Bowen as Sports Medicine - Safely Resolving Post-Concussion Syndrome (PCS)

Nowhere is the magic of Bowen more evident than in time-critical sporting applications. A gasping athlete rushes out of a game wide-eyed, both hands clutching his sternum; or grimacing in agony gingerly carrying a wrist aloft; or twisted and contorted, favoring an injury that is not immediately evident; or staring vacantly, staggering to the sideline. He or she may only say, “can’t breathe” or “something popped” or “fingers went numb” or “I saw stars.” You have only seconds to apply a good move or two, or if you’re lucky, a full minute to work some magic before the player sucks it up and has to go back in the game.

So right here, right now, amidst the sideline chaos, *this* is your clinic. No appointments, no reception, no consultation, no reference manual. There is no time for a clinical assessment, not even a brief treatment up on a table. You’re in short-cut territory now. There’s just you, the athlete, the injury and the ticking clock. Welcome to Bowen on the fly… I was introduced to the gift of Bowen Therapy in 1994. At that time, I had no idea what a vitalizing, life-changing blessing had come my way. I was researching and writing in San Francisco when two dear friends suggested I look into a uniquely effective Australian therapy being taught by a gifted healer in the California foothills near Lake Tahoe. Divine, coincidental or both, these suggestions came to me literally out of the blue, on consecutive days, one from a veteran nurse, the other from a spiritual counselor, both credible and trusted women who had never met one another but whose “timely“ advice launched a whirlwind journey that has driven and defined my life ever since.

Within days, I attended a demonstration of the Bowen Technique impressively conducted by Gene Dobkin, one of the very first Bowen instructors in the U.S. Two months later, I completed the Bowen Therapy training at the old Auburn firehouse under the tutelage of North American coordinator, Milton Albrecht, at a time when there was only one unified Bowen Therapy on the entire planet and the whole manual was taught in four days. Six months later, the dedicated founders and directors of the Bowen Therapy Academy of Australia, Elaine and Ossie Rentsch refreshed and certified me as a Bowen therapist.

One week after my BTAA certification, I got a call from my brother Shane, a college football player, asking if I could help fix a “groin pull.” His injury responded unusually well to Bowen, triggering a teammate to seek help for an elbow injury, leading to another athlete with a back problem, and yet another with a leg injury. And so it all began… The year flew by, distinguished by consistently favorable recoveries for neck, shoulder, arm and back problems, pelvic imbalances, short leg syndrome, knee injuries, ankle sprains; almost the entire injury spectrum from headache to turf toe. My brother, his teammates and I witnessed an amazing continuum of sports-injury recoveries throughout the entire 1995 season. Ten years later, it remains an incredibly inspiring journey.

In mid-season of the second year, three devitalized teammates, each of whom had suffered an impact-related concussion in the same football game, presented for assistance. Not one but three concussion cases, all at the same time.

In the entire world, and in every manner of medicine, there is no known remedy for the disturbing symptoms of sport-induced concussions. The sudden and abrupt impact of concussive forces can severely traumatize the body’s physical structure resulting in a literal cascade of functional disruptions and imbalances most often with no detectable evidence of tissue damage. The unwanted and lingering after-effects of sport-induced head trauma are variously known as post-concussion syndrome (PCS), mild traumatic brain injury (MTBI) or traumatic brain injury (TBI). They are not uncommon. Expert observers including the Centers for Disease Control (CDC) estimate several hundred thousand concussions occur every year just in U.S high school and college football. This pervasive injury is such a medical enigma that it carries a variety of definitions, most of which cite disruption of proper brain function. Although it appears most PCS cases recover spontaneously, many do not, and there is no medical consensus regarding the required time for a full recovery, or even what constitutes a full recovery.

