

# BRAIN GYM® JOURNAL

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*To Enhance Living and Learning through the Science of Movement*

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## ENERGETICS: WORKING WITH THE AGING AND THE AGED

Dvora Shurman, Tel Aviv, Israel

Old age can either be a time of going downhill or, as in the tradition of Native Americans and the sages of the Talmud, the time when a wise man or wise woman transmits the wisdom of a life lived. As kinesiologist Paula Oleska has written, “In order to be truly healthy we need to



Dvora Shurman

enjoy being in our bodies . . . to move in a way that is free, and expressive of who we are . . . for longevity.”

With movement as our teacher, and using Brain Gym®, we can improve the functioning of our body and mind. Movement provides stimulation, renews life, releases stress and depression, and moves us through physical and emotional crises that come with age and loss.

For the past nine years I’ve been teaching a weekly forty-five-minute gym class at a senior center in a Tel Aviv neighborhood. I also teach at Amcha, the social-psychological center for Holocaust survivors. Many in the neighborhood center class have been with me through the entire nine years, and I am impressed with their awareness, alertness, and grace. The students, who are now friends, tell me that they never cease to enjoy the class.

### LIFE AND MOVEMENT

What defines my work with older adults? I consider movement for the elderly an art, one that has yet to be widely recognized and accepted. When I work with seniors, my imagination leads me in planning a series of movements, and I sometimes incorporate humor. For instance, when we have completed working with one side of the body, I might ask, “What shall we do next?”

As a storyteller, I may work with laughter and play. One gym lesson became a *Purimshpiel* (a comic dramatization of the story of Queen Esther). Another time I let two dog hand puppets give the lesson. I remind the class of my favorite saying: “It’s not that we stop playing when we grow old, but we grow old when we stop playing.”

For me, life and movement become a unit. Using Brain Gym and Vision Gym®, I emphasize easy movement, not only in the lesson but also as we walk in the street, or at home, as we get out of bed. For example, the Owl releases the shoulder and chest muscles so we can breathe more deeply. Since touch is a crucial factor in their well-being, we sometimes work in pairs, doing gentle massage to the arms using the Vision Gym activity,

Bracelets\*, a gentle isometric rotation of the arms that helps with hand-eye coordination.

Incorrect movements cause harm, and this builds up through the years. Damage to the body results from ignoring twinges and aches. Sitting incorrectly in a chair for hours on end—in fact, just sitting for hours on end—causes spine, neck, and joint difficulties, as well as visual and breathing problems. When integrated into the body and into daily life, the right way to move can prevent or correct such physical problems. As each student’s body awakens to movement, both body and brain are stimulated to be more awake.

Though muscle loss happens to everyone, regular exercise develops a reservoir of muscle to call upon. In my classes I incorporate strength training, vigorous walking, aerobics, and anaerobics. We use elastic bands and balls to enhance certain exercises. For example, pushing a ball against the tummy during Belly Breathing emphasizes both inhalation and exhalation. Pulling an elastic band while doing Arm Activation or the Cross Crawl turns those movements into strength training.

### MAINTAINING FIRM BALANCE FOR WALKING

The balance\* goal for one of my lessons is “Look ahead, as you walk on a rainy day.” I call the goal our “slogan,” and address the effect of the goal on how we use the neck for relaxation when walking, instead of watching each step we take. We then relate the movements of the lesson to this inner/outer goal.

I begin with a modified PACE\* for the elderly, emphasizing sensory stimulation. We sip water, do Brain Buttons, do the Thinking Cap for better listening, and enjoy the Cloverleaf for relaxation of the neck and eyes. As we drink our water, we toast each other—“To life!”—for we know that water gives us life.



*Pulling an elastic band during the Cross Crawl increases strength.*

As I lead a group into a walking exercise, balance is a crucial segment of each lesson. For this goal the exercises I draw from include those for listening and seeing, which are both regulated within the vestibular system where balance is achieved. The Thinking Cap movement has a specific role in support of the vestibular system. The intersection of the midlines of Edu-K’s Three Dimensions\*, side to side, up and down, and back and forth, help us maintain the ambulatory balance required for walking.

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## GIVING BACK

Karen "Freesia" Peterson, Hawaii, U.S.A.

These days many of our communities are in crisis. Children grow up relatively alone. There is a teacher shortage. Sexual abuse and the use of alcohol and illegal drugs are common. Young people are having a hard time navigating the path of early life and adolescence, and they need our help.



Karen "Freesia" Peterson

At the same time we have a great number of vital older people who are challenged by loneliness and by isolation from their family and community. These elders have a deep hunger to live lives that matter, to continue learning and growing, and to use their experience and knowledge to connect with other seniors in similar circumstances.

Last summer at the 2004 Gathering, Paul Dennison commented to me about the "graying" of the Edu-

K population. It is true. Some of us who have been teaching Brain Gym® for over twenty-five years definitely look grayer. Our senior center in Hawaii considers adults age fifty-five to be senior citizens. In my program in Maui I have students fifty-five to eighty-five years old; that's a thirty-year span! The aging population is a large untapped resource: a group of vigorous, talented, educated people who want to give back to the communities in which they live, but often the outlets available to them do not fit their interests or needs.

### AN INTERGENERATIONAL PROGRAM

A program I created and developed, *Giving Back Mentoring* (called Kupuna & Keiki Together™ here in Hawaii), addresses all of the issues stated above and helps meet community needs. This program is based on the Hawaiian model of child rearing, in which elders (kupuna) have the primary responsibility for raising children (keiki).

In the program, senior citizens learn mentoring skills, elegant techniques for graceful aging, and the basic Brain Gym movements. They are then paired with schoolchildren identified as needing special help, and the pairs meet regularly to work on the exercises and develop mentoring relationships.

The program aims to unite the strengths of senior citizens and young people for the improvement of each other's self-esteem, self-efficacy, cognitive functioning, and emotional well-being. It was designed to improve school performance and behavior among children, improve thinking skills and a sense of well-being among senior citizens, and increase the self-sufficiency of the community by enlisting senior volunteers to mentor Maui schoolchildren.

We arrive at a school site as a team—usually twelve to fourteen senior citizen mentors, trained in doing basic Brain Gym

activities, and myself, the facilitator. In arriving at the school as a group, the seniors feel more relaxed and confident. They bond with one another and create friendships. Then the magic begins as each one works/plays/mentors/tutors/connects with a particular child.

Teachers report that their students are not absent on "Brain Gym Day"; the children feel honored and special to be a part of the program. They literally rush to greet their mentor and learn what they will share that day. During the support group after the sessions, the mentors give and receive feedback among themselves.

### HOW IT ALL BEGAN

Since 1986 I have been using Brain Gym and teaching it to children as well as to businesspeople, athletes, classroom teachers, and other adults. In 1992 I moved from the mainland to Maui, Hawaii. I kept driving by the island's senior center until one day I felt inspired to go in and do a Brain Gym demonstration. Everyone loved it, and I was immediately hired to teach at the center's lunch sites.

