

CHRONIC LOW BACK PAIN

SYT Case Study
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Case study

1. a – Initial intake, review of symptoms, subjective pain level, their self assessment

Maureen is a mother, wife and full-time worker. She is co-president, co-owner of a highly successful, high-end photographer's representative studio in Manhattan. She wears a headset while on the phone and sits at a desk the majority of the work day. Her business partner, Bill, travels often and basically is the one who entertains the photographers while Maureen takes care of the day to day and administrative details. They have been working together for about 20 years and work together well. However, Maureen sometimes feels like the "mom" who takes care of the kids at home while Bill mostly travels and entertains. Occasionally Maureen will travel for business and they will attend photo shoots together. Maureen is 54 years old and recently married to her long-term partner, Ron. Ron is 61 years old and a lawyer. He rents space and works out of her studio, but they hardly see each other due to their different work schedules. They have 2 daughters, 7 and 11 years old. She and her family moved from living in Manhattan for 30 years to moving to suburban New York. While their real home is being renovated, they have been living in a significantly smaller space on their property. In addition, Maureen and Bill recently purchased a brownstone in another Manhattan neighborhood and are in the midst of renovating that space to move their offices there.

She and Bill have been attending yoga classes sporadically for 30 years. They attended classes at the Integral Yoga Institute in NYC from the time it opened. I met Maureen shortly after I graduated from basic training at IYI in January, 2002. She and Bill attended my classes weekly and were directly responsible for me having a regular Tuesday evening class at IYI within 2 months of my yoga teacher certification. She contacted me again in May, 2004 to teach privately at their company. Maureen encouraged Ron to join our yoga sessions after suffering a sprain on his right ankle 2 times in the past 2 months. Although she finds it challenging to find time to exercise, she is very active. She attends our private yoga session once a week, in addition to attending school activities and sports, specifically swimming, with her daughter. She and Ron attended ballroom dancing lessons once a week for a few months. Yoga has now replaced that as their "together" activity. On weekends she gardens; takes her girls to soccer practice, does grocery shopping and does lots of lifting.

Maureen has been diagnosed with asthma, which was triggered by the birth of her first daughter 11 years ago; however the asthma has been subsiding since over a year ago when she began taking private yoga sessions. Maureen believes the yoga has helped tremendously here and asks for pranayama and yoga nidra to be included in each session. She is currently taking .5 cingular medication daily and increases up to .10 if feeling congestion – inhaler only as needed. Per Maureen, the chronic low back pain, especially going into lower right side is getting better. Maureen has had no surgeries. She takes vitamins, an immune booster, has done and is open to acupuncture, massage and lots of bodywork.

When I first started working with Maureen, both she and one of her employees would regularly attend the weekly yoga session. Hannah, who was also in her mid 50's, had similar issues to Maureen and they both wanted an asana practice to strengthen their abs and arms. Occasionally other employees would join who ranged from their 20's – 30's. Although the practice has varied depending on who attends, cat/cows, cat/bows and

Upward Stretch Legs (Urdhva Prasarita Padasana) have always been included. Since Hannah left the company the end of August, I have had the opportunity to work more personally with Maureen. Her husband, Ron, joined us in October and Mark, my partner, and I have been working with them together.

Maureen's goal(s) – Although Maureen has been doing yoga for 30 years, she feels she never progressed beyond level one and is now at a point in her life where she is interested to take her practice to a deeper level. She is now committed to her personal weekly yoga practice and wants to include more exercise in her life, specifically stronger hip flexors, abs, arms and release from chronic neck tension. She feels her lungs are an issue although they are stable now and she has a strategy to counteract possible asthma flare-ups. She is aware that the pranayama helps with this condition and notices the benefits in our weekly sessions. Maureen also wants time for herself and a balance between her children, family life and work.

1. b - Physical Assessment

Maureen has a long lumbar curve, and anterior pelvic tilt. Also, her feet naturally turn out when standing. She sleeps on her back with a cervical buckwheat pillow. She favors her right side, is right hand dominant and feels all her issues are manifesting on this side from the right shoulder to neck and sinuses, nostril, ear and chronic low back pain with an inconsistent dull ache in the right hip with tension felt in this area. When viewing Maureen from a standing anterior view, the right side of her body from her shoulder down to her right foot comes forward. The sacroiliac test reveals imbalance of motion. When lying supine or prone, her body naturally goes into a diagonal position, however her scoliometer readings are less than 7 degrees on both the left and right side. The findings are summarized in the next chart.

1. b - Physical Assessment continued

SYT Postural Assessment Chart			Date: 9.19.05		
Name:	Maureen		Married		2 Daughters
Gender: Female	Age: 54		Height: about 5'8"		Weight: average
Medical Diagnosis:	None		Asthma		Stress
Complaint/Concern:	Asthma	⇒	Hip Flexors limited ROM	⇒	Dull ache in right hip
SYT Postural Issue:	SI/Lower Back	R	Neck		Right hip
Onset:			Asthma 11 years ago		
Ayurvedic Constitution	Mental Prakruti: Pitta		Emotion: Rajasic Pitta		Physical imbalance: Vata – hips Mental Vikruti – Rajasic Pitta
Occupation:	Owner		President		Photography Rep.
Handedness/Dominant:	Right				
Leg Length:	Normal				
✓ <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ↑ ↓ ← →					
<u>Plumb Alignment</u>					
Anterior / Posterior	Normal			<input checked="" type="checkbox"/>	Anterior right side comes forward
Side	Lumbar – Flat		Thoracic-Flat		Cervical / Head-Flat →
<u>SI Test</u>	Left SI	↓	Right SI	↓	
<u>Segmental Alignment</u>					
Feet:	Pronation	<input checked="" type="checkbox"/>	Supination	<input checked="" type="checkbox"/>	
	High Arch	<input checked="" type="checkbox"/>	Low Arch	<input checked="" type="checkbox"/>	Pigeon Toes <input checked="" type="checkbox"/>
Knees:	Flexed	<input checked="" type="checkbox"/>	Extended	<input checked="" type="checkbox"/>	
	Knock-Knee	<input checked="" type="checkbox"/>	Bow-Leg (slight)	<input checked="" type="checkbox"/>	Tibial Torsion <input checked="" type="checkbox"/>
Hip/Pelvis:	Anterior Tilt	<input checked="" type="checkbox"/>	Posterior Tilt	<input checked="" type="checkbox"/>	
	Rotation	<input checked="" type="checkbox"/>	Elevated	<input checked="" type="checkbox"/>	Depressed <input checked="" type="checkbox"/>
Spine:					
Scoliosis Curve	Lumbar	<input checked="" type="checkbox"/>	Thoracic	<input checked="" type="checkbox"/>	Cervical <input checked="" type="checkbox"/>
Lumbar	Lordosis	<input checked="" type="checkbox"/>	Kyphosis	<input checked="" type="checkbox"/>	Long Lumbar Curve <input checked="" type="checkbox"/>

1. b - Physical Assessment continued

Maureen's SYT Range of Motion Test Assessments

<u>Joint/Action</u>	<u>Range of Motion</u>	<u>First Series ROM 9/19/05</u>	<u>First Series ROM 9/19/05</u>	<u>Second Series ROM 12/6/05</u>	<u>Second Series ROM 12/6/05</u>
<u>Foot/Ankle</u>	<u>Norm°</u>	<u>ROM ° LEFT 9/19/05</u>	<u>ROM ° RIGHT 9/19/05</u>	<u>ROM ° LEFT 12/6/05</u>	<u>ROM ° RIGHT 12/6/05</u>
Knee					
Flexion (Prone)	135°-150°	110°	115°	135	130
Flexion (Supine)	150°	150°	140°	130	135
Hip					
Flexion (Supine) (Straight-Leg Raise)	90°	65°	80°	90	85
Flexion (Supine) (Bent Knee)	135°-150°	130°	115°	130	120 - increased, but still limited ROM
Internal (Medial) Rotation (Prone)	35°	40°	40°	40	40
External (Lateral) Rotation (Prone)	45°	58°	55°	58	55

1. b - Physical Assessment continued

Maureen's SYT Muscle Test Assessments

<u>Joint Action</u>	<u>First Series MT</u> <u>9/19/05</u>	<u>First Series MT</u> <u>9/19/05</u>	<u>Second Series MT</u> <u>12/6/05</u>	<u>Second Series</u> <u>MT 12/6/05</u>
<u>Foot/Ankle</u>	Muscle Test LEFT Range 1 - 5 9/19/05	Muscle Test RIGHT Range 1 - 5 9/19/05	Muscle Test LEFT Range 1 - 5 12/6/05	Muscle Test RIGHT Range 1 - 5 12/6/05
<u>Knee</u>				
Flexion (Prone)	4	3.5	3.5 w/recruitment	3
<u>Hip</u>				
Flexion (Bent Knee)	3.5	4	5 @90 & 5 in max active position, slightly stronger than on right but both strong	5 @90 & 5 in max active position, slightly weaker than on left but both strong
Internal (Medial) Rotation (Prone)	5	3.5	5	3.5 - chronic dull ache in Ant. fibers of Glut. Med, Glut. Min & TFL
External (Lateral) Rotation (Prone)	5	3.5	5	4
Rectus Femoris - Thomas position Supine	2 - raises	4	5	5
Iliopsoas Isolation - Supine	3	3	4	4
Sartorius Isolation - Prone	3.5	4.5	3.5	4.5
Hip Flexors + Abs - Supine	2	2	4	4
Gluteus Maximus Isolation MT - Prone	2 - hip raises	2 - hip raises	4	4

1. c – Summary of Findings

REFER TO BODY READING CHART IN QUESTION 4

Strengthen	Stretch	Muscles that need Release
Iliopsoas - Reclining Bound Angle Anterior Pelvic Tilts, Seated Forward Bends, Upward Stretched Legs, Boat	Iliopsoas – Runner's Stretch with torso lifted to alleviate low back pain (due to feet turn out), Bridge	Gluteus Medius and Gluteus Minimus – 6 repetitions of JFS #'s 5 and 7, reclining spinal twist plus manual release (body rolling ball and massage) to that area
Rectus Femoris – Upward Stretched Legs, Boat, Warrior 2	Hamstrings – both sides – Janu Sirsasana, Westside Back Stretch (Paschimottanasana)	Tensor Fascia Lata – 6 repetitions of JFS #'s 5 and 7 plus manual release (body rolling ball and massage) to that area
Hip Internal Rotators (anterior fibers of Gluteus Medius, Glut. Min, TFL) right side – Extended Triangle, Reclining Bound Angle Anterior Pelvic Tilts	Rectus Femoris - Bridge	
Hip External Rotators (Gluteus Maximus and deep 6) – right side – Half Locust w/bent knee, Bridge, Warrior 2	Gluteus Medius, Gluteus Minimus – Reclining Spinal Twist, Side-of-Hip Stretch	
Rectus Abdominus – Energy Freeing, Boat	Gluteus Maximus (feet turning outward may be due to tight external rotators) – Energy Freeing, Westside Back Stretch	
	Rectus Abdominus (due to flat back) – Full Locust to strengthen back	

1 . d – Recommendations based on 9/19/05 assessments.