Having more acronyms (PCS/MTBI/TBI) than remedies, post concussion syndrome can elicit as many as three-dozen potential symptoms. The two most worrisome of which are loss of

consciousness (LOC) and posttraumatic amnesia (PTA), either of which may or may not be present in any given PCS case. PCS often includes random groupings of symptoms including confusion, disorientation, impaired vision, headaches, slurred speech, internal cranial pressure, vomiting, hearing difficulties or ringing ears, loss of equilibrium, dizziness, noticeably poor coordination, jaw irregularities, cervical tension, numb or tingling extremities, grogginess, attention deficit, concentration difficulties, forgetfulness, nausea, sleep disorders, light and sound intolerance, irritability, lethargy and more, including subtle variations of all the above.

Despite the focused effort of world-renowned neurologists and sports medicine experts to comprehend and manage this perplexing dilemma, as well as rigorous, comprehensive research expansively documented in nearly 40,000 papers comprising the medical and scientific literature on PCS/MTBI (*1), there remains no sanctioned intervention, effective treatment, or known remedy for sport-induced post-concussion syndrome.

Until Bowen.

Bowen therapists will be pleased to know that BRM's 1, 2, 3, upper respiratory and TMJ procedures, skillfully applied with slightly longer than usual cook times to offset trauma induced neurological overload, have reliably initiated the safe, swift rebalancing and fully asymptomatic recoveries of 33 consecutive sport-induced PCS cases. In the daunting and enigmatic arena of closed-head trauma and brain injury, these are extraordinary results.

Over the course of 9 seasons, 33 medically diagnosed student athletes, ranging in age from 15 to 29 years, have presented with post-concussion syndrome for treatment. Thirty-one of the 33 treated cases (93%) experienced a significant reduction in symptom severity as well as overall betterment one-hour post treatment. *Such remarkably swift responses are clinically important and imply immediate potential for therapeutic use.*
Additionally, 19 of the 33 treated cases (57%) were fully asymptomatic within 24 hours post-session; 24 of the 33 treated cases (72%) were symptom-free in 48 hours; and 30 of 33 treated cases, 90 %, experienced fully asymptomatic recoveries in 72 hours. *Such collectively swift asymptomatic resolution of an*

incomprehensible and remediless neurological condition is not only clinically significant but also unprecedented.
Perhaps most significant of all, 78% of treated athletes (26 of 33) were *independently* medically verified as recovered by team trainers or doctors and granted official sports medicine clearance to return to play *within 72 hours post-session.* Each of the 26 athletes safely resumed impact sports with no recurring symptoms. In addition, the three slowest responding, most protracted symptomatic cases also recovered in what is generally considered favorable time. Two of the 33 athletes (6%) required six days to fully recover and return to play and one of the 33 (3%) required twelve full days to recover and resume competition. All 33 athletes safely returned to play.
Steadily, over the course of nine consecutive years, whenever the opportunity to treat a PCS case presented, Bowen therapy reliably demonstrated the ready ability to resolve this incessantly recurring, poorly understood and widespread clinical challenge.

Using the aforementioned sequence of Bowen procedures to treat concussed but otherwise healthy athletes has repeatedly affirmed both the existence and usefulness of a safe, swift and consistently reliable treatment for an otherwise remediless injury that persistently plagues competitive sports with lingering, unresolved cases. Widespread validation of these tangible, groundbreaking recovery results has met with resistance because only athletes themselves can affirm their subjective PCS recoveries. Given that authentic recovery outcomes, that is, cessation of headaches, confusion, lack of clarity, etc. are difficult to quantify (scientifically measure) and because 33 recoveries can be criticized as limited in number - despite unparalleled results - it has been difficult to present the composite therapeutic findings in compelling fashion to the medical and scientific communities or to achieve acceptance by peer-reviewed journal publishers.

Nevertheless, traditional skepticism is not new to innovative pioneering techniques and despite the current absence of formal medical recognition, it should be emphasized that this exacting Bowen procedure, which is a currently available, clinically-reproducible, uniquely effective resolution technique, offers the immediate capabilities of making available even more treatment possibilities than just resolving sports-related concussions.

