

**General Pelvic Area Instability
Structural Yoga Therapy Course
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1 – Case study: Fynn

A. Fynn is 34 years old. Her sun sign is Libra. Height: 5'11. Weight is “Too Much, two stone heavier than I would like to be”. Fynn is the mother to one daughter, aged three, and has a loving, supportive partner, who works 9 – 5 in a IT company. She has long red dreadlocks, which she often wears bundles up on her head. She suspects that the extra weight on her head may contribute to the pain she experiences, but she is very attached to them. She enjoys drumming, singing, walking and yoga, which she has been practicing for over 10 years. She has been a student of mine for 1 year. Her attendance is regular and punctual, often staying behind to ask questions. Although she is trained in Shiatsu and has a Ph.D. in Chinese Medicine, she is not presently practicing, due to not having “the energy or the time”. She says that this is the case with most things in life since she has moved to Frome four years ago, a small country town, and since she has become a mother. She says that she feels ‘resentful’ that she does not have much time to herself. She has had an ongoing interest in spiritual practices, which she describes as having been “eclectic”, dabbling in various forms and traditions, and is familiar with meditation and has used visualizations in the past: both of which she has gained a great deal from. She reiterates that she did not feel like she has the time or quiet space to do either of these things. Relaxation time for Fynn seems to be at night, normally after midnight, when it is quiet in the house and she can read.

When talking about her daily routine, she states that she is exhausted from the moment she gets up and helps to get her daughter out of bed. Her eating is irregular, and presently she says her diet is not great. She says that she gets really tired around 3pm. At 8pm she wakes up again. Fynn has found motherhood hard work, especially as it has affected her energy levels and her freedom of movement. In the past Fynn as always been active, and as she has been conscious of her weight, her pastime hobbies have been physically active. She has traveled extensively in the past, and, before she moved to Frome, was surrounded by like-minded similar aged people. In her new house, which she admits she does not like, she feels isolated, which is exasperated by low energy levels, and her lower back and pelvis instability that inhibits her freedom of movement.

Fynn, when referring to her injuries, was confident in using anatomical description and laughed when she described herself as “a catalogue of disasters”. She describes her pelvis as being “deflated and “needs to be strong.” She is emotionally sensitive about her belly. She also has a lower back injury, which first thing in morning is very stiff. Everyday she does the bridge and pelvis tilting to relieve pain in lower back.

She says that her right hip feels looser and more unstable than left, and that her “pelvis never felt straight – as far as I can remember.” When she is in pain she describes it as an 8. Additional to lower back discomfort, her sciatic nerve sometimes spasm in morning so she brings knees up to chest in Apanasana.

The main points she made about her injuries was of a horse riding accident when she was 18/19, when she chipped vertebrae in neck and said she felt “out of it’ for 6 months after the accident. There was a jolting to the spine. She then mentioned about being a “Care Assistant” 11 years ago, when she tore ligaments in her lower back, L2-3 and “she hasn’t felt the same since”.

In 2004, when was pregnant the SI Joint on right side felt loose, and she experienced a “painful scissoring motion” when walking, which lasted for 5 months of her pregnancy.

After the session she emailed a list of her history of menstrual discomfort and problems & miscarriages, which she had not talked about during the session.

Her Structural Yoga Therapy (SYT) goals are “Pelvis & lower back Stability’, and hopes to “bring some light back into my life.” She also asked for a regular practice that she could commit to. When reviewing her daily schedule, we agreed that a realistic time for practice should be first thing in the morning, roughly 20- 30 minutes available to commit to her practice, at least four times a week, with relaxation in Svasana after practice. Relaxation to

included during the day and also before going to sleep, aiming for at least 10 minutes or until fallen asleep. She also hopes to regain a meditation practice.

B. Physical Assessment

The physical assessment was carried out over three sessions. The first session, 28th May 2006, consisted of an initial intake interview, body reading and sacroiliac test. The second session, 12th June 2007, included additional interview and the Range of Motion (ROM), with recommended ROM practice. The third session included Muscle Testing, prescribed Structural Yoga Asana and muscle strengthening techniques. I then met with Fynn to continue our work together, and to alter techniques as necessary. These meetings are logged later in the case study.

Body Reading:

- Five feet and 11 inches tall
- Curvaceous figure, belly soft, full hips.
- Left Shoulder down.
- Back of hands forward.
- Right Hip Higher.
- Chest arched forward. Belly hanging forward. Emphasized lumbar back arch.
- Knees braced back.
- Skin pale in colour, especially lips. Fair eyelashes and eyebrows.
- Hair thick and red, dreadlocked, and bundled on head.
- Sacroiliac moving up on Right, initially down on left then after a few times it started to move. Right side feels looser (which was confirmed by client) and the left side seemed stuck, and more solid.

Special notes on Fynn:

* *Fynn seems to have a disconnected attitude to her pelvis, so I want to begin with reconnecting her to her breath, and bringing some compassion to her pelvic region.*

* *Fynn speaks openly, so I reflect this. I notice that she 'find light' around speaking about her past traveling and lifestyle, so I share some stories with her from my own experiences and how I have worked with finding lightness within my present lifestyle. This approach was received well and seemed to give her encouragement.*

Range of Motion Assessments							
Joint Action	ROM	1st	1st	2nd	2nd	3rd	3 rd
		Date	Date	Date	Date	Date	Date
	Norm°	Left	Right	Left	Right	Left	Right
		12/06/07	12/06/07	29/08/07	29/08/07		
HIP							
Flexion (Bent Knee)	135°	90°	105°	95°	105°**		
Flexion (Straight-Leg Raise)	90°	69°	85°	75°	80° **		
External Rotation (Supine)	45°-60°	40° *	43° *	60°	50°		
Internal Rotation (Supine)	35°	25° *	25° *	30°	25°		
External Rotation (Prone)	45°-60°	55°	48°	60°	55°		
Internal Rotation (Prone)	35°	40°	45°	42°	39°		

*Experienced pain, therefore tensed up.

** Pain when doing these tests, due to injury today.

Joint Action	1st Date	1st Date	2nd Date	2nd Date
	Left, 1-5	Right, 1-5	Left, 1-5	Right, 1-5
	03/07/07	03/07/07	25/09/07	25/09/07
HIP				
Hip Flexors & Abs (Supine)	2.5	2.5	Unable to test	Unable to test
Trunk Flexion (Supine)	Unable to test	Unable to test	Unable to test	Unable to test
Hip Flexors - Bent Knee (Supine)	3	3/2	4/3	3
Iliopsoas Isolation (Supine)	4	3/2 *	4	3 / 4
Sartorius Isolation (Supine)	3/2 Recruit Hams	2 Recruit hams & "everything."	3/2	3/2
Abduction (Side Lying)	2/3	2/3 Glut med works, no TFL.	5	4
Adduction (Side Lying)	4/5	5	4/5	5
Gluteus Maximus Isolation (Prone)	3	1 felt in groin	4	4
External Rotation (Prone)	4	4	4	4/5
Internal Rotation (Prone)	2 felt in quads	2 felt in glut medius only	4	4/5
Quadratus Lumborum (Seated)	1	1 quads engage.	3 / 4	3 / 4

* Quads feel like they are recruiting.

Note from Muscle Testing: When foot was coming towards buttock, client was nervous about sacral compression.