Sacroiliac series: 12 reps on each side to stabilize the lower back and increase flexibility in the Sacrum and Pelvis.

The following **Pavanmuktasana (Joint Freeing Series)** – 6 times each unless otherwise noted:

4 – to increase knee flexion;

5 – 3 times on the left, 6 times on the right side, to strengthen and release Gluteus Medius, on the right side;

6 – (with an emphasis on creating a lumbar curve in Cow) to increase spine flexibility and increase a lumbar curve since Maureen has limited lordosis in the lumbar spine;

7 – to increase hip flexion and strengthen the lower back.

SYT Asanas that have been included in Maureen's weekly yoga sessions:

1. Side-of-Hip Stretch (Parsvottanasana) to stretch the Gluteus Medius – hold longer on the right side.
2. Warrior 2 (Virabhadrasana 2) with the thigh of bent leg parallel to the floor - hold for 6 breaths, focus on strengthening the Rectus Femoris and Gluteus Maximus.
3. Extended Triangle (Utthita Trikonasana) to strengthen the Gluteus Medius.
4. Half-locust with bent knee and soles of feet facing ceiling (Ardha Salabhasana) - 3 reps on each side to strengthen Gluteus Maximus and Quadratus Lumborum.
5. Bridge (Sethubandhasana) – strengthen the Gluteus Maximus and stretch the Hip Flexors (Rectus Femoris and Iliopsoas).
6. Reclining Bound Angle Anterior Pelvic Tilts (Reclining Baddha Konasana) - begin with 3 reps focusing on strengthening the Iliopsoas, Hip External Rotators and Gluteus Medius.
7. Upward Stretched Legs (Urdhva Prasarita Padasana) w/arms overhead - begin with 5 reps - work up to 7 reps to strengthen the Rectus Femoris and Iliopsoas (Hip Flexors)
8. Boat (Paripurna Navasana) to strengthen the Rectus Femoris, Iliopsoas and Rectus Abdominus – work up to holding for 6 breaths.
9. Head to Knee* (Janu Sirsasana) to strengthen the Iliopsoas and stretch the Hamstrings.
10. Westside Back Stretch* (Paschimottanasana) to strengthen the Iliopsoas and stretch the Hamstrings.
11. Energy freeing pose (Apanasana) to strengthen the Hip Flexors, Tensor Fascia Lata and Rectus Abdominus - use as restorative pose and stay for 6 breaths.
12. Reclining Spinal Twist (Jathara Parivartanasana) to stretch Gluteus Medius – use a restorative pose – stay for 6 breaths.

Asana modifications:

- Sacroiliac Series – use blanket under buttocks of each side if needed – not needed in Maureen's case.
- In standing bent knee poses, i.e. Warrior 2, make sure the knee does not come over the ankle.
- *If feeling sensations in the lower back during forward bends, either sit on a cushion to elevate the hips, bend the knees or place a bolster under the knees.
- In standing forward bends, rest the palms on the thighs and keep the chest open.

After Asana portion as incorporated in our weekly sessions:

- Yoga Nidra (deep relaxation) for 10 minutes for the muscles to absorb benefits of asana practice.
- Pranayama - alternate nostril breathing, double the exhalation, can start with 5 to 10 ratio to calm the body and nervous system.
- Meditation – 2 - 3 minutes bringing awareness to the breath.

1 . e – Summary of Results of 9.19.05 Recommendations

Maureen's Iliopsoas and Rectus Femoris are becoming stronger. She is now able to do 12 repetitions of Upward Stretched Legs (Urdhva Prasarita Padasana) with ease in her body and facial muscles; she is finding release in the forward bends and coming into them with more ease; she is gaining more awareness of muscles to focus on when coming into an asana and allowing her prana to blossom in her asana practice. Maureen is able to go more deeply into Yoga Nidra after our sessions and is eager to understand why she is doing what she is instructed to do. She is looking forward to having a personalized program to follow. We maintain an on-going dialogue each weekly session regarding what she wants, what she feels she is getting, not getting, what she would like refined and what she would like to incorporate.

Although Maureen's Hip Flexors became stronger, the dull ache in her right hip has become more noticeable to her. The revised MT revealed weakness in her right Hip Internal Rotators, specifically the Gluteus Medius and Gluteus Minimus. These muscles, along with her left Sartorius muscle have remained in a weakened state. Through her new awareness she discovered that medially rotating the right foot helped to alleviate tension in the right hip, specifically the Gluteus muscles. "The medial rotators are in a neutral position and are only moderately stretched any time the foot is pointed straight ahead, as is usual for this posture, and they will be relieved even of that tension if the foot is rotated medially 10 – 15 degrees." Pg 249 Anatomy of Hatha Yoga.

As a result of her revised ROM and MT on 12/6/05 (see page 6) in addition to her new body awareness, I have revised the following RX:

Revised Pawanmuktasana (Joint Freeing Series):

5 – in standing position. The right foot is to stay neutral while externally rotating the leg. Medially rotate the right foot 10 – 15 degrees while internally rotating the leg.

Revised Asanas based on 12/6/05 ROM and MT:

1. Runner's Lunge, 6 x's on each side to stretch the Iliopsoas.
2. Extended Triangle (Utthita Trikonasana) to strengthen the Gluteus Medius.
3. Lying prone, bend the knees and spread them the width of the mat (wider than hips), cross legs over each other in hip external rotation and lift the knee of the front leg, 6 x's on each side to strengthen the Gluteus muscles.
4. Lying prone, bend knees and spread them the width of the mat (wider than hips), bring soles of feet together, come up on forearms and lift each knee alternately 6 x's each side to strengthen Gluteus muscles.
5. Reclining Bound Angle Anterior Pelvic Tilts (Reclining Baddha Konasana) - 6 reps focusing on strengthening the Iliopsoas, Hip External Rotators and Gluteus Medius.
6. Locust (Salabhasana) to strengthen the Gluteus Maximus.
7. Upward Stretched Legs (Urdhva Prasarita Padasana) w/arms overhead - 12 reps to continue to strengthen the Rectus Femoris and Iliopsoas (Hip Flexors)

8. Reclining Spinal Twist (Jathara Parivartanasana) to stretch the Gluteus Medius – use as a restorative pose with manual release - stay for 6 or more breaths.
9. Sivasana with hands in Yoni Mudra for 10 minutes – to be incorporated.

Asana modifications:

- In standing asanas, turn the right foot in (medially) 10 – 15 degrees to alleviate tension in the Gluteus Medius and Gluteus Minimus.

After Asana portion as incorporated in our weekly sessions:

- Yoga Nidra (deep relaxation) for 10 minutes for the muscles to absorb benefits of asana practice
- Pranayama – 3 rounds of Kapalabhati for her asthma or Bhastrika. Nadi Sodhana or Sama Vritti, inhaling and exhaling the same amount of breath in the following manner is helpful to balance Pitta: Puraka – inhalation 7 counts, Kumbhaka – pause 1 count, Rechaka – exhalation 7 counts, Kumbhaka – pause 1 count
- Meditation – 2 - 3 minutes of Tratak or Pitta meditation of healthy thoughts as outlined in the Ayurvedic assessment below.

I see a healthy balance between Maureen vocalizing her thoughts, concerns, desires, sensations and quiet focus when coming into and out of an asana. I truly enjoy working with her and our energy is harmonious. Mark, my partner, and I have been co-teaching Maureen, her husband, Ron and her business partner, Bill since May, 2005. They are accepting and appreciative of Mark's presence. It seems/feels that the mutual harmonious energy connection lends itself to Maureen's naturally arising motivation.

At home, Maureen does cat/cows, cat/bows with an anterior pelvic tilt to increase lordosis and Upward Stretched Legs (Urdhva Prasrita Padasana) asanas. She enjoys doing these as she is noticing physical results and more strength in these areas. However, she never does pranayama and/or meditation. What seemed ironic to her (insight) is that on weekends when she could technically plan more time to do yoga, she does none at all as she gives all of her time to her family. In our 1/10/06 session I suggested she do the Nadi Sodhana or 3 minutes of meditation on days she is not doing asana practice as that is all part of and considered yoga practice. She seemed to like that idea and it seemed do-able for her. Maureen becomes overwhelmed when given too much.

2. a - name and description of condition.

"Chronic Low Back Pain ("CLBP") is a pain that begins as an acute nociceptive response that persists for a minimum of 3 months after the nociceptive irritant is no longer present." Pg 300 Low Back Pain Syndrome Edition 4 Pain Series. Nociceptors are the nerves which sense and respond to parts of the body which suffer from damage, they are basically pain receptors. They signal tissue irritation, impending injury, or actual injury. When activated, they transmit pain to the brain. Although there is some debate as to the length of time that distinguishes acute low back pain from Chronic Low Back Pain, the general consensus is that low back pain that persists for a minimum of three months is defined as CLBP.