Every year millions of traumatic brain injury cases occur globally (*2) from vehicle accidents, falls and other unprotected head impact. Besides greater numbers of injuries than in sports, these unprotected forms of closed-head trauma are often more serious and primarily affect very young children, teens and senior citizens, collectively representing a decidedly vulnerable population which, in sheer numbers alone, has a compelling need for effective treatment options easily surpassing the similar needs of worldwide sports.
Given the immense impact of MTBI and the growing awareness of a global need for a practical remedy, these welcome recovery results will hopefully inspire further utilization of Bowen therapy worldwide. Ensuing results will eventually prompt the emergence of independent, remedy-oriented publishing interests who will then appropriately commit the innovations of Bowen therapy to print, thereby stimulating suitably designed research studies to verify what many of us already know: Bowen therapy is uniquely effective.
In the interim, while much of the professional and therapeutic world may have to wait for the determinations of medical science, Bowen therapists everywhere can take heart in the knowledge that basic relaxation moves 1, 2, 3, upper respiratory and TMJ procedures, skillfully applied, have safely initiated the swift remedial rebalancing of sport-induced post concussion syndrome cases. Furthermore, a single treatment without follow-up has resulted in the fully stabilized rebalancing effect in 30 of 33 (90%) cases.
One existing, universally agreed PCS management guideline is: a player with remaining PCS symptoms should not return to play until completely asymptomatic. To that standard we can confidently add, the appropriate application of Bowen therapy will noticeably accelerate recoveries of players with PCS symptoms and hasten their safe return to play.

There is another uniquely promising aspect to this remedy. When the body’s innate intelligence and natural auto-regulating abilities are severely disrupted or rendered dysfunctional by the overwhelming, unmanageable impact of head trauma, the combined insult can result in a slow, lingering recovery. Unfortunately, that slow recovery may then become the body’s encoded model and frame of reference for any subsequently similar injury, meaning that one slow recovery may predispose another.

However, if an athlete is treated while PCS symptoms are present, a more effective healing option is made available to the body's innate self-correcting mechanisms, which, as repeatedly documented in these consecutive clinical outcomes, routinely initiates an extraordinarily swift recovery response. The initiation of any response that elicits such an abrupt turnaround, as demonstrated in 93% of cases to date, would clearly seem to replace previously sluggish recovery patterns.
This observation is especially hopeful for athletes with multiple concussion histories and even more encouraging against the collective backdrop of exceptionally rapid clinical recoveries wherein, both first-time *and* repeat concussion cases, show no significant differential in immediate responses, favorable outcomes or hastened recovery times. In other words, from every indication, concussed athletes respond well and recover swiftly in response to Bowen despite the history, number, *or severity* of prior concussions.

Additionally, this observation-based recovery premise is consistent with complementary medicine philosophy regarding the body's innate ability to self-repair and neuroscientific evidence that recognizes 1) the majority of "unremarkable" PCS/MTBI cases exhibit no evidence of tissue damage, and 2) recover spontaneously in their own time. It could be said that these severely neurologically imbalanced PCS/MTBI cases constitute an ideal type of inexplicable physiological chaos that allows Bowen Therapy to capably demonstrate its unparalleled rebalancing and restorative abilities by means of gently and reliably mobilizing the body to hasten its own natural ability to self-correct.

Thomas Ambrose Bowen acknowledged his unique healing abilities as a Divine gift. My deepest appreciation and heartfelt gratitude go to the Divine and to Mr. Bowen for allowing this gift of grace to come to light, and to Ossie and Elaine Rentsch for capably and tirelessly fostering a progression of teachers to ensure Bowen remains in the light. I hold the gift of Bowen therapy with immense reverence and am truly blessed to now be able to "gift back" the above revelations to Bowen and Bowen therapists everywhere, optimistic that, through our collective hands and fingers, we will continue to bring divine grace and healing light to a wanting global community…

Written by Craig Mattimoe
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References:
(1*) Best Evidence Synthesis on Mild Traumatic Brain Injury: Results of the World Health Organization Task Force on MTBI. J of Rehab Med Suppl 43, 2004
(*2) Centers for Disease Control and Prevention - MTBI Fact Sheet, 2004