So each day I drove to a different small town and taught Brain Gym to the senior citizens before they had lunch. I discovered that I love working with seniors: they are motivated, joyful, appreciative, committed, and humble—the perfect students. Elders are vitally important to our culture. They need to be integrated back into the fabric of society, to be able to use their gifts and talents to give back to their community by way of the younger generation.

As this was going on, I turned fifty years old and knew that I was not going to be "put out to pasture." I was just coming into my own highest creativity, and I wanted others approaching



A senior mentor with her student, who is learning Lazy 8s

elderhood to be able to feel their own surge of creativity and connection to community. So Kupuna & Keiki Together™—an intergenerational mentoring program using Brain Gym—was born. I knew I wanted to keep doing this work when I saw the program in action: the faces of the children and the seniors together, the joy, love, patience, sensitivity, and acceptance they all display toward each other. This became my passion and my purpose.

## THE GIVING BACK COURSE FOR BRAIN GYM® INSTRUCTORS

Our elders have so much life experience and understanding to offer, and they can learn to tap this vast resource to the benefit of our other great asset, our children. I have developed a course for graduates of the Brain Gym Teacher Practicum to demonstrate how to set up a successful intergenerational program in your community. You will come away from this course knowing how to train elders and bring them into the schools to give back their wisdom to the children. Some of the many covered topics are recruiting, training, collaborating, evaluating with standardized tests, and funding. All facets of setting up the program will be discussed, processed, roleplayed, and balanced until you have all the information in your mind and body. The basic course you will learn to teach includes a new full-color training manual. To learn more about the program, visit [www.givingbackmentoring.org](http://www.givingbackmentoring.org).

### STANDARDIZED TESTING

We are now in our sixth year of seniors giving back to the young people of Maui through this method of intergenerational mentoring. In the first two years we offered pilot programs. Based on the success of those pilot programs, I was able to found Giving Back, a 501(c)3 nonprofit organization. The new entity was funded by local grants.

In addition to compiling anecdotal evidence of the program's success, I knew that it would be important to introduce standardized testing of the Giving Back program for the schools and organizations that funded the program. So I administered to the children two standardized tests—a self-esteem inventory and a reading test.

As two additional standardized tests, the parents and the teachers filled out inventories on each child that tested for hyperactive behavior and other behavioral challenges. Then an independent researcher analyzed the data and wrote a report.

A full thirteen-page evaluation of the program is available for each year: 2001-2002 and 2002-2003. The evaluation for school year 2003-2004 is still being compiled and written. In summary, the results of the 2001-2002 and 2002-2003 testing showed:

- 1) significant increases in interpersonal strengths and self-esteem;
- 2) significant improvement in reading skills: an average of .85 grades and .66 years improvement during the period of participation;
- 3) a decrease in all problematic behaviors and significant decreases in overall problem behaviors, including symptoms of attention deficit and hyperactivity;
- 4) improvements in attention, cognition, and overall social functioning. Girls made greater improvements in reading, while boys did better behaviorally.

### WHAT THE SENIOR MENTORS SAY

I am including here just a couple of typical testimonials from the senior mentors.

“B., grade five, initially was resistant and did not want to participate. In several sessions he greeted me with, ‘I’m fine and there’s nothing that I want to do.’ He looked down and never gave me eye contact. When he did try anything, he would give up very quickly, saying, ‘I don’t like it.’ His teacher’s note was very helpful to me. I knew the areas where B. needed help, and since he would not choose which Brain Gym movements he wanted to do, I chose specific ones based on the areas suggested by the teacher.

“We had a breakthrough when I discovered how amazing he was with both hands in the Double Doodle. I found something to really praise him for. From there, he tried everything with enthusiasm. We would now have good eye contact when we came together. It was really rewarding to see him looking forward to meeting with me and to watch his self-esteem grow. Amazing to observe how focused he became and how he would stay with what he started. He was very happy about teaching his class the Brain Gym exercises. He eagerly went to the blackboard to show the Lazy 8s, Think of an X, and Alphabet 8s. He instructed the class to use pencil or pen and they all got into it. I will never forget this experience. The changes I saw in such a short time were remarkable.”

—Kathryn, senior mentor

“Since the program’s inception five years ago, I have been actively involved. All the children I have worked with have been very enthusiastic and seemed to thrive on the one-on-one attention. For the past two years I have worked with the same two boys and have noticed improvement in their concentration, listening, and reading abilities. When asked what they like best about Brain Gym, they both said it was ‘lots of fun.’ Their teachers have also been very supportive and positive about the program. The Brain Gym exercises have improved my balance and concentration. I feel that getting together with the children and other like-minded seniors has improved my health by giving me a sense of usefulness and a sense of community.”

—Pat, senior mentor



*Karen receiving a lei award for the Giving Back program from the Rasmussens of Paradise Flower Farm*

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## HAPPY, MOVING SENIORS

*Elisabeth Demuth, RN, North Sulawesi, Indonesia*

When I first arrived in Indonesia in 1980, the young Indonesian people impressed me. Everywhere I went I met many babies, children, and young couples. In this region the seniors are the best babysitters. Many grandparents look after their grandchildren while the children's parents work in another town or on another island.



*Elisabeth Demuth, RN*

As a nurse midwife in Indonesia, I was asked to work within a Primary Health Care (PHC) program to counteract high infant mortality (100 per 1,000 babies die at birth) and maternal mortality (450 deaths per 100,000 due to infectious diseases). I served as part of an Indonesian health team that organized training courses

for village health volunteers and traditional birth attendants. We established many groups for weighing children under the age of five, provided health education to mothers, and kept the men busy building toilets. Our motto was "Prevention and Empowerment."

In my home country of Switzerland, many village volunteers were establishing and managing groups for seniors, and in almost every village a nice residence with a nursing care unit was being built to accommodate the elderly, sick, and helpless. The life expectancy was around eighty years.

In contrast, I seldom met elderly people here in Indonesia, and homes for seniors were rare. The life expectancy at the time I arrived was only fifty-two years. Many older people couldn't afford medical treatment. They went once or twice to a hospital or healthcare center but hesitated to commit to long-term medication or to undergo any necessary operation. They went home to die with their family, often without nursing care or pain relief. They simply surrendered their life to God.

### STARTING A HOME CARE PROGRAM FOR THE ELDERLY

While working, I noticed that families and even the nurses in the hospitals had little experience in the nursing care of elderly disabled patients. As the economy grew in urban areas, older people suffered health problems similar to those in Western countries: stroke, arthritis, diabetes, high blood pressure, and sight and hearing problems, among others.

At the end of the 1980s, I initiated a home nursing program and started to give public talks about the needs of the elderly. Our program trained nurse volunteers for several religious congregations and became one of the first village-based home nursing programs recognized by Indonesia's Ministry of Health. Once or twice a year the congregations organized a special service

for seniors—a very happy event indeed for all concerned.

After a decade in Indonesia, I returned to Switzerland. While studying adult education for heads of training departments, I worked part-time in a residence for socially disadvantaged elders. In 1994 a friend informed me about the effectiveness of Educational Kinesiology. Though initially skeptical, I went to a Brain Gym® course in Zurich, and was surprised to learn about the potential benefits of the simple and powerful techniques. The philosophy of Edu-K was in tune with our PHC educational approach for empowerment, and also aligned with the plan some of us had for a PHC training center in East Indonesia. At this time I also studied the Touch for Health system, developed by John Thie, D.C.