The exact cause of pain is difficult to identify as the pain can originate from any of the region's structures including the spine, the spinal bones, the discs between the vertebrae, the ligaments around the spine, the spinal cord and nerves, the muscles of the low back, internal organs of the pelvis and abdomen, or sacroiliac region, possibly accompanied by

pain radiating down one or both buttocks or legs in the distribution of the sciatic nerve (sciatica).

The triggers can be anything from pulling a muscle while participating in a sports related activity to a “sudden occurrence” after prolonged periods of poor posture while sitting or standing or using improper lifting techniques. Dr. John Sarno, among others, believes that psychological factors are the primary cause of back pain. Back muscles provide strength for movement and constrict in response to stress. Dr. Sarno refers to this constriction as oxygen deprivation. Chronic stress plays a role as stress causes back muscles to tighten in a fight or flight response, depriving muscles of oxygen and energy needed to support the spine. What is consistent through several yogic, Ayurvedic, medical and Integrative health resources is that back pain cannot be thought of as purely an anatomic issue, the state of the mind also affects CLBP.

From my conversations and interaction with Maureen, it appears that she has no underlying serious medical issues and the weakness of her Hip Flexors as well as chronic tension were the predisposing factors contributing to her Chronic Low Back Pain.

Approaching back pain from the focus of muscle weakness and tension, CLBP is usually associated with weak support from the muscles of the spine which include the lower abdominals and back extensors. The muscles most affected in the case of CLBP include the Hip Flexors (Iliopsoas and Rectus Femoris as primary movers), Hip Extensors (Gluteus Maximus and Hamstrings) and the Erector Spinae.

The Hip Flexor muscles are attached to the anterior (front) of the spine (which include the Iliopsoas and Rectus Femoris – the primary movers) that enable flexing and bending forward. They are important in lifting and controlling the arch in the lower back. The flexors are the individual muscles that provide support for the spine. The extensor muscles are attached to the posterior (back) of the spine enabling standing and lifting of objects. These muscles include the large paired muscles in the lower back (Erector Spinae) and the Gluteus Maximus.

Clients with tight Hamstrings tend to develop low back pain, and those with low back pain tend to develop tight Hamstrings. The theory is that tight Hamstrings limit motion in the pelvis, so the motion gets transferred to the bottom lumbar motion segments and increases the stress in the low back. To stabilize this situation, the recommendation focuses on strengthening the Hip Flexor muscles and stretching the Hamstring muscles.

The muscular support system of the lumbar spine is divided into anterior and posterior groups. The anterior group consists of the abdominal and Iliopsoas muscles. The posterior group contains the Erector Spinae consisting of the Iliocostalis, Longissimus, and Spinalis. They are the chief extensors of the vertebral column.

The movements of the lumbar spine include flexion, extension, lateral flexion, and torsion (rotation). Flexion and extension occur predominantly at L4 and L5. Combined movements (i.e., flexion and rotation) carry the highest injury potential.

2. b – gross and subtle body common symptoms

gross body - physical symptoms - The symptoms of CLBP vary widely and have to be addressed on an individual basis. Some people find that reclining will improve their pain while others are worse when they bend over to pick something up. Some people get relief from extending the back while others feel comfortable in forward bends. The pain can be felt in the lower back or Gluteus Medius, TFL and Hamstrings to name a few and one may experience symptoms such as tingling, burning or a dull ache. There may be tenderness or stiffness. In Maureen's case, the tension is felt in the right Gluteus Medius and Gluteus Minimus, the medial rotators of the hip joint. "Excess tension or weakness in these muscles can lead to problems with the pelvis or knees due to compensation of other muscles." Pg 41 The Muscle Book. Currently, it appears the weak Gluts are affecting the strengthening of Maureen's knee flexion on both sides.

"Turning out the leg puts great stress on the inside of the knee and often trouble here can be traced to a hypertonic (over-tense) Sartorius." Pg 37 The Muscle Book. The Sartorius assists in flexing the knee and hip and rotates the thigh laterally (turns outward). Any discomfort in this muscle can affect knee and/or hip flexion. This muscle may be contributing to Maureen's muscle test weakness in knee flexion on the left side. Factors other than the specific cause of the back problem can influence how the pain feels. Differences in activities, posture and even the quality of sleep can affect how you perceive pain. And psychological factors, such as emotional stress, can increase the sensation of pain or the ability to tolerate what might otherwise be mild symptoms."

subtle body – energetic, emotional, mental, spiritual symptoms - Maureen's issues of CLBP that are manifesting in the physical location of the Hip Flexors and Gluteus muscles relate to the first chakra. Energetically, the Hip Flexors, joints, rotators, Pelvis and Sacrum relate to the Root Chakra, the Muladhara. This chakra is our core foundation. It "is affected by how secure and safe we feel in the world and how well we can balance trust versus mistrust, independence versus dependence, and standing alone versus belonging to groups. This area is also affected by the balance we strike between feeling fearless and allowing ourselves to feel our fear fully." Pg 76 Women's Bodies, Women's Wisdom. It "roots us into our bodies, the physical world and the earth." Pg 61 Eastern Body Western Mind: Psychology & The Chakra System. "The Muladhara is our root, the earth on which we stand." CG Jung pg XIV Commentary on Kundalini Yoga, 1932. It is the home of where our physical survival and safety reside and the home of Vata. When one's basic needs are not being met, i.e. one's physical home or job is not stable then one loses their center and feels ungrounded. One is unable to focus on what they want, to be specific about it and one is unable to stick with a goal long enough for it to manifest. When the body feels neither safe, nor comfortable, attention is directed away from unpleasant experiences and bodily sensations are cut off as energy gets directed to the head. Maureen was unable to specifically pinpoint her discomfort until months later. The upper chakras tend to be intensified with dedication to intellect as a way of defense against feeling. When one is involved in stressful situations and numerous challenges as a way of holding on for dear life in order to survive, it usually indicates a first chakra imbalance.

2. c - related challenges -- lifestyle, diet, limitations on activities.

Age is a factor as the risk of low back pain increases as a person gets older. Family history and lack of physical fitness can also contribute. Studies have shown that smokers have a 1.5 to 2.5 times greater risk of developing low back pain than nonsmokers. It is thought this may be due to reduced oxygen supply to disks and decreased blood oxygen from the effects

of nicotine on constriction of the arteries. Chronic Low Back Pain may also be influenced by chronic poor-quality or deficient sleep, fatigue and tension. Maureen is in her mid 50's and although her lifestyle is busy, she does not incorporate much quality time for herself. She works from 9:15 – 5 P.M. each day, as her "days of working 12 hours are over." She is actively involved in her daughters' extra-curricular activities, such as taking them to sports practice as well as tending to their needs on a daily basis. Currently Maureen drinks at least 2 to 3 large glasses of water a day, one cup of caffeinated tea per day and one non-caffeinated cup of tea. She drinks approximately 4 cups of coffee per month. Her diet includes a mix of poultry, vegetables, grains and fish with little red meat. She gets 8 hours of sleep nightly, but recently has been noticing she wakes up in the middle of the night. Ron wakes up at 4 A.M. for work each day and she finds when he turns on the light in the hallway it wakes her up. In our 1.18.06 session they discussed ways he could not disturb her. She feels morning is the best time to do her asana practice since her time is not her own when she arrives home from work and weekends are family time.

3 - Ayurvedic assessment and Ayurvedic based yoga recommendations.

Maureen's inherent nature (Prakriti) and physical body type is Pitta. She is very focused, likes a challenge and according to her very competitive. When I give her an asana she is right on it and focused. On the surface and in my interactions with her she comes across as balanced in these areas. However, her husband Ron who attends our weekly yoga sessions mentions frequently how stressed she is. Maureen agrees and also agrees that she has chronic tension. It appears this is primarily due to her workload and the changes occurring in her home life. As I get to know Maureen more, I can see why she is accumulating stress, but in our sessions it comes across very subtly. She appears grounded and is able to focus on her asanas, pranayama and meditation. However, aside from our weekly 1 ½ hour yoga sessions, her time is not her own. The stress resulting from her lifestyle changes, work and the physical location of her discomfort (lower back, right hip) is a Vata imbalance; however her more current energy which is a desire to be actively involved in many projects simultaneously (always needing something to do) is Pitta. To use Mukunda's analogy "the horse is running" so the recommendation is to match her pace and over time slow her down. Since her Pitta is Rajasic, it is best to treat Pitta first, then Vata later. The Rajas guna will tend to color things and become overly active. There is a tendency is to overdue things. It is a Pitta quality. The Sattvic form of Rajas is balanced and at peace doing activity. If the mind gets ahead of the body then it is challenging to be inside the heart and it becomes Rajasic. Since Maureen is a naturally energetic person, my intention is to bring her to a Sattvic form of Pitta, her true nature and being at home within herself.

An ideal sadhna and the key to Yoga Therapy would contain the following 3 levels of Kriya Yoga – purification of bodies:

1. Tapas (Pitta), the life process of burning for strengthening and directing our will-power, self-effort, purifying any misdirected thinking and misdirected actions;
2. Swadhyaya (Vata), the study of "who am I?" which can be helped by darshan (a way of seeing) and reading/studying the scriptures on a daily basis; and
3. Devotion (Kapha) to whomever we consider a personal deity (Isvara Pranidhana). Who is the ruler of our mind or life? It could be a spiritual teacher or a concept of truth or whatever/whoever that is for each individual. Look for the place where the client expresses their love. It could be materialistic and/or obsessive-compulsive, but from there they can transform that love to a higher form of divine love with dedication, patience and practice. What we appreciate and are attracted to we see

as aspects of ourselves on a deeper level and also as the path to lead us to divine love.

