

Movement With A Brain: *Infinity Walk*

THE INFINITY WALK THEORY AND METHOD was conceived in the mid-1980's by clinical psychotherapist, Deborah Sunbeck, Ph.D. Many professionals in special education and physical medicine who are familiar with Infinity Walk do not realize that its original use was targeted for clinical psychotherapy. Dr. Sunbeck, who was specializing in behavioral medicine practices at the time, was searching for an effective holistic method that would facilitate integrated healing and self-development.

THE SEARCH FOR ONE "UNIFIED" METHOD. Dr Sunbeck's original criteria for the method required that it (1) allowed the person to learn to facilitate their own progress, and/or be easily facilitated by non-professionals as well as professionals, (2) enhanced or restored self-esteem, personal dignity, and hope for a better future, (3) supported the person's intrinsic need to integrate all new learning and change on every level of being - physical, emotional, cognitive and spiritual/philosophical; (4) progressed easily and naturally by following the body/brain's normal sequence of developmental growth; and (5) was sufficiently self-motivating to practice between therapy sessions and continue after therapy ended. Two psychological theories of professional interest to her helped create benchmarks for an effective measure of the method's potential for clinical success, social facilitation and intrinsic motivation theories.

Dr. Sunbeck also knew that the method would need to get the client "out of the chair" and moving if it were to truly integrate the whole person and if it were to fully trigger natural development processes in the person. She also knew that the best test of a clinical method's capacity to reach the core trigger mechanisms of human motivation and change is that it can be applied to any stage of development; and with modifications, to any age group. A second test of the method's value required that positive shifts along physical, emotional, cognitive or introspective/spiritual parameters should all be possible if the method was truly "integrative of the whole person ". Though a person may choose to use

What does the Infinity Walk train?

- VOR (vestibular and vision training/integration)
- Peripheral awareness
- Coordination
- Bilateral communication/integration
- Cervical control/mobility (vestibulo-collic reflex)
- Gaze stabilization
- Strengthening extraocular muscles
- Balance diagnosis/improvement

The vestibulo-ocular reflex (VOR) helps to stabilize the retinal image by rotating the eyes to compensate for movements of the head. An ideal VOR, that tries to compensate for any arbitrary movement of the head in 3-D space, would generate eye rotations at the same speed as, but in the opposite direction to, head rotation independent of the momentary rotation axis of the head. The desired result is that the eye remains still in space during head motion, enabling clear vision. The VOR has two different physical properties. The angular VOR, mediated

If we could watch this movement for a few minutes we might also see differences in how the arms are swinging, how the hands are held, how the feet are placed on the floor. We might notice less rotation on one side of the body than the other. We might wonder why movement in one circle seems to have a different quality to it, as if the body felt less comfortable or less familiar with one direction of circling than with the other. The longer we observed, the more we would begin to see an unfolding stream of information about differences between the two lateral halves of the body. And, if we had a conversation with this illustrated person, we would find that the acts of talking and listening and thinking would change its movements in strange and interesting ways. And if we watched and talked and listened even longer, we would discover that perceptions and memories and feelings also affect the Infinity Walker's movement in laterally asymmetrical ways.

In a Nutshell

Infinity Walk allows us to use our own body as an **instant biofeedback** system: The brain, speaking through body motor language, reveals its ineffective habits to us. Next, our own self-observations, and those of other trained Infinity Walk observers, contribute insight and encourage the perceptual shifts that will change the quality of Infinity Walk movement. The brain's progress in making these changes is easily monitored in the Infinity Walker's movements. Success is immediately obvious to the eye and instantly reinforcing to the person. Motor, sensory, perceptual, emotional, cognitive and relational habits can be monitored and positively impacted by Infinity Walk training.

THE INFINITY WALK – VERSION 1:

There are 2 major rules for any variation

1: Your eyes always stay fixated on your visual target.

2: Your hips always stay facing in the direction that you are traveling.