### MOVEMENT COURSES FOR SENIORS

I returned to Indonesia in August 1994 to establish the PHC training center and to develop training courses for healthcare providers, with the aim of enhancing the health of the general population. To support easy and joyful learning for course participants, I gradually introduced some Touch for Health processes and Brain Gym movements. Later I was asked to give courses just in Brain Gym and Touch for Health in East Indonesia and in the west.

Sometimes I'm invited to a senior meeting where I do Brain Gym movements with groups of twenty to more than one hundred fifty people. "Oma" and "Opa" (grandmother and grandfather) just love to put on their Thinking Cap, do Brain Buttons and Balance Buttons, slowly Cross Crawl in a sitting position, and use the Positive Points to reduce their worries and minor pains. I also teach a variety of Touch for Health muscle movements, and I have the seniors touch some neurovascular points or massage the Touch for Health neurolymphatic reflex points. In Indonesia the *hati gembira* literally means "happy liver" (in the Indonesian language the word "liver" is associated with happiness), and the elders like to do the Touch for Health pectoralis major sternalis muscle movement, which stimulates the liver, to evoke happiness.



*Elisabeth demonstrating the Positive Points*

Since grandparents are the main babysitters, I motivate them to do some Brain Gym movements with their grandchildren, such as the Thinking Cap, Brain Buttons, and the Positive Points.

In the Indonesian culture babies are always carried, often in a cloth sling; they cannot move freely and many of them are never allowed to crawl. Consequently many schoolchildren have learning difficulties. My recent research in a junior high school showed that, among 223 students, 94.6 percent needed Dennison Laterality Repatterning\*. This is why I often explain to seniors the importance of encouraging movement and crawling ability for the little ones in their care.

## A CLUB FOR RETIREES

The employees of Bethesda Hospital receive a pension at the age of fifty-five, yet the hospital's doctors, pastors, and health unit leaders usually work till the age of sixty or beyond. Jaquomin, the former head of the hospital pharmacy, has initiated a monthly meeting for retired employees, with the purpose of maintaining lively interactions among these elders and also having a social service resource in the event that someone dies or has a special need.

Single women are rare in Indonesian society, but in this senior club we find unmarried women, aged sixty to eighty-two, who



*Retired employees of Bethesda Hospital enjoy doing Brain Buttons.*

have spent their entire lives working in the hospital or in outreach health services. Many are my friends with whom I have done Brain Gym or Touch for Health balances.

In March of 2004 I was asked to lead Brain Gym movements once a week at 8:00 a.m. with a group of ten to fifteen retired hospital employees belonging to this club. At the beginning of each session, I listen to the retirees' needs. To remind them of the need for water, I introduce the muscle check\* before and after the participants drink water. I also introduce such Brain Gym movements as Brain Buttons, the Thinking Cap, Lazy 8s, the Owl, and the Footflex, and we sing our Indonesian Brain Gym song; in the refrain between verses we do the Cross Crawl. In the beginning my students struggled with the Cross Crawl, so I let them do it very slowly, seated in chairs, while singing our familiar song.

Then we do one-sided (homolateral) movements while counting, followed again by the Cross Crawl (which these elders can now do standing). In addition to the variety of Brain Gym activities I offer, I also introduce Touch For Health movements while telling a story. This helps each individual to easily remember each movement. We touch or massage various

reflex points, depending on the mood and health condition of the participants. Usually we end a session by massaging the Touch for Health neurolymphatic reflex points on each other's backs, and this the participants really enjoy.

If I'm away from the class, my young senior participant, Henny, carries on as co-teacher so we can keep this activity going throughout the year.

The seniors are eager to continue this morning health program. Here are some of their testimonials:

Sister G. (64, a nurse): "In the morning I was always tired. Now I get up, face the early morning sun, and do a combination of Brain Gym movements I call the Energizer-Earth Buttons-Belly Breathing exercise. Energized by fresh air, I master my daily activities with much more ease."

Tante Y. (83): "After doing Brain Gym activities I feel refreshed, and if some days I feel less healthy I do the movements in my bedroom, and soon afterwards I feel better. My usually long-lasting cough disappears much faster."

Mrs. A. (83): "Three times I have broken my left hand. After doing Brain Gym and Touch for Health, I can again use my left hand normally. Also, with the Brain Gym exercises my vertigo has slowly disappeared."

Mrs. E. (73): "For about ten years, every day from morning until night I suffered a headache or migraine on the left side, but I am afraid to take medication. Now I am aware of the importance of water; I drink much more and do Brain Gym exercises every morning. My favorite movements are the Owl and the Cross Crawl. Since I started in this group, my migraine has never come back."

Mrs. K. (72): "Very often I had cramps in my legs. Since I've been doing the Footflex and moving my feet like playing football, the pain has disappeared."

In this part of Indonesia, religious ceremonies and praying for each other are a part of daily life. The people like to gather in groups, to talk and eat together and share their happy and sad life events. Psychotherapy is still unknown, and health services are very limited compared to Western countries. People are not eager to get a private kinesiology session; they couldn't pay for it because their income is so limited (about \$80 US a month for retired professional hospital staff).

Yet Brain Gym in a senior group has proved to be an easygoing activity with many amazing results for the participants and myself. My seniors move in a much more relaxed way, and they say that Brain Gym helps to keep their "spirit on fire."

*Elisabeth Demuth, RN, a Touch for Health, Wellness Kinesiology, and Brain Gym Instructor, has worked as a nurse and midwife in Switzerland and as a health educator in Indonesia. Elisabeth established the Indonesia Kinesiology Foundation, YAKINDO, and is one of the founders of the Kinesiology Association of Indonesia (AKSI). She has translated several Brain Gym books into the Indonesian language. ▲*

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# Using Movement Therapy after Cardiac Surgery

Sharon Tepfer, New York, U.S.A.

**W**hile working as a Senior Occupational Therapist at Staten Island University Hospital, I was encouraged to attend many seminars and continuing education classes. I would then share the knowledge and new techniques I acquired at these sessions with the other therapists at the hospital.



Sharon Tepfer

After attending my first Brain Gym® course, I was amazed at the tremendous amount of clinical application I could now use with my patients as a result of experiential knowledge acquired in the course. This was in sharp contrast to my experiences with other courses, from which I came away with an abundance

of theory but little immediate, practical application.

Upon seeing people's positive results and enhanced motivation after several Brain Gym sessions, I grew convinced that Brain Gym and its umbrella program, Educational Kinesiology (Edu-K), was a modality I should incorporate within my occupational therapy practice.

## OCCUPATIONAL THERAPY AND EDUCATIONAL KINESIOLOGY

The philosophical footings of occupational therapy (OT) and Educational Kinesiology share many similarities. Engaging clients in purposeful activities is seen as part of the process of occupational therapy, which is based on the premise that purposeful activity (occupation) promotes wellness and reduces physical and psychological dysfunction. Purposeful activities are goal-oriented and are part of the subset classified within occupations.

