Trager® Resources

Articles on Trager® Psychophysical Integration:

The Trager® Approach as an Adjunct Practice for Parkinson's Disease

Presentation to Mount Sinai Hospital, New York, NY
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February 12, 1997

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JK, Parkinson's patient
FM, Parkinson's patient

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Introduction

What is the Trager® Approach ?

Trager is an approach to movement re-education. The two parts to this approach are tablework and movement work. In tablework, the patient reclines on a massage table. The work consists of very gentle rocking, shaking, vibrating, and tractioning. In movement work, the practitioner directs the patient in movements that seek to find ways of re-creating the experience on the table, as well as collaborating with the patient in addressing movement needs in daily life.

How Can *Trager* Work Help Parkinson's Symptoms?

Just as athletes or dancers can learn to perform movement with a variety of dynamics, tempos, and directions, so can Parkinson's patients memorize how to decrease their muscle tone to achieve normal movement coordination. With tablework, the person begins to know what relaxed or "released" muscle tone is. They then begin to differentiate when the muscle is decreasing. We then create movement tasks that encourage the relaxation of muscles and the awareness of specific Parkinsonian "events" and tools to release them.

This movement re-education work involves a combination of imagery, movement meditation, and dance-like improvisations. A significant goal of the treatment is in helping the person to experience pleasure in movement, both passive and active, since the concrete experience of this kind of effortlessly organized movement is what Parkinson's sufferers tend not to experience in their daily lives. *Trager* can operate both as an inspirational goal and as a functional clue, helping them to visualize and direct their movement re-education process with vivid reminders of what it feels like to "get it right."

The goals of *Trager* in addressing Parkinson's patients are promoting relaxation, decreasing dyskinesia, increasing fluidity of movement, and increasing sensory input. The movements involved in *Trager* help the body to compensate for lack of exercise in restricted areas. They also seem to relieve depression in these patients. It is unclear whether this is a secondary result of the relaxation of the muscles, or is an independent result.

Effects on Parkinson's Symptoms Following *Trager* Sessions

In my work with Parkinson's patients, I have noted effects at three points following the *Trager* session:

Immediately after the session .The patient usually feels tremendous relaxation and to some extent a mild physical disorientation. Old holding patterns in the muscles have let go and upon standing and walking, patients may feel slightly unfamiliar until the nervous system has had a chance to orient itself to this new information.

An hour or two after the session (especially if the session has been completely on the table). The nervous system has had time to adjust and the patient feels steadier in their balance, more sensation throughout out the body, and a decrease in the tone of their muscles.

Cumulative effects after multiple sessions. From patients' reports, the cumulative effects after multiple sessions include the pleasure of moving freely and easily, and a renewed sense of accomplishment and confidence resulting from the increased physical ability to work independently in daily activities.

Movement. Another effect of *Trager* work is that it tends to make people want to move. They want to exercise, they want to get up out of their chairs, walk whenever they can, and make time in their lives for movement of many different kinds. This involves a life style change that is welcomed rather than resisted.

Case Study: JK

JK is a 52-year-old technical writer consulting at a bank, in a highly visible and stress-filled job.

Drug treatment
Sinemet CR: 24/100 6 tablets per day
Eldepryl: 5 mg capsules twice a day

***Trager* Sessions**

Trager tablework and movement work once a week: 1 1/2 hour sessions.
11/8/95-present.

Original Status
Extreme stiffness in neck and upper back causing movement restriction and pain while sitting, standing and walking. Stooped posture.
Discomfort in left shoulder when raised above 45 degrees--formerly diagnosed as frozen shoulder.
Pain in right ankle caused by inward curling of foot.
Restless left leg--particularly at night when lying down to sleep.
Dyskinesia in left hip. Tone increases rapidly and decreases within 5 seconds, creating buckling of hip when lying and standing.
Shuffling gait.
Lacks energy in early afternoon.
Parkinson's "mask."
Right foot is always hotter than left.
Achilles tendon tender when lengthened in dorsal flexion of the ankle.

Techniques Applied

Neck
Table work
First two months extremely gentle neck work: rocking, traction, vibration, flexion, extension and rotation using small ranges of motion with no discomfort. Pleasurable to tolerable sensation. Shoulder and neck would not into spasm if too much traction was used. After first two months, a firmer grip was tolerated, more motion, larger range and longer tractions.

Movement work:
Imagery: standing upright, bring torso up and imagine shining a light from the sternum into another person's face. Imaging head as a helium balloon floating to the sky.
Very slow, soft, neck circles, concentrating on mobilizing C-1 and C-2 vertebrae.

Left shoulder and upper back
Table work
Gentle repetitive rocking movement on either side of the spine, T1-T12 vertebrae.
Gentle tugging with one hand under humerus and one hand on scapula.
Gentle traction and rocking of arm, lying on back, front and side.