These Kriyas are a non-stop cycle which, when balanced, helps to restore one to sanity, peace and serenity. The Yoga Therapy process progresses from stress (Vata) to vitality (Pitta) to heart opening (Kapha) in the following cycle: Vata – step 1 in experiencing something, an initiation in looking. It is the initial perception, starting phase, there is more thought awareness; Pitta – step 2 which is the digestion and discernment phase. It is the narrowing down of attention and doing phase; and Kapha – step 3 the contemplation phase in regard to Rasa, the after taste. On the highest level it is the completion of the cycle which over time results in Satchidananda, the highest level of balance of the three doshas: Sat – initiation, Chid – narrowing with discernment (“Am I going in the right direction?”), Ananda – an experience of bliss.

A way to assist the client in embracing this cycle is to ask them the following Ayurvedic sequence of questions:

STARTING – Vata – asks “What’s happening?” “What do you feel?” Bringing awareness to the breath begins to balance Vata, it starts the healing cycle. It does not matter what the client becomes sensitive to as long as they become aware.

DOING – Pitta – asks “What does the breath want?” “What does the energy want to do? Go? Move?” (not what you want). Pitta wants something, Pitta desires and its energy wants to be warmed up.

FINISHING – Kapha – asks “How can I let it do it?” Kapha acts and encourages the energy to do what it wants to do. It focuses on completion. The energy must be allowed to flow by acknowledging one’s feelings, asking one’s body what it wants to do and giving it permission to do what it wants to completion. When Kapha comes to completion, then Sattva occurs. If the desire is not completed/fulfilled then Pitta will overrule. Assist the client in making a decision of what to do based on true perceptions of what is. Ask them “What is realistic?” “How much do you want to do?” Look at their perception of strength. Do they feel stronger with all the aspects of what was given to them? On a lower level ask/observe what makes them strong? On a higher level ask/observe what puts them in their heart. What do they feel motivated to do? Give back questions to them that they did not ask themselves.

The Kleshas are the 5 primal causes of suffering: Yoga Sutra II, 5: Avidya – ignorance, the root of the problem; Yoga Sutra II, 6: Asmita – egoism, self-centeredness; Yoga Sutra II, 7: Raga – addiction to pleasure, attraction; Yoga Sutra II, 8: Dvesha – aversion to pain, divisiveness, to divide; and Yoga Sutra II, 9: clinging to life out of the fear of death. The remedy to alleviate this suffering is working with the trinity principle or deepening any of the 3 influences. When the physical body gets balanced, deeper levels of healing/awareness take place. If one is comfortable in their body, then they are comfortable in their world.

How to discern Dosha(s) of a client?

1. Vata – heighten self-awareness either through the JFS or lying down and breathing. Also help the client to talk about their experience. Give them an exercise and ask them what they perceive. The Vata cycle has to be at least 1/3 of the program or higher depending on the level of trauma. KEY – they need to feel safe with my instructions to open up and relax. They require a friend role.
2. Pitta – go to source of inflammation on the physical or mental level. Increase Pitta temporarily to bring their issues to surface so they can dissipate. Pitta will treat you and want to be treated like a healthy spouse. They are gregarious and outgoing –

meet them where they are. Whether a male or female expect verbal intimacy and friendliness.

3. Kapha - assess the client's after taste (Rasa) after the Pitta issues dissipate. Kapha relates to the physical structure of the physical body. Instability is diminished strength. Kapha is about structural strength. Kapha issues are usually much deeper than those of Vata and/or Pitta. They are usually long term issues, problems that require lifestyle changes over a long period of time. The goal is to be an authority figure for them and assist them in building not only strength, but stamina which is real solidity.

How to discern a Vata imbalance: With a Vata issue, heighten self-awareness either through the Joint Freeing Series (JFS) or by having them lie down and bringing awareness to their breathing. Only 6 repetitions of the joint freeing series or vinyasa is usually enough to see if there is a release. Holding asanas will not help Vata pain. If the pain and/or sensitivity goes down it is a Vata issue. If not, then it is a Pitta or Kapha issue. Also help the client to talk about their experience. Give them an exercise and ask them what they perceive. Understand their current situation, their Vikruti (dosha imbalance), not their Prakruti (inherent nature) to come from a certain role; for a Vata bring the client towards stability with friendliness. Do not invade their space, be respectful of their boundaries and always ask permission before proceeding with an exam. The relationship has to be sustainable as Vata needs a guru. Notice the gunas, is the dosha primarily Tamasic, Rajasic, or Sattvic? A Vata imbalance can also manifest as forgetfulness and delusion – not seeing things clearly. If the joints are locked, do not go to the full range of motion, test half way and look for 50% improvement so the fear will not get triggered again and gradual improvements will have the tendency to stabilize instead of being erratic. Check if the muscle needs to be released. A release indicates a Vata imbalance. If a muscle is irregularly tight and/or weak there are Vata imbalances. If the same test is done two days in a row and the results are the same results it is not a release issue. A release will definitely give increased ROM. Releases are crucial because they open prana and balance Vata. If Vata is imbalanced the main need for the client is self awareness. Help them understand their own body then they (their system) corrects itself.

How to discern a Pitta imbalance: Pitta imbalanced individuals have the attitude that things must be done the right way, often meaning their way. They criticize the way things happen to them, or how others do things. There may be sudden bursts of anger or yelling to set right the wrongs of others. They can also be judgmental. The Pitta organ of elimination is the skin. When imbalanced, conditions of inflammation arise in the skin, stomach or eyes. There can be hyperactivity (type A personality), a yellowish complexion, excessive body heat, insufficient sleep patterns, heartburn and/or weak digestion. Since Pitta's home is the belly, specifically the small intestine, the belly should be the warmest part of the body. When imbalanced, there will be more warmth in the head (hot head) than in the belly and in the skin. The Rajasic Pitta is happy, joyous and unaware of how they are affecting other people. It is important to go to the source of inflammation on a physical or mental level and increase Pitta temporarily to bring issues to the surface and dissipate. Pitta will treat you and want to be treated like a healthy spouse. They are gregarious and outgoing – meet them where they are. Whether male or female expect verbal intimacy and friendliness.

How to discern a Kapha imbalance: There can be close-mindedness, greed and self-centeredness. There may be the inability to have stable relationships with oneself or with others, rigid thinking and attachment to possessions out of insecurity from only knowing a physical life may be apparent. There can be excessive weight due to over eating and lack

of exercise, excessive sleep, dullness, stiff joints and constipation. Laziness and the lack of motivation to complete projects that have been underway for a long period of time are other characteristics. Blood pressure tends to rise and physical activities tend to diminish. Lovemaking is seldom as they lose their capacity for pleasure. Kapha pain that solidifies changes slowly, but when ready to embrace change can change quickly. Working with Kapha issues is a long term process. Occasionally they can be given a “kick your butt” session with guidance in the direction of how to express their emotions, which is a big Kapha issue. When Kapha increases, so does the tendency to solidify emotions. Clients tend to get attached to a concept, rather than a perception. That attached specific emotion becomes congestion in the heart first then continues to harden in other parts of the body. Aggravating factors for Kapha are daytime sleeping, heavy foods, lack of exercise, sugar and sweet or sour foods. They need an authority figure to tell them what to do, however the yoga therapist also has to be a slightly selfless in interactions with Kapha related issues so that Kapha can feel safe and motivated to do the work. It takes 10 – 20 sessions and/or years for Kapha predominant issues. When working with this client continue to ask questions until they present a persistent perception of the truth.

Although Maureen's Prakruti (inherent nature) is Pitta, her Vikruti (dosha imbalance) is manifesting as a Rajasic Pitta and Rajasic Vata issue. Chronic Low Back Pain is primarily a Vata issue which has its home in the pelvic cavity, pelvis, colon and hips. The Sacroiliac joints, Hips and Pelvis will feel unstable when a person does not feel safe. Weak Gluteus muscles and S.I. joints indicate a major Vata imbalance. All pain is rooted in Vata imbalance because prana is not at home and the mind is not where it needs to be. Vata also likes to hide in the joints where our energy is stored and when aggravated can be experienced as a dull, chronic or irregular pain. Prana becomes solidified in the joints due to an increase of Pitta or Kapha. When prana becomes solidified it creates joint dysfunction that will manifest as behavioral issues – restlessness being one of them. Limited range of motion (ROM) is a way of hiding from oneself. It means the person is not relaxing and not sensitive to what is happening. This is characterized by vagueness and uncertainty. Misunderstandings, misinterpretations and fear also increase when Vata is out of balance. When Vata goes up because of pain it means a person cannot feel what is happening in their body. They try to get out of body and avoid what is going on. They do not want to feel it. A Vata (air/ether element) imbalance creates instability and stress. Lower back issues generally have to do with relationships. With this imbalance, one's energy tends to go all over the place. They like being busy either physically and/or mentally and it is challenging for them to be/remain grounded. They can “fix” an issue in one or two sessions, but generally it will crop up again in three months. Mentally the imbalance is manifesting as a Rajasic Pitta issue as the focus is on being stimulated. The desire for stimulation is strong. Maureen has also become aware of impatience with her employees and family due to the stress in her life. However she is making a conscious effort to interact with her employees and family in a more neutral way.

Maureen appears calm on the exterior, but as the perspective widens and she feels safe enough to open up with me regarding her current lifestyle, it is clear that she has “many irons in the fire” so to speak. This energy would contribute to a feeling of stress and instability. It is interesting that this energy is manifesting on a subtle level as the right Gluteus Medius is considered a subtle body symptom in CLBP. It is also interesting that the Gluteus Minimus (a deep muscle) is involved since Maureen verbalized for the first time in our 1.10.06 session that she feels the right hip issue is a result of “stuff locked in there.” According to Maureen although she has been practicing yoga for over 30 years, she felt she has never progressed beyond level 1. Her attendance at classes was sporadic and at times

she would drop her yoga practice completely and experiment with other modalities such as acupuncture, shiatsu, dance classes, swimming, etc. Maureen's Vikruti is manifesting in her lower back and Gluteus muscles as a Vata imbalance. A Vata imbalance indicates stress in the client's life on some level.