Occupational therapists have much to offer those whose lives have been altered by injury or chronic illness. Taking a holistic approach, they evaluate the whole person and assess the tasks associated with self-care, work, and leisure. They enable their clients to overcome obstacles that hinder the achievement of optimal functional abilities and quality of life.

The link between purposeful occupation and the quality of life is one of the basic principles guiding the practice of occupational therapy. This important premise is emphasized by the OT theorist and patient

advocate E. J. Yerxa, who states, "Medicine is concerned with preserving life while occupational therapy is concerned with the quality of the life preserved."

Facilitating the development and maintenance of everyday life roles and activities exerts a positive influence on the quality of life. Through OT's therapeutic process, therapists and clients collaborate to overcome challenges using remediation or compensatory techniques.

Although in Edu-K the intent is to discover movement patterns that are innate rather than compensatory, Edu-K is similar to OT in that a crucial first step in the course of an effective balancing session (the Edu-K correlate of an OT treatment session) is helping the client set an attainable goal. Edu-K places much emphasis on defining and setting the parameters of the goal, and refines the skills required to facilitate a client's ability to state appropriate goals. It was only after incorporating this structured application of goal setting into therapeutic sessions that I recognized how pivotal this intervention is for functional improvements in my clients.

## COGNITIVE CHANGES AFTER CARDIAC SURGERY

J. B. was a sixty-one-year-old male who, six weeks after undergoing triple bypass surgery, was referred to me for assessment of activities related to daily living. A week after his surgery he had experienced cerebral anoxia (lack of oxygen to the brain) and other complications.

Upon his initial assessment, using the Purdue Pegboard test of finger dexterity, J. B. presented with decreased bilateral fine-motor coordination. His proprioception (the perception of the position of a body part in space or in relationship to another body part) was found to be bilaterally impaired when J. B. couldn't indicate up or down on the body segment being moved by the therapist. He also was unable to duplicate a given position with the opposite extremity. By means of the Motor-Free Visual Perception Test (MVPT), his visual perceptual awareness was evaluated and found to be impaired. J. B. was unable to express himself in writing. OT measurements of almost all cognitive components showed them to be impaired, with no self-awareness of these deficits.

Perhaps the most remarkable aspect of J. B.'s evaluation was his inability to remember anything on the Contextual Memory Test (CMT). The CMT was designed to assess awareness of memory capacity, the strategy utilized, and the extent of factual recall in adults with memory dysfunction. The test includes two equivalent forms, one that can be used to screen for memory impairments and another version to monitor change. It has been used with clients who show a wide variety of diagnoses, including cerebral vascular disorders.

The test includes two equivalent forms, one that can be used to screen for memory impairments and another to monitor change. Both consist of a picture card containing twenty drawings related to a specific theme. The "restaurant" theme contains items related to a typical restaurant scene, and the "morning" version contains items related to what a person does upon getting up.

In OT, awareness of one's memory limitations is a prerequisite for progress. Individuals need to be able to estimate the difficulty of a memory task in relation to their own skills. If clients don't

perceive a task as difficult, it's unlikely that they will implement any strategies to help them remember. Taking the CMT helped J. B. recognize the discrepancies between his performance prediction and the actual outcome, thus fostering better self-awareness of his needs.

In reviewing the literature, I found several studies that showed a relationship between unrecognized cognitive impairments and cardiac rehabilitation patients. A study by Barclay showed that 75 percent of a group of patients who had cardiac surgery exhibited some form of cognitive deficit, with memory impairment and delayed recall being the most significant.

The possible occurrence of cognitive deficits after cardiac surgery was never mentioned to J. B. It was only after being asked to choose a meaningful goal that he acknowledged he had difficulty remembering items when going shopping and that this inability was producing much anxiety. It was important for him to develop increased competence to fulfill the expectations of his occupational role.

. . . 75 PERCENT OF PATIENTS WHO HAD CARDIAC SURGERY EXHIBITED SOME FORM OF COGNITIVE DEFICIT, WITH MEMORY IMPAIRMENT AND DELAYED RECALL BEING THE MOST SIGNIFICANT.

The fact that the client himself chose the goal is a strong indication of its appropriateness. This inherent motivational factor facilitates the formulation of an adaptive response. Occupational therapy was providing

J. B. with an opportunity to discover his interests and his potential for achieving something he felt was worth doing.

## INCREASING RECALL WITH BRAIN GYM ACTIVITIES

Open-heart surgery was a traumatic experience that directly impacted J. B. Following the surgery, his posture appeared rigid and he was unable to move with ease. He seemed to be in a constant state of high alert, not feeling safe in his own body. This reaction to perceived threat elicits a flow of adrenalin through the body. Neurophysiologist Carla Hannaford relates that, during stress, the cortex of the adrenal glands, in addition to other functions, also releases the hormone cortisol, and research at McGill University has shown evidence that increased cortisol correlates with decreased memory.

J. B. participated in a one-hour session twice a week for several weeks. The purpose of the OT intervention was for him to function as independently as possible within a safe environment. Prior to implementing Brain Gym techniques during my treatment sessions, I would have instructed J. B. in exercises that focused on developing strength, range of motion, fine-motor coordination, and other skills needed for performing activities of daily living. The sessions were now client-directed, with J. B. formulating each goal at every session and choosing exercises from the Brain Gym learning menu\*.

Initially, he performed Lengthening Activities\* that helped to

unlock the tendon-guard reflex. This automatic reflex, triggered by stress, is a feedback mechanism that protects tendons and associated muscles from excessive tension. The tendon-guard reflex is only meant to be active for a short time as our sympathetic system prepares us to fight or run. But J. B. was in this inhibited state perpetually, with his knees, lower back, and neck locked.

J.B.'s initial goals were to be able to write his name legibly and to feel relaxed and comfortable in his body. Lazy 8s, Alphabet 8s, and Double Doodles helped him to relearn how to write in an efficient and fun way.

As J. B. became more familiar with the Lengthening Activities, both in the clinic and at home, his musculature began to relax and his ability to access frontal-lobe functions also improved. He demonstrated increased independence in activities of daily living. At his four-week reevaluation, he was able to recall six items on the CMT. Once he learned to relax his arms, I noted his progress in gross- and fine-motor coordination and his improved ability to write legibly.

By reeducating his body to make lasting change in posture and restoring his muscles to their natural length, J. B. had found sufficient comfort to proceed with a sense of participatory readiness. He no longer needed to withdraw or hold back.

To bring about positive change, occupational therapists use purposeful activities as a tool. Spending treatment time that will foster positive experiences will rekindle satisfaction in everyday activities, providing "the economy for human happiness by fulfilling the need for autonomy, leading to both adaptation and creativity." (Yerxa, 1998)

The combined contributions of occupational therapy and Educational Kinesiology fostered functional improvement in J. B. and in many other clients with whom I have worked. By using OT skills and the whole brain-body system that Brain Gym promotes, we can empower our clients and help them continue to realize their potential.

