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Dance Therapy Action Plan: Improving Body Posture and Quality of Life in Older Patients

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DANCE THERAPY ACTION PLAN:
IMPROVING BODY POSTURE AND QUALITY OF LIFE IN OLDER PATIENTS

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Abstract

Dance as a form of therapy for older patients (70+ years old) offers a unique solution to the discrepancy between the mind and body that we see in the aging process. Though loss of muscle mass in aging is not a necessary part of aging, it can lead to inactivity in aging adults. Inactivity due to limited range of motion in older patients can result in negative feelings of self-worth. This action plan for older patients is a multidisciplinary approach to dance therapy as a tool for improving body posture and, therefore, overall quality of life. By looking at the kinematics of posture, psychological factors in aging, and the positive impacts of individuals moving in order to actively interact with their environment, dance therapy can increase the overall health of the older patient. A literature search is combined with personal fieldwork experiences and an interview with a local Dance Therapist to integrate informed conclusions into a unified dance therapy plan. This action plan is one example of how dance therapy can be integrated into health programs.

Dance Therapy Action Plan:

Improving Body Posture and Quality of Life in Older Patients

“Like this!” My 6-year old jazz student stands high on her tippy toes, lifts her chin, raises her eyebrows, smiles with every muscle in her face, and presses her shoulders all the way down. She answers my question of, “What does a young princess look like?” I try again and ask her, “What does an old lady look like?” This time, the tiny dancer responds very differently. Not only does she lower her heels to the ground, but also bends her knees and hunches her back up towards the ceiling. She shrugs her shoulders all the way up to her ears and bends her elbows in by her sides. She squints her eyes, frowns, and tenses her forehead. “Like...this...” she groans.

Not only did she manipulate body posture to act out the desired character, but also specific emotions associated with each guise. The princess was happy and poised whereas the older lady was tense and grumpy. She brought to light an interesting thought: the connection between the ways one holds her body and the emotions that tend to go along with the posture, especially in late adults. From the perspective of a dance therapy undergraduate student, this paper seeks to answer the question of the power of dance therapy in correcting poor body posture in older patients.

By conducting a literature search in the fields of psychology, kinematics, dance/movement therapy, as well as personal fieldwork observations, the product of this paper is an informed action plan. The action plan is specifically designed to simultaneously strengthen the body and mind of patients 70+ years old through the medium of dance therapy.

Dance Therapy Fieldwork Experience

The foundation of this action plan is a collection of observations and questions formed over 60 hours of fieldwork experience at two different institutions. My first 35 fieldwork hours were spent as an intern at a dance therapy workshop stationed in White Plains, New York called Moving Wheels & Heels. My remaining 25 fieldwork hours were spent as a volunteer in the recreational therapy department at the Heartland Healthcare Center in Dearborn Heights, Michigan.

Moving Wheels & Heels

Barbara Verlezza, Sabatino Verlezza, and Nancy Lushington founded the Moving Wheels & Heels workshop in 2003. Since then, they have been running this weeklong dance intensive every summer. The program I participated in was for adult dancers with any sort of mental or physical disabilities. This included dancers with conditions such as: traumatic brain injury, cerebral palsy, Down syndrome, and cancer. Some of the dancers were supportive/involved family members. Other dancers had vision and hearing impairments that changed the way they moved in the space with others.

In my week as a performing intern, I was expected to take modern technique class with just the interns, creative movement classes with the dancers, prepare and eat lunch with the dancers, choreograph with the dancers, and perform with the dancers/other interns. Over the week, the dancers and interns became a tightly knit group formed on our support for each other and passion for dance. The instructors were always encouraging positive interactions between all of the participants of the program.