C- Summary of Findings

Strengthen	Stretch	Release
Gluteus Maximus	Hip flexors	Iliopsoas

Iliopsoas	External rotation	
Hip flexors	Internal rotators	
Sartorius		
Abductors		
Internal Rotators		

D Recommendations

Recommendations from Rom Session, 12 June 2006.

* As Fynn was open to receiving an invocation and had missed a sense of "spiritual connection" we agreed that she could begin her practice with the SYT one. "With Great Respect & Love I honour my heart, my Inner Teacher."

* From having heard that she is particularly negative towards her pelvic region, stomach and her life, she agreed to practice cultivating thoughts of compassion during daily activities and the SYT practice. (Sutra 34) This will calm pitta, and increasing kapha. This approach will hopefully bring more comfort and ease within the mind, and would hopefully encourage her to not do any activity unless it can be done without pain.

* We agreed that Fynn would do a routine practice of JFS, daily, for a traditional 30 day practice (paying particularly attention to JFS No. 1 – 8). She particularly liked this idea because it seemed to satisfy her desire for routine. This will help to balance vata and with her commitment to the practice increases self-discipline, thus tapas, thus increase pitta, helping her to experience more light in her life.

* We talked about intention with the JFS. The main focus of the JFS is to synchronize movement with a smooth, even breath, and to repeat each motion 6 times. The JFS is used to calm vata, and amongst other things to increase an Ahimsa state of being, encouraging yoga postures to be 'steady and comfortable'. 'This often removes the causes of "discomfort and instability" SYT, Mukunda Stiles, p122.

* During the JFS NO. 1 – 8 particularly, explore the sensations that arise asking "How does this feel"? Approaching the JFS with sensitivity so to perhaps 'uncover motions that are boring. Often, these motions...may reveal a site of unconscious chronic tension or weakness....By bringing to consciousness the feelings held in the body, the subconscious patterns can be released.' SYT, Mukunda Stiles, P 122.

* I showed her the Sacral-iliac stabilizing series (SIS), and agreed with her to practice this with the JFS regularly. The first seated SIS is to be slotted into the JFS between No. 4 & 5. The second part on all fours is to be slotted between JFS No. 7 & 8. I also advised her that she could use the SIS independent from the JFS, and as when she required a boost to her energy levels. I emphasized the point once again about not doing any exercise that brings discomfort or pain, so to increase levels of discernment about what the body required.

* As Fynn has practiced yoga for over 10 years, and is a committed student, attending classes punctually and regularly, I felt it suitable to immediately introduce the yoni mudra and as she felt that relaxation time was late at night, we agreed that she would try to see how it felt to practice with yoni mudra (using the invocation before it) in the evening and as she was falling asleep.

Recommendation from Session Muscle Testing Session, July 3 2007

From the results of the Muscle Testing, and from discerning how much would be digestible to remember and practice without being overwhelmed, (have noted that she already felt overwhelmed by her tasks during the day) we agreed on the following Muscle Strengtheners:

Walking Stick, with focus on the use of the Quadratus Lumborum, to slide the leg forwards and backwards, would be repeated 6 times on each leg forward and 6 times backwards.

External rotation (focusing on the primary movers: the Gluteus maximus and the external rotator muscles group) and Internal Rotation (focus on tensor fascia lata, gluteus medius and minimus). The instructions I gave were to start with a few breaths to allow the correct muscle groups to engage, and in Fynn's case, particularly the TFL on internal rotation. Then, so as not to tire, 4 to 6 steady smooth breaths, similar to the JFS breath guidance. In this way one can turn the mind inwards and focus on the body sensations, determining when discomfort or strain occurs.

Psoas Strengtheners. We opted to have Fynn supported behind her back with a cushion, and for her to create a bracket of support with her forearms as being supine made her back feel vulnerable. The instructions were to raise her leg up 6 inches, abduct 6 inches and rotate. After we had palpitated the area again to affirm the psoas position and function, she was then to maintain the positioning of the leg, using the psoas muscle, and maintain for 4 – 6 breaths.

The directions for all of the above were to lessen the effort if the muscle shook, and I reiterated about encouraging feelings of compassion towards herself. Always using the invocation, so as to make the recommendations into mere mechanical exercises, and to bring down the somewhat aggressive perfectionist (agitated pitta) nature that she says she tends to adopt with herself. The muscle strengtheners were to be done after the JFS. So as to accommodate for her time allowance, we agreed that she could reduce the amount of JFS to 3 or 4 times, instead of the original 6. To begin with 3 part breath (she is comfortable and familiar with this) or the 3 part Meditation. Always to end in Svasana.

We agreed that at this time 3 muscle strengtheners were plenty enough to add to her routine, as she admitted that she would not do anymore.

As requested, I gave her an alternative to the yoni mudra for a relaxation. This was the 3 part meditation as directed to me by Mukunda at the SYT course Feb 2007, London. Fynn really enjoyed doing this and made her feel that was reconnecting with a meditation practice – one of her SYT goals. Meditation guided as follows:

First part: Make sure that you feel really comfortable and steady, and adjust whatever arises so to adhere to this. e.g. if you need to empty the bladder, put on extra layers etc.

Second part: To slow down the breath.

Third part: To ask the thoughts to slow down; the key word being 'ask'.

To continue to notice which ever of the parts of the meditation needs to be tended to and adjust.

August 10, 2007 – 1hr meeting to review, and modify SYT recommendations & provide relaxation techniques.

Fynn's goal seems to have more of any urgency due to announcing she is unexpectedly pregnant. As Fynn has had such a difficulty with connecting with her pelvis region, and as there seems to be more of an urgency to bring up the levels of compassion to support pregnancy, we explored a visualization which linked the heart and the lower abdominal area. The instructions were as follows:

After the invocation “With Great Respect & love I honour my heart, my inner teacher”, drop awareness and breath into the heart centre, placing a hand on this area if this helps increase intention, and stay with this with an easeful gentle manner. When this feels established stream the sensations experienced in the heart down towards the baby, like a golden thread connecting the two. Place a hand over the belly, so that one hand is on the heart and the other hand is lower, using the contact to increase the reference of heart to belly. When this feels established, then move to a comfortable yoni mudra when / if it feels right or return hands to heart and allow the transference of energy from hands into heart and from heart to hands.

Reviewed that Fynn also has the 3 part breath to use when feeling ‘stuck’, and we reviewed the movement of the 3 part breath through the body, which is confident and comfortable with.

JFS modifications. As Fynn, since the pregnancy, is experiencing discomfort when separating the legs, we have decided that this movement can be eliminated from the sequence. This particularly effects JFS No. 5 so we explored 3 modifications to replace. A./ standing with hand on chair, and externally and internally rotating from the hip, engaging the correct muscles, without moving the leg out to the side too much. B./ From all fours, extend one leg back and externally rotate for the hip then internally rotate, repeat on other side. C./ Lie on the side and lift the leg and internally and externally rotate 4- 6 times on one side then roll over.