Movement work
Arm dangling; awareness of the weight of the arm originating from the spine traveling through the shoulder to the hand.

Right ankle
Table work
Quick, gentle repetitive shaking of lower leg to allow ankle to passively swing back and forth.
Various tractions on foot while rocking ankle and leg.
Whole leg traction and "waggles."

Movement work

Imagery: picturing in the mind that you are briskly walking
Fling the legs forward.

Left leg and hip
Table work
Lying on back, rolling the leg back and forth repeatedly, lifting the knee and dropping it.
Taking the knee up to the ceiling with the foot on the table and rocking the pelvis.
Lifting the pelvis and moving it medially.
Taking the left knee across the right leg and tugging gently.
Circling the leg from the hip.
Lying on the belly, with medium pressure on the left buttock, "knead" the tissue up and down the line of the sacrum

Movement work
Lying on the back, lifting the knee, letting it open to the side and quickly sliding the foot down the table to join the other leg, repeating with different tempos, finding the one that creates the most release.
Concentrating on releasing the hip throughout the exercise.

Shuffling gait
This symptom happens when JK is particularly tired or not medicated. To walk forward she flings her legs to get started. To turn around without shuffling, she swivels on her feet.

Lacks energy in the early afternoon
The medication suppresses appetite. By eating in regular intervals during the day, especially at 3:00 or 4:00 p.m., energy levels improve.

"Mask," temperature of right foot, and pain in Achilles tendon
Not directly addressed in therapy.

Progress Made
Neck
Can now look behind herself over her left shoulder. Can be lifted passively when lying on her back with her head hanging towards the floor, with no pain.

Left shoulder
Can reach for objects above her head without discomfort.

Right ankle
Frequency of pain has lessened. When it occurs, JK does movement that decreases the pain.

Restless leg
Though no direct progress has been made, JK has determined that symptoms occur when medicine is running out. Takes medicine and stays active until it stops.

Dyskinesia in hip
Buckling happens much less frequently and JK doesn't notice any dyskinesia at all except when lying on her back during Trager sessions or when trying to go to sleep.

Ancillary progress--Mask, Achilles tendon, right foot temperature
Although we didn't work directly on JK's "mask,", her Achilles tendon or the temperature of her right foot, these symptoms have diminished by 80%.

Case Study: FM

FM is a 39-year-old dancer and arts administrator with a highly visible career. Our work primarily consists of highly sophisticated movement, focusing on dance-related goals. Martha has also taught FM's husband table work for home practice.

Drug Treatment
Sinemet 25-100 mg. 1 1/2 per day
Amantadine 100 mg. 2 per day
Lodosyn 25 mg 1 1/2 per day
Eldepryl 5 mg 1 per day
Permax .25 mg 3 times per day
Enderal occasional

FM was put on this new drug treatment plan in November of 1996 by Dr. Isaacson (Mt. Sinai Hospital, NY). With this drug regimen, she now experiences less off time, and less slowness of movement and paralysis. This allows FM to experience longer periods of time each day when she can feel the results of her own movement work.

Trager Sessions

Trager table work and movement work once a week. 1 1/2 hour sessions 10/10/95-present. Supplemental table work with her husband, three times per week.

Original Status, in order of maximum dysfunction:
Stiffness and increased tone in right arm, wrist and fingers.
Cannot consistently type or write.
Lack of flexibility in right hand and foot.
Loss of some function in the bicep. Pain in motion when she lifts here arm higher than 45 degrees if movement is initiated from the bicep. FM feels that this is related to the dyskinesia that she has in her general shoulder area.
Lack of stability and strength in right hip and leg. Drags right leg when she walks.
Pain and inability to rotate the right humerus internally and externally.
Inability to lift right shoulder towards ear and let it drop. Both symptoms due to extreme stiffness in shoulder area.
Dyskinesia in shoulder.

Techniques Applied

Right arm, wrist and fingers (Stiffness and increased tone)
Table work
Lying face down with arm hanging off the side of the table, practitioner sits on floor and swings hand vigorously from wrist.
Continuing repetitive swinging, hold and squeeze lower arm moving from distal to proximal end of lower arm, and back down.
Stretch the wrist by flexing the hand.

Movement work
On hands and knees, rotate arms so that elbows face forward, and fingers towards knees. Straighten elbows.
Hold right wrist with left hand and gently bounce.
Dangle right arm by the side of the body and "waggle" the wrist. (FM's most successful time of day for this is in the morning.)

Lack of flexibility in right hand and foot
Table work
Hand: Lying face down with arm hanging off the side of the table, practitioner swings hand from wrist, rotates lower arm in a "whisk" like motion, rotates and tractions individual digits of the hand, elongates individual digits of the hand.
Foot: Patient lies on her back, practitioner sits with left thigh under patient's right calf. Practitioner tractions and compresses the whole body by holding the ankle with both hands and gently and repetitively tugging and releasing the ankle. Holding the foot medially with the left hand and laterally with the right, the practitioner gently moves metatarsals, toes, and ankle in rocking motions.