One of the first things I observed in class with the dancers was the variety of body types across the class. A lot of the dancers held themselves in a way that strayed far from

what one would consider to be “proper” body alignment. Just from looking at the dancers’ bodies, I observed body characteristics like:

- “Hump back” or hyperkyphosis
- Swayed lower back or hyperlordosis
- Uneven shoulders
- Hyperextension at the joints, i.e. extreme joint flexibility and instability
- Hypermobility, i.e. flexibility to the point of loss of movement control
- Knocked knees or bending of the knees in towards the midline of the body
- Extreme supination or rolling to the outside of the feet

Every body was different. During the intern-dancer combined classes, the interns were often paired with a dancer or two to help guide and direct spatial patterns. Every dancer had different strengths, weaknesses, and needs. Some dancers were very flexible, while others had very limited ranges of motion due to use of a wheelchair or a physical condition. Some dancers stood up nice and tall, while others often scrunched their shoulders up towards their ears.

The instructors were completely in tune to the needs to each dancer. For dancers that often hunched their shoulders and neck forward, the instructors would come around every few minutes and remind the dancers to pull their shoulders and neck back to proper alignment. The message was conveyed in the way that would most benefit the dancer. For example, for those with physical but no cognitive impairments, a simple touch of the shoulders would serve as a sufficient reminder. For those who had cognitive impairments but no medically diagnosed physical conditions, the teacher would often have to physically *and* verbally remind the dancer. The instructors worked the same way for

dancers who had too much mobility and risked injury due to lack of postural control. The correction for this was often placing one hand on the outside of either hip, encouraging a slight tuck under of the hips. This reminded the dancer to keep their hips directly underneath their shoulders.

I noticed that once the corrections were given to the dancers, there seemed to be an emotional response. They did not simply just sit up taller, but like the 6-year old dancer, they often smiled. They lifted their chin and exuded confidence. When they were given a positive body-alignment reminder and then danced, they displayed better control of their movements. The dancers displayed positive emotions of happiness and satisfaction. It was an interesting phenomenon that I began to observe outside of just the workshop.

Heartland Healthcare Center-Dearborn Heights

With my newly discovered interest in posture fresh in my mind, I began the second half of my fieldwork hours at Heartland Healthcare Center in Dearborn Heights, Michigan. I worked with the director of the Recreational Therapy department and learned about how the employees of the department infused physical/social activities into the daily lives of the residents. In this facility, most of the residents had very limited ranges of motion. Most of the residents were wheelchair users, some of whom could not operate their chair on their own. The residents' ages ranged anywhere from around 50 years old to close to 100 years old. For some residents, the most movement they could do was to reach an arm out or lift their chin. This was very different from the dancers I worked with at the workshop.

The degree to which the resident could support reasonably good posture became a deciding factor in whether or not the resident could engage in any leisurely activities. I noticed a sort of informal correlation between the residents who had severely limited ranges of motion, and their level of sociability with the staff and other residents in the facility. This statement is not to be deemed causal, but it was an interesting possibility to consider.

At this facility, the Recreational Therapy department put on activities such as arts and crafts, movie nights, board games, bingo, pet therapy, musical performances, and stretch/strengthening classes. Most activities had a physical component and a social component. Residents interacted with each other to work towards a common task. I was able to set up and engage in the activities with the residents, learning a little bit more about them every day. The activity that informed my interest in the population of late adults the most was a relaxation class.

The relaxation class involved breathing exercises and postural adjustments using breath. The facilitator of the session was an Occupational Therapist at the facility. There were about ten residents that participated in this class session and all of them were wheelchair users. Most of the residents had severely limited ranges of motion and hunched forward at the waist and shoulders. Some of them could not sit up properly even if they so desired. Some of the residents regularly attended activities put on by the Recreational Therapy Department, while others did not regularly attend and did not really want to be there for the class.