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*Sharon Tepfer, MS, OTR/L, is a certified Touch for Health and Brain Gym Instructor with a private practice. As a Senior Occupational Therapist at Staten Island University Hospital, she helped clients with neurological and physical impairments reach more of their potential. Sharon is currently director of Balanced Connection, LLC, and a consultant for educational programs. ▲*



## KEEPING BODY AND MIND ACTIVE

Gerda Kolf, Soest, Germany

(Editor's note: Constance Carr translated this article from the German.)

Some people remain mentally and physically healthy into old age. Are they exceptional? Is it normal to live with memory loss and disability? Brain research has shown that, during our lives, new nerve cells are continually being created. To achieve this, however, there are certain requirements—one of which is movement.



Gerda Kolf

There is an old saying in German: *Sich regen bringt Segen* (Physical activity brings blessings). Physical activity is also the key to mental and physical flexibility. Brain Gym® offers easy movements for the stimulation of brain function, the release of stress, and an increase in thinking capability. These movements that I teach are appropriate for the young and the elderly alike.

### THE THIRD PHASE OF LIFE

The participants in my course have, in general, never before heard of Brain Gym. My seminar is entitled, "Keeping Body and Mind Active Until Old Age with Brain Gym®." The course (based on Brain Gym 101) was accepted by an established educational institution, St. Bonifatius in Elkeringhouse, and incorporated into its program under the heading *The Third Phase of Life*. It is now a constant component of the school's six-month program. The participants are limited to sixteen persons, so there is often a waiting list.

I begin each course with a brief overview and then open with a few pre-activities, so that all participants can take an inventory of their current physical and mental condition. One of the pre-activities involves concentrating on a stressful situation while bending forward, reaching for the ground, and noticing the distance between the hands and the floor.

I then invite participants to engage in PACE\*, four simple activities—drinking water and doing Brain Buttons, the Cross Crawl, and Hook-ups—that enhance one's ability to learn. Next, I ask the participants to think again about their stress situation while bending over and reaching for the floor. The responses I hear among the participants are a signal to me that they are experiencing the first positive results of doing the Brain Gym activities. I can then be sure of my group's further attention and curiosity.

### FROM STRESS TOWARD BALANCE

This is the theoretical essence of my teaching:

- Body motion influences brain expansion and

- activity.
- Brain Gym offers methods to activate the various regions of the brain.
- Each individual has a fantastic brain; what differs is how individuals use their brain potential.
- Much organ damage can be balanced through movement.
- Understanding the triune brain can help us to better understand our survival-based reactions and to deal more appropriately with our stress.
- The Laterality Dimension of the brain and body helps us see that with movement we can shift from stress toward balance.

Some essential components of the program include identifying the origins of stress, learning to avoid stress where possible, and transforming one's outlook. According to findings in brain research, the ability to change one's outlook and personal convictions is highly important, particularly where aging is concerned. So in my seminars I allow ample time to factor in this concept. I find the book *Ageless Body, Timeless Mind* by Deepak Chopra to be a true gold mine of information pertaining to my work.

During the seminars I teach all the Brain Gym movements, so everyone can determine for themselves the most comfortable Brain Gym activities to use at home. In addition to the movements, we speak with one another and sing. As the participants often have experience in matters that are still theoretical to me, they reveal personal understandings that can contribute to a happy and healthy aging process.

There are many ways to a goal, and Brain Gym is the method I choose. I am always happy to meet people with whom I can share my delight of discovery, and I find such people in my courses. They let me experience the possibilities of all that Brain Gym has to offer and, as a result, they boost my motivation.



Mastering the Cross Crawl

### SOME MEMORABLE OLDER CLIENTS

I remember with much satisfaction an eighty-one-year-old woman who had much difficulty with movement. While sitting on a chair she initially found the Cross Crawl to be an enormous challenge. Yet, at the end of the course, she completed the movement and joyfully jumped about the class. We all watched, sharing in her happiness.

Weeks after the end of one course, a married couple sent me greetings and words of thanks. Because of a state of depression, the husband had been in early retirement. The two reported that, after the course, this man's attitude had become so positive that his friends noticed

the change in his voice.

Another man, sixty-eight years old, came to me for a consultation because of his life-long stress regarding reading. I was able to help him simply by using the Positive Points, which helped him release some stress he had been holding in ever since an incident he experienced at age four. Afterward, his reading was smooth and error-free.

Because this man had traveled a great distance to our session, he asked me to help him with a second problem. He had difficulty sleeping, and had already tried various treatments to no avail. As we used muscle checking\*, he recalled an experience from his early childhood during the war, when his grandmother's room was full of Russian soldiers. He had fallen asleep, and was later quite disturbed about it, as he wanted to stay awake with her while danger was present.

Using the Positive Points again, I encouraged him to review the situation in his mind, and he changed that inner imprint. Several months later I received a letter from him in which he wrote, "I can still read easily, and my sleep problems are also healed. I thank you from the bottom of my heart for this healing success." I knew that I had not healed him; I had only shown him a natural way to let his healing happen.

With tears in her eyes, one seventy-eight-year-old participant confessed that she was unable to write as a result of a stroke eighteen months before. She described how embarrassed she felt when asked to sign her name. During the course, this woman found her potential again. We had completed various Brain Gym activities and established a good level of relaxation when I invited the participants, working in pairs, to release old stress using the Positive Points. Upon their completion of this activity, I approached the woman with my clipboard and said, "I would like your autograph, please." And I got one! On the last day of our course, this lady wrote a message to us all on the flip chart: "Thank you. It was so nice."

### SOME OF MY FAVORITE SEMINAR COMMENTS

By the end of a seminar the participants usually share my enthusiasm for Brain Gym and want to teach it to their children and grandchildren. I'm always pleased to hear their feedback, such as the following comments:

"The Brain Gym exercises are now a regular component of our daily program. Even our grandchild, five years young, eagerly performs the exercises."

"I have profited so much from the daily exercises. At the moment, I'm writing without my glasses, which wasn't possible before."

"My concentration and my general well-being have improved. Every day I perform all the Brain Gym activities that I learned in both courses. This has been so beneficial. The morning stiffness of my joints is gone. I have also become more self-confident throughout the day. I can approach people now without the shyness that caused me problems in the past."

"Even though I arrived at the seminar with skepticism, I had a wonderful and invigorating experience that I will take home with me."

"It was pleasing to feel inner peace find its way inside me."

"It was interesting that such gentle physical activity can have

such an enormous influence on the whole system."

"It is now clear to me that I am responsible for my well-being. The course encouraged me to concentrate and focus on this responsibility."

"After a sickness I was having digestive problems, which continued as I arrived at the seminar. Now I feel indescribably great."

"It was very interesting to learn and experience how physical activity affects the mind and vice versa. It was so productive."

"What a pity that I didn't know about Brain Gym earlier. I am already sixty-five years old. I will show Brain Gym to my children and grandchildren and let them see how extraordinary it is."

