

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

Nowhere is the magic of Bowen more evident than in time-critical sporting applications. Eyes wide, an alarmed player dashes out of the game both hands clutching his sternum, or grimacing in pain gingerly carrying a wrist aloft, or limping and contorted, favoring an injury that is not immediately evident, or staring vacantly staggering and unsteady. He or she may only say, “can’t breathe” or “something popped” or “my fingers went numb” or “I saw stars.” You have only seconds to apply a 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, *that* is your clinic. No appointments, no consultation, no reference manual. There’s no time for a clinical assessment or even a brief treatment 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 friends separately suggested it would be wise to look into a uniquely effective Australian therapy being taught by a gifted healer in the California foothills near Lake Tahoe. Coincidental or divine, both suggestions came to me literally out of the blue, on back-to-back days, one from an veteran nurse, the other from a spiritual counselor, two credible and trusted women who’d never met 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 first 7 Bowen instructors in the U.S. Two months later I completed the Bowen Therapy training at the Auburn firehouse under the distinctively skilled tutelage of North American Bowen coordinator, Milton Albrecht, at a time when the entire Bowen manual was taught in four days and there was only one unified Bowen Therapy on the planet. 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 collegiate football player and place-kicker, asking if Bowen could help a “groin pull.” His strained adductor really responded well, triggering a teammate to ask for help with an elbow problem, leading to yet another athlete with a back injury, and another with a leg, and another, and so it went.

The year flew by, distinguished by unusually 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 all witnessed an amazing continuum of rapid sports-injury recoveries the entire 1995 season. It was and remains an inspiring journey, then and now, 10 years after.

The significance and success of Bowen’s remarkable first year effectiveness was only beginning to sink in, when, in mid-season of the second year, 3 devitalized teammates, each of whom had

suffered an impact-related concussion in the same ferocious 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 lingering symptoms of sport-induced concussions. The unwanted 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. 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 baffling 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, sport-induced post concussion syndrome, can elicit as many as three dozen potential symptoms, the two most medically worrisome being loss of consciousness (LOC) and post traumatic amnesia (PTA) both of which may or may not be present in any given PCS case. PCS/MTBI cases often include random groupings of symptoms including confusion, disorientation, loss of equilibrium, noticeably poor coordination, impaired vision, slurred speech, vomiting, attention deficit, concentration difficulties, forgetfulness, jaw irregularities, cervical tension, nausea, sleep disorders, light and sound intolerance, irritability, lethargy and more.

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

Until Bowen...

Severe, abrupt physical impact can seriously traumatize the body's structure initiating an astonishing cascade of dysfunctional imbalances while simultaneously displaying no medically detectable evidence of tissue damage. The efficient rebalancing properties of Bowen therapy are truly ideally suited for such gross physical imbalances. Accordingly, Bowen therapists will be glad 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 sports-induced PCS cases. In the daunting and enigmatic arena of closed-head trauma and brain injury this is unparalleled news.

Over the course of 9 seasons, 33 medically diagnosed student athletes, ranging in age from 15 to 29 years old have presented with post-concussion syndrome for treatment.

31 of the 33 treated cases, 93%, experienced a significant reduction in symptom severity as well as overall betterment one-hour post treatment. *These remarkably swift therapeutic responses are clinically important and reveal sound potential for immediate clinical use.*

19 of 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. 30 of 33 treated cases, 90 %, experienced fully asymptomatic recoveries in 72 hours. *Such collectively swift asymptomatic recoveries achieved with an incomprehensible and remediless neurological condition are not only extraordinarily 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*. Thereafter, all 26 athletes safely resumed impact sports with no recurring symptoms. Additionally, the three slowest responding, most enduring symptomatic cases also recovered in what is considered suitable time. Two of the 33 athletes required six days to fully recover and return to play and one of the 33 required 12 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 ability to resolve this incessantly reoccurring, ever-present and poorly understood clinical complexity. 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, consistently reliable treatment for a otherwise remediless injury that continually plagues competitive athletes the leaves the sporting world awash in lingering and unsolved cases.

However, because these welcome recovery outcomes are chiefly subjective and difficult to quantify (measure scientifically) and, because they have accumulated slowly at the rate of 3 or 4 cases a year, and because they are also numerically limited to 33 cases, it has been difficult to present the composite results in compelling fashion to the medical and scientific communities or for peer-reviewed journal publication.

Nonetheless, and despite the current lack of formal medical recognition, it is underscored and additionally emphasized that this specific Bowen therapeutic procedure, an available, clinically reproducible and efficacious technique carries the ability to open even more doors than just the initially obvious potential to remedy sports-related concussions.

Every year millions of traumatic brain injury cases occur globally (*2) from vehicle accidents, falls and other unprotected head impact. Besides much larger numbers of injuries than in sports, these unprotected, non-sports forms of closed-head trauma are generally much more serious and primarily affect very young children, teens and senior citizens, a combined and vulnerable population which, in sheer numbers alone has a truly compelling need for effective treatment options that clearly surpasses the similarly needy requirements the world's collective sporting arenas. Given the immense global impact of MTBI and the widespread awareness of a universal need for a practical remedy, these groundbreaking recovery results will hopefully inspire further utilization of Bowen worldwide, the results of which should prompt the eventual emergence of

independent, remedy-oriented publishing interests who will appropriately commit the innovations of Bowen therapy to print.

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 sports-induced post concussion syndrome cases. Additionally inspiring, a single treatment without follow-up has resulted in the fully stabilized rebalancing effect in 30 of 33 (90%) cases.

And incredibly, there is yet another encouraging aspect to this news. When the body's innate intelligence and natural autoregulating abilities are severely disrupted or rendered dysfunctional by the overwhelming, unmanageable impact of head trauma, the combined insult often results in a slow, lingering recovery. Unfortunately, one slow recovery may very probably then become the body's encoded model and frame of reference if and when the injury occurs again, meaning one slow recovery may well predispose yet another.

If an athlete is treated with Bowen while any PCS symptoms are present (most important) a more effective healing option is made available to the body's innate self-repair and maintenance mechanisms, which option, as documented in repeated, first-hand clinical observations readily initiates a swift recovery (in 93% of cases thus far), the very occurrence of which would clearly seem to override and replace previously sluggish recovery patterns.

This is an especially hopeful prospect for athletes with multiple concussion histories and even more encouraging against the existing backdrop of exceptionally swift clinical recoveries routinely achieved with Bowen, wherein both first time *and* repeat concussion cases show almost no differential in immediate responses, overall outcomes or recovery times. In other words, from every indication, sport-induced concussed athletes respond and recover favorably and swiftly to Bowen therapy, despite the number or severity of prior concussions. Further encouraging, this observation-based premise is in alignment with neuroscientific evidence that recognizes the majority of "unremarkable" PCS/MTBI cases exhibit no diagnostic or imaging evidence of damage and recover spontaneously.

Thus, as both traditional diagnosticians and complementary assessment may recognize, these trauma-induced PCS/MTBI cases are grossly neurologically imbalanced. But, as demonstrated by long-term observation, the majority of cases heal naturally, in their own time. From every indication then, sport-induced post concussion syndrome may be the ideal form of inexplicable physiological chaos with which Bowen can demonstrate its unparalleled efficacy by routinely stepping in and mobilizing the body to self-correct.

Thomas Ambrose Bowen acknowledged his unique healing abilities as a Divine gift. My most sincere gratitude and heartfelt appreciation 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 have immense gratitude for the gift of Bowen therapy 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...

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