The facilitator began the program by turning off the lights and playing soft classical music. Everyone, including myself, was seated at a table. We were instructed to first sit up in the best posture we could maintain. This included:

- Feet hip width apart parallel
- Feet planted flat on the floor or foot rest of the chair
- Palms facing up towards the ceiling with the back of the hands resting on top of either thigh
- Shoulders stacked right over the hips
- Shoulder blades sliding down the back
- Chin slightly lifted
- Head centered over the neck

The facilitator walked around the table and used a light touch to encourage residents' shoulder blades down or to correct body position. I noticed she was sure to walk around and make contact with every resident, establishing a sort of safe and connected community. She then encouraged residents to close their eyes and focus on breath. She guided us through several different breathing techniques, the main focuses being:

- Sitting up taller with every inhalation
- Relaxing the shoulders with every exhalation
- Pausing between every deep inhale and exhale
- Being aware of how the breath is moving through the body
- Coordinating simple arm and head movements with every full breath
- Visualization with every breath

After the class was over, I felt very refreshed. The residents reported feeling very calm and content. Many expressed to me that they felt better than they had before the class and were more optimistic. Residents who did not initially want to be there were grateful that they had attended. I had also made some of my own observations just by looking around the room, including:

- Residents sitting up taller
- Residents with more relaxed faces
- Pleasant facial expressions
- Positive interactions resident-to-resident
- Calmer overall atmosphere within the group

The people in the room at the end of the class looked and spoke drastically different from the people who first entered the room. It was after this class that I was curious about how movement and breath could have such a profound effect on the residents' posture and perspective. Coming from a dance therapy background, I wanted to see what I could do to create a program for older patients with similar goals as the relaxation class, but through the medium of dance therapy. If I were to ever work in a facility such as the Heartland Health Care Center of Dearborn Heights, I would want to implement dance therapy into the weekly activities of the patients. The goal would be to strengthen postural muscles in order to maintain a healthy body and a healthy mind.

Literature Search of Postural Topics

Proper Posture

For the sake of this paper, *proper posture* is defined as the position in which an individual holds her body that results in the least amount of muscle strain and pain.

Proper posture allows the individual to move at her largest range of motion. I hypothesize that pain-free movement with a large range of joint and muscle mobility allows the individual to successfully explore the physical environment. The higher the quality of physical interaction with the environment provides a higher degree of optimistic thinking in the individual.

According to the American Chiropractic Association (ACA), proper posture allows the muscles to work efficiently and decreases muscle fatigue. It also includes holding the “bones and joints in correct alignment so that our muscles are used correctly, decreasing the abnormal wearing of joint surfaces that could result in degenerative arthritis and joint pain” (p. 1). General, daily activities can lead to conditions that can potentially lead to incorrect posture in the elderly, including: obesity, stress, inflexibility, and tight muscles (2014, p. 1).

During my fieldwork hours at the Heartland Healthcare Center, most of the residents were wheelchair users and spent the majority of their time in a chair. The ACA highlights how to “sit properly”:

- Relaxing shoulders
- Forearms parallel to the ground; resting the forearms on the wheelchair arm rests
- Feet flat on the floor or on the wheelchair foot rest
- Avoiding sitting in the same position for too long (2014, p. 1).

For an older patient who is in a wheelchair and is experiencing muscle weakness due to inactivity, the risk of developing poor posture is high. Whether it is muscle pain that caused the patient’s inactivity or inactivity that caused the muscle pain, the postural problems have the same detrimental effects on the patient’s body. A patient who is in

pain may not feel optimistic about their daily living and may not feel like an active part of her environment. While it has been thought in the past that loss of muscle mass and inactivity were just part of the aging process, more current research shows that these processes can be reversed by changing one's lifestyle (Sandel, 1994, p. 38).

Postural Problems in Older Patients

There are many muscles involved in postural control and strength. Most of these muscles are in the back and core. From my fieldwork observations, I have narrowed down a few postural problems to analyze that are common in older patients in wheelchairs. The first is forward head posture (FHP), which involves a forward or anterior shift of the chin and curving of the upper or cervical spine. Another condition, which can be found with FHP, is hyperkyphosis, or an exaggerated curve of the thoracic spine. Residents at the Healthcare Center often complained of neck and back pain due to these head, neck, and spinal positions. According to Kado, this extreme curve in the mid-upper back tends to increase with age (2009, p. 584).