REMEDIES – According to Patanjali, when someone is suffering from the obstacles outlined in the Yoga Sutras I, 30 – 31, the remedy is provided in Yoga Sutras I, 32 “In order to prevent these obstacles from arising, you should habituate yourself to meditation upon a single principle.” Pg 10 Yoga Sutras of Patanjali. A guideline for Yoga Therapy is based on the Yoga Sutras II, 1:

*“The practical means
for attaining consciousness
consist of three components:
self-discipline and purification (Tapas)
self-study (Swadhyaya)
and devotion to the Lord (Isvara Pranidhana)”*
Pg 16 Yoga Sutras of Patanjali.

As Ayurvedic treatment involves Koshas 1 – Annamaya Kosha (the body) and Kosha 2 – Pranamaya Kosha (energy and feelings), an Ayurvedic yoga practice would require balancing the body, emotions, breath and energy.

The Pitta/Vata constitution, which appears to be Maureen's constitution, possesses the highest intelligence. Evolved PV can manifest change in their bodies when they fully understand their imbalance. The Vata quality can be ruled by the Pitta so changes can be experienced as transient. There is an appropriate baseline of Pitta that expresses itself as anger. It would be helpful for a client with this constitution to learn how to develop their own respiratory rhythm so that they can regulate Vata and Pitta's naturally protecting qualities of fear and anger.

To balance Vata - assist the client in becoming more perceptive. Use a Vata voice – low (air/ether) and ask the client what they are perceiving occurring in their body. What sensations are they feeling? What is bothering them? Why have they come to you? These questions help bring awareness to the breath which begins to balance Vata which starts the healing cycle. Let them talk to get to the root of the matter. When people discuss their perception, they are unwinding their stress and balancing their Vata. Telling their story relieves them of their pain and suffering. It does not matter what they become sensitive to as long as they become aware. Vata balance is truth. The Joint Freeing Series helps the pain go away and it is a physical way of getting to the truth. Guide them to asanas that help to bring about naturally arising meditation, keeping in mind asana is a steady and comfortable position. Yoga pose is mastered by relaxation of effort, lessening the tendency for restless breathing and promoting an identification of oneself as living within the infinite breath of life as outlined in Yoga Sutras II, 46 and 47. Emphasize asana that is done slowly, deliberately and with great concentration. Incorporate specific vinyasas, which are done rhythmically at a slow breath, pace with more emphasis upon breath than asana. Accentuate long Ujjaye pranayama which is slightly audible according to Yoga Sutra II, 50 “*The vacillations of prana are either external, internal or stationary. They may be regulated in three ways: by location, time or number; then they will become prolonged and subtle.*” Pg 29 Yoga Sutras of Patanjali. Lifestyle choices balance Vata more than anything else. Diaphragmatic Intercostal Breathing strengthens the Iliopsoas and Hip Flexors. When the spine frees up, so will attitudes. Vata's organ of elimination is the colon so it is important to make sure the

colon is functioning optimally. When teaching relaxation or anything else it is important that we embody what we teach consistently as the goal is to get Vata to a Sattvic state through consistency. It is important for the therapist to be doing their own meditation sadhna or introspection to deal with Vata related conditions as Vatas have problems being progressive. Approach the client with detachment, a Sattvic mind. Repetition will always correct a Vata imbalance. As other qualities of a Vata imbalance are coldness and dryness, it is helpful to suggest applying oil to the affected part of the body in addition to increasing the intake of water and non-caffeinated beverages. To assist in awareness of thoughts, refer to Yoga Sutra II, 34 *"Negative thoughts and emotions are violent in that they cause injury to yourself and others, regardless of whether they are performed by you, done by others, or you permit them to be done. They arise from greed, anger, or delusion regardless of whether they arise from mild, moderate or excessive emotional intensity. They result in endless misery and ignorance. Therefore when you consistently cultivate the opposite thoughts and emotions, the unwholesome tendencies are gradually destroyed."* Pg 25 Yoga Sutras of Patanjali. Maureen is sometimes critical of herself and the aim is to bring her back to focus on her progress and to unveil the grace of acceptance of where she is on all levels.

Ayurvedic asanas for Vata - for hip limited range of motion, give the S.I. series and JFS with extra repetitions on the part of the body that has limited ROM. "Asana practice for Vata types should emphasize the pelvic region and colon, the main sites of Vata. They should aim at releasing tension from the hips, lumbar spine and sacroiliac joints." Pg 217 Yoga and Ayurveda. Restorative poses are good for release. In general, lengthen the Wave breath top to bottom. When the breath becomes too long send it to Vata's home deep in the Pelvis, otherwise the client will start losing awareness. When prana is home, it increases awareness in the whole body. The Vata cycle has to be at least 1/3 of the program or higher depending on the level of trauma. It is key that they feel safe with the instructions to open up and relax. Perception and meditation or meditative asanas help to bring groundedness and balance. "Emphasize asana that is done slowly, deliberately and with great concentration. Extend the joints, make space and use an extremely soft muscular effort." Pg 45 Ayurvedic Concepts. A gentle routine focusing on the breath creating the movement is helpful with this Vikruti. "Asanas done slowly, steadily and gently will generally reduce Vata." Pg 215 Yoga and Ayurveda. Asana practice should end with Savasana and the hands in Yoni Mudra on the specific area of the body experiencing discomfort. Begin to develop a relationship with the client in sessions 3 and 4.

Meditation for Vata - pranayama has to be very slow, very rhythmic and very subtle with the breathing continuing to slow down. The 3 part Wave breath is ideal. If the mind is already stable and the breath is already slow then Ujjaye pranayama can be included. When the breath slows we realize what we are holding onto that is no longer appropriate; patterns, habits, pranic pain comes out of the body by slowing it down. Perception is important here.

Vata in balance - qualities of Vata in balance are harmony, sensitivity, perceptibility and clarity of mind. Self-study, mindfulness and awareness of breath in yoga practice increases; the mind becomes more intuitive and negative thoughts and feelings also become subtle. In Kumbhaka (pause), impurities disappear as there is no identification with negatives. The mind looks for fear in appropriate ways, there is a subtle opening of pelvic cavity, Hip ROM increases and the sacrum begins to balance, pain goes away and the genitals, rectum and colon become healthy. The mind is peaceful and Vata becomes Sattvic *"I can bring my attention anywhere I want and what I experience is peace."* The more Vata is balanced, the

more one pointed the mind becomes and the pain goes away; when Vata is balanced, perception is great; insights are developed along with an understanding of self and others. One feels safe enough to get to know others intimately.

To balance Pitta – assist the client in digesting the information that Vata (perception) has brought about. To balance Pitta it is helpful if the Yoga Therapist gets excited, with their voice, about the client taking action. Pitta insight will come up with something they really want to do, but do not have enough juice to do what they feel is right due to Vata fear. Ask them how much they really want to do. What do they really want to do? Then do an assessment once they are motivated. Pitta likes to do things and understand what they are doing and why. Does their appetite go to the appropriate level? Give them discipline as they need to push themselves. The key is how much to push. Reading the Yoga Sutras II, 40 *"From purity arises a desire to protect one's body and a cessation of adverse contact with others."*, 41 *"From the purification of one's essence cheerfulness arises, and with it, one-pointed concentration, mastery of the senses, and the capacity for sustaining the vision of the True Self."* and 46 *"Yoga pose is a steady and comfortable position."* pp. 27–28 Yoga Sutras of Patanjali is a useful guide for their sadhana as they need a clear intention for their personal practice. The teacher may have to call them a few times to check on their progress. They may not want the assistance, but it is best to offer it anyway and be a role model for selfless service. If the Pitta issue has to do with physical inflammation, stretch the muscles with a large amount of discernment. The key is to feel heat dissipating. They have to cultivate the ability to perceive what is right and what is wrong. It is better to work one on one with inflammation. If the sensation stays localized, they are working too hard without discernment. That energy has to move to Pitta's home, the belly – the digestive fire. Find the stretch and let that sensation spread. Sama Vritti, inhaling and exhaling same amount of breath in the following manner is helpful to balance Pitta:

1. Puraka – inhalation 7 counts
2. Kumbhaka – pause 1 count
3. Rechaka – exhalation 7 counts
4. Kumbhaka – pause 1 count

The breath should go to Kapha – chest, Pitta – abdomen, Vata – pelvis. The home of Pitta is located from the crest of the pelvis to the diaphragm, specifically in the small intestine called Agni in yogic terms.

Samana Prana represents digestion mentally and physically. The movement is an inward spiral, it is the pause (Kumbhaka) following inhalation. The location is the small intestine, the home of Agni, therefore this prana is helpful for balancing Pitta.

Apana prana represents the elimination process. The movement is down and out functioning as the last portion of the exhalation. On a physical level this prana can manifest through passing gas, pushing a baby out, urinating and/or defecating. Intellectually it releases what is no longer needed. The location is the pelvic cavity at the bottom of the pelvis and it governs movement from the navel to the rectum and from the hips to the feet which makes this prana helpful for low back pain issues. In addition, staying in Apanasana (Energy Freeing pose) for 15 minutes to 1 hour or even squatting with the knees to the chest is energy freeing and good for low back pain. Balasana (Child's pose) is also good.

Ayurvedic asanas for Pitta – "The practice should consist of a creative sequence of asanas that stimulates them enough to feel alert yet not so stimulated as to become hot." Pg 46 Ayurvedic Concepts. The remedy for Pitta imbalances is sweating it out as sweating is

therapeutic for this dosha so mild perspiration is good. One should feel the stretch in asana practice, but not the burn. In this way, they feel warmed not over stimulated. Pranayamas like Bhastrika are beneficial when caution is heeded about keeping the heat confined to the Agni region. Agni is an interrelated aspect of Pitta. It is the bodily fire that transforms foods into body tissues and information into knowledge and experience. The main site of Agni is in the small intestine. Surya Namaskar is for good for balancing Pitta, however attention should be paid to effort and speed to feel the harmonious flow. If the client is feeling hot in the head that will exacerbate the Pitta imbalance, the heat should be felt in the belly. If there is any inflammation or menstruating, then the effort and speed should be reduced. One of the five subtypes of Pitta is Pachaka Pitta - the fire of digestion. It is responsible for absorption of nutrients in the small intestine. This is the primary form of Pitta and manifests as the digestive fire known as Agni. It moves similarly to Samana Prana; moving outward, distributing nutrients to our tissues. It also has a discriminating function that separates beneficial nutrients from those that are not healthy. In normal function, it destroys that which is not beneficial. Therefore, Samana Prana is helpful to balance Pitta. Ranjaka Pitta is located in the liver and is responsible for the secondary level of digestion that takes place on the tissue level. It is the form of Pitta that gives color to the blood and waste products. It produces warmth in the blood and circulatory system. It moves similarly to Apana Prana in having a downward motion that can help to expel wastes. Apana Prana and the Apanasana is helpful for low back pain.