- Muscle strengthening modification. As it is now starting to become uncomfortable to lie on her stomach, the modification to strengthen the Gluteus Maximus is as follows:, start from all four position, abduct the knee out to the edge of the mat, and bring the foot in towards the mid line of the mat (in effect creating external rotation), create a contract in the Glut max, and sustain for 4- 6 breaths. Repeat on the other side. (Refer to Appendix).
- Muscle Strengthening modification. As Fynn is finding discomfort in separating her legs, as it brings a sense of instability and vulnerability, we are going to focus on increasing her thigh muscles, before attempting to strengthen the psoas. This is a progressive approach, and one to bring about stability to the pelvis region and is as follows: From a supine position, propped up on forearms (using a bolster / padding behind to support back if necessary) Fynn is lift right leg, engage thigh muscles for 3- 6 breaths, then lower an repeat on left and repeat 6 times on each side. When Fynn is able to use at least 5 breaths in this way, add external rotation, with contraction of the Hip rotators and the glut max, again at first 3 - breaths, repeating on each side 6 times. Only when this is strong and established will we then consider taking leg out to the side for the psoas strengthener.
- Strengthening & releasing modification: to help release and strengthen the psoas, and the inside and outside of the hip area, we explored the pelvic tilts with the knees out to the side, from the all for position. Fynn really enjoyed this, commenting that it targeting comfortably the areas that she wants to stabilize.
- Muscle Strengthening. The Walking stick for the Quadratus Lumborum. 3-6 times shuffling forward, as much as possible not engaging the thigh muscles, and 3-6 times backwards.
- Pelvis lengthening technique: The ‘Reggae Walk’ was introduced to me by Uma Tulsi, who is a Pregnancy Yoga Specialist. The technique is, while standing up, to bend knees and create a pelvic rolling motion, focusing on lengthening the small of the back away from the base of spine. The pelvic tilt is co-ordinate with a stepping forward so creates a rhythmic motion. The head and spine are kept upright, as if balancing a heavy weight on the head. Fynn liked this idea, as she could stack her dreadlocks on the top of head.

29/08/07: Meeting to review MOT & relaxation technique

- * As she is finding the chest area in the 3 part breath is not being filled, she is to reverse the 3 part breath, starting at the top, so that she feels satisfied with the sensation of breath in the upper chest.
- * To meet her desire to bring more compassion to herself she is to read Sutra 34, and if it helps, memorize it. We talked about creating affirmations, and 'turning things around', and talked about the importance of placing affirmations in the present tense. I shared with her my story about of my negative attitude to my body and how I have helped turn it around through affirmations; she appreciated my honesty and felt inspired to create an affirmation.
- * As she has been having difficulty with taking her attention to her belly during the visualization, although wants to still use part of the technique. We have agreed to maintain the focus on the heart centre more, and to fall asleep with her hands on her heart centre.

e – Results of your recommendations:

June 20, 2007 – after yoga class check in

Fynn had a lighter energy about her, as she enthusiastically shared with me about her SYT practice. She feels happy with her self that she has been able to commit to it and do it in the morning before anything else. She said that she had noticed that No 5. (External & Internal Rotation) of The JFS, had made her "legs feel stronger". She felt that by doing the JFS, without a competitive, perfectionist nature (which she admits she tends to have) and with the breath that it calmed her and allowed herself to open to the results rather than enforce them. She commented that the JFS has brought her "Good focus", and that it was "nice to be disciplined". As self – discipline is pitta, this conveyed to that pitta was being balanced.

In regard to the yoni mudra, Fynn commented that she found it really hard to focus on the pelvic region, and that it seemed "like a black hole" to her.

July 3, 2007 – From the ROM session

With just over a week and half to go until she has completed the 30 practice Fynn says that her "Light had returned. "Feel like I am returning to myself" and "getting her life back.". although she said that she is feeling "very , very tired", with a heavy feeling in the womb. She has been practicing her JFS everyday. Feels "Less stagnant, and legs feel stronger.", and thinks she may have "Lost a bit of weight" She has noticed that her "Left side is stiffer." She experiences a grinding sensation on left side with SIS, so as she was originally directed to be aware of not doing anything that brings discomfort, she discerns confidently when not to and when to include them in her practice . She said, that although we changed the yoni mudra to be around the upper stomach area, rather than the lower area, as it was causing her mental discomfort, it was still difficult to focus on yoni mudra, or anything below navel, commenting that she has a "visual block".

She had a few questions about fine tuning the JFS, and we agreed that the SIS was to be used when she felt it was appropriate. Otherwise she is to continue with the JFS. She says she is still willing to "play around with yoni mudra, but wants another relaxation technique, so this was when I gave her the '1,2,3' meditation, as given to the SYT group in London, Feb 2007. (see note from Recommendation July 3rd 2007).

July 19, 2007 – telephone check in from the Muscle Testing Session

Fynn was upset when we talked on the telephone. Although she had been doing some of the muscle Strengtheners, she had a two week break from the JFS, but is now practicing 4 times a week. She said she was feeling "Old, Useless" & "Scared about the future." She assured me that this was not from her SYT practice but "triggered" from a Rolfing session that she received two

days ago, but after a session with her Osteopath she felt better – although disappointed that she had experienced this.

She calmed when I redirected her to the positive aspects of her SYT practice. She then told me that she has an unexpected pregnancy, and that her nausea is causing difficulty with her practice. She commented about the JFS No. 5 that she no longer liked to do it with the legs apart, as it felt like it was “loosening her pelvis”. She says that sunbird is uncomfortable and made her feel sick.

What she has found is that she is enjoying cow and cat (trunk extension & flexion), and pelvic moving. She “could not face” the QL exercise, or the psoas strengthener sitting up, but lays down doing it instead, although she does not like taking the leg out to the side.

In reference to her pregnancy, I asked her if she was still ok to continue with the SYT practice, with modifications, and she said firmly “yes”, as she is definitely benefiting from our work together as it made her feel her desired “more in tune”. We ended the conversation on a positive note, as she said that pelvic rocking was really relieving, so I suggested knees out to the side of the mat, and she agreed that in our next session together we would modify and amend practice. In the meantime to practice the JFS, the ones which were comfortable, but to not take the legs apart. She wanted to continue with the psoas, and agreed to do pelvic rocking before going onto the next side.

She was also extremely interested in Sutra 34, and wants me to photocopy from the Sutra book, for the next session.

29/08/08 ROM review assessment & review of modifications given on 10/08/07

Fynn reported that her right side of pelvic and hip “doesn’t feel as unstable” and that it is “feeling fine”, although her back has felt “niggling.” She describes the pain as now “manageable” and has lessened to a 4 scale, which, we acknowledged was half the pain experienced when she first came to me. She was encouraged by this comment, as she smiled, and light flashed in her eyes. She says that she now feels like “There is a frame to my pelvis”. I repeated this back to her, which was received with a big smile, and we reviewed some of the comments she had made about her pelvis, such as calling it “a black hole”, to emphasis her courageous progression.

She says that her lower back feels “more stable”. And that in general she says that “having a strategy is making me feels better in myself.”

Although she had experienced a “twang” from an injury doing a trikonasana in her practice today, she said that she felt comfortable to review the ROM assessment. When we reviewed her ROM , we saw a significant increase of ROM in the desired areas, regardless of the minimal injury she incurred today. I focused on the results each time, to reiterate the reward she had given herself through her committed practice. She was delighted by the news.

She finds that the 3 part wave breath motivates her to do her JFS, although she has noticed that it is particularly difficult to fill the top section of the lungs.

