



Yoga Outreach YO-CP - Teaching Methodology

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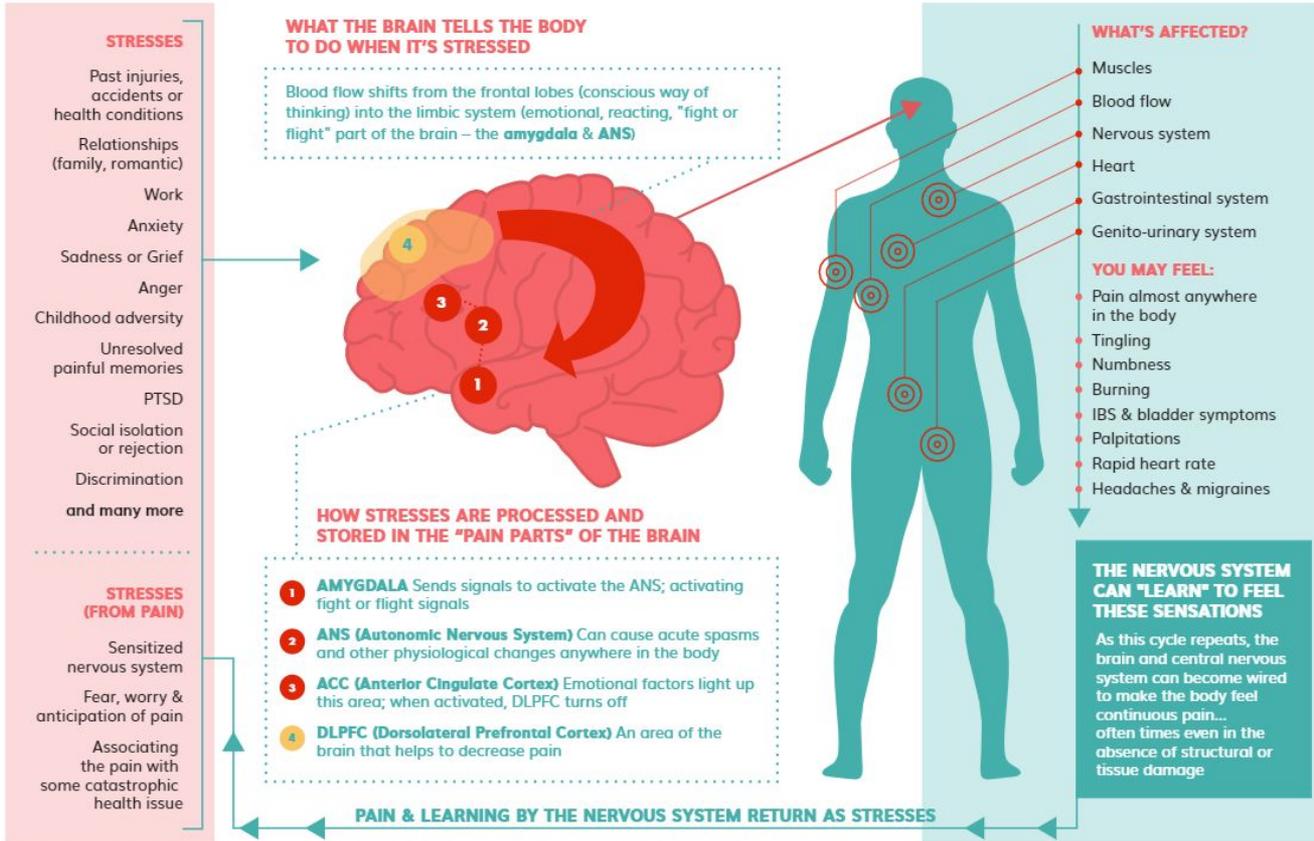
I acknowledge that the land I live & work on as a guest is the unceded Indigenous homelands of the Coast Salish peoples, including the traditional territories of the Songhees and Esquimalt nations

Check in:

- Your name, pronouns (option to change on screen)
- A word to describe how you're doing today
- How you're feeling about teaching so far
- Something you'd like to spend more time exploring/practicing today

