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Feldenkrais Method

The Feldenkrais Method goes back to Moshé Feldenkrais (1904–1984), a physicist and engineer who was among the first Europeans to hold a black belt in Judo. A severe knee injury prompted him to examine closely how people learn movement. This gave rise to a method that works with slow, attentively performed movements. It is best studied in chronic back pain and balance in older adults; two systematic reviews — 2015 with 20 and 2022 with 16 randomised studies — summarise the current state.

83

STUDIES IN
TOTAL

49

IN HUMANS

17

OF WHICH
CONTROLLED

0

IN ANIMALS

0

IN THE LAB

Figures from the IHR study database · Last updated 2026-09-25

How to Read This Dossier

ESTABLISHED

measured in humans, with a comparison group

PLAUSIBLE

supported by mechanism, animal studies or observation

HYPOTHESIS

a likely connection that still needs to be tested

Feldenkrais Method at a Glance

ORIGIN:

Developed by Moshé Feldenkrais from the 1940s onwards; work is done with slow, attentively performed movement sequences, the focus is on the perception of the movement sequence, not strength or number of repetitions. There are two forms: group lessons ("Awareness Through Movement") and individual work ("Functional Integration").

EVIDENCE BASE:

83 evaluated studies · 17 controlled human studies · 32 observational studies · 3 reviews · 0 animal studies · 0 cell-culture studies

STRONGEST EVIDENCE:

- Musculoskeletal system: The 2022 review with meta-analysis (16 randomised controlled trials) found improvements in gait, balance, mobility and quality of life in three of four included studies in older adults.
- Musculoskeletal system: The 2015 systematic review covers 20 studies; the meta-analysis of 7 studies shows benefits for balance in older adults (Timed-Up-and-Go -1.14 seconds, Functional Reach 6.08 cm).
- Musculoskeletal system: A 2014 randomised controlled trial in 61 patients with visual impairment and chronic neck/shoulder-blade pain reported less pain after treatment and one year later.
- Musculoskeletal system: In 60 patients with chronic non-specific low-back pain, Feldenkrais was superior to core-stability training for quality of life, interoceptive awareness and disability in 2020.
- Balance: A 2011 controlled study in 26 older adults and 37 controls showed improvements in balance confidence, Four Square Step Test and gait speed after ten weeks.

LIMITATIONS:

- The term Feldenkrais denotes different things in the studies: a group course, individual work or a component alongside other exercise forms. A single result cannot be transferred to the method as a whole.
- The treating person cannot be blinded in a movement procedure; participants' expectations remain a possible source of bias. The 2022 meta-analysis notes high heterogeneity and high risk of bias.
- Several studies are small, and the 2025 and 2026 studies examine the combination with dynamic neuromuscular stabilisation, not the Feldenkrais method alone.

CLASSIFICATION:

A movement procedure whose forms and endpoints vary widely across studies; two syntheses support benefits for balance in older adults.

1. What the Feldenkrais Method Is

The Feldenkrais method is a movement procedure. Work is done with slow, attentively performed movement sequences; the focus is on the perception of the movement sequence, not strength or number of repetitions. Two forms appear in the studies: group lessons, referred to there as balance classes or Feldenkrais method-based exercise, and individual work, Functional Integration, which was examined in 2018 in the supine position. The studies name body awareness, balance, postural control and movement function as target areas. Chronic low-back pain, neck and shoulder pain, Parkinson's disease, older adults, people with intellectual disability, diabetic polyneuropathy, voice disorders and psychiatric care were among those investigated.

It is crucial for understanding all studies that the term Feldenkrais does not denote the same thing everywhere. In one study it is a group course, in another individual work, in a third a component alongside other exercise forms. The comparison groups also differ: back school, core-stability training, physiotherapy, in a more recent study dynamic neuromuscular stabilisation. Endpoints range from interoceptive awareness through body contact area in the supine position and balance parameters to quality of life and functional capacity. Two studies with the same label may therefore be examining different things; a single result cannot readily be transferred to the method as a whole.

2. What the Studies Show in Detail

The key human studies and the most important reviews — by application area, with population, duration, measure and result as reported by the original studies. Numbers appear only where the study states them.