In FHP, the head does not sit nicely on top of the neck and shoulders, but is rather pushed forward, shifting the center of the head's weight forward as well. According to an article by Painter, the longer the head is held forward, the more compressive weight on the thoracic spine (2013, p. 1). Since the head is about 10 lbs., the farther away the head is from the cervicothoracic junction which acts as a fulcrum, the more torque that is exerted on the neck and spine which act as the lever. Torque takes into account the head's weight and the distance of the head to the base of the neck. Torque increases as this distance increases. The main muscles involved in FHP are the levator scapulae and cervical extensor muscles (Johnson, 2012, p. 70). Since the extensors are lengthened and

sustained there without flexion or pulling the head back over the shoulders, the muscles become weak. The weaker the muscles get, the harder it is for the older patient to hold proper head posture. According to Johnson, “strain placed on posterior cervical soft tissues...may result in neck, shoulder and upper back pain” (2012, p. 70).

Hyperkyphosis is more commonly known as “hump back”, as it causes the individual’s upper spine to curve up towards the ceiling. While it does not have to occur with FHP, the two are often found together. A study of hyperkyphosis in the older community reports that men are more likely to develop this condition. Hyperkyphosis can lead to vertebral fractures and ultimately leads to a higher mortality risk than those with better posture (Kado, Huang, Karlamangla, Barrett-Connor, Greendale, 2004, p. 1662). The list of muscles involved in supporting the thoracic curvature is a bit more extensive than that of FHP. The individual may be at higher risk of developing (or in the process of developing) a hyperkyphotic arch when the pectorals, intercostals, and upper abdominals are constantly shortening due to a shift in center of pressure in the neck and spine. In contrast, the thoracic spine extensors, rhomboids, and trapezius lengthen past the point of being able to successfully shorten (Johnson, 2012, p. 75). It makes sense then that these muscles may cause the older patient pain and lead to a lack of moving these muscles.

Strengthening Exercises

Presented below is a table compiling different exercises and the muscles they strengthen. Each is a muscle or muscle group involved in FHP and/or hyperkyphosis. The degree of difficulty of each exercise is dependent on the older individual’s range of motion. Each exercise may be modified to fit the needs of the individual.

The listed exercises will be incorporated into the movement patterns in the Dance Therapy Action Plan.

Table 1.0: Strengthening Exercises

Muscles/muscle groups	Exercise	Tips for execution
Pectoralis major and minor	Chest Stretch (Liebman, 2012, p. 24)	<ul style="list-style-type: none"> • Hands behind head • Elbows wide • Stretch across chest • Hold for 30 seconds
Abdominals	Swiss Ball Pelvic Tilt: strengthening abdominals (Liebman, 2012, p. 64-65)	<ul style="list-style-type: none"> • Sit upright on ball with feet flat and hands on knees • Tilt pelvis forward and contract abdominals • Hold for 5 seconds • Repeat
Levator Scapulae Trapezius Thoracic muscle group	Head turn/tilt: increasing range of neck and shoulder motion (Liebman, 2012, p. 74)	<ul style="list-style-type: none"> • Begin looking straight ahead, chin pushed back and lifted slightly • Pick a direction to focus: right, left, up, down • Hold position for 10 seconds • Repeat
Levator Scapulae Rhomboids Pectoralis major and minor Intercostals	Arm reaches: increasing range of motion (Liebman, 2012, p. 76-77)	<ul style="list-style-type: none"> • Sitting/standing up tall • Reach the arm: up, to the side, then across the body, bringing the arm down • Repeat this circular motion a few times
Levator Scapulae Cervical Extensors	Chin Tuck: training muscles to hold head over neck/shoulders (American Physical Therapy Association, 2013,	<ul style="list-style-type: none"> • Sit facing forward • Place two fingers on chin • Push chin back while looking straight forward

	p. 1)	<ul style="list-style-type: none"> • Hold position for 10 seconds • Repeat
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Dance Therapy and Older Patients