### BETTER LATE THAN NEVER

Yes, it's a pity that I, too, wasn't aware of Brain Gym earlier, but it's marvelous that I now know these methods and can experience their effects. Better late than never! What a pity that so many people still don't know about this fantastic way to move toward health and well-being. So that more people can be aware of Brain Gym, I'm writing about my experiences for an upcoming book to be published by the Publishing House for Applied

Kinesiology (VAK Verlags GmbH) here in Germany.

In February of this year, I had a seventy-seven-year-old participant in one of my courses. She volunteered to be the subject of a balance\* in which her stated goal was "To be able to hear with both ears." During the demonstration, she left her hearing aid on her chair. After the demonstration, she pulled out a small box from her purse



*Doing the Owl can help improve one's listening.*

and placed the hearing aid inside.

During the pre- and post-activities I used a Tibetan singing bowl, which makes a gentle ringing sound. As the ringing quieted to the point that her neighbor could no longer hear it, this woman was still able to hear it with the ear that normally needed a hearing aid. Our demonstration balance took place in the morning. By afternoon, the balance subject was able to hear so well that she picked up a pencil that another participant had dropped on the carpet. The learning menu\* for the balance consisted of the Elephant, the Thinking Cap, and the Owl. For homeplay, the woman planned to do the Owl three times daily for three months. Results like these always make me happy.

At the institution, participants usually give some written feedback at the end of their course. Because many participants write that they're interested in further Brain Gym development, additional advanced courses have been written into the program.

## LEARNING AGAIN AFTER ACUTE BRAIN INJURY

Barbara Aigen, RN, Virginia, U.S.A.

Most stories of a person who has suffered a brain injury begins with sirens blaring, red lights flashing, and, for family members, a long tense night in a hospital waiting room. The story progresses to weeks or months of holding a limp hand.



Barbara Aigen, RN

In time, most people with such injuries are transferred to a rehabilitation center, where the family members sit helplessly watching their loved one struggle with speech, bodily functions, and emotional control. They go home to hospital bills, insurance claims, laundry, dirty dishes, and the building of wheelchair ramps and larger doorways. Most family members continue to work a nine-to-five job and are also expected to lend a sympathetic shoulder to

parents, siblings, and children.

In my many years of working with individuals who have incurred an acute brain injury, I've found numerous commonalities among these clients. Because I know how hard this situation is for those who love the injured person, my Edu-K sessions always involve the drawing in of family members. I teach them PACE\*, show diagrams of the triune brain, and talk about how to notice panic and stubbornness within themselves as well as in their "survivor" (a term used to describe people who have survived the trauma of a brain injury). Together we go through Edu-K's Five Steps to Easy Learning\*, and I let them know that each session will have the same format and be an experience that's complete in itself.

In this article, I'll recall how I became involved in Brain Gym®, describe some typical sessions, and tell you my clients' favorite Brain Gym activities. I'll also address what I've identified as two very important points in this kind of rehab work: first, the family needs help; second, trust the Edu-K process.

### UNIQUE CLIENTS, SIMILAR CHALLENGES

I took the core Brain Gym course from instructor Judy Metcalf, whom I consider my "mother" in the Brain Gym profession. Judy shepherded me all the way up to the Brain Gym® Teacher Practicum. Because I'm still a Registered Nurse and part of the nursing community, I share the Edu-K modality by writing grants, giving lectures, and assisting private clients. My first rehabilitative client was Christa.

#### Christa

My Brain Gym journey began with the decision to leave hospital nursing and learn biofeedback for Christa, my first

private client, who had survived a stroke. Although we had made progress, Christa still had panic attacks or bouts of stubbornness during our attempts at public outings. Large, fancy biofeedback machines can't be transported to restaurants or shopping centers when panic sets in.

So I began to search and ask my colleagues for more user-friendly techniques. That's how the little orange book, *Brain Gym®: Simple Activities for Whole-Brain Learning*, came my way. Together, Christa and I studied the drawings and read the text. We moved our lefts to the right and our tops to the bottom. When panic reared its head at a restaurant, Christa would now put her hand to her Positive Points and, after a few breaths, look up and ask with a twinkle, "Do I look like I'm deep in thought?"

Knowing that we learn best by teaching others, Christa and I taught the movements to her social worker, Jennifer Judelsohn, LCSW, who continues to use them whenever she encounters what she calls "stuckness." Christa progressed from being bedridden, incontinent, and dependent on a gastric tube for nourishment, to walking with a walker, flying to family functions, and rejoining her church congregation. Her progress, slow and painful, used many modalities. Because of my work with these modalities, including Brain Gym, Christa regained the experience of joy in her later years and I began my Brain Gym practice.

#### Helen

My weekly sessions with Helen and her husband and primary caregiver, Hal, always began in the same way: Hal would give me a brief account of Helen's state during the past week.

"She won't stay in her chair," he would report, or, "She actually recognized photos of her grandchildren!"

Helen's neurologist had referred the couple to the Brain Gym® International website, where Hal had found my name listed as a consultant in their area. During our first conversation, he told me, "My wife had a left-lobe brain stroke in 1998, and seven cranial operations for infections."

This conversation led to my engaging with Helen and Hal in Helen's rehab process for the next five years. During those years that the three of us worked together, Hal's weekly descriptions



Helen does Brain Buttons for clearer thinking and ease of eye movement.

of Helen's state ranged from extreme agitation to extreme lethargy, and eventually to Helen's being whole and present.

When she and I began working together, Helen had no response to the question, "What would you like to do better?"

That first day, her nonresponse actually indicated to me that she didn't know what she wanted. So I voiced this for her as a possible goal: "Would you like to know what you would like?"

Using Cecilia Freeman Koester's method of putting pictures of the movements in colored folders, I insist that my clients choose their own Brain Gym movements. Helen remained silent, with her eyes rolled back, but twitched her index finger when I held up the red folder.

With this information, I moved her wheelchair outside so she could enjoy the spring afternoon. I helped Helen through her selected Brain Gym movements, and after we finished she slowly, softly, and clearly said, "I want to go inside." Immediately I asked her to notice how it felt to know what she wanted. Helen smiled, and I knew that in at least a small way she felt empowered.

### *Sophia*

Sophia is my favorite client . . . she's my mom. Like most of us, she needed to have her activities put into a framework that was understandable and meaningful to her. She centered her Edu-K goals around communication skills. This theme wasn't surprising, knowing what I do of Sophia, nor was the fact that the Footflex

was my mother's Brain Gym activity of choice. A few years earlier, she had taken a tumble off a ladder and broken both ankles. Sophia had hobbled in casts for months, and the injury had left her walking with a residual shuffle.

At first, my mother had difficulty understanding how to do the Footflex, until I related the movement to something familiar to her from her past. "Heel-toe, heel-toe," I said, "just like using the treadle sewing machine." She then immediately understood the



*Sophia now enjoys taking walks with her sisters.*

movement, and she continues to do it often even now.

### *Ida*

When I first met Ida, she looked blank and unresponsive. I motored her through the PACE activities: Sipping Water, Brain Buttons, the Cross Crawl, and Hook-ups. I jingled my bracelet in a Lazy 8 pattern until her eyes couldn't help but follow the glittery bangle. Then I lightly touched all of her Brain Gym "Buttons" until I felt an even pulse in each pair.