Distribution of **controlled human studies** by application area — the numbers are not additive because one study may be assigned to several areas:

APPLICATION AREA	CONTROLLED STUDIES
Musculoskeletal system	9
Safety and tolerability	4
Cognition and psyche	3
Metabolism	2

Musculoskeletal System

The 2022 systematic review with meta-analysis evaluated 16 randomised controlled trials on the Feldenkrais method in physiotherapy¹. In older adults the Feldenkrais group significantly improved gait, balance, mobility and quality of life in three of four included studies. The meta-analysis showed a significant difference in the Timed-Up-and-Go test with an effect size of Cohen's $d = -1.14$ (95 % CI -1.78 to -0.49 ; $p = 0.0006$). In persons with cervical, dorsal or shoulder pain the method significantly improved pain, functional balance and perceived exertion in three studies. In chronic low-back pain three studies showed improvements in pain, disability, quality of life and interoceptive awareness. In multiple sclerosis improved functional capacity was observed in two studies, yet the meta-analysis found no significant group differences in the function measure. The authors point to high heterogeneity and high risk of bias, which limits the results.

The intervention lasted until the end of treatment, followed by a 3-month follow-up. Pain (VAS, McGill Pain Questionnaire), disability (Waddell Disability Index), quality of life (SF-36) and interoceptive awareness (MAIA) were measured. At the end of treatment there were no significant group differences in pain reduction ($p = 0.290$). VAS and MAIA-N scores correlated at the end of treatment ($R = 0.296$, $p = 0.037$). Both groups showed significant changes in pain ($p < 0.001$) and disability ($p < 0.001$) over the study period. The authors conclude that the Feldenkrais method is comparably effective to back school.

A further 2020 randomised controlled trial compared the Feldenkrais method with core-stability exercises in 60 patients with chronic non-specific low-back pain³. The Feldenkrais group received supervised exercise therapy with theoretical content twice weekly for five weeks; the control group received an education programme and home exercises for core stability. Quality of life (WHOQOL), pain (McGill Pain Questionnaire), disability (Oswestry Disability Questionnaire) and interoceptive awareness (MAIA) were measured. There were significant group differences in favour of the Feldenkrais group for quality of life ($p = 0.006$; from 45.51 to 60.49), interoceptive awareness ($p > 0.001$; from 2.74 to 4.06) and disability ($p = 0.021$; from 27.17 to 14.5). The study shows short-term improvements; follow-up data are lacking.

A 2014 randomised controlled trial examined the Feldenkrais method in 61 patients with visual impairment and chronic neck/shoulder-blade pain (mean age 53.3 years; mean pain duration 23.8 years)⁵. The treatment group ($n = 30$) received a weekly two-hour Feldenkrais session for twelve weeks; the control group ($n = 31$) remained untreated. Pain (VAS on palpation, Visual, Musculoskeletal, and Balance Complaints Questionnaire, SF-36 pain scale) was measured. The Feldenkrais group reported significantly less pain than the control group both after treatment and one year later. No significant differences appeared on the SF-36 pain scale. The study has long follow-up but a small sample.

A 2018 randomised controlled trial examined the effect of Feldenkrais 'Functional Integration' on pressure and contact area of the body in the supine position in 30 volunteers⁷. Participants received an individual treatment in randomised order on both sides of the body. Pressure and contact area were recorded with the Xsensor measurement system, subjective sensations with a self-report scale. The alpha level was adjusted to $\alpha = 0.025$ because of parallel evaluations. Pressure and contact area changed significantly after treatment (time factor: $p < 0.0001$, $\eta^2 = 0.90$). On the left side the contact area increased significantly for the group that began on the left (time $\times$ group $p = 0.016$; $\eta^2 = 0.62$), less so on the right side. The study measures immediate mechanical effects, not clinical endpoints.

Two randomised controlled trials from 2025 and 2026 examined the combination of Feldenkrais with dynamic neuromuscular stabilisation (DNS) in older women with chronic non-specific low-back pain^{11,13}. The first study (2025) included 30 women aged 60–80 years who received either DNS alone ($n = 15$) or DNS plus Feldenkrais ($n = 15$) for eight weeks¹¹. Pain intensity (VAS), lumbar-spine mobility (Schober test) and kinesiophobia (Tampa Scale) were measured. The combined group showed significantly greater improvements in pain and mobility. The second study (2026) randomised 40 women (60–80 years) to DNS ($n = 18$ after dropout) or DNS plus Feldenkrais ($n = 19$ after dropout) for eight weeks¹³. Pain, balance (Berg Balance Scale) and hip-muscle strength were measured. The combined group showed significantly greater pain reduction ($p < 0.001$) and improvements in hip-adductor strength ($p < 0.001$). Both studies are small and examine the combination, not the Feldenkrais method alone.