Meditation for Pitta - Pitta meditation is not a thought-free state, Yoga Sutras Book 3 is helpful especially in using, directing and focusing the mind. Dharana – contemplation not one-pointedness is best. This meditation consists of deliberate thinking, giving the mind thoughts. It is not about trying to stop the thoughts, but directing the thoughts to higher levels of thinking. The mantra meditation for Pitta is to ask questions “What does it mean?” Using Pitta is learning how to direct thoughts. To get Pitta balanced ask oneself: “What do I need to learn?” “How can I do this better?” “Where do I go from here?” An active mind with healthy thoughts is Pitta. The Pitta experience should focus on selflessness and luminosity which becomes spiritual light. Tratak, fixing the gaze by meditating on a candle, is a good meditation for Pitta. It is done by fixing the eyes on a candle and training the eyes not to blink. This purifies Pitta by tearing. At first the tears are hot, which is a sign of clearing energy. Encourage the client to stay with it until the eyes are steady and there are no more tears. This meditation can also be used to clear subtle misperceptions of the eyes. The client can also sit in front of mirror and look into their eyes. Walking meditation is also good for Pitta. When the Pitta mind is balanced one will know it because they will receive the “Aha, now I get it” feeling.

Pitta in balance - discrimination is developed between what is for the best and what they desire. The mind develops consideration for all aspects of life, one wants to serve others and gives freely in volunteer projects that elevate the community. Other indications that Pitta is balanced are: a lustrous complexion, contentment, perfect digestion, softness of the body, digestive mechanisms perfectly balanced and brilliant intellect. Sattvic Pitta is happy, joyous and aware of other people. There is discernment and perception. Intuition increases and the energy is insightful, harmonious and light.

To balance Kapha – increase Pitta, determined effort is important here. Possibly give clients the Surya Namaskar and work hard with determination to turn stuck, non-beneficial concepts around. Keep the other doshas in mind in regard to their personal asana practice as some people do more than others depending on their personal situation.

Ayurvedic asanas for Kapha - embrace peace holding the asana and directing strength to specific muscles to increase the immune response. Give them an asana practice that helps to strengthen their body promoting stamina and that helps to purify their physical issues. "Postures should be held long enough to challenge, but not so long so as to strain... Devotional practices that open their heart and generate love are best." Pg 47 Ayurvedic Concepts.

Meditation for Kapha – Kapalabhati pranayama is good for clearing mucous and embracing the heart to create juiciness (Ojas). Strength and stamina transform gradually to feelings of love/devotion 'the one I love never leaves me and I will never leave the one I love.'

Kapha in balance - Qualities of Kapha in balance are good health, love, compassion, natural desire to help others, normal joints, a stable mind, an affectionate and forgiving nature, strong and properly proportioned body and courage. No obstacles stand in their way to keep them from meeting their goals, their commitment to a personal practice and personal relationships becomes more secure. "There is self-confidence. Humility and devotion are signs of Kapha's evolution." Pg 47 Ayurvedic Concepts.

A tridoshic balance is when all three qualities are most balanced and the result is optimal health on many dimensions. This manifests as relaxation of the body, harmony, sensitivity, perceptibility and clarity of mind (Vata); warmth in the belly, enthusiasm, virility, joy, pleasure, vitality (Pitta) and a warm loving heart, radiant health, stability, reliability, dependability, stable, healthy, strong immune system, healthy lymphatic system and strength (Kapha).

Maureen is now at a point in her life where she is committed to her yoga practice and looking for guidance in how to expand not only her Hatha practice, but also her pranayama and meditation practice. Since Maureen has been doing her sadhana, she has become more aware of the discomfort in her right hip and the medial side of her right foot. She discovered that when she medially rotates that foot 10 – 15 degrees, it relieves the tension in those muscles. In our session 1.10.06 she verbalized that she feels she "has a lot of stuff stored there." Yoga always stirs up places where there is hidden pain. In addition to weakness in the Hip Flexors and right Hip Internal Rotators, Maureen experiences chronic dull ache in the right Gluteus Medius muscle that responds beneficially to manual release and/or manipulation.

4 – common body readings/findings

In order to address an issue using Structural Yoga Therapy, it is helpful to check the areas below the source of pain for clues as to what is causing discomfort in the current location. In the case of limited ROM and muscle weakness in the Hip Flexors, if the ankles and/or knees are exhibiting any signs of tightness or weakness, that can affect the stability, ROM and strength of the Hip Flexors.

Postural Change	Tight Muscles	Weak Muscles
Feet Turned Outward	Psoas, External Hip Rotators, Sartorius, Gluteus Maximus	TFL, Gluteus Minimus

Chart – Pg 103 Mukunda Stiles, Structural Yoga Therapy.

5 - contraindicated yoga practices and general activities to modify or eliminate

Asana modifications:

- Sacroiliac Mobilization Series – use blanket under buttocks of each side if needed.
- In standing bent knee poses, i.e. Warrior 1 and 2, make sure the knee does not come over the ankle.
- With lower back physical challenges in forward bends, sit on a cushion to elevate the hips or bend the knees in Paschimotanasana, or place a bolster under the flexed, externally rotated knee in Janu Sirsasana to help alleviate pressure in the lower back. In standing forward bends, rest palms on thighs and keep chest expanded.
- Learn proper lifting techniques.
- While sitting at a desk, do not reach over to get something, move the chair to the area.

6 – General recommendations for the condition:

a - therapeutic/free of pain;

First, clients with CLBP must be screened for more serious medical problems or symptoms that require urgent intervention. Since the sources of Chronic Low Back Pain are vast, these recommendations apply to a client that is in good health and has CLBP as a result of lack of exercise, ergonomics and/or daily life stresses. Factors that aggravate and relieve the pain, such as lumbar flexion or extension, should be determined. An intake should be done, including an evaluation of spinal curvature, lumbar range of motion, and the degree of pain-free movement. An assessment of the Sacroiliac joints as well as an assessment of Hamstrings and Hip Flexors flexibility should also be included.

If no serious medical or underlying symptoms exist, then the first priority is to reduce any pain or aches. This would consist of early therapeutic exercises within a pain-free range, lumbar stabilization exercises, strengthening of the muscles of the trunk, and correction of faulty biomechanics. In general, initial exercises should be directed away from the movement that aggravates the client's symptoms. However, it is agreed that prolonged inactivity produces a decrease in muscle strength and flexibility. Relative rest with early activity is preferred because longer periods of bed rest have not produced better recovery rates.

Savasana with a bolster under the lumbar area and a rolled wash cloth under the neck would help to establish curves; leg raises letting the back come off the floor; do not engage (contract) the iliopsoas unless there is back pain; and iliopsoas strengthening and the Anterior Pelvic Tilt which helps to create lordosis in down dog, cat/bow with a lumbar curve.

There is no single treatment or exercise regimen that will be effective for all clients with CLBP. Customized rehabilitation programs offer the best opportunity for a successful outcome.

b - stabilize situation and lifestyle change recommendations;

With CLBP intensive therapy is aimed at improving strength and function. The back muscles require adequate exercise to maintain strength and tone. Regimens to treat CLBP usually focus on strengthening the Hip Flexors, Hip Extensors and Abdominus Oblique muscles to help reinforce support of the spine and in turn, reduce low back pain. Spine stabilization exercises are directed at improving function by conditioning the muscles around the lumbar spine. A key component to spine stabilization is establishing a neutral spine position (the midpoint between available Anterior and Posterior Pelvic Tilt) that provides the greatest comfort and functional stability. Lower-extremity muscle tightness is common with CLBP and must be addressed to allow normal lumbar motion. Recognizing common inflexibility and muscle weakness patterns will assist in planning appropriate exercises. Two patterns are common. First, tight hip flexor muscles (Iliopsoas and Rectus Femoris) result in an excessive anterior pelvic tilt and increased lumbar lordosis. These factors lengthen the Hip Extensors (Gluteus Maximus and Hamstrings), placing them at a mechanical disadvantage and causing early recruitment of the lumbar extensor muscles (Erector Spinae). Treatment consists of stretching the Hip Flexors and strengthening the Hip Extensors. The second pattern involves tight Hamstring muscles that cause excessive posterior pelvic tilt and decrease lumbar lordosis. These factors place the back extensors at a mechanical disadvantage and also make the spine less resilient to axial loads. Treatment is aimed at stretching the Hamstring muscles and strengthening the back extensors.

The general consensus to alleviate CLBP is a good course of exercise and stretching. Restoring motion and strength to a painful lumbar spine can be very helpful at improving pain. It is generally agreed that exercise should be both aerobic (aimed at improving heart and lung function) as well as specific to the spine.

Lifestyle Changes for Maureen specifically based on weekly conversations.

- Take 1 hour for yourself daily for "me time."
- Engage in 1 aerobic activity that you enjoy either alone and/or with your husband and/or with your kids for cardiovascular benefits and also to increase lung capacity.
- Meditate 5 minutes daily – either in the morning or before bedtime.
- Do Wave breath, Ujjaye breath a few times if getting stressed during the day and before bed, prior to meditation to calm the mind, nervous system.
- Use the body rolling ball on the Gluteus Medius, TFL for release.
- While sleeping, try lying in a curled-up, fetal position with a pillow between the legs. If the usual sleeping position is on the back, place a pillow or rolled towel under the knees to relieve pressure.

