

Guideline Case vignette Eurythmy Therapy please email your Case Vignette till July, 31 2021

- A total of 10.000 characters with spaces (=approx.. 1000 words)
- Clear, simple sentences with no nesting
- If possible no footnotes, even websites must be located in the bibliography
- The point is to briefly describe what is important, new and special about a treatment
 - Have special exercises been used?
 - Do they deviate from the known exercises that were otherwise used for the symptoms?
 - Is it a «completely normal» course of treatment that is selected as an example? (This can then be pointed out)
 - Is it a chronic illness and the patient regains hope for the first time (even if the symptoms have not receded as much)?
 - Even cases that have been in treatment for a long time and whose treatment has not yet been completed.
 - **Old cases, even if you no longer have contact with the patient**
 - A case with which you feel particularly connected **or the Master Thesis**
 - A case that pushed you to your limits

Title

The title should already give a concise description and thus an overview of the text

Example: Movement-orientated Mind-Body-Intervention for stress regulation: Treatment of Duodenal Ulcer with Eurythmy Therapy – a Case Vignette

Abstract

Short summary of the case in 40-50 words

Keywords

5 keywords show, what the paper is about

Example: Movement-orientated Mind-Body-Therapies, Stress, Duodenal Ulcer, Eurythmy Therapy, Body Posture, Patient reported Quality of Life factors

Introduction and diagnosis (max. 3400 characters with spaces = approx. 440 words)

Brief overview of the background to the case:

- A sentence as a very short summary at the beginning
- Brief description of the patient - **anonymized**: age, gender, occupation, main symptoms
- Findings from the referring doctor (if there is no doctor, give your diagnosis)
- General characterization of the clinical picture taking into account the assessment of the operative forces in the organism (3- and 4-fold model of human being):
 - Describe the illness from a medical point of view: Possibly advice from a doctor
 - The focus should be the observation of the operative forces from the observation of movement (see below)
- Description of the specificity of the case or the therapeutic intervention
 - *By improving the patient's posture, the shortness of breath improved*
 - *Use specific images tailored to the patient o Work on the posture*
 - *A certain event caused the patient to start practicing*
 - *Combination with other elements:*
 - *Painting, physiotherapy, singing...*

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- *Symptoms hardly improved, but new courage to face life, new perspectives*
- *A certain sound suddenly brought the breakthrough*
- *Translation of an anthroposophic drug into EYT exercises*

- Which symptom (s) should be treated?
 - *Example: Exercis- asthma, exhaustion*
- Brief description of the course of the disease to date
 - *What treatment has the patient experienced so far: asthma school, inhaled cortisone, progressive muscle relaxation*
- Movement diagnosis and specific classification / relation to the symptoms
 - **Flow of movement:** *shows itself in the continuity of a movement and the elasticity of movement as a specific characteristic of the flow of movement. Too little muscle use is defined as slack / hypotonic, too much muscle use as hypertonic / hardened / bound. That is a quality of the etheric body*
 - **Movement pace:** *Can the patient perform the movement at the correct pace? This is clearly visible in the gait or rhythms. Changes in tempo are subject to the formative forces of the astral body or the intentional forces of the ego organization.*
 - **Movement rhythm:** *Can the patient carry out a lively dynamic movement in the spatial-temporal course that shows an alternation between tension and relaxation appropriate to the movement? Or does he move statically / monotonously or hastily or confused? In the rhythm of movement, the creative forces of the astral body (dynamics) and the basic tendency of the unconsciously occurring metabolic forces of the etheric body (liveliness) are shown.*
 - **Movement precision:** *Is the desired movement goal of an exercise achieved? Is the patient moving purposefully and precisely? Does he have coordination skills, spatial orientation and presence of mind or does he move imprecisely and dreamily out of imitation? Here the ability of the higher ego expresses itself in the combination of all human processes into goal-oriented processes.*
 - **Balance:** *does the patient maintain balance, which is easiest to see when walking? This is an activity of the ego organization.*
 - **Mental movement presence:** *Can the patient perform the exercises with emotional participation? If the participation is too weak, one observes a more or less mechanical (external) movement. Too vigorous participation appears to be emotionally lost in movement. The activity of the astral body is shown in the mood expression.*

- If recorded: quality of life indicators at the start of therapy
 - *Quality of life indicators can show what changes the patient is experiencing, e.g. whether he is satisfied with his health, vitality or the success of the treatment. The result can then be described at the end.*
 - *They can be measured with EDET-QOL (see below)*

Therapy course (max. 3400 characters with spaces = approx. 440 words)

- Timeline (see below / template): important points in time / events in the course of the disease / therapy, patient comments
- Therapy goal
- Therapy with reason (see sample-table below for the exercises)

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- Description of the course with (if possible) changes in the movement and life indication values (reported by the patient), other parameters: less medication, reduction in symptoms, blood pressure values, pain values ...

Discussion (max. 1200 characters with spaces = approx. 160 words)

Important aspects of the case

- what was effective, what did not work so well (strengths and weaknesses)
 - *How did results benefit?*
 - *Were there other therapies that might have had an effect?*
 - *What could have gone better? What amazed and moved me?*
- How does effectiveness show?

Questions (to the others)

What questions did the case raise? E.g:

1. Who has.... also observed and can present his experience?
2. How did you / did you proceed in a similar case?

Declared consent

of the patient or the carer for the publication of the case This is not important in the case of the specialist conference, only when we want to publish something

Bibliography

in the order in which they appear in the text.

It's great if you refer to existing literature. There are our basic works, which have also been published in English and German, but it can also be articles from other magazines or books. The internet is also a permitted source. It is important that you always note when you accessed the page.

Example:

1. *Kirchner-Bockholt M. Basic elements of eurythmy therapy. Dornach: Publ. At the Goetheanum; 2010.*
2. *Available at www.ifaemm.de (November 21, 2018)*

A list of references and a declaration of consent are not absolutely necessary for the cases that we describe at the specialist conference, but these cases may not be published either.

Anyone can write such a case vignette! It's not about delivering the perfect text. You can also write in key words. But open the doors to the therapy room and write about your experiences! For questions: [mailto: katharina.gerlach@medsektion-ikam.org](mailto:katharina.gerlach@medsektion-ikam.org)

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