For variation #1 of the infinity walk you're going to begin by standing between your blocks facing sideways to see the target or with your back facing target. Then rotate to fixate on target. Walk a figure 8 pattern, keeping eyes on the target while staying relaxed and maintaining good alignment.

Common challenges:

- **Alignment deterioration**
- **Breakdown of form**
- **Poor cervical mobility**
- **Struggling to keep eyes on target**
- **Slow pace**
- **Passive floor strike**

THE INFINITY WALK – VERSION 2:

Begin between blocks again *facing* the target. Begin walking and eventually in order to keep eyes on target, pivot with a three-step process. Head swivels, body rotates, hips keep pointing in the direction you're facing.

As you're coming around the blocks, make sure you're maintaining good alignment, there's no breakdown in form and no tilting your head.

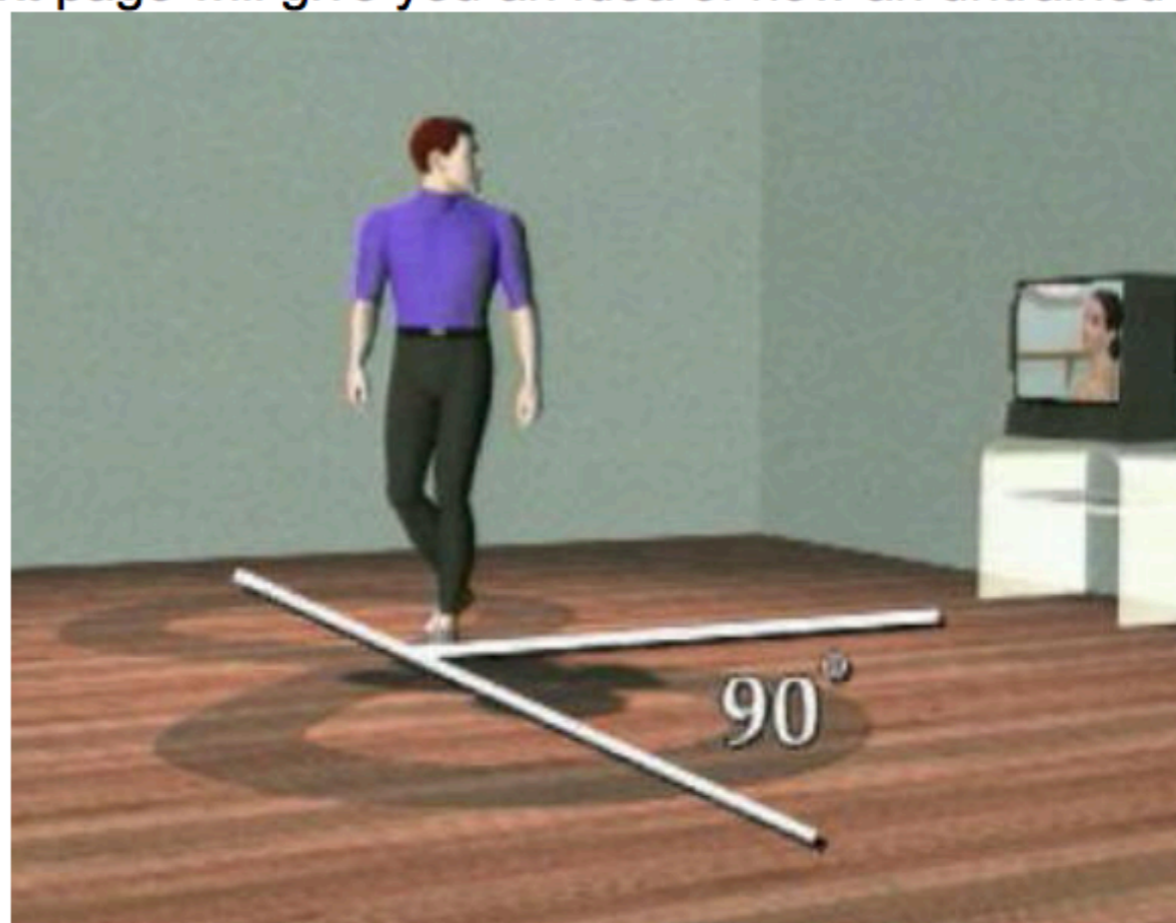
Other ideas for progression:

- Explore having the visual target low and high.
- Change positions, speeds and directions. Ex run, jog, traveling plyometrics, do things backwards.