How does dance therapy fit into the postural health of the older population? In my fieldwork observations, the residents had daily appointments with physical therapists, recreational therapists, and occupational therapists. Therapists worked on bettering the body in one session and social cognition in another. Residents interacted in a social setting without doing any sort of physical activity and exercised in isolation. My biggest question formed through my experience at the Healthcare Center was: what is being done to better the mind, body, and social being all at once?

In her book, *Soul and Spirit in Dance Movement Psychotherapy: A Transpersonal Approach*, Hayes brings up the profound concept that “it is the whole body which is the mind” (2013, p. 194-195). Hayes elaborates further and says, “transpersonal soulful and spiritual models of Dance Movement Psychotherapy aim to work with invisible body-felt and psychically visualized experience for the sake of human wellbeing” (2013, p. 191). Hayes recognizes the idea that the mind and body are intimately and irrevocably intertwined. The mind is formed through the experiences of the body. In older patients, the more positive and rewarding the experience, the healthier the mind. Creative movement like dance allows for the exploration and integration of mind, body, and environment.

What about patients with FHP and hyperkyphosis? If the patient has a harder time lifting the head to observe the environment, it is likely that the patient is not fully able to take in the majority of stimuli presented. According to Hardman and Stensel, “this

[decreased mobility] results in loss of independence and an inability to participate fully in life” (2009, p. 236). Participation in events such as arts and crafts, board games, reading, writing, or even watching television is dependent on the individual’s capability to take in stimuli. Stimuli can also include interactions with other people. Moving in a safe environment with other people creates common, positive experiences in a social setting and integrates every part of the person’s being.

Adapted Tango Dance Intervention Study

In a study by Hackney, Hall, Echt, and Wolf, 12 older participants benefitted from 30 hours of participation in an adapted tango class (2013). The study was aimed at showing how dance can improve balance and overall quality of life in older patients with “movement impairment”. The movement sessions were conducted by a dance educator and aimed at warming up the participants’ joints and create a more positive self-concept. The sessions used upbeat music and involved partner work. The movements were modified to the needs of the participant.

After completing the program, participants were asked to complete a survey on several aspects of well-being, such as strength and balance, on a 5-point Likert scale. In the results of the study, “participants *strongly agreed* they enjoyed classes and would like to continue and *agreed* they noticed improvement in balance, mood, coordination, walking, strength, and endurance” (2013, p. 141). It is important to note that the participants wanted to continue with the sessions, beyond the study. While it is therapy, dance is also activity that the older patients wanted to take part in.

Interview with Dance Therapist

While research shows that dance therapy and a heightened self-awareness of an individual's body in the space increases overall quality of life, it is crucial that there are professionals in the field putting it to use. On March 27, 2014, I interviewed Karen Barsy, a certified Dance Therapist in the southeastern Michigan area. Karen received her Master of Arts in Dance Therapy degree from Lesley College and has worked with numerous populations in a therapeutic setting, including older patients. The following is a transcript of our interview via email on the topic of postural awareness in dance therapy sessions with older patients.

Interview Transcript

Interviewer: M. Prebola

Interviewee: K. Barsy

(Start of Interview)

Interviewer: What population(s) are you currently working with?

Interviewee: I am currently working with blind multi-handicapped children, homeless children, autistic children, and with children in a psych hospital setting. I work in several settings.

What kind of experience do you have working with older patients?

Over the years, I have had a lot of experience with elderly patients. I have worked with elderly TBI, Alzheimer's, nursing home and assisted living facilities. In the more distant past, I worked in community centers and with Schizophrenic adults including elderly.