CHRONIC PAIN: A CYCLE OF STRESS AND PAIN

NEUROSCIENCE EXPLAINS HOW STRESS CAN FUEL PERSISTENT PAIN



LEARN HOW TO BREAK THE PAIN CYCLE WITH THE **CURABLE APP**

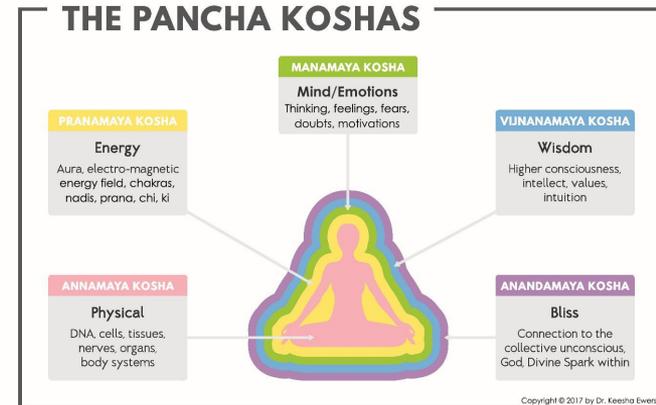
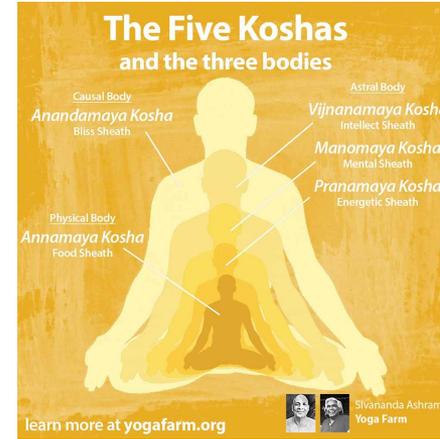
The Five Koshas

The five sheaths (pancha-kosas) are described in the Taittirīya Upanishad, a Vedic era Sanskrit text, likely composed around 6th century BC.

The panchamaya kosha model (also called five koshas) proposes five main layers of our systems: physical structure, physiological & energetic processes, the content of our minds, our discernment, ideas and attitudes toward our surroundings and our sense of connection to other people, society, and the Universe.

The panchamaya kosha model is useful when it comes to managing chronic pain, since chronic pain affects us in each one of those dimensions & the yoga tradition has developed tools to bring balance and healing to each of those layers (yogasana (yoga forms), pranyama (breath practices), meditation, reflection & study, contemplation of ethical principles, mantra, etc).

Reflection: How do you see pain impacting a person within one or more of these domains?



WORKING AROUND PAIN ON THE ANNAMAYA LEVEL



BRING AWARENESS
INTO THE BODY



IDENTIFY PAIN-INDUCING
MOVEMENTS



LEARN TO DIFFERENTIATE
BETWEEN PAIN AND SENSATION



IDENTIFY BEHAVIORS
THAT CONTRIBUTE TO PAIN



DISCOVER POSITIONS
THAT ARE PAIN-FREE



INVESTIGATE MOVEMENTS
THAT DO NOT CAUSE PAIN

Chronic Pain & Managing flare-ups (Stewart, 2016)

- Increase the number of rests you take
- Increase the number of relaxation sessions
- Remember tension makes things more sensitive
- Set simple goals (short walks, gentle stretches/breathing exercises etc)
- Resume gentle exercises (start easy, build slowly)
- With gentle exercise, start with the parts of your body that move well
- Stop activities that aggravate/cause tension for a while
- Wear comfortable clothes (easy to put on)
- Monitor medication
- Rest, but only as long as you need to - may be a day or 2
- Stay positive - when low you hurt more easily
- Build yourself back up again gradually as soon as possible

Some suggestions for yoga with people in pain

- Simple forms with an emphasis on activating the parasympathetic nervous system
- Simple body awareness & breath awareness practices - sensing subtle 'non-pain' sensations (Pearson, 2019)
- An emphasis on the person being in control of their movement & the choices they make in their body (agency! Vs. loss of control).
- Finding movement that is within their own useful range, where they might be less likely to override their body's pain alarm system.
- Inviting people to experiment with moving in a way that allows them to maintain a calm/relaxed breath (Pearson, 2007)
- Offering more opportunities for resting forms before/after movements/forms that involve more muscle engagement - a return to 'baseline'

Suggestions - cont'd

- Listen & really hear what participants report both during sessions & from their discoveries at home (Taylor, 2018)
- Follow the person's interests & values, not your agenda
- 'Be with' rather than 'do to' (Taylor, 2018)
- Emphasize a graded approach to activity - might start with thinking about a movement & gradually progress to gently trying a movement
- As far as possible support the person in feeling safe and in control
- Keep in mind that the yoga & nervous system engagement begins long before the yoga forms begin - intake process, arriving, etc, etc,

Possible Practices - script practice

- Body scans
- Breathing practices (Pranyama)
- Gentle yoga forms & repetitive movements
- Intention-setting (Sankalpa - large & smaller) - finding/affirming meaning
- Relaxation practices
- Social interaction - check-ins (with option to opt-out)

Breath & pain

"We may not be able to make the pain go away, but we can learn to work with it and to start to reduce our stress signals. Fighting pain is so much worse. We tense up more and go into a stress feedback loop, which increases pain signals. Working with the breath is a way to bring us out of that stress response so we can build new patterns of function and gain a sense of agency back."