She mentions again that the regularly routine practice “feels very important” and especially useful being at 7.30am, before her day begins. She says that she certainly notices an obvious ‘absence’ in her life when not doing the JFS regularly. As she has been away from home quite a great deal recently, this has meant that she has not done as much as she “would have liked to.”

We talked about the visualization of the heart to the baby. Although she acknowledged that she had been originally enthusiastic about receiving this technique, she has noticed a resistance towards doing it, and this has been extremely insightful for her “To be honest, it is a resistance to nourishing myself.” She said that adhering to remaining comfortable she places her hands on her heart alone, and not on the lower abdominal area.

She is happy with JFS modifications, selecting the modification for the external and internal rotation for the all fours position, and comments that if she does do them her body feels “freer” and when not doing this practice she feels “clunky”.

She is happy with the Muscle Strengthening modifications, and comments that her legs “definitely feel stronger” and is able to do them about 4 - 6 breaths most days. Although she comments that when doing the Muscle Strengthening she says that she is finding the TFL more and more difficult to “fire up”, and the walking stick QL strengthener is much more difficult to go backwards.

Pelvic rocks are particularly satisfying for a sense of releasing her lower back.

The recommendation of the ‘reggae walk’ is not helpful as she feels it compresses her mid thoracic. We talked about extending her head more towards the ceiling to decompress, but she was not particularly interested in this so we decided to drop this from her practice, especially as we are adhering to reducing pain and discomfort.

She commented at the end of our review, that she feels “like she has a leg at each corner.” When I asked her what this meant by this she said “it means I feel stable and able bodied.”

25/09/07 Review of the Muscle Testing Assessment

In general Fynn has increased her muscles strength in the desired areas in general by an increase from 3 / 4 to 4 or even 4 / 5.

From using the JFS and muscle strengthening (although has dropped the walking stick as does not like it) Fynn comments that she feels “stronger and more rooted in her pregnancy.” She says that she has not pain in her Sacral Iliac Joint.”

The bridge pose with the block between her knees really help to target the gluts, and she likes this sensation.

From the affirmations and Sutra 34 she feels she is “more aware of her worries”, from this insight she acknowledges them, which has enhanced her compassion towards herself and “to be more present”. She says that this “feels liberating”.

When I asked how her pelvis felt, she paused, and with a look of surprise she said ” I have hardly thought about my pelvis at all!”

She commented again how much she enjoyed the pelvic rocking;” it makes a really nice space in my belly and for my organs.”

Finally Fynn comments that, overall, “her inspiration has returned.”

2 a ./ Name and description of the condition

Fynns’ condition is symptomatic of longstanding pelvic trauma, and has been exasperated by menstrual difficulties, miscarriages, psychological attitudes to this region, lower back injury, pregnancy and labour. The physical symptoms are weakness in the primary muscles that border and support the general pelvis area and tightness in the muscles that allow for tone and freedom of movement. The instability can also, as is in Fynn’s case, be created by imbalance in the sacroiliac joint: ‘The pelvis is the largest bony part of the skeleton. There are three joints, the symphysis pubis (SP), and two sacroiliac joints. A highly durable network of ligaments surrounds these joints giving them tremendous strength.’ (Wikipedia: Pelvic Girdle Pain). Pelvic Girdle Pain causes pain and instability in any of the three pelvic joints during and/or after pregnancy which effectively hinders locomotion and gives rise to the most peculiar and alarming sensations". Snelling (1870).

Women who have experienced pelvic girdle pain and instability and who have also been pregnant are more likely to experience pain and pelvic instability ‘Pregnancy begins the physiological

changes through a pattern of hormonal secretion and signal transduction thus initiating the remodeling of soft tissues, cartilage and ligaments. Over time, the ligaments could be stretched either by injury or excess strain and in turn may cause pelvic girdle instability.'

http://en.wikipedia.org/wiki/Pelvic_girdle_pain Wikipedia describes the symptoms that Fynn is experiencing as "Partial Pelvic Instability": "The ligaments alone do not support the joint sufficiently. The ligaments become weak or injured and the muscles try to compensate to function properly. If the stabilizing muscles of the pelvis fail to work effectively with the weak and injured ligaments, pain and weakness will be experienced during daily activities. This kind of pelvic instability often occurs after giving birth to a child weighing 3000 grams or more, hypermobility of joints during pregnancy or an incident during the birth causing some minor degree of damage to ligaments or joints of the pelvis. Treatment is required to re-establish the muscles around the pelvis to work more efficiently".

In Fynn case the muscles that require strengthening, and that support and border the pelvis are the gluteal group, the adductor group, the external and internal rotator group, the abdominals and the hip flexors of which the iliopsoas belongs. The gluteal group, the muscles of the buttocks, are '...three gluteal muscles, stretching from the sides to the back of the pelvis. The gluteus medius muscle is situated on the side of the pelvis, and a little in front we find the gluteus minimus muscle. The best known muscle in this group is the third one, the buttock muscle or the gluteus maximus. It is the largest and most superficial of the gluteal muscles.' (P64, *The Female Pelvis*: Calais- Germain) 'Taking its fixed point from below, it acts upon the pelvis, supporting it and the trunk upon the head of the femur; this is especially obvious in standing on one leg.

The lower part of the muscle also acts as an adductor and external rotator of the limb.'

http://en.wikipedia.org/wiki/Gluteus_maximus_muscle

'The internal rotators, the outer thighs are the Tensia Fascia lata.

In the erect posture, acting from below, it will serve to steady the pelvis upon the head of the femur;' http://en.wikipedia.org/wiki/Tensor_fasciae_latae

External rotators (including lateral rotator group) which again primarily works with the gluteus maximus, but also works with the sartorius, which in Fynn's case is particularly weak. The piriformis is also included in this muscle group, and can often be affected by hypermobility within the pelvic region, caused by injury and pregnancy.

The muscles that allow for freedom of movement is primarily the iliopsoas, part of the hip flexor group and allow the spine freedom of movement upon the pelvis. The rectus femoris is also included within this group and it is the only muscle in the quadriceps group that is involved in hip flexion, since it is the only one that originates in the pelvis and not the femur, so it too requires strengthening to support general pelvic stability.

b./ Gross and subtle body common symptoms

- Prana misplacement – caused by trauma, and creating a 'leaking' effect and prolonged by psychological belief patterns. Vata gets displaced and does not return to its seat, thus causes mental confusion, fear and reoccurring pain.
- Immediate pain in lower back – weakness and contraction of the supporting and bordering muscle groups.
- Gluteus Maixmus – Weakness of muscle creates excess lumbar curve.
- Piriformis – Restricts mobility of the hips. Problems with this muscle can also affect sciatic nerve.
- Adductors – If too tight the will pull the pubic bone down increasing the lumbar curve.
- Weakness – Imbalance of the muscle groups that work together. Reconditioning of muscles must take place in order to prevent reoccurring instability.