What reasons exist for helping an older patient in a dance therapy setting?

Socialization, maintaining movement abilities, rehabilitation, self-esteem and more.

Do you work with older patients only in a group setting, only in a patient-therapist setting, or a mixture of both? Why?

Both. I have worked with them individually as well as in groups. It depends on the goals and the feeling in the patient. Facility setting is also a factor.

What types of activities do you like to do with older patients?

I like to use props to encourage and instigate increased movement. Example: many elderly will say they can't lift their arms but if I tossed a ball, they will reach way over their head to catch it. Scarves often evoke memories. Stretch ropes can help them to connect with neighbors or aid in stretching limbs that don't move so well independently. Music from their youth can stir someone to stand and dance when otherwise they don't get out of their wheelchair.

Is poor posture an issue that you have noticed in dance therapy sessions with elderly patients?

Many elderly have poor posture, brought on by emotional withdrawal or physical disability such as osteoporosis.

Does poor posture ever interfere with the range of motion of an older patient?

Yes, posture does decrease range of motion.

Do you ever work to strengthen core muscles with older patients?

Yes, you work on core strength with higher functioning individuals. If a person is in a wheelchair and movement is highly restricted, the focus would be participation and

increased range of motion above core strength. It just depends on the needs of the individual.

Have you ever had to adapt an activity to better match the physical ability of an older patient?

Many, many times. When doing therapy, the number one rule is to start where the client is and help them to be forward, be that emotional, physical, or spiritual. When working the elderly, everyone dances with me during sessions. This looks different for different clients. Some stand and dance without restriction, some stand and dance in greatly decreased capacity, some can only to a “hand dance” but everyone dances in their heart and all dance to the best of their ability (K. Barys, personal communication, March 27, 2014).

(End of Interview)

DANCE THERAPY ACTION PLAN: FACILITATOR'S GUIDE

The following is an informed plan designed specifically for a therapeutic movement session with a small group of older patients (70+ years old). It is assumed that most of the participants are wheelchair users with very limited mobility in the upper body. This session example could be anywhere from 25 minutes to 1 hour long. The frequency of sessions per week should be about 2-4.

The session may be broken down as follows:

- Ritual (about 5-10 minutes)
- Beginning breathing exercises (5-10 minutes)
- Strengthening exercises (5-10 minutes)
- Creative movement patterns (5-20 minutes)
- Facilitator guided self-reflection (5-10 minutes)

Ritual (about 5-10 minutes): It may be beneficial for participants to have an initial and consistent visualizing/guided thinking ritual to be done at the beginning of every session. This will allow the participant to reign in attention and breath to the body, focusing the mind and preparing for movement. The ritual can also guide attention to the areas of the body that are the focus of postural control (levator scapulae, cervical extensors, intercostals, rhomboids, etc.).

Visualization/guided thinking sample script for facilitator:

"Closing your eyes, feel your feet flat to the floor/footrest and your shoulders heavy down your back. Take your mind to the muscles of the face... imagine them relaxing with each exhale. Take your mind to the muscles of the back of the neck... inhale... reach the top of the head towards the

ceiling... exhale... neck lengthens down your back. Take your attention to your ribs... the ribs open slightly and close slightly with every full breath. Take your mind to the backs of your knees... the backs of the knees fall heavy to your chair with every exhale."

Beginning breathing exercises (5-10 minutes): Begin sitting up in chair with feet flat on floor or footrest. Facilitator is to walk around and make sure participants' feet are hip-width apart, or as close to hip-width apart as participant is able. Hands should be on knees or thighs, resting with a slight bend at the elbows. Chin should be pushed back, bringing the head directly over the shoulders, or as close as able. Shoulder blades should be pressing down the back with the shoulders directly over the hips. With eyes closed, the participants will be guided through a series of breathing exercises:

- Inhale: sit up tall, slightly lifting shoulders, holding for **3 seconds**
- Exhale: breathe out through the mouth as shoulder press down and back, chin slightly lifting, holding a deepest release for **3 seconds**

OR

- Inhale: tense shoulders intentionally up towards the ears, holding for **3 seconds**
- Exhale: breathe out through the mouth while intentionally pressing shoulders down, releasing all tension at the deepest point of the exhale, hold here for **3 seconds**

Repeat each pattern of breathing for several minutes. This type of guided breath is important for posture because a deep inhalation will require the participant to slightly lift the chin. With the chin slightly lifted, participant is better able to engage the muscles

of the cervical spine, which play a role in forward head posture (FHP). If the facilitator does not see a small neck/chin movement with each inhale, facilitator can cue to “fill up the whole belly” with every inhalation, causing a deeper breath.

Strengthening exercises: exercises found in Table 1.0

Since these exercises are performed after the visualization and breathing portions of class, the participant’s awareness can be fully invested on the muscles being strengthened. The integration of muscle and thought exercises strengthens participants’ connection between mind and body.

Creative movement phrases: with or without music

This portion of the session may be done to music. If using music, the facilitator is to ask for input from participants on the genre and style of music that is to be played. If using music, the facilitator should be prepared for any emotions or memories that may be triggered in the participants. The group should agree unanimously on the music choice before making the selection. Every participant should feel comfortable in the group setting.

The goals of the creative movement phrases are to keep the postural muscles engaged that were initiated in the strengthening portion of the session. The role of the facilitator is to encourage the individual to freely move in their own environment with a sense of control and ease. The facilitator can hand out props to the participants to move with, such as:

- Scarves
- Stretchy ropes
- Balls

- Textured fabrics: cotton, fleece, silk, yarn
- Objects of interest belonging to the participants

Individual phrase example: Guide the participants through different movement qualities of the arms. These qualities can include: vibratory movements, smooth movements, rigid movements, fast movements, slow movements, or moving to different arm poses. It is important that the arms, if participant is able, cross over the midline of the body as well as move away from the body. These movement patterns will continue to strengthen the muscles of the scapula and upper back. If using props, the individuals may be asked to move their arms as if they were the props themselves.

Guide the participants through creative head movement patterns. For example, the facilitator may tell the participants to pretend that the tops of their heads are paintbrushes and to paint a fond memory from their lifetimes on to the ceiling. An activity such as this will bring back positive emotions associated with the memory, as well as require the individual to exercise her creative brain to turn a factual event into an abstracted movement pattern. Moving the head will engage the muscles of the neck and shoulders, necessary for maintaining proper head posture. This exercise integrates cognition, movement, and affect in a positive, therapeutic method.

Group phrase example: Participants may benefit from moving as a group or by moving in contact with other individuals in the group. If participants are not capable or comfortable with this type of group movement, the facilitator is to take note and elaborate on individual creative phrases. Group phrases are best done with one or more of the props mentioned above, as the prop serves as a third point of contact (floor, partner, prop).

Facilitator is to divide the small group into partners or trios, depending on the number of participants. The partners or trios are then to sit side by side. If props are not being used, then the smaller groups are *lightly* touch hand to hand to begin. With one partner in the lead, the other partner can choose to close his/her eyes as the leader begins to guide their hand movements in the space. The lighter the touch the better, as it will force the follower to concentrate on and determine what the varying pressure of the touch means and the following action to take. Partners can switch turns playing the role of leader/follower. This exercise is important to: strengthen the muscles of the upper back, increase awareness of one's self in the space in relation to another object/person, increase trust between leader/follower partner, and feel a sense of belonging within the group.

Group exercises involving a prop may also increase sense of belonging not only in the group, but also in the space. An example of this type of exercise begins with a ball and the group organized in a circle. In this game, the person with the ball is to get the attention of a specific participant in order to pass the ball to them, without the use of verbal language. Connections may be made through the use of eye contact or some sort of hand/arm gesture. Once the connection is established, the holder must pass the ball to the receiver. This can be done by throwing the ball across the circle, or by passing it person to person until it reaches the receiver. If done this way, the holder must silently communicate to others in the groups where the ball is to go, through the use of gestures or eye contact. This exercise promotes unity in the group, creating an atmosphere of support and play. The more the individual becomes involved in the group task, the more the participant is willing to move.

Facilitator-guided self-reflection

At the end of the creative movement phrases, it is important to give participants time to reflect on what happened during the session. Bringing attention to the positive advances made during a session allows the participant to bring to conscious mind all of the positive feelings associated with their movement. The participant can think about the feelings they experienced, the sensations they experienced, and the thoughts they formed throughout the various exercises. This is key in integrating the mind and body through the use of dance therapy. The facilitator may administer self-reflective measures on various aspects of wellness, for the purpose of quantifying participant progress and documenting success.

Another method of facilitator-guided self-reflection is similar to the beginning ritual. The individual can visualize his/her progress as the facilitator speaks through another thought exercise.

Visualization/guided thinking sample script for facilitator:

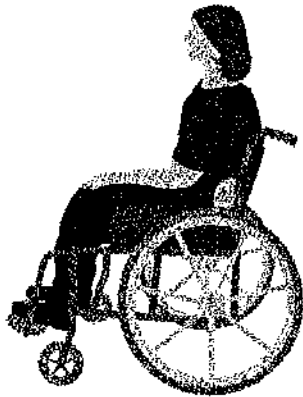
“Close your eyes and pretend your body is store and you are the manager. You are taking inventory of your body and the way each part feels. Take your attention to the back of your neck...how does it feel? Good or bad? Tight or loose? Visualize all of the ways you were able to move this area today. Take your attention to your shoulders. Do they fall heavy? Are they tense? What is the level of tension? Did they feel relaxed at a particular point in today’s session? Bring breath to tense areas. Take a step back from your body. Look at yourself as a whole. Where do all of the parts come together? Bring breath and heat to this area. Allow the heat to energize like the sun and send rays of heat from the center out to every other part of your body. The heat releases the tension and

stress. The heat is healing. Take 5 slow breaths. At the end of the fifth, you have evenly distributed the heat from the core to the rest of the body. Self-healing. When you are ready, slowly open your eyes and appreciate all that you see.”

Tips for facilitator:

- Frame instructions in positive manner, avoid negative terms like “don’t”, “stop”, “avoid”, etc.
- Be goal oriented
- Be energetic
- Be empathetic
- Use hand on posture corrections
- Use tactile touch with every participant at least once (Table 2.0: Hands-on Corrections)
- Say every participant’s name at least once
- Use eye contact
- Use small but consistent reminders to sit up tall, relax shoulders, press chin back towards base of neck, etc.
- A comfortable environment starts with the facilitator

Facilitator Resources:



PROPER CHAIR POSTURE
(Good Posture 2013)



FHP/HYPERKYPHOTIC POSTURE
(Bad Posture 2013)

Table 2.0: Hands-on Corrections

Postural Issue	Hands-on Correction
Forward Head Posture (FIIP)	<ul style="list-style-type: none"> • Standing behind participant, use one hand on either side of their face, place pointer fingers along the jaw line and thumbs behind the ears • Gently use the pointer fingers and thumbs to physically remind the individual to shift the chin back toward the neck
Hyperkyphotic curve	<ul style="list-style-type: none"> • Standing behind participant, place first two fingers on top of the shoulders on either side of the neck, place the thumbs at the medial corners of the scapulae • Use the first two fingers to pull the shoulders back towards you and the thumbs to press the scapulae forward away from you

Tensed, lifted shoulders	<ul style="list-style-type: none">• Standing behind participant, place first two fingers on top of the shoulders on either side of the neck• Gently use the first two fingers to press the scapulae down towards the floor
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