- Shailla Vaidya, MD, CCFP, C-IAYT, emergency medicine physician and certified yoga therapist who practices mind-body medicine for stress resilience in Toronto.

"You have the pain, but you also have all the muscular tension that results from the pain and all the anxiety and fear and frustration. Breath practices can help alleviate those other pieces to bring more ease to the pain or diminish it."

- Marlysa Sullivan, PT, C-IAYT, physiotherapist, co-editor of *Yoga and Science in Pain Care*, & assistant professor in integrative health sciences at Maryland University of Integrative Health in Laurel, Maryland.

Some Breath Practices - practice teach

Breath awareness: start by paying attention to your breath. Notice how your body moves when you inhale and how it moves when you exhale. When your mind starts to wander, acknowledge what you're thinking but bring your focus back to the breath. Start with one minute and build up to more if you have time.

Variations: You could also try lying down and placing a hand (or just awareness) at your abdomen. As you breathe, notice if your abdomen rises on the inhale and falls on the exhale. After a few breaths, option to place your hands on the side of your ribs and notice if you feel the breath there.

Lengthening exhales: Begin with breath awareness and then focus on gently elongating your exhale without forcing it.

Back breathing: If your chest feels tight or constricted, try breathing into your back. "Many of us tense up in the front when we're stressed as an evolutionary response to protect our big organs. Send your breath to wherever there is room," (Shailla Vaidya). .

Bee Breath variation, (bhramari pranayama), creates a sound that may help you relax or ease anxiety (according to a 2018 study published in the Journal of Traditional and Complementary Medicine). It's another tool to help elongate your exhale. Take a breath or two to settle in and notice the state of your mind. When you're ready, inhale and then, for the entire length of your exhalation, make a low- to medium-pitched humming sound in the throat. Notice how the sound waves gently vibrate areas of your head (maybe tongue, teeth, sinuses).

Self-Management Techniques for people in pain (from Ottawa Hospital Pain Clinic)

- Breathing
- Body Awareness
- Exercise
- Repetitive Movement
- Meaningful Activity
- Positive Distraction
- Creative Activity
- Mindfulness
- Pacing and Planning
- Setting Goals

How are some of these embedded within our yoga classes?

Common medical conditions in YO Classes - Asana Contraindications & Recommendations

Arthritis

There are two major types of arthritis: Osteoarthritis (most common) leading to breakdown of cartilage and Rheumatoid Arthritis, a chronic disorder leading to inflammation of the peripheral joints.

Recommendations:

- include plenty of fluid movements
- it may be necessary to avoid prolonged holds of postures that can exacerbate pain
- in a 'flare up' adapt to a more gentle sequence, emphasizing working within a comfortable range
- although there are no specific yoga forms that are contraindicated for people with arthritis, vigorous practice may compromise already damaged joints
- remember that fingers and toes may be affected making getting up or getting down, or spreading difficult
- modify postures to increase joint space (e.g., supporting with height under the sitting bones in child's form/Balāsana)

Back Issues

- Back problems have many causes & contributing factors, including tight or weak muscles, poor posture, disc degeneration, injuries, obesity, and emotional stress.
- If you lay on your back and stretch one leg straight up and you can't get the leg to go vertical, this indicates that your pelvis will be posteriorly tilted in a sitting forward bend, and it's possible that you would strain your back muscles or injure a disc if you reached for your toes. Those with back problems should avoid sitting forward bends until they can stretch their leg straight up to 90 degrees or more, especially if there is a history of lower back pain or injury.

Disc problems (e.g., herniated disc)

- Avoid spinal flexion; keep back straight in forward bends, bending knees as needed to make this possible.
- If a form causes any sharp pain, tingling, or numbness – stop immediately!

Degenerative disc disease

- Avoid deep spinal extension and extension with rotation.
- Focus on maintaining the natural curves of the spine within each posture and on practicing slowly and carefully.

Neck problems

- Avoid shoulderstand, headstand, and plough.