- Quadratus Lumborum – Imbalance of muscles, from side to side.
- Abdominals – Weak abs create excess lumbar curvature and an instability to stabilize the low back and pelvis.
- Iliopspas – If weak or contracted can cause instability in low back or pelvis.
- Sacroiliac imbalance – prana misplacement causing a scissoring effect within movement of this joint.
- Swadhistana imbalance – the 2nd chakra is associated with the hips and pelvis area, and with sensuality, pleasure, finances and relationships.

c./ Related challenges

Pelvic Instability, with the symptoms of back pain, sciatica and sacroiliac imbalance, effects everyday activities, family relationships, long journeys in the car, and work and has disabling effect when getting out of bed first thing in the morning. Aggravated during certain asana, and energy depleted by vata displacement which in turn turns down the levels of enjoyment in the longevity of the day.

In some cases there may be fear attached to physical activity that the pain will be exasperated, in which case they may avoid exercise to avoid pain, even if recommended to heal.

3. Ayurvedic assessment

Fynn's dosha balance and the approach of SYT is to address excess vatta, and imbalanced pitta and kapha. As the pelvis is home to vata, and pain is almost certainly associated with excessive vata, the urgency to firstly balance vata.

Fynn's Dosha Symptomology

General Vata Excess:

- Pelvis discomfort and irritability (in the case instability)
- Dryness
- Moving pains
- Cracking and popping joints
- Sacrum dysfunction
- Irritated by cold weather
- Busy scattered mind with confusion as to what to do to help situation.
- Irregular appetite and sleep.
- Intermittent and chronic pain (17+ years)
- Hypermobility
- Stress and anxiety

Vata Treatment:

- Keeping rhythm and regularity in daily life and spiritual practices.
- Pranayama: Wave breath (at times reversing from the students normal wave breath eg if breathing from the bottom up, then reverse from the top to bottom, Mukunda Stiles in his Pranayama Chapter advises this if one suffers from depression). Ujjaye breath, making the prana smoother and finer. Pranayama also help guided the pranas back to their home.
- Gentle self care will balance vata, and becoming more aware of triggers of over -tiredness, or irregular patterns, whether its eating or sleeping, and taking appropriate steps to balance, such as retreat time. Although a retreat environment like an ashram or a mediation centre, is particularly effective in balancing excess Vata (especially due to scheduled, punctual programs) creating a place of Retreat within the home is particular helpful to support the student. (also see Kapha).
- Self Study (Svadyaya / jnana yoga) this is the practice associated with the second chakra. It develops one's capability as an observer onto one's life and in this case, one's yoga practice, and helps to cultivate equilibrium in the mind.
- Dancing, swimming, belly dancing: connecting with activities that provide a sense of flow in the body and mind.
- Hydrate the body: drink plenty of water and decaf teas.
- Relaxation: taking time to be still and to be in silence. This encourages the conditions for the inner teacher to be heard more clearly.
- Yoni Mudra: creating a hand seal placed on the pelvic frontal area and allowing sensation, breath and mind to be guided to this area, creating a 'seal' of energy and thus returning prana to its home.
- SYT JFS: to be done with a slow, even breath (sama vritti pranayam), co-coordinating the inhale and the exhale to the movement.

General Pitta imbalance

- Perfectionist attitude
- Overworking.
- Frustration
- Resentment, intolerance and dislike.
- Criticism and a judgmental attitude.
- Difficulty in resting injury
- Lack of discipline, discernment and clarity (seeing the light in things).
- Lack of zest for life

Pitta treatment:

- Tapas: Increasing one's self-discipline, whether this is keeping to a regular yoga practice, or to activities that promote a sense of connecting with spirit.
- Sangha: hanging out with like-minded joyful people to protect the mind and support your sadhana.
- Gentle stretching and strengthening around injured area.
- Awareness of feeling tejas in yoga postures: searching for the 'light' in asana, the place between too little effort and not much effort.
- Ahimsa (non-violence): Adhering to yoga niyamas and creating a state of mind that is free of self-hatred, sutras such as I33 & II34, assist in helping the mind cultivate positive thoughts, by 'turning things around'.

Kapha Imbalance

- Lack of self love and compassion towards oneself (and others)
- Inertia: feelings of heaviness.
- Attachment to a particular point of view (eg I am worthless) or belief pattern (eg Intimate relationships do not work out).
- Self-interest (narcissism)
- Weakness of muscles.
- Inability to access primary muscles groups for their purpose.
- Feelings of isolation and lack of interconnectivity.

Treatment of Kapha imbalance:

- Sutra study & metta Bhavana practice: Consistent practice of 'Turning things around' and cultivating a positive mind, and practicing 'Loving Kindness' as part of a meditation practice.
- Muscle Strengthening: by creating muscle strength and muscle synergy, one becomes more grounded and earthed.
- Affirmations: Keeping a list of self-affirming affirmations.
- Invocation: By consistently practicing invocations and prayers at the beginning and end of practice one reminds oneself of divine presence in one's life.
- Volunteering (karma yoga): Helping others without the wish for praise and reward. Karma Yoga is the associated yoga of the heart centre (Anahata), it helps one to experience natural sense of joy, love and happiness.
- Chanting & Mantra: Chanting 'Lokaha Samastha Sukino Bhavantu' and offering 'The Insights & Benefits of this practice to all Sentient Beings' opens one's heart and alleviates isolation and self-obsessing to connection with spirit.
- Heart meditation /visualization: Connecting and breathing into the heart centre to bring about the feelings of compassion towards oneself and to open to the inner teacher within.

4 Common body reading

Postural Change	Tight Muscles	Weak Muscles
Body Leans forward	Tibialis anterior, psoas, rectus abdominus	Gluteus maximus, thoracic erector spinae
Palm turned back	Pectorals, latissimus, teres major	Teres minor, infraspinatus
Hip elevated	Quadratus Lumborum, psoas	Same as opposing side
Hyperextended knees	Hamstrings, gastrocnemius	Lower quadriceps, popliteus

5. Contraindicated yoga practices

All yoga poses or activities that cause discomfort and pain should be eliminated. Learning to become more aware of boundaries, noticing resistance, and ensuring that one is cultivating a sattvic nature towards SYT practice as well as daily activities. If contradictory sensations and feelings arise to the above statement, then to note this and discuss as to whether to eliminate or modify. With this, mindfulness is increased. During the first trimester of pregnancy, modifications are increased to support the lower back and to be aware of hypermobile joints as the pregnancy develops.

Fynn's pelvic instability required that during the healing process, and particularly during her pregnancy, taking the legs apart more than a 20° angle should be avoided. This particularly affected JFS No. 5 and the psoas strengthener. Bringing the thigh in towards the chest in hip flexion, as in Sunbird (JFS No. 7) is also to be eliminated, due to abdominal discomfort.

Prone postures were eliminated as they brought discomfort and required modifications, this was particularly the case with the external and internal rotation strengthener techniques. This was modified to do from all fours, which at this point in time was a comfortable position to work from.

Fynn, from an early stage, required an elimination of the yoni mudra until she was ready to bring her attention to her pelvic region. During visualizations connection with the heart was appropriate and comfortable, but often streaming ones attention down to the pelvis was not comfortable, so this was only practiced when Fynn experienced feelings of being balanced, safe and steady with this practice.

6 – General recommendations for the condition

a Therapeutic/free of pain

- * Familiarize oneself with the anatomical structure of the pelvic region, particularly identifying the muscles that support the pelvis, and learn to use the primary muscles efficiently. For example, bringing awareness into such activities such as walking and lifting,
- * Incorporate rest into the day, and eliminate activities that cause discomfort to the area.
- * Be mindful of the position you sleep in. Sleeping on the stomach should be avoided as it puts strain on the lower back. Evaluate whether the bed mattress is contributing to pain, and experiment with sleeping with a pillow between the legs, which places the femurs in a neutral position and keeps the sacrum stable.