6. c. – maintenance and long term considerations;

Correction of predisposing factors such as poor posture when sitting or standing, abnormal biomechanics, muscle inflexibilities, and poor conditioning is essential to treatment. Education and individualized coaching on proper technique may help prevent recurrence. Other manual therapy techniques such as joint mobilization, myofascial release, and muscle energy techniques may be used to improve soft-tissue flexibility and segmental joint function. Instruction in lifting techniques can be helpful as well. Improperly bending over to lift can cause a large increase in strain on the low back. Proper lifting keeps the back straight while bending the knees. According to www.healingchronicpain.org, Beth Israel Hospital's Integrative Pain Therapy website, "Yoga has a potential role in the treatment of CLBP based on its ability to influence both physical and psychological factors. An important

part of pain management involves the emotional component of pain, such as coping with pain distress, regaining a sense of control, decreasing the fear of pain, decreasing anxiety and depression and increasing pain tolerance. Many aspects of yoga, which commonly comprises postures or asanas, breathing, and meditation, address these issues. The regular practice of yoga may increase self-awareness and relaxation, improve respiration, increase self-acceptance and self-understanding, enhance a sense of control, lead to healthy life style improvements, and often change the context of pain. On a physical level, regular practice can enhance strength, balance and flexibility. Therapeutic yoga is geared to those with back and other problems and uses props to enable patients to perform the postures so as to increase spinal flexibility and range of motion. Restorative yoga techniques have been developed to help individuals with physical conditions such as chronic back pain, perform yoga in a safe and beneficial manner to achieve a deep state of relaxation. Hatha yoga, along with breathing and meditation, is part of the program at the Stress Reduction Clinic at the University of Massachusetts Medical Center founded by Dr. Jon Kabat-Zinn. In a four-year follow up of his chronic pain program Dr. Kabat-Zinn found that more than 90 percent of the people who completed the program kept up with the program after four years and most rate their training as very important to their improved health status (Kabat-Zinn, 1986)."

Other alternatives that may assist in the reduction of incidences of CLBP are re-educating the client to be aware of patterns such as chronic tension and holding. Posture and alignment may help to establish healthy habits and lower the incidence of CLBP. Other suggestions are: acupuncture; weight loss if the client is overweight; elimination of caffeine and nicotine as they are potent vasoconstrictors that limit the supply of blood and oxygen to muscles; using cushioned soles when walking; placing a small pillow or rolled towel behind the lower back while sitting or driving for long periods of time; light cardiovascular training such as walking, riding a stationary bicycle and swimming are helpful as these aerobic activities assist blood flow and oxygen getting to the back while also strengthening the muscles of the stomach and back; and various nutritional approaches, however it would be best for the client to check with their physician and nutritionist to determine what the best dietary/supplement program would be for them.

7 – Questions and Answers from www.yogaforums.com

Post subject: Stretching and Strengthening a Weak Back

My father has suffered from a bad back for most of his life. He's thrown it out a quite few times, but it isn't really damaged.

I had the same thing when I was younger before I started yoga, but I don't think I can start him on my routine because his back muscles are weak and any dramatic activity causes him some pain. He also fears throwing it out, so he's worried about the type of exercise.

Could you suggest a safe exercise/exercises that would stretch/strengthen his back?

A - First of all i always recommend my Joint Freeing Series to make the whole body limber. it is systematic moving through all the joints and all their motions. then secondly i would recommend doing the cobra and locust without arm or shoulder effort. both poses should be gradually held longer while lengthening the spine. the goal would be to hold the poses for 10 smooth steady breaths. By that time the back will be much more stable. namaste mukunda.

Post subject: Low Back Pain & Iliopsoas

I have a client who has chronic back pain that worsens with rest and gets better with movement. It is difficult for him to feel any sort of quad stretch no matter how deep he goes and it seems that when I instruct him to use his psoas instead of the quads to flex his hip it is very difficult. He can access the muscle, but it is a lot of work for him to use it - even in a simple Vinyasa like Apanasana. I assumed the psoas was weak and that was the cause of his low back pain, however he stands with his feet in a greater than normal external rotation, which also leads me to believe that his external rotators are tight. Can the psoas still be weak if the rotators are tight? Thank you for your assistance. Namaste, M

Has he had a medical diagnosis? IS he in psychotherapy? What is his major stress in life currently? Sounds to me like he is dealing with or rather avoiding deep seated emotional pain.

Did you check his knee flexion ROM? That will tell us if he really needs to do quad stretch. If heel goes to hip then no need for it. With standing in turn out his internal hip rotators are likely weak, external are likely strong. You need to Muscle Test (MT) to be sure. Can you do that? Test all concerned muscles - gluteus maximus, medius, psoas, hamstrings too.

Post subject: Tight Gluteus Minimus and Gluteus Medius

I have been trying to figure out what's going on with my right hip. My gluteus minimus and medius are tight. I have been doing a lot of Supta Padangusthasana, Janu Sirsasana, Parivrtta Janu Sirsasana, Anantasana, Upavistha Konasana and it seems that these poses are making my minimus and medius tight. Any ideas??? These poses are in the Yoga for your Type by David Frawley.

Yes all those poses tighten the muscles you want to stretch. That book is not for understanding anatomy; only for Iyengar Yoga as it relates to doshas. The pose to stretch the muscles is cited in my book as Gomukhasana.

Post subject: Iliopsoas

I am having a hard time understanding the action of the psoas and iliacus muscles. What are their actions, how do you test if they are strong or weak, how does weakness in these muscles manifest in terms of aches and pains and general function, and what yoga poses address issues involving these muscles. In addition I would like to know whether boat pose is an effective abdominal strengthener or mainly a hip flexor exercise. And does boat pose excessively load the lower back.

Functionally the iliacus and the psoas are both hip flexors, hence many anatomy books call these two muscles the iliopsoas. When you view these muscles in a detailed anatomy book you will see that the iliacus portion terminates at the anterior crest of the iliac bone. While the psoas origin is the body of T12 and the first 4 lumbar vertebrae, its insertion is the lesser trochanter of femur in the groin between the adductor. Thus its contraction creates hip flexion, external rotation and the natural lumbar curve and when excessively tight a lordosis. The latter condition is rare. Many teachers overly correct the lumbar curve and flatten it when they have students pull the coccyx down in standing poses, thus lessening the tone of the psoas.

To test for strength of the psoas lay down and lift one leg at a time 24" with 12" of abduction (out to the side) and externally rotate the femur until a valley can be felt at the upper thigh separating the gracilis tendon adjacent to the genitals and the quadriceps. One should be able to hold the position for 12 steady breaths to have adequate strength. Poses which require a strong psoas include adho mukha svanasana - down facing dog, navasana - boat; and urdhva prasarita padottanasana - upward extended legs. If the iliopsoas is weak these are difficult. A sign the muscle is strong is that the natural lumbar curve shape can be maintained in these poses.

A stretch test is to lay on the belly and pull the heel to the buttocks. This will stretch the quadriceps and if they have normal flexibility then the psoas will react as it is located posterior in the groin relative to the quadriceps. If the quadriceps are tight they will feel the stretch in mid thigh. If they are released and the psoas is tight, then the stretch will be felt as a pull in the lumbar vertebrae or upper groin. Poses that stretch the muscle are also quadricep stretches -- runner, natarajasana - dancer; ustrasana - camel.

The boat requires strength of the abdominals and the psoas in harmony. The rectus abdominis does trunk flexion (rounding the spine) and the psoas does hip and lumbar flexion (arching the low back and lifting the legs). If they are equally toned the pose looks great. It is not excessive for the body. All poses chosen for my book are ones i consider natural range of motion regardless of one's age, sex, or health. When done well one can see optimal skeletal muscle tone. When not done well, body reading can reveal which specific muscles are weak and/or tight.

One helpful reference is The Psoas Book, Liz Koch, Guinea Pig Productions, Felton, Ca. www.guineapigpub.com My favorite anatomy atlas reference is Anatomy - A regional Atlas, Carmine Clemente, 4th edition, Williams & Wilkins. Also see my website www.yogatherapycenter.org for a more thorough recommended reading list

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www.Healingchronicpain.org – Beth Israel's Integrative Pain Therapy website.

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www.intelihealth.com - Harvard Medical School's Consumer Health Information website

www.physportsmed.com - Drezner, Jonathan A. M.D., Herring, Stanley A. M.D. - Managing Low-Back Pain Practice Essentials Series Editors: Kim Harmon, MD; Aaron Rubin, MD THE PHYSICIAN AND SPORTSMEDICINE - VOL 29 - NO.8 - AUGUST 2001

www.spine-health.com – reference articles on Back muscles and low back pain.

www.WebMD.com Spinal Physiology article by *Stephanie Levin-Gervasi* WebMD Medical Reference from "The Back Pain Sourcebook" Copyright © 1995, 1996, 1998 by the RGA Publishing Group, Inc. From The Back Pain Sourcebook, by arrangement with Lowell House."

9 - Appendix A – techniques not taught in SYT training or modified from the SYT book.

Please let me know which yogilates poses/movements would be good for chronic low back pain.

It is impossible to give you a definite prescription to help your back pain without a personal assessment, and it is of course wise to ask your physician first for advise in this matter. That being said, some general advice on chronic back pain may be helpful to you. Chronic lower back pain usually is associated with weak support muscles of the spine. These include the lower abdominals and back extensors. Simple exercises that strengthen the core muscles, such as Pelvic Tilts and Upper Trunk Curls, are a good everyday start to conditioning this area. Another area that may need conditioning is the lower back, however without extending the spine too much. The Swan Prep from Pilates is fairly safe, as the front of the pelvis is imprinted to the floor and the back isn't pushed up into an arch, but is pulled out of the hips, which helps open space between the vertebrae. Lastly, chronic lower back pain is also associated with tight hamstrings and hip flexors. Doing some hamstring stretches on your back with a yoga strap, as shown in my book, is a safe way to address this problem. To stretch your hip flexors, the kneeling lunge position from Yogilates Level One Workout video is ideal to help relieve shortened hip flexors. There are other stretches on the back that are good as well, including the hip stretch. Overall, the exercises shown in Chapters 2 and 3 of my book, and the Yogilates Level One video program are where I would recommend you start looking for exercises that can help you to avoid low back pain.