On the surface, Infinity Walk can appear to be a simple movement pattern. A casual observer might describe Infinity Walk as walking in a figure eight while looking off at a 90-degree angle from the path you are walking, and then adding more challenges to it as it becomes easy to do. Well, on the surface, that is just about all you might see, especially if you have no training in physical medicine or neuromotor therapies. This is why I can describe Infinity Walk to a child as being a game of “How many things can you do at once”? It looks very learnable, and easily inspires interest as a personal challenge that can be increased in complexity as each new level of training is mastered.

A brief glance at the drawing on the next page will give you an idea of how an untrained eye might see the Infinity Walk in use.

Our illustrated person is walking a repetitive figure eight pattern while watching television. Looking a little closer we might wonder about the instructions regarding the 90-degree angle placement of the circles. Why might that be necessary? You might wonder if part of Infinity Walk’s effect has to do with constant shifting between clockwise and counterclockwise circling. If the drawing was animated, you might notice other movement besides walking and circling. You might notice that by holding a visual gaze on the



television an automatic neck reflex rotates the neck from far left to right and then back again. If you noticed this much, then you’ll also notice that the eyes are going through this same pattern of lateral eye movement from far left to right and then back again. We speak of “watching” TV, but we listen as much as we watch. And so, our illustrated person is also turning one ear and then another to the television speaker.

A DEVELOPMENTAL OPTOMETRIST SHARES HIS INSIGHTS AND SUCCESS WITH INFINITY WALK

Dr. Stan Appelbaum, a developmental optometrist, and Barbara Bassin, an occupational therapist and his wife, share a unique clinical practice that combine sensory integration occupational therapy and vision therapy in the Washington D.C./Maryland area (for over 20 years).

Compiled from a phone correspondence with Dr. Sunbeck:

I use your Infinity Walk all the time in my practice working with children and adults who have learning, motor, and behavior problems that affect their vision. I recommend it all the time. Infinity Walk is a very effective way to get the whole body involved with the visual system.

Developmental optometrists need to know about Infinity Walk. I might not have recognized that it is such a powerful technique, except that I married an occupational therapist! So when I teach workshops that include Infinity Walk and other sensory integration techniques I know how to speak the language to vision therapists. Unless a person is moving in a sensory integrated way the vision isn't connected to the vestibular system, and that's our self-to-earth orientation. It makes a huge difference in quality of life. People need to move, and in bilaterally integrated ways, in life, and as part of vision therapy.

In the office, we don't have a lot of time to convince people that they have a visual problem that could be helped through vision therapy. When the visual system is unstable people get dizzy, they get nauseous in the car, and they feel like falling asleep after having to read or do paperwork. Glasses, surgery, an eye patch - these are the only kind of solutions that people are expecting. So, I can use Infinity Walk to prove a point. I teach them how to do Infinity Walk at home while looking at a visual target. When they come back all their symptoms are better. The nausea in the car is gone; they're not so tired after reading. This tells them that they are part of the solution. Now they are motivated. So, they continue the Infinity Walk at home with a visual target and we can start the part of vision therapy that includes procedures that can't be done at home and will take them even further.

Infinity Walk makes a huge difference very quickly with visual problems. We have two eyes and that means bilateral integration has to be part of the treatment. Why should we expect the eyes to work together if the rest of the body isn't? Those two eyes are part of a whole body that has to be bilaterally integrated. I'm impressed, obviously. I hope that this (phone

Stan co-teaches "From Eyesight to Insight: Visual/Vestibular Assessment & Treatment" with Mary Kawar, MS, OTR. Infinity Walk is taught as part of this clinical course for occupational therapists, physical therapists and vision therapists. For information about Stan's private practice or the CEU course: www.visionhelp.com