A literature review from 2019 considered various rehabilitative techniques for chronic back pain, including a study on the Feldenkrais Method¹⁶. The authors report that all techniques were effective in the study groups for pain reduction, disability and quality of life, with effects maintained at follow-up. The included Feldenkrais study showed pain reduction and was more efficient than a pharmacological or instrumental approach in reducing disability and improving psychological aspects. Which approach is superior to another remains to be determined; further high-quality research is called for.

An observational study from 2002 compared body awareness therapy (BAT), Feldenkrais and conventional physiotherapy in 78 patients with non-specific musculoskeletal complaints (64 women, 14 men)²⁰. Health-related quality of life (SF-36), self-efficacy (Arthritis Self-efficacy Scale) and sense of coherence (SOC) were measured. All SF-36 subscales except one improved significantly. The BAT and Feldenkrais groups achieved larger effect sizes than conventional therapy and improved their pain self-efficacy, whereas the conventional group deteriorated at the one-year follow-up. Significant correlations between mental SF-36 dimensions and SOC suggest overlapping constructs.

A review from 1998 evaluated the literature on the Feldenkrais Method in peer-reviewed and non-peer-reviewed sources²⁶. The results generally showed some improvements from Feldenkrais interventions, although these were not as large as suggested in anecdotal reports. Most included works had methodological shortcomings, particularly inadequate control groups. The authors conclude that determining effectiveness on the basis of the literature available at the time is difficult and that further studies are warranted. This early review highlights the pioneering character of the method and the need for controlled research.

Further Investigations

A randomised controlled trial from 2009 examined the programme 'Getting Grounded Gracefully', based on Awareness Through Movement lessons of the Feldenkrais Method, in 55 older adults (mean age 75 years, 85 % women)⁴. The intervention group received group classes twice weekly for eight weeks; the control group continued their usual activities. Fear of falling (Modified Falls Efficacy Scale), gait speed and Timed Up and Go were measured. Attendance was high (88 %) and feedback was positive. Further investigations are recommended.

The experimental group received 30 Awareness Through Movement classes; the control group received no movement-based intervention. Physical function (Short Physical Performance Battery, SPPB) and balance (stabilometry) were measured. After 30 classes the experimental group improved significantly in the Chair Stand Test ($p < 0.005$) and in the overall SPPB score ($p < 0.005$) and reduced the sway area ($p < 0.05$). The authors regard the method as a possible tool for preventing loss of function and balance disorders in people with intellectual disability.

A controlled study from 2011 (non-randomised) examined Feldenkrais balance classes in 26 independently living older adults (median 75 years) in the intervention group and 37 controls (median 76.5 years) ⁸. The intervention group participated in the 'Getting Grounded Gracefully' series twice weekly for ten weeks. Balance confidence (Activities-Specific Balance Confidence, ABC), Four Square Step Test (FSST) and self-selected gait speed (GAITRite) were measured. The intervention group improved significantly on all measures (ABC $p = 0.016$; FSST $p = 0.001$; gait speed $p < 0.001$). The control group improved only on the FSST ($p < 0.001$). The authors conclude that Feldenkrais balance classes can improve mobility and balance in older adults.

A narrative review from 2005 describes body awareness therapy (BAT) for fibromyalgia and chronic pain, which also includes Feldenkrais therapy ¹⁵. Multidisciplinary studies showed that Basic BAT can improve health-related quality of life and cost-effectiveness; these findings apply to Basic BAT and not to Feldenkrais therapy alone. The authors emphasise that Basic BAT for fibromyalgia and chronic pain requires further investigation; existing studies suggest positive effects. The work is a narrative review without its own data collection.