- * Re-hydrate the body, especially if you are increasing your muscle strengthening routine, muscles and joints require lubrication to work efficiently.
- * Use wave breath and yoni mudra to guide the pranas to their natural seats.
- * Use the breath through-out the day as a band aid to a stressful or anxious mind. If necessary, add in gentle movements with the inhale and exhale until the mind feels more balanced.
- * Develop a morning routine, which incorporates (and is to be done in this order) joint freeing movements with breath (balancing vata), sequences or postures that increase tejas (balancing pitta) and muscles strengthening (balancing kapha).
- * As jnana yoga is associated with the second chakra, self-study could be incorporated into daily life, such as meditation. If seated make sure the back feels supported and the hips are elevated on cushions to allow for a triangular support with the knees lower than the hips.
- * If freedom of movement is one of the symptoms then consider swimming, to allow the pelvis to feel free, and to engage with an element (water) that reminds you of the ability to flow yet be supported.
- * Pelvic tilts generally relieve pelvic discomfort, as often the psoas is restricted in its movement, so the rocking back and forth motion helps to release yet tone this area.

Recommended Yoga Asana for the pelvis area and the muscles supporting this area from the Structural Yoga Therapy's 24 positions.

- l* **Apanasana** held long enough will generally relieve lower back discomfort, allowing the pelvis to release into a more neutral position. It produces a general sense of openness in the lower back and pelvis. It can be done in two ways, either with the exhale as the legs are brought in towards the chest (the hip flexors could be encouraged to work here, and perhaps a mula bandha applied). Or bring the legs both down to the chest and sustain this posture.
- * **Child posture**, like above, this position, although a forward bend can bring release into the pelvic area, and with the weight of the body against the heels bring a pleasurable sense of weight into the hips and pelvis; producing a safe and stabilizing emotional effect. A mula bandha applied on the exhale can bring a sense of opening all across the lower back.
- * **Urdhva Prasarita Padasana** upward stretched legs engages the abdominal muscles and the hip flexors, with an added pelvic tilt to exaggerate the lumbar curve educates the student into feeling the muscles of support for the pelvis.
- * **Virabhadrasana I** tones the adductors, and if an internal rotation of the thighs is focused on, can provide a release across the posterior pelvic area. With the arms raised, and the breath in the chest, it elevates the student's energy into the heart centre and to the higher chakra points, taking one's mind away from the material into the spiritual.
- * **Virabhadrasana II** helps to tone the external rotators. With emphasis on the Gluteus Maximus muscles of the front externally rotated leg, this can serve as an effective stabilizing aid and strengthener. This posture also opens the groin safely in an asymmetric fashion, thus creating a safe feeling with this action and releases compression on the lower back.
- * **Navasana** increase the hip flexors and abdominal strength so that the lower body cultivates a sturdiness and stamina, which helps to support sitting positions.

- * **Locust** pose, focusing on lengthening rather than height, the hamstrings and gluteals are strengthened, and the student becomes educated in using these muscles, as well as distributing the effort evenly up the spine, to support the lower back and pelvis.

Additional practices recommended by Mukunda Stiles

- * **Pelvic tilts & thrust**- this series develops the abdominals, lower back muscles and pelvic floor as well as developing the tone of the psoas muscle.
- * **Rolling Bridge Pose** - .This posture can be used in various ways. If coordinating the movement with breath (inhale roll up, exhale roll down) it can balance vata. When focusing on the muscles, and holding the pose for up to 6 breaths, it can strengthen the gluteals and hamstrings, the abdominals and the erector spinae, helping to balance Kapha. When practiced with a sturdy cushion or block between the knees it relaxes the adductors, and increase the recognition for the gluteals to work.

Series of Asana to release groin (SYT Training, London, UK Nov 2006)

- Pulsing runners stretch with legs wide apart, gradually drawing front knee straighter, whilst incorporating a 'bowing' moment of the torso over the front leg to then returning through the spine into the runners stretch.
- Spinal undulations while on hands and knees, knees out to the sides of the mat, big toes together.
- Child's pose with wide knees, then onto hands and knees, taking hips forward of knees and moving into pelvic tilts. Gradually hips move forward with forearms supporting pose. Eventually the pelvis will touch the floor (use discretion for pregnancy), and feet may need to come off the ground.

Sacroiliac Stabilizing Sequence as instructed by Mukunda Stiles (and cited in 'Low Back Pain' graduate paper, Bonnie Pariser, 2005)

The sacroiliac joint is the key joint to the lower body. There have been so many queries on problems related to this that I wanted to share with you an exercise I have devised that relieves a host of offshoot problems from the sacroiliac joint – knees, lower back, sciatica, even menstrual irregularities. While these conditions are not necessarily caused by S/I dysfunction, they accompany it. I find that by creating natural motion in the S/I it begins to help vata / pranic energy find its way too balance.

The Sacroiliac joint has a small amount of motion: adduction, abduction, flexion and extension. Without free range of motion in this movements, the lower back and hips can be quite uncomfortable. The solution is to mobilize the sacroiliac properly.

The following exercises balances the joint so that the hip goes into flexion, the psoas will contract with sufficient force to overcome its antagonist, the gluteus maximus, and the joint will flex (move upward). The movement needs to be done regularly for those who have frequent lower back discomfort until the correct pattern of motion is established. This should be done before any other exercises or asanas for those with reoccurring lower back, or sacroiliac or hip strain.*

- Sit on the floor with your knees bent and feet to the right** side, so that the right foot points back beside the hip and left foot is adjacent to the right knee. If you are stiff and unable to sit comfortably erect then place sufficient padding under the pelvis [I usually find that placing padding to raise the opposite hip to the knees that is bent back helps] to make it comfortable to be erect and move. Avoid leaning so far to one side that your hands need to support you on the floor.***

- The first movement is to pelvic tilt back and forth from the iliac crest (top of pelvis)O exhaling as you contract your belly and round your back [the tailbone moving to the front as if doing cat.] Then arch your lower back accentuating your natural lumbar curve by contracting the psoas as you inhale. Repeat 12x, or until you feel the motion becoming smooth, whichever takes longer. You are looking for a feeling of release (Kriya) in the tissue, energy, or emotions that will react to the motions.
- The second motion is to take the top of the right thigh (not pelvis) and move it into internal and then external rotation. During internal hip rotation your pelvis will lift from the floor, during external rotation your ischial tuberosity (sitz bone) will touch the floor. Inhale as you lift your hips moving into internal rotation. Exhale as you lower the hip coming into external hip rotation. Continue for 12x, then reverse your legs and repeat.
- When finished stand up and walk in place for 6-10 steps which will assist in promoting stability.

- **Mukunda Stiles**, Yoga Forums Thu Oct 03, 2002 Post Subject: Sacroiliac Stabilizing Exercise.