At the end of the first session, Ida's husband, Jim, came into the room. Ida met his eyes with recognition and a hint of a smile. I know that smile meant a lot to him.

As often as I have done Edu-K's five-step Action Balance, it never ceases to amaze me that I *always* get some type of results. From a client's verbalizing of a want to playing a piano with both hands, I trust and rely on the pre- and post-activities of the process as a witness and testimony that the activities do indeed bring about cognitive shifts.

I do all the Brain Gym movements with my clients, with modifications. The Gravity Glider is a favorite of those who are wheelchair-bound. When a person sits for eight hours in a chair

that doesn't encourage squirms and wiggles, being allowed to lengthen the back and coccyx gives blessed relief. The Thinking Cap, Earth Buttons, and Space Buttons sit high on the list of one-handed favorites. And as soon as possible, I introduce the family to the Positive Points, which counteract anxiety attacks for themselves as well as their loved ones.

## FAMILY MEMBERS OF STROKE SURVIVORS TALK ABOUT BRAIN GYM

Sometimes, after someone has had a stroke, the family is witness to the power of the Brain Gym movements. Here are some comments from clients and also from spouses who served as a surrogate in the balance when their loved one was unable to verbalize.

Elinor (twenty years after her stroke): "A stroke survivor has difficulty doing more than one thing at a time. But look! I'm doing it!"

Benny (three years after a car accident): "I do my PACE every morning. It makes me feel better."

Phillip (two years after his stroke): "I got real scared one time and then I rubbed my ears (The Thinking Cap) and was OK again."

Helen (six years after her stroke, communicating by way of her husband): "I would like to sleep through the night."

Ida Lee, stroke survivor—(again, by way of her husband): "I would like to get out of the house." (And so together they began to go on scenic car rides and to the ball games once again.)

I share Brain Gym with caregivers, children, and spouses as well as the trauma survivor because, after trauma, family nerves get raw and tensions mount. Just because a loved one has survived and returned home, it doesn't mean all is "happily ever after."

Through word of mouth, my practice has grown. The telephone rings throughout the day. Some people want information, others ask for a couple of sessions, and a precious few become weekly, long-term "Brain Gymmers." With each of the phone calls, one idea remains constant: *This family needs help and needs it now!*

Dr. Paul Dennison has shown us a way to help a family that's been torn apart due to trauma and stress. He's given us easy and adaptable movements that can be used any time and any place, and a fail-proof process for working with the most unresponsive clients.

### REFERENCE:

Koester, Cecilia Freeman. The Brain Gym 101S course  
*Brain Gym for Special Education Providers.*

*Barbara Aigen, RN, BSN, has a private practice specializing in work with the senior population and with persons who have suffered an acute brain injury. She often conducts her sessions at the client's home. In her practice she uses Brain Gym, Healing Touch, Reiki, and massage. Barbara writes for Heads Up! The Newsletter of the Northern Virginia Brain Injury Association. ▲*

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## ENERGETICS

(CONTINUED FROM PAGE 3)

Balance Buttons are crucial for the elderly, especially when we're walking in bad weather. Other Edu-K movements I find important are those that exercise the eyes, especially Lazy 8s, and such Vision Gym activities as the Cocoon, Focused Nodding, and Positive Points Palming. The Swing-Along also emphasizes relaxing the body and leading with the eyes.

Effective breathing exercises include Belly Breathing, which emphasizes the balance between inhaling and exhaling, and vocal exercises. Some of the vocal exercises, such as variations of the "Om" sound, like "Shalom", are good for closing the lesson.

Walking and stretching exercises follow the theme. We do Chi Kung circle exercises to "oil" the joints, integrating Lazy 8s. We rotate our head, shoulders, hips, knees, ankles, and feet in Lazy 8s by alternating sides, with first one shoulder and then the other, down to the feet.

We use Lengthening Activities to prepare for the walking segment. The Calf Pump is particularly important, not only to release the legs for walking but for ease of memory and mental alertness as well. We do a walking exercise in our imagination, checking our walking speed and fatigue level. In winter we play at walking in mud and around puddles. We may walk in pairs, one leading a partner who has the eyes closed. This is particularly valuable as a way for the elderly to regain a sense of security—both on their feet and in the sense of being guided by someone they can trust.

If time warrants, we do sitting and lying-down exercises. Variations of the Rocker range from rotating the hips in various-sized circles to rocking all the way down to the feet and back. While lying down, we may also do Knee Hugs and the Caterpillar from Vision Gym.

At the end of the class I leave time for comments and questions, then ask each student to choose some form of homeplay from the lesson of the week. We close with Hook-ups, either sitting in a chair or lying down. We use this activity as a guided visualization, noticing the body's responses to the lesson. With ongoing war and terrorism in this country, the release of stress is crucial. For these elders, sitting in Hook-ups isn't merely relaxation; it helps to diffuse their anxieties.

### MY GUIDELINES FOR THE LESSONS

I find the following guidelines useful in my work:

- Maintain a continuity of content through the lessons by offering movements in a series of four, as this helps the body to learn.
- Consider hearing limitations. Speak little, speak slowly, and speak clearly.  
Vision issues are crucial to the elderly, so include Brain
- Gym and Vision Gym activities that support optimal use of the eyes.
- Before doing a movement series, keep joints lubricated by drinking some water.
- Emphasize the skill of noticing for awareness of, and connection to, both body and breath.

I bring general health issues into the discussion. For instance, I ask the students not to drink coffee before class, and during each class we take a few minutes to discuss a specific nutrition issue.

I also find it important to consider the personal needs and requirements of each student. For example, certain Brain Gym and other movements need to be adapted for students with knee problems. Also, chair-bound students need special instructions or to have a supporting arm during standing and walking exercises. And the needs of those who are grieving or who have sick relatives should always be considered.

I integrate storytelling into all my work, accessing memories, wisdom, and joie de vivre as we reawaken mental and physical functioning. All of these resources come together—like an Edu-K balance.

#### REFERENCE:

Oleska, Paula. "Movement for Intelligence, Longevity, Creativity, and Communication." *Massage and Bodywork Journal*, pp.51-53, Fall 1994.

Vision Gym® - Thirty-six playful movements for natural seeing that help to coordinate visual, auditory, and tactile skills, as taught in the Visioncircles course. For more information, see *Vision Gym®: Playful Movements for Natural Seeing* (cards and booklet), © 1999 by Gail and Paul Dennison, published by VAK.

*Dvora Shurman, M.A., is a Brain Gym Instructor and an Instructor in Movement and Gymnastics for the Elderly, having studied for the latter vocation at the Kibbutz Teachers College Seminary. Dvora, celebrating her eightieth birthday this year, integrates yoga with Brain Gym in her work. In her classes, she also combines her counseling and teaching background with Chi Kung and Touch for Health.▲*

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## KEEPING BODY AND MIND ACTIVE

(CONTINUED FROM PAGE 11)

This year a second-level advanced course will also be added.

I consistently receive positive feedback on all courses, regardless of their form, length, or specific content. People respond to my approach and interest, and they feel the difference that even a single three-hour introductory class can make. Participants who were concerned that a three-hour time slot might be too long and exhausting usually feel more fresh, lively, and optimistic at the end of the course than they did upon arrival!