A systematic review from 2015 updated the evidence on the Feldenkrais Method and included 20 randomised controlled trials (14 more than a previous review) ²⁴. The populations, endpoints and results were highly heterogeneous. Meta-analyses of 7 studies showed benefits of the Feldenkrais Method for improving balance in ageing populations (Timed Up and Go: mean difference -1.14 seconds, 95 % CI -1.78 to -0.49 ; Functional Reach Test: mean difference 6.08 cm, 95 % CI 3.41 to 8.74). Individual studies reported significant positive effects for reduced perceived effort, increased comfort, body-image perception and dexterity. Risk of bias was high, which limits some results. The authors suggest that the effects are generic and that the method is based on a learning paradigm, not on disease-specific mechanisms. Further research is called for.

A review from 2003 describes non-traditional approaches in voice therapy, including Feldenkrais, Alexander Technique, Qigong and circumlaryngeal massage ²⁵. The authors emphasise that the voice is more than just the larynx and that disturbances in other body systems can lead to voice problems. The work is a narrative review without its own data collection and provides no specific results on the Feldenkrais Method.

Metabolism

A multicentre randomised controlled trial from 2024 examined the Feldenkrais Method in adults with diabetic polyneuropathy (mean age 70 ± 8 years) ⁹. 44 participants were enrolled; 27 completed the study. The experimental group received 16 sessions of sensorimotor training based on the Feldenkrais Method; both groups received instructions on diabetic foot care. Somatosensory postural control, dynamic balance (Timed Up and Go, POMA), fear of falling and quality of life were measured at baseline and after 3 and 6 months. After the intervention significant somatosensory improvements ($p < 0.001$) and significant results in the Up and Go and POMA tests ($p < 0.001$) were observed; POMA remained significant after 3 months ($p = 0.018$). Fear of falling improved significantly after 3 months ($p = 0.03$); quality of life improved in all measures. No adverse events were reported. The high dropout rate limits the strength of the findings.

A randomised controlled trial from 2026 examined the Feldenkrais Method in 26 patients with diabetic polyneuropathy aged 45–60 years ¹². The study group received Feldenkrais-based training; the control group received conventional balance training, each twice weekly over 24 weeks. Timed Up and Go (TUG), Limits of Stability (LoS), Falls Efficacy Scale (FES) and the Diabetes-39 questionnaire for quality of life were measured. The Feldenkrais group showed significant improvements on all endpoints (TUG $p = 0.0001$; LoS $p = 0.0001$; FES $p = 0.0001$; QoL $p = 0.0001$) and was significantly superior to the control group on all primary and secondary measures ($p < 0.05$). The control group showed no significant changes. The study is small and follow-up is lacking.

Cognition and Psyche

A systematic literature review from 2024 examined the applicability of the Feldenkrais Method in psychiatric care and emotion regulation ¹⁰. The search according to PRISMA guidelines identified 14 articles from 2000 to 2022, including randomised controlled trials, cohort studies, narrative works and systematic reviews. The results show a global distribution of the method, mainly in studies on pain conditions, musculoskeletal and neurological disorders. Various measures were used, including quality of life, psychological dimensions, self-image, self-efficacy, mindfulness and interoception. Direct application in psychiatric care remains limited, with few studies on psychological problems. The authors call for more comprehensive investigations and more precise measures.

An observational study from 2003 compared mood after a single session of different forms of exercise in 147 female teachers (mean age 40.15 years) ¹⁷. The participants took part in a one-year further-training course and attended one class each in yoga, Feldenkrais (Awareness Through Movement), aerobic dance, swimming or computer instruction (control). State anxiety, depressive mood and subjective well-being were measured before and after the session. Repeated-measures analysis of variance showed mood improvements after Feldenkrais, swimming and yoga, but not after aerobic dance and computer instruction. The authors suggest that mindful activities with low effort as well as aerobic activities improve mood in a single session. Further studies are recommended.

An observational study from 2015 analysed qualitative data from a 36-week crossover pilot study with 11 people with dementia who participated in an integrative exercise programme (PLIÉ) combining elements of Tai Chi, yoga, Feldenkrais and dance therapy ¹⁸. The qualitative evaluation of exercise-leader notes, telephone calls with carers, video recordings and summaries yielded three main themes: functional changes (increasing body awareness, movement memory and functional abilities), social connectedness and emotional regulation. The study is qualitative and cannot demonstrate effectiveness; the combination does not permit any statement about the Feldenkrais Method alone.