Recommendations:

- invite clients to ease back from any movement that causes sharp pain, or any variation of a form that feels unsafe
- emphasize reclining hamstring stretches (e.g., supta padangusthasana/reclining big toe form or supta baddha konasana/reclining bound angle form) over seated forward folds

Chronic obstructive pulmonary disease (COPD)

COPD is a long-term lung disease often caused by smoking. COPD includes chronic bronchitis and emphysema. Many people with COPD have both bronchitis and emphysema.

Recommendations:

- yoga forms that restrict breathing by putting pressure on the diaphragm, such as child's form or plough are contraindicated
- when practicing yoga, or any form of exercise, clients should have inhalers or oxygen supply close by, if applicable
- if, at any time during the class, clients experience shortness of breath they should stop exercising immediately, use medication and rest fully until they feel well enough to begin again
- practicing belly breath and slowing the breath down are both helpful practices for clients with COPD **when practiced within a comfortable range**

Heart problems and high blood pressure

IMPORTANT – The heart works harder when arms are overhead! Lower arms if heart and respiratory rate increases in postures such as warriors I and II, chair form, etc.

Recommendations:

- keep to a lower level of exertion
- rest when needed
- breath retention is contraindicated
- head below heart increases blood pressure
- avoid shoulderstand and possibly bridge
- use caution and / or consider avoiding, or modify the following by using a chair or wall:
 - standing forward bend
 - downward dog

Yoga for stroke survivors

There are several different types of stroke. Since you may not have this information about your students, assume that they could have had the type that is a result of plaque that develops in the carotid artery, and modify twists by keeping the head in a neutral position—that is, don't take the twist all the way into the neck. Focus on lengthening the back of the neck and keeping the front of the throat soft.

Recommendations: IMPORTANT – Make certain that the client has clearance from their physician to participate in yoga.

- work at a slow pace
- two common problems that arise after a stroke are difficulty with balance, and one-sided weakness affecting an arm, leg, or both
- consider chair yoga for clients – working with seated postures or if clients are able to comfortably stand, using the chair or wall for additional support with standing postures
- stroke patients will likely have serious underlying medical problems, such as high blood pressure, heart disease, or glaucoma, so any variation of an inversion may be contraindicated
- avoid all forms where the head drops below the waist. Modify standing forward bends by having students come no further than parallel to the floor, and practice ardha adho mukha svanasana (half downward-facing dog) at the wall or using a chair

Osteoporosis

A progressive decrease in bone mass leading to weakness characterized by bone fractures, especially wrist, vertebrae, hip.

Recommendations: Weight bearing exercises, including yoga, are good with the following precautions:

- do not hold postures too long
- forward bending as well as any deeper lateral bending are contraindicated in osteoporosis.
- twists have historically been contraindicated, however more recent evidence suggests that gentle supported/modified twisting may be helpful for clients with osteoporosis and not lead to risk of fracture
- with students with osteoporosis it's helpful to have the client check in with their physician, as there may be varying levels of safety with movements such as hip abduction/adduction.
- careful focus on safe alignment for joints is essential when working with clients with osteoporosis.

Glaucoma and detached retina

Recommendations:

- No inversions other than viparita karani (legs up the wall, which can help to lower pressure in the eyes) head down postures.

Chair Yoga – some suggestions

- Chair yoga offers an opportunity to include the full range of spinal movements – you might begin with gentle spinal movements coordinated with the breath
- In a seated position the pelvis is fixed, becoming the base of support for all the structures above it, including the spine. As you bend your spine forward and back, sideways and twist it against the base of your pelvis, the “connection points” that link your spine to your pelvis are challenged. This primarily means your sacroiliac joints. The stress on the joints becomes even more pronounced if you use arm leverage to deepen the form.
- Because of this, in chair yoga, progression from simpler toward more difficult poses is particularly important when structuring a practice, so that we don’t rush into binding twists and strong side bends right off the bat, but build body awareness and movement gradually.
- For warm-ups it makes more sense to move in and out of the form a few times instead of holding the form statically for an extended period of time. Static, more challenging forms are better placed toward the middle of the practice.
- Consider including some forms with variations that allow for some students to stand AND some to remain seated if they choose.