“Stimulating the parasympathetic nerve roots in the sacrum invokes a deep relaxation response. The gentle rocking movement of the entire spine would also stimulate the circulation of cerebral fluid. This fluid circulates through-out the spinal column and the brain. This may be the mechanism responsible for the calming and soothing effect of forward bending. Since forward bending usually cannot be safely accomplished by someone with low back pain they need to find an alternate movement that creates the same response. The SI joint stabilizer may be doing that.”- **Debora Mangala Warner, MS, E- RYT- 500**, long term student of Mukunda Stiles.

*If one is including the S/I joint exercises (the one with one leg back, and the other at a right angle in front), then it is placed between the JFS No 4 knee extension / knee flexion and the hip external and internal rotations, as recommended by Mukunda Stiles.

**If the difficulty is more apparent in one side from the other i.e. in the right S/I joint rather than the left, start on the more balanced first, which in the example just given would be the left side.

*** If the knees feel strained and it is apparent that the hips are not sufficiently open enough, or the spine bends over profusely, then it is possible and essential to modify these exercises to sitting on a chair, mimicking as much as possible the positioning on the floor.

b Stabilize situation

- Becoming aware of, and strengthening, the relevant muscles that support and border the pelvic region so to stabilize.
- To practice the JFS at least 4 times a week, paying attention to a smooth, even breath and observing sensations and feelings as they arise.
- To eliminate activities from ones life that bring discomfort, and increase ones discernment of what brings comfort and steadiness.
- To create a practice space / a place of retreat in order to create the conditions of quiet.
- To bring regularity into daily life, including getting up in the morning, eating and going to bed.
- To incorporate rest and relaxation into the day, especially at ‘dipping’ times.
- To cultivate an attitude of ahimsa towards oneself and others, and consistently practice positive thoughts to counteract negative ones.

c Maintenance

- Maintaining a tapas, a self-discipline (whether this is drumming, yoga, meditation or practice associated to your religious heritage).
- Consistently cultivating positive thoughts and attitude.
- Keep uplifting company.
- Continuing with the self-study so to continually develop awareness of triggers that upset rhythm and joyfulness in life. Check with your body regularly and notice tendencies of avoidance or resistance. If the wish arises, to perhaps seek counseling or psychotherapy of some kind to assist this process.
- After childbirth, bring awareness to re-strengthening the muscles that support and border the pelvis, and readdress the SYT program to see which exercises would now be appropriate to help maintain the pelvis instability.
- To notice activities that bring discomfort and to eliminate them until a sattvic nature has returned.
- To be mindful in the JFS and to maintain a smooth and even breath through this series.
- When levels of discernment feel balanced, to use the SIS as and when appropriate.
- To continue with the invocation 'With Great Respect and love I honour my heart my inner teacher, Namaste'. To continue chanting 'Lokaha Smataha Sukino Bhavantu', to encourage feelings of connectivity.
- To make note of affirmations that arise, and to continue to practice them.
- To practice ahimsa towards oneself and others.

7 Questions and answers on Yoga Therapy from www.yogaforums.com

Jan 2006

Q: I am new to this site I have a problem that I hope someone can help me with.

I have really bad body posture. My **pelvis** is tilted forward that makes my belly pop out making me look 6 months pregnant even though I am a male! My shoulders are rounded and head is jutted forward.

This makes it really hard for me to breath in the right manner. I am constantly sucking in my belly thus further impairing my breathing.

I have tried Alexander Technique and Rolfing without any success.

Please can someone give me some exercises to do that can sort this problem out. I read somewhere that it is something to do with the iliopsoas muscles. Please can someone assist me.

A: Correct. Iliacus and Psoas together attach to upper end of thigh- track across the pelvic rim and attach to the anterior portions of the lower lumbar vertebra. To level the **pelvis**, the gluteal muscles and abdominals need to take a more active stabilizing role. Standing with your feet aligned under the hip sockets, bend the knees. Tuck the tailbone under, gently firming the buttock and lower abdominal muscles. The posterior waistline will move back and the "bowl" of the **pelvis** will level. Now maintain this as you straighten the knees and return to standing. You may feel more "grounded" as the **pelvis** is the gravitational center of the body.

Hope this is helpful to you. Try doing it looking at yourself in the mirror (from the side). Ideally, the hips will center over the knees and the knees center just in front of the ankle bones. Namaste, Chandra

Q - Would the best exercise for toning gluts be the muscle test for gluts or the fire hydrant or bridge poses?

A - The best for gluteus maximus? I assume you mean that and not the 2 other gluts. The best is to consider all the motions the muscles does then put them into one motion. So for gluteus maximus – it does hip extension, slight abduction, and external rotation. That would be sunbird with leg out to side and turned out or a little more challenging would be to do this standing as in Natarajasana the Dancer; but the most challenging would be doing these motions from locust Salabhasana as by keeping the **pelvis** against the floor there is more challenge to the muscle tone than the others.

Q: External rotator stretches: Sitting and twisting the **pelvis** and spine in one direction while pulling the opposite leg across the **pelvis** (as in Sage Twist (Marichyasana)), causes external hip rotators to contract, Stark says, and puts traction on sciatic nerve. Problem is rotational stress on ligaments of **pelvis** and spine and sciatic nerve damage. I find it hard to believe that such a common practice could be so dangerous. What do you think?

A: First of all he is incorrect in that the movement is a stretch of the external hip rotators and abductors. It can stretch the sciatic nerve when the bent knee is away from the torso. Bringing the bent knee closer to the torso stretches above the sciatic notch. When the **pelvis** is allowed to move such that one ischial tuberosity (sitz bone) is forward of the other then the sacral ligaments and sciatic nerve can indeed be in a compromised position. In the Sept/Oct 2001 article on the sacrum Judith Lasater addressed this concern quite thoroughly.

I have not seen Dr. Stark's book. However, it sounds to me that Dr. Stark was evaluating some methods of stretching in which anatomical and kinesiological knowledge were not taken into concern for body placement. Perhaps he is evaluating a different movement than what we know as a well presented Yoga pose, I cannot be certain. Good Yoga practice will be based on sound anatomy and kinesiology knowledge from which one may need to adapt to individual's anatomy. Yogis are learning more about this every day. I hope to be able to contribute to that knowledge and dispel misconceptions. After all we are all built differently. And there are plenty of places where body position will create more problems than they alleviate. You have brought some good questions. Thank you for calling our attention to these concerns.

Q: I am suffering from sacroiliac pain in the right side. I visited a chiropractor but it doesn't cure me completely. After some time the pain returns quickly. An x-ray was taken and I suppose that my **pelvis** is slightly rotated forward on the right side. Please let me know what postures I can use to get rid of this problem permanently?

A: I love hearing a request for a permanent solution to a repetitive problem. The permanent solution is stop identifying your Self as being a physical body. The short-term solution for the body issue is to mobilize the sacroiliac properly. The following exercise does that and needs to be done regularly until the new pattern is established as a reflex. Sit on the floor with your knees bent and feet to the right side, so that the right foot points back beside the hip and left foot is adjacent to the right knee. If you are stiff and unable to sit comfortably erect, then place sufficient padding under your **pelvis** to make it comfortable to be erect and move. Avoid leaning so far to one side that your hand needs to support you on the floor. The first movement is to pelvic tilt back and forth from iliac crest (top of **pelvis**) exhaling as you contract your belly. 12X or until you feel the motion becoming smooth whichever takes longer. You are looking for a feeling of release (Kriya) in the tissue, energy, or emotion that will react to the motions. The second motion is to take the top of the right thigh (not **pelvis**) and move it into internal and then external hip rotation. During internal hip rotation your **pelvis** will lift from the floor, during external rotation your ischial tuberosity (sitz bone) will touch the floor. 12X then reverse legs and repeat. This should be done before any exercises or asanas.