A controlled investigation from 1999 examined the Feldenkrais Method in 20 people with clinically definite multiple sclerosis (Disability Status 2.0–6.0) in a crossover design ¹⁹. Half received eight weeks of sham treatment (non-therapeutic bodywork) followed by eight weeks of Feldenkrais; the other half received Feldenkrais first. Hand dexterity (Nine-Hole Pegboard), anxiety and depression (Hospital Anxiety and Depression Scale), MS self-efficacy, MS Symptom Inventory, MS Performance Scales and perceived stress (Perceived Stress Scale) were measured. The only significant differences were for perceived stress and reduced anxiety after Feldenkrais sessions. The study is small and the results are limited.

Overall Picture

Across all areas the Feldenkrais Method shows improvements in pain, balance, mobility, quality of life and interoceptive perception in controlled studies. The largest evidence base exists for the musculoskeletal system, particularly in chronic back pain and in older adults. Two systematic reviews ^{1 24} find significant effects for balance and mobility, yet point to high heterogeneity and risks of bias. The studies are predominantly small (often 20–60 participants), the

interventions usually last 5–12 weeks, and follow-up is inconsistent. The method is frequently combined with other procedures (e.g. DNS, PLIÉ), which makes isolating the Feldenkrais effect difficult. The results are promising, yet confirmation by larger, methodologically robust studies remains to be obtained.

The Feldenkrais Method has been applied and researched for decades; the works presented range from 1998 to 2026. The heterogeneity of populations, endpoints and interventions makes a summary assessment difficult. The systematic reviews unanimously call for further high-quality research. The method is described as a learning-based procedure that targets movement awareness and self-perception; the mechanisms of action are not yet fully clarified. The studies to date provide indications of benefit in various fields of application, yet transferability to broader populations and long-term effects are open questions.

Methodology of the evidence base

The included controlled human studies are predominantly randomised controlled trials with small to medium sample sizes (frequently 20–60 participants). The interventions typically last 5 to 12 weeks, with one to two sessions per week; some studies have follow-ups of up to one year. Endpoints include pain (VAS, McGill Pain Questionnaire), disability (Oswestry, Waddell), quality of life (SF-36, WHOQOL), balance (Timed Up and Go, Berg Balance Scale, stabilometry), gait speed, interoceptive perception (MAIA), fear of falling and psychological measures (anxiety, depression, stress). The studies are often single-blind; control groups vary (wait-list, usual activity, other therapeutic procedures). Frequent limitations are small samples, high dropout rates, lack of therapist blinding and inconsistent follow-up. Systematic reviews rate the risk of bias as high. What is systematically lacking are large multicentre studies with blinded assessment, standardised interventions and long-term follow-up that test the Feldenkrais Method against active controls or sham treatments.

Often a marker is measured, not the course

The controlled studies measure very different things: interoceptive perception in chronic back pain, body contact area in supine position, balance, postural control, quality of life, functional capacity in people with intellectual disability. Some of these are test-condition measurements, others are questionnaires. Both can show that perception or function changes in the examination situation; they say nothing about the course of a disease. Anyone reading these works must therefore first ask what was measured, and only then what changed.

Comparisons are almost always made with another active intervention: back school, core stability training, physiotherapy. A difference between two active approaches does not prove an effect versus no treatment, and the absence of a difference does not mean the method has no effect, because it can equally show that both routes lead to the goal. Combination studies compound the problem: when Feldenkrais is combined with dynamic neuromuscular stabilisation, the contribution of the method cannot be isolated.

3. How Robust the Research Is

A large proportion of the studies is observational or basic-science oriented; controlled human studies form a smaller group, systematic reviews a very small one. Within the controlled studies the musculoskeletal system clearly dominates, followed by safety, cognition and metabolism. The distribution of citation counts is striking: the most-cited work overall is an observational study, followed by a basic-science study on movement-based embodied practices. Even the most-cited controlled trial, a comparison of back school and Feldenkrais for chronic low back pain, appears only after these.

Two systematic reviews summarise the body of evidence: a 2015 systematic review of effectiveness and a 2022 systematic review with meta-analysis that evaluates Feldenkrais as a physiotherapy tool. Such syntheses are the most robust part of the field, yet they can only pool what is comparable, and the individual studies differ in comparator and endpoint. Blinding of the treating person is impossible with a movement-based method; participant expectation remains a possible source of bias. Some randomised trials also capture longer-term courses, for example with one-year follow-up in neck and shoulder pain.