Movement work
Hand; Lying on left side, reach fingers of right hand to ceiling and release. Repeat reaching fingers and rotate counterclockwise, spiraling the movement through the forearm to the shoulder, then release.
Repeat again reaching fingers to ceiling, rotate fingers counterclockwise spiraling the movement all the way to the neck.
Let neck fall to the left side passively.
Foot: Gentle, slow foot and heel circles. Various articulations using successional movement through the foot.

Bicep (loss of function)
Table work
Lying face down on the table, with arm hanging over side, practitioner sits on table with patient's right arm on top of practitioner's leg.
Practitioner swings, rocks and elongates upper arm from shoulder.
Continuing to lie face down, patient's wrist is brought onto table near lower ribcage, elbow angling towards practitioner. Lift and drop arm from elbow.

Movement work
In a standing position rotate torso gently allowing arms to swing passively.
Standing, swing arms back and forth letting elbows bend so that wrists and hands come near to or touch shoulder joints.
Fling arms overhead and let them drop.

Lack of strength and instability in right hip
Table work
Lying on the back, roll leg into inward rotation and let it rebound back to the center.
Repeat, finding the tempo at which the leg releases the most.
Constant repetitive motion for ten minutes.
Gently elongate the leg from the hip by pulling on the foot. Lift the leg off the table slightly and "waggle" the leg.
Lift the knee towards the ceiling, foot on the table, and tug gently and repetitively towards the foot.

Movement work
Standing on both legs, rock slowly to the front of the foot, and to the back of the foot, paying attention to the sensation of weight shifting from the front to the back of the foot.
Repeat the same process from the inside to the outside of the foot.
Create your own patterns: figure 8's, circles, diagonal lines between your two feet. Pause to note any differences in your balance.
Stand with most of your weight on the left leg and use the right hand to jiggle the front and then the back of the thigh.

Right Shoulder
Table work
Lying with the left side of the body on the table, right side towards the ceiling, practitioner puts one hand on either side of shoulder and gently pushes the shoulder towards the ear, then tugs it towards the hip in rhythmic, repetitive motions.
Remaining on the side, practitioner puts left hand under medial side of scapula and right hand on anterior side of shoulder and rocks the body.

Movement work
We have created a series of exercises whereby FM lifts her arms by leading through her elbow. This lifts and drops here shoulder and mobilizes here ribcage. We then challenge her ability to release her shoulder, by asking her to perform a swimming motion similar to the crawl movement, lifting and dropping her shoulder, but continuing to keep her arm in motion.

Progress Made

Stiffness and increased tone in her lower arm, wrist, and fingers has greatly improved. FM can consistently type, write, and articulate her hands for everyday tasks. Since adjusting her medication regimen, FM has been able to focus more successfully and for a longer period of time on her movement exercises in this area.
FM reports achieving adequate flexibility each day for her foot and hand, by using the movement tools described above.
Bicep pain is gone and full function is restored. Occasionally FM still experiences loss of function when the dyskinesia in her shoulder is at a high level.
Right leg is stronger and FM can balance well on a flat foot. She can also balance on the ball of her right foot for ten seconds at a time, which was not possible before treatment. Her foot dragging has decreased 30%.
There is very little pain in FM's shoulder when she moves it in any range of motion. There is still some stiffness and slowness of movement. FM can release her shoulder now so that I can lift it towards her ear and let it drop, with very little or not contraction. The dyskinesia is still present but can be decreased by table work.

Patient's Statement

"*Trager* work has been most helpful to me as a way to stay connected, both in terms of kinesthetic and metal awareness, to what normal movement feels like without spastic paralysis. It gives me sensory information that feeds my neuropathways, maintaining a link to my conscious and unconscious memory of an unimpeded body. Practice of any kind of movement creates a kinesthetic repertoire; repetition of*Trager* builds release and grace in my muscles, leading to a sense that functional integration in my body is still possible."

Research Projects and Medical Insurance Coverage
Suggestions for Research
1. Is there an optimal duration of time for a table session?
Is there an optimal frequency of treatments?
Do these vary with each symptom?
Is it generally consistent with each person?
Is age a factor?
Is drug treatment a factor?

2. Does the optimum duration of time and/or the optimal frequency of treatments change as the symptoms improve?
For both of the above projects, neurological indices and traditional range of motion, tone, and pain tests would be done before and after each session, to measure cumulative results.

3. Collaborations with Parkinson's patients on movement work could be collected into a book and video.

***Trager* and Medical Insurance Coverage**

At this time *Trager* work is covered under Western Life Insurance Company and is being considered under Oxford Health Plan as "alternative medicine." It can also be covered if a practitioner works in a doctor's office and the doctor bills it under "neuromuscular re-education."

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