- Chairs used should be:
 - Stable
 - Comfortable to sit on for the duration of class
 - Places on a flat, level, nonslip surface

Working with older adults

- Give students an opportunity to notify you about health issues such as high blood pressure, heart disease, arthritis, joint problems etc. (note: hip replacements are especially important for yoga instructors to be aware of).
- Instructors should put an extra emphasis on body awareness and grounding. We might not consciously realize it, but the possibility of losing our balance and falling over goes a long way to keep us aware of how our bodies are responding to an activity. When this threat is removed, it is easier to ignore the subtle signals the body gives.
- Body signals such as dizziness, vertigo and faintness during asana or pranayama practice should not be ignored – time to take a break!
- Speak clearly – some older adults may be hard of hearing
- Demonstrate each form and mirror while you're teaching

Getting up & down from floor - practice!

<https://www.youtube.com/watch?v=bvzbGQe9ZuA>



Yoga & Hip Replacement

A major issue that traditional yoga poses can have after a hip replacement is dislocation. An artificial hip will be designed to function and withstand everyday activities but not necessarily more intensive physical exercises and yoga poses, and in the short-term certain movements can be especially risky.

If a student tells you they have a hip replacement, first, ask how long ago the surgery was, and whether their procedure was the anterior or posterior approach.

It is always advisable to get a doctor's guidance & go-ahead for yoga, especially if the surgery was recent (less than a year ago). Some students will come with contraindications their doctor have given them. If they haven't, one way to facilitate this could be to give the student a handout with pictures or drawings of the yoga forms you teach, and ask them to show it to the doctor to circle the forms that should be avoided.

It's always best to be conservative, even if you can get a doctor's guidance, since doctors don't always understand what's going on with yoga practice. Here are some conservative general guidelines

Traditional posterior approach

- No adduction (crossing the affected leg past the midline of the body) for 3 months, and limited adduction for another 3 months after that.
- No internal rotation for 3 months, and limited internal rotation for another 3 months after that.
- No flexion past 90 degrees for 6 months, and limited flexion past 90 degrees for another 6 months after that.

Anterior approach

The conservative cautions are opposite to those for the posterior approach:

- Limited abduction (separating legs at wide angle) for 6 months.
- Limited external rotation (turning thighs out) for 6 months.
- Limited extension (stretching backward) of the hip joint for one year.

Accessibility

- Consider your language when promoting and planning a class. Is it really 'open to all levels?'
- How do you increase financial accessibility with your classes?
- Consider the limitations of the space that you are teaching in – stairs/washrooms/props/chairs/scent policy etc. Make those limitations transparent for students
- Make sure no one is left out because you don't know how to adapt to their needs
- Each student can be included in a conscious way, even if their movement is limited
- Offering time for a check-in before class starts will enable you to make sure students who might be utilizing the wall or a chair are positioned close to those supports for easy access when needed

- The key is finding a way to teach multiple levels at the same time!
- To do this, try to consider each practice as a spectrum of possibilities instead of a static 'pose'
- Rather than approach an asana by teaching one form, focus on the overarching goal/benefits (and possibly contraindications) of that practice
- Emphasizing collaboration, mindfulness and self-exploration within class over attainment of a particular form is helpful in creating a class environment where each person is supported to make choices that work for their unique body in the moment
- From this deeper understanding, students can explore multiple variations

"I like to think of an accessible yoga class like a jazz ensemble; each student is like a musician playing a riff on a common theme, and the teacher is the conductor. It may look chaotic and seem like everyone is doing their own thing, but there is a harmony running through the entire group." – Jivana Heyman

CLASS STRUCTURE (in asana manual)

Considerations: Everything has a beginning, middle and end. Stay predictable, create routine and repeat often. The class model follows a predictable beginning, middle and end, as outlined below:

- Introduction (classroom logistics, washrooms, class agreements, starting set up, props, what to expect)
- Grounding/centering/beginning pranayama -
- Warm ups - Warm ups can simply be movements inside the forms, they could incorporate the full ROM spectrum, movements of joints, simple movements of arms and legs etc.
- Asana practice - sitting/all fours/supine/standing/balancing. Combination of all or some.
- Pranayama - Breathing techniques
- Relaxation/rest - Grounding/Meditation/Closing

Timings (for a 60 minute class - in asana manual)

5 minutes - Introduction *ideally before class start time

5 - 7 minutes - Grounding/beginning pranayama

30 - 40 minutes - Warm ups & Asana practice

5 minutes - Pranayama

5 minutes - Relaxation/rest

2 - 4 minutes Grounding/closing

Putting it all together

Take your powers of observation, invitational language, yoga asana, pranayama and now put it together in a strengths-based, student-centred chair practice!

- Working in 3s (or 4s)
- Teach for up to 5 min each to create a 10-15 min practice
- Teach 2 forms/movements each
- Include 1 or 2 forms in your group's practice that could be done in a chair OR standing

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