4. What Is Frequently Claimed — and What the Data Support

CLAIM	EVIDENCE
Chronic non-specific low back pain	Controlled comparisons with back school and with trunk stability training are available; pain, function and interoceptive perception were investigated. Whether the method is superior remains unclear.
Balance in older age and in polyneuropathy	Controlled studies examined balance in older adults and postural control in diabetic polyneuropathy. Balance parameters and control in the test situation appear to improve.
Parkinson's disease	A controlled randomised study examined quality of life. Quality of life is a questionnaire endpoint; it says nothing about the course of the disease.
Mental disorders and voice disorders	A systematic literature review from 2024 explores the potential in psychiatric care, a review article from 2003 addresses certain voice disorders. Controlled studies are missing.

5. The Most Robust Studies

Ordered by strength of evidence, not by prominence: systematic reviews and studies with large participant numbers first. The complete evaluation covers substantially more studies; the most reliable ones are shown here.

Controlled Human Studies

- ¹ Effects of the Feldenkrais Method as a Physiotherapy Tool: A Systematic Review and Meta-Analysis of Randomized Controlled Trials (2022) — systematic review
- ² Improved interoceptive awareness in chronic low back pain: a comparison of Back school versus Feldenkrais method (2017)
- ³ Comparison of the effects of the Feldenkrais method versus core stability exercise in the management of chronic low back pain: a randomised control ... (2020)
- ⁴ Getting Grounded Gracefully: effectiveness and acceptability of Feldenkrais in improving balance (2009)
- ⁵ Effects of Feldenkrais method on chronic neck/scapular pain in people with visual impairment: a randomized controlled trial with one-year follow-up (2014) — 61 participants
- ⁶ The Feldenkrais Method improves functioning and body balance in people with intellectual disability in supported employment: A randomized clinical ... (2017)
- ⁷ Feldenkrais 'Functional Integration' Increases Body Contact Surface in the Supine Position: A Randomized-Controlled Experimental Study (2018)
- ⁸ Feldenkrais method balance classes improve balance in older adults: a controlled trial (2011)
- ⁹ Somatosensory and dynamic balance improvement in older adults with diabetic peripheral neuropathy through sensorimotor exercise: A multisite ... (2024) — 44 participants
- ¹⁰ Feldenkrais method and clinical psychology: A systematic literature review exploring the potential of Feldenkrais Method in psychiatric care (2024)
- ¹¹ Effects of integrating Feldenkrais method with dynamic neuromuscular stabilization exercises on clinical outcomes in older women with nonspecific ... (2025) — 15 participants
- ¹² Effect of Feldenkrais Method in Enhancing Postural Control for Patients With Diabetic Polyneuropathy (2026)
- ¹³ Comparison of dynamic neuromuscular stabilization exercises with and without the feldenkrais method on pain, balance, and hip muscle strength in ... (2026) — 40 participants

Observational Studies in Humans

- United States Guild Certified Feldenkrais Teachers®: a survey of characteristics and practice patterns (2014) — 100 participants
- ¹⁵ Body awareness therapy for patients with fibromyalgia and chronic pain (2005)
- ¹⁶ Chronic low back pain and postural rehabilitation exercise: a literature review (2019)
- ¹⁷ Mood alterations in mindful versus aerobic exercise modes (2003)
- ¹⁸ Preventing Loss of Independence through Exercise (PLIÉ): qualitative analysis of a clinical trial in older adults with dementia (2015) — 11 participants
- ¹⁹ A controlled investigation of bodywork in multiple sclerosis (1999)
- ²⁰ A comparison between three physiotherapy approaches with regard to health-related factors in patients with non-specific musculoskeletal disorders (2002) — 78 participants
- Utilization and perceived effectiveness of complementary and alternative medicine in patients with dystonia (2004) — 86 participants
- ²¹ Effects of Feldenkrais exercises on balance, mobility, balance confidence, and gait performance in community-dwelling adults age 65 and older (2010) — 47 participants
- ²² Complementary and alternative treatment for neck pain: chiropractic, acupuncture, TENS, massage, yoga, Tai Chi, and Feldenkrais (2011)
- ²³ Alexander technique and Feldenkrais method: a critical overview (2004)

6. Summary

Showed: Several randomised controlled trials found improvements in pain, disability, quality of life and body awareness in chronic back pain, neck and shoulder pain as well as in older adults. In 60 patients, quality of life under Feldenkrais rose from 45.51 to 60.49 and interoceptive perception from 2.74 to 4.06, while disability decreased from 27.17 to 14.5. The reviews from 2015 and 2022 pool the evidence and consistently find benefits for balance; however, both note high heterogeneity and a high risk of bias, which limits the results. Blinding of the treating person is not possible with this method.