I thank Paul and Gail Dennison for developing these methods so that I could pass them on to others.

*Gerda M. Kolf, a Touch for Health and Brain Gym Instructor, teaches individuals and groups of all ages. She has studied and taught German and Slavic Language and Literature as well as Educational Theory and Psychology. Gerda combines her Edu-K practice with her background as a systematic family therapist and NLP practitioner.▲*

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## GIVING BACK

(CONTINUED FROM PAGE 5)

### WINNER OF THE 250 LEIS CONTEST

I entered and won a contest called “What would your nonprofit do with 250 leis?” In my entry, I described how Giving Back would have a Double Honoring Ceremony. We would meet in a double circle—the children in the inner circle and the mentors in the outer one—facing each other. Each senior would read a poem or a short note or present a drawing of love and remembrance for each mentored child as a lei is presented to the child. Next, each child would do the same for his or her senior mentor, as the lei is presented to the senior.

Going around the circle, each senior and then each child would take a turn while everyone listened. A lot of good feelings, love, respect, honoring, and remembering would take place as each member of the mentoring pair honors and is honored.

We plan to do this ceremony at each of the mentoring sites on the last day of the school year, when it’s difficult for the seniors and the children to say good-bye for the summer.

I want to give a very special thanks to my grandmother, who lived to be one hundred years of age and was a mentor to me. She really saw my essence: she listened to me, loved me unconditionally, and shared her special talents and gifts with me. Our relationship made me know the importance of getting the elders and youngsters together. I now have my own granddaughter, and the intergenerational legacy of love continues.

Thank you, Gammy!

*Karen Peterson, M.A., is Executive Director of the program Giving Back. Karen is in private practice as a Brain Gym Instructor and Consultant, a therapist in natural vision improvement, and a reading specialist. She is also a cofounder of the Learning Hut a learning center for Brain Gym, learning styles, and skills of reading, writing, and study. ▲*

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## \*A REFERENCE LIST OF EDU-K TERMS

**BALANCE, BALANCING, BALANCE PROCESS** - A PROCESS UTILIZING EDU-K’S FIVE STEPS TO EASY LEARNING THAT REGULATES CONFLICTS BETWEEN STRUCTURE AND FUNCTION.

**BILATERALITY** - THE ABILITY TO COORDINATE THE BODY’S TWO SIDES TO FUNCTION AS A SINGLE UNIT.

**BRAIN GYM®** - A SERIES OF SPECIFICALLY CONCEIVED MOVEMENTS AND SKILLS OF LEARNING REFERRED TO FREQUENTLY ARE: EARTH BUTTONS, THE ELEPHANT, THE CROSS CRAWL, AND LAZY 8S. THESE AND OTHERS MENTIONED IN THE JOURNAL ARE FROM BRAIN GYM® SIMPLE ACTIVITIES FOR WHOLE-BRAIN LEARNING BY DENNISON AND DENNISON, © 1986.

**DIMENSIONS** - IN EDU-K, COMMUNICATION PATHWAYS BETWEEN VARIOUS AREAS OF THE BRAIN AND POSTURAL SYSTEM, ALONG WITH THEIR FUNCTIONS (LATERALITY DIMENSION, LEFT/RIGHT; CENTERING DIMENSION, TOP/BOTTOM; FOCUS DIMENSION, FRONT/BACK); KNOWN COLLECTIVELY AS THE THREE DIMENSIONS OF WHOLE-BRAIN LEARNING.

**EDUCATIONAL KINESIOLOGY (EDU-K)** - THE STUDY OF MOVEMENT AND ITS RELATIONSHIP TO WHOLE-BRAIN LEARNING; A PROCESS FOR DRAWING OUT INNATE LEARNING ABILITIES THROUGH THE UNDERSTANDING OF MOVEMENT AND ITS RELATIONSHIP TO WHOLE-BRAIN LEARNING PATTERNS; THE APPLICATION OF KINESTHETICS (MOVEMENT) TO THE STUDY OF WHOLE-BRAIN INTEGRATION FOR PURPOSES OF ALLEVIATING STRESS AND MAXIMIZING THE FULL LEARNING POTENTIAL.

**FIVE STEPS TO EASY LEARNING** - A PROCESS UNIQUE TO EDU-K THAT ANCHORS NEW LEARNING TO MOVEMENT EXPERIENCES.

**HOMOLATERAL** - INVOLUNTARILY CHOOSING TO ACCESS ONLY ONE CEREBRAL HEMISPHERE, THUS BLOCKING INTEGRATED THOUGHT AND MOVEMENT.

**LATERALITY** - THE COMMUNICATION PATHWAYS BETWEEN THE LEFT/RIGHT AREAS OF THE BRAIN AND POSTURAL SYSTEM.

**LEARNING MENU** - A LIST OF BRAIN GYM MOVEMENTS OR OTHER ACTIVITIES USED TO INTEGRATE NEW LEARNING INTO THE PHYSIOLOGY.

**MUSCLE CHECK** - A KINESIOLOGICAL TECHNIQUE, USED IN EDU-K FOR TWO PURPOSES: 1) TO ANCHOR OR POSITIVELY REINFORCE NEWLY INTEGRATED LEARNING AND 2) TO MEASURE THE RELATIVE STRENGTH OF A MUSCLE FOR THE PURPOSE OF INFERRING BRAIN FUNCTIONS RELEVANT TO EDUCATORS.

**PACE** - AN ACRONYM (POSITIVE, ACTIVE, CLEAR, ENERGETIC) FOR A FOUR-STEP LEARNING-READINESS TECHNIQUE THAT AN INDIVIDUAL MAY USE TO SETTLE IN TO HIS OR HER OWN BEST LEARNING PACE.

**THE ENERGY EXERCISES** - THE SERIES OF BRAIN GYM ACTIVITIES DESIGNED TO FACILITATE AN AWARENESS OF THE BODY AS THE CENTRAL REFERENCE FOR ALL DIRECTIONAL MOVEMENT, THUS PROVIDING A KINESTHETIC BRIDGE FOR SKILLS OF ORGANIZATION AND ABSTRACT THOUGHT; THE ABILITY TO CROSS THE TOP-BOTTOM MIDLINE OF THE BRAIN AND POSTURAL SYSTEM, THUS INTEGRATING RATIONAL THINKING WITH EMOTIONAL RESPONSES.

**THE LENGTHENING ACTIVITIES** - A SERIES OF BRAIN GYM ACTIVITIES DESIGNED TO FACILITATE THE ABILITY TO CROSS THE BACK-FRONT-MIDLINE OF THE BRAIN AND POSTURAL SYSTEM, THUS INTEGRATING MEANINGFUL INTENTION WITH HABITUATED MOVEMENT RESPONSES.

**VISIONCIRCLES®** - A ROAD MAP TO THE COMPLETION OF DEVELOPMENTAL SKILLS THROUGH MOVEMENT, PLAY, AND ART. THE EMPHASIS IS ON VISION ENHANCEMENT.