Sincerely yours,

Jonathan Urla
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www.yogilates.com

Yamuna Body Rolling – created by Yamuna Zake. Using the body rolling ball and breath on specific areas of the body create release of tension and lengthening of muscles. Website: www.yamunabodyrolling.com.

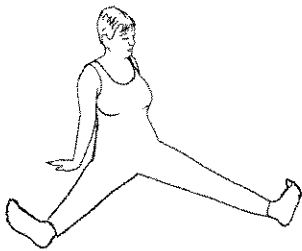
Joseph and Lilian Le Page various warm-ups vinyasa sequences from the Integrative Yoga Therapy Yoga Teachers Toolbox. Integrative Yoga Therapy, 2005.

10 – Biography

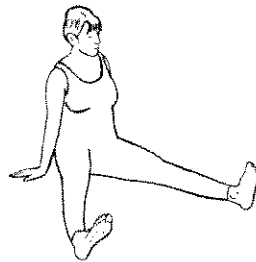
Wendy Williams is a yoga practitioner, yoga therapist, yoga teacher and Traditional Reiki Master. She received her yoga teacher training from the Integral Yoga Institute in New York City in 2002 and became a Certified Structural Yoga Therapist in Mukunda Stiles' Structural Yoga Therapy program in January, 2006. Wendy incorporates these trainings along with techniques she has found helpful by attending yoga classes with Dharma Mittra, Yogilates classes with Jonathan Urla, and by incorporating Integrative Yoga Therapy tools, among other modalities to assist clients in recognizing and embracing their path to wellness and wholeness.

Reference of Joint Freeing Series for Maureen

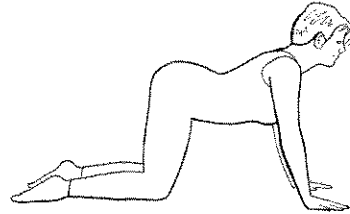
Pavanmuktasana - Mukunda Stiles © 2002



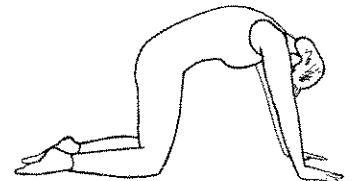
5. INHALE turn leg out
& swing it wide open



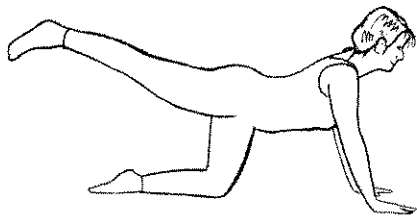
EXHALE turn leg in
& swing it back in



6. INHALE head up
spine down



EXHALE back up
abdomen in

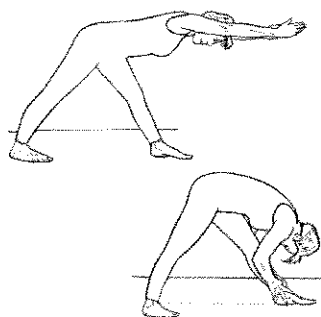


7. INHALE stretch leg
back and up, spine level



EXHALE bring knee
toward chest, spine lifted

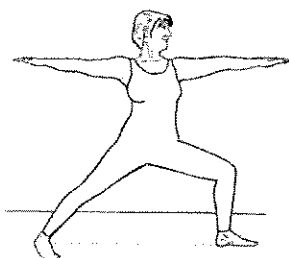
Reference of Structural Yoga Therapy Asanas for Maureen - Page 1



Side-of-Hip Stretch

Parvatanasana

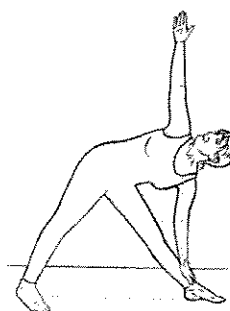
- ✦ Hip flexion; with adduction
- Psoas; hip adductors
- Hamstrings; gluteus medius



Warrior II

Virabhadrasana

- ✦ Hip external rotation with abduction; ankle dorsiflexion; scapula abduction
- Hip external rotators, abductors
- Gastrocnemius, soleus; hip adductors



Extended Triangle

Utthita Trikonasana

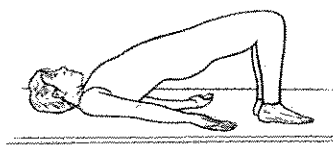
- ✦ Hip flexion; spinal lateral flexion
- Rectus femoris; abdominis oblique, sternocleidomastoid
- Hip adductors, hamstrings



Locust

Salabhasana

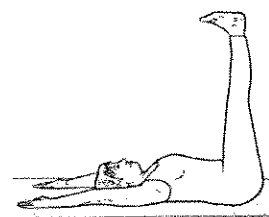
- ✦ Hip, spine, knee extension
- Hamstrings, gluteus maximus; erector spinae; quadriceps
- Passive hip flexors, rectus abdominis



Bridge

Setubandhasana

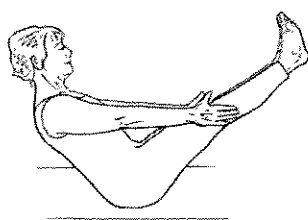
- ✦ Hip extension; knee flexion; scapula adduction with depression
- Gluteus maximus; hamstrings; middle and lower trapezius
- Hip flexors, pectorals



Upward Stretched Legs

Urdhva Prasarita Padmasana

- ✦ Hip and shoulder flexion; knee extension
- Psoas, rectus femoris; deltoids; quadriceps
- Passive hamstrings, gastrocnemius



Complete Boat

Paripurna Navasana

- ✦ Hip flexion, knee and spine extension
- Psoas, rectus femoris; rectus abdominis, erector spinae
- Passive hamstrings



Bound Angle

Baddha Konasana

- ✦ Hip flexion; abduction with external rotation
- Psoas, sartorius; gluteus medius; external rotators
- Hip adductors

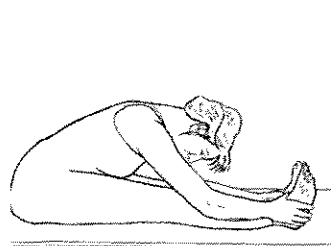


Head to Knee

Janu Sirsasana

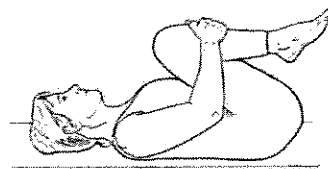
- ✦ Hip flexion with abduction and external rotation
- Psoas, rectus femoris; gluteus medius; external rotators
- Adductors, hamstrings, latissimus

Reference of Structural Yoga Therapy Asanas for Maureen - Page 2



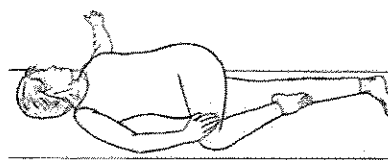
Westside Back Stretch
Paschimottasana

- ✦ Hip and spine flexion
- Psoas, latissimus
- ▭ Hamstrings, erector spinae, latissimus



Energy Freeing
Apanasana

- ✦ Spine, hip, and knee flexion; shoulder adduction
- Rectus abdominis, hip flexors; latissimus, triceps; pectorals
- ▭ Gluteus maximus, lumbar erector spinae



Abdominal Twist
Jathara Parivartanasana

- ✦ Hip adduction, spinal rotation
- Hip adductors, abdominis oblique
- ▭ Gluteus medius, latissimus



Relaxation of a Corpse
Savasana

- ✦ Passive hip and shoulder external rotation
- Attentive relaxation

Appendix B

Instructions for Sacroiliac Stabilizer Photos of Maureen

Sacroiliac Stabilizer © 2006 Mukunda Stiles



Fig. 1

Stand and check your one leg balance. Then sit on the floor with your knees bent and feet to the left side, so that the left foot points back beside the hip and right foot toes are at the left kneecap. Your hips will be uneven, always one off the floor. If you are not erect and free in the motions, then place padding under your right hip. Be sure the inner knee and sacral area do not react to these motions except to release within the first 6 motions. If not then elevate higher. Your aim is to release tightness, prana, or emotion by doing these two motions.

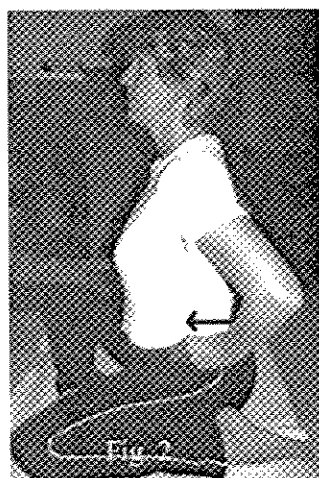


Fig. 2

The first movement is to tilt the top of the pelvis back and forth using your hands to assist the motion. Exhaling as you contract your belly and round your lower back (Fig. 1). Then arch your lower back forward contracting the lumbar spinal muscles as you inhale (Fig. 2). Repeat 12 times, or until you feel the motions becoming smooth. A release is most likely to arise in the groin region hip flexors or the quadriceps

The second motion is done with the rotation of your left hand on the top of the left thigh at the hip socket near the groin to move your hip off the floor into internal hip rotation (Fig. 3) and then back to starting position, external hip rotation (Fig. 4). During the first motion your hip leads you while your torso will follow into a twist to the right side. In coming back to start



Fig. 3



Fig. 4

position your hip will be as before with your hips near but not touching the floor. Inhale as you lift your hips tensing the outer gluteus medius muscle. Exhale as you lower the hip coming back facing forward. Continue for 12 times, then reverse your legs and repeat. Stand and check your balance.

Photos of Maureen (anterior, posterior and left lateral views)