Q: I took your weekend seminar in Calgary in October. You showed us two hip opening movements in which you said they were the best things to relieve lower back pain. The movement was a rocking of the hips and **pelvis** forward and back, then rotating the thighbone externally and internally. What about them relieves lower back pain? Also, I got a lot out of your weekend here.

A: The movement is done by sitting unevenly with both feet to the same side. From there moving the top of the pelvic (iliac spine) into pelvic tilt and thrust (flexion and extension) 12-15 times creates a freedom of the lumbar spine to move both laterally and with repetitions of flex and extend, it also released a pent up sacroiliac joint. The second movement done by holding the top of the femur and rotating internally while lifting the hip off the floor then externally lowering the **pelvis** to the floor frees up the hip socket and all the gluteal muscles that cross the hip joint. Many of these muscles affect the sacroiliac and mobilizing them promotes a wave of circulation and energy to the lumbar sacral region.

A: One woman who has beautiful looking asanas, finds her self-judgments being a block to experiencing a deep inner state within the poses. As I worked with her one on one it came up that while her, for example, Dog pose, looks 'right' on the outside she is not satisfied with her Asana and therefore feels lack in the pose. I was reminded how greatly does our attitude of our self determine our yoga experience. Perhaps one of the greatest obstacles to bliss is our own negative judgment of our self. Interestingly, this woman has no awareness of her pelvic floor. She feels a stranger to this area so I've had her sit in Virasana with a rolled up towel placed under her perineum. By having this reference she can at least feel the pressure and visualize Mula bandha. Aswini Mudra is also very difficult for her to practice. She is going to a specialist concerning her perineum numbness`. Is there anything else I can do to assist her to let go of her self-judgments and also to get 'intimate' with her pelvic floor? I have reflected that perhaps there are childhood abuse issues and don't feel it's my role to counsel her on this. Any other yogic tips to help in self-acceptance and also pelvic floor connection? Sending you lots of love and friendship from my heart to yours.

Q: Indeed a student's tendency to judge and criticize themselves is a great obstacle. One help is use of affirmations; Patanjali recommends this in Yoga Sutras II, 33. My new books rendition of this line is "When one is disturbed by unwholesome negative thoughts or emotions cultivation of their opposites promotes self control and firmness in the precepts [Yamas)."

This is a block in Pitta energy, home should be in belly. My guess is that this is increased in her case and that Vata, whose home is the pelvic basin, is being denied energy expression and emotional feelings as belly is holding. Vata is the storing place for fear and is often blocked when one doesn't feel safe. If she doesn't feel safe she will not open this area. Indeed it is not the role of a Yoga teacher to work on such issues of sexual abuse with licensing in therapy. One way around this is to have her do neck lock (Jalandhara Bandha) while in dog. The lock should be rhythmic to breathing, locking after exhalation, opening to inhale. This can often set up a reflex that can allow the **pelvis** to open.

The woman can be encouraged to look at anatomy images of the internal pelvic diaphragm to see how it can move up and down in harmony with thoracic diaphragm. The ideal is to have them both move down on inhalation and up on exhalation. So natural way to give both Mula Bandha is with exhalation. As Aswini Mudra is done while breath is held she can do pelvic floor contractions as strongly as possible. I find that what works best is to have the student overly contract the entire pelvic and lower abdominal area during their initial several weeks of Mula Bandha. So they will use not only pelvic floor but also lower abdominal muscles and gluteals (knees will pull down when these are active in1)

Q: I was a competitive runner in highschool from age 12 onwards. At age 15 I would run 1 of 4 races in a meet & then find I could barely walk. It seemed one leg was shorter than the other. I went to a chiropractor 3 times/week in order to continue racing. The following year I quit & haven't run seriously since, although I have done nearly every other dance, sport, or body exploration I could manage.

With the continued movement, but not the jarring of running, the sacrum discomfort was alleviated.

It is still aggravated by sitting too long. In highschool I had an MRI & in college I saw a "spine" doctor at Cornell Med in NY & then a chiropractor & later on an osteopathic doctor. The MD reiterated that I have a mild, beginning scoliosis (Lumbar curves to L slightly), which I had managed to keep from developing by studying ballet & maintaining tall posture.

The osteopath (2 years ago) took an x-ray & said one leg was longer than the other, causing my **pelvis** to twist. He gave me a heel lift (L foot) & said I would have to wear it the rest of my life. He did acupuncture on my L QL's & said the muscle was so tight & had been so tight for so long that they could barely get the needles into the muscle to release it. It remains tight to this day.

However, I was wary of him & didn't trust him. Immediately after I was at Kripalu for yoga teacher training & I had a session with Lee Albert--Positional Release Therapy. This helped tremendously & I quit wearing the heel lift. However, he said just the opposite of the Osteopath--which was that it was highly unlikely the bones of my legs were different lengths & far more likely that there was an imbalance in my hips. He prescribed Garbasana (child) 5 minutes each day & Matsyendrasana (seated spinal twist) each day.

I have not, I regret to admit, been religious about doing these 2 postures every single day. Now I find not only are my sacrum & **pelvis** more loose & moody, but my L knee has been feeling strange for the last few months. It feels as though the shin bone, where it meets the knee, is about to pop through the skin & is very tender to the touch. I have difficulty doing child pose now b/c of this. I can also feel when I do it upward-facing--pavana muktasana--that the L ASIS bone is tilted uncomfortably forward into my thigh & my right lower back is not as even in the floor as the L.

Three more details: There is a band at the groin--just below the L ASIS bone--that has been bulging for years. Initially I thought it was a swollen lymph node, but now wonder if it is the Psoas or another muscle that is stretched too far over the bones in my **pelvis**. Secondly--I have had spider veins in my thighs since age 15 & they have been slowly creating broader maps through my legs. They have spread into the shin & calf of my L leg. Most everyone says it's nothing to worry about--but I can't imagine that faulty circulation is something to ignore.

And finally, I have had low arches, but in the past few years of focus & awareness through yoga practice (coupled with Kathak--Indian dance--for 6 months & now Flamenco--although I am unsure if these foot-active dances are ultimately helpful or hurtful), I have strengthened & broadened my feet & lifted the arches somewhat. I notice discrepancies in the feet & toes on each side, but have not been able to figure it all out--to piece all these various bits together & understand how to better align.

So, having taken all your time with so much information, I am simply hoping you might confidently shed some light on what is going on & what I can do to heal.

A: I agree with the Postural Release Therapist, that there is an extremely remote possibility that your legs are uneven length. Most likely there is muscular imbalances. I have assessed over 30,000 people in 30 years and found only 2 with true leg length difference, both due to auto accidents. So you need an accurate assessment of what muscles are tight what are weak so we can do something specific for you. It doesn't sound to me from your history that that has been done. A mild lumbar scoliosis can cause this situation to give spasm to Quadratus Lumborum (QL) and the resulting appearance of leg length difference. This being the case the two poses you were given will not likely make a lasting difference because they are not affecting the QL and psoas. You need to be seen