $p=0.03$ ) on the pre-determined questions in the Beck Depression Inventory.

In an open-ended questionnaire, 41% of the AT group said that they felt more positive/hopeful as a result of the AT lessons; 35% said they felt less stress/panic, and 28% said they had improved self-confidence. When asked to list activities that had improved for them personally, 59% mentioned improved balance/posture, 48% mentioned improved walking, 38% improved speech and 28% reduced tremor. These answers were provided spontaneously rather than being elicited via specific questions.



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### What is the Alexander Technique?



The AT is a thoughtful self-help method for the life-long enhancement of an individual's way of functioning and wellbeing. Learning and applying the AT leads to improvements in balance and mobility, postural tonus<sup>3</sup>, coordination and functioning. This is because one-to-one AT lessons enable an individual to recognise, understand and avoid poor postural habits and ways of moving that can interfere with the working of movement control systems.

*Lying in semi-supine with the head supported and the spine free to lengthen, provides an ideal situation for practising the fundamental AT thinking skills and observing the beneficial effects*

### Alexander Technique lessons

Teachers use sensitive hands-on contact and spoken explanation to help people attend to head poise and lengthening of the spine in a way that facilitates improvements in postural tone, coordination and control of movement. Lessons are tailored to individual needs and capabilities and applied to daily activities. The aim is that people develop sufficient skill and understanding to begin applying the AT in daily life on their own, in order to manage their disability better and benefit their health and wellbeing.



*Alexander Technique teacher working with someone with Parkinson's, helping him to calm his nervous system.*

### Other applications

The benefits demonstrated in regard to Parkinson's might also apply in other chronic conditions where a person's manner of standing, sitting, moving and speaking is thought to contribute to their problems. Learning and applying the AT is a means for improving general mal-coordination and has been shown to help patients with non-specific low back pain (ATEAM trial, BMJ, 2008<sup>4</sup>).

### References

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2. Stallibrass C, Frank C, Wentworth K Retention of skills learnt in Alexander Technique lessons: 28 people with idiopathic Parkinson's disease. *Journal of Bodywork and Movement Therapies* 2005 Vol. 9; no. 2: 68-75
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4. Little P, Lewith G, Webley F, et al. Randomised controlled trial of Alexander Technique lessons, exercise and massage (ATEAM) for chronic and recurrent back pain. *British Medical Journal* 2008;337:a884. [http://www.bmj.com/cgi/content/full/337/aug19\\_2/a884](http://www.bmj.com/cgi/content/full/337/aug19_2/a884)

### Contacts for further information

Questions about the Parkinson's clinical trial: Dr C Stallibrass, 10A Greencroft Gdns, London NW6 3LS.  
Tel: 0207 2093625 Email: [chloestallibrass@gmail.com](mailto:chloestallibrass@gmail.com)

For further information about the Alexander Technique: Website: [www.stat.org.uk](http://www.stat.org.uk)  
STAT, 1<sup>st</sup> Floor, Linton House, 39-52 Highgate Rd, London NW5 1RS. Tel: 0207 482 5135