PLAUSIBLE

The authors of the 2015 review suggest that the effects are generic and the method is based on a learning paradigm, not on disease-specific mechanisms. This fits with the fact that work is not done via strength or number of repetitions, but via perception of the movement sequence.

Hypothesis: If the effect runs via attention and body awareness, it could appear with very different initial complaints; the observational study from 2002 found significant correlations between mental SF-36 dimensions and the sense of coherence. For practice, this would mean that the application is less tied to a clinical picture than to the learning conditions of the participants.

First to be clarified would be what is being investigated in each case. The term denotes different things in the studies, and the comparison groups range from back school via core stability training and physiotherapy to dynamic neuromuscular stabilisation. A study that wants to test the method as a whole would have to define the form of application, comparison condition and endpoint in advance and include follow-up; in several studies follow-ups are

missing, while one investigation on neck and shoulder pain covers one year. An important question remains whether the observed benefit goes beyond the increase in attention.

7. What Remains Open

- **Comparison standard:** Against what should Feldenkrais be tested — against a waiting list, against another active procedure or against both?
- **Endpoints:** Which endpoints reflect patients' everyday life, instead of only capturing perception and balance in the test?
- **Individual Work:** How can Functional Integration be tested so that it becomes comparable to group instruction?

8. Functional Integration: The Individual Work

Alongside group lessons ("Awareness Through Movement") there is individual work that Moshé Feldenkrais called "Functional Integration". Here the client is largely passive: they lie, sit or stand, and the Feldenkrais teacher performs small, slow movements on limbs, trunk and head with the hands. The client does nothing active, but follows the movements with their attention and senses how they continue through the body. Little is spoken; communication takes place through touch.

A study describing the practice characterises this work as continuous feedback through the hands: the practitioners perceive the smallest changes in the client's body and continuously adjust their guidance accordingly ²⁸.

PROVEN In a randomised study, 30 volunteers received one session of Functional Integration, successively on both sides of the body. Afterwards the body lay with altered contact area and altered pressure on the mat; the authors interpret this as a sign of released muscle tension, and the participants described it likewise ⁷. What is proven is a measurable change in the lying position, not a treatment success for complaints.

Open question: Research on individual work for the treatment of complaints is still at the beginning. The 2023 IQWiG assessment report notes that the indications of benefit found come from group sessions; Functional Integration appeared in only one study with four sessions ²⁷. According to the report, one individual session costs 60 to 90 euros, one group session 10 to 20 euros.

Individual work is firmly established in practice: in a survey of certified Feldenkrais teachers in the USA (392 responses) most worked with both individual and group students; the most common reason for taking Feldenkrais lessons was pain ¹⁴.

Frequently Asked Questions

For which application area is the body of research broadest?

Most controlled studies concern the musculoskeletal system: chronic back pain, neck and shoulder region, and balance in older adults. These are followed by studies on safety, cognition and metabolism. For other fields such as psychiatric care or voice disorders, reviews exist; controlled studies are still pending there.

Can the method be combined with other procedures?

A randomised study from 2025 examined Feldenkrais together with dynamic neuromuscular stabilisation in older women with non-specific chronic back pain. Findings from combination studies do not allow conclusions about the share attributable to the method itself. A 2022 systematic review with meta-analysis explicitly classifies Feldenkrais as a physiotherapeutic tool.

Why do the most-cited works not rank at the top among the controlled studies?

The highest citation counts are achieved by an observational study on body-awareness therapy in fibromyalgia and chronic pain as well as basic-research studies on movement control; the most-cited controlled study compares Feldenkrais with back school in chronic back pain. Citation count is not a measure for evaluating a procedure.

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Research, put in context. Every statement leads to the original paper; the decision in the individual case rests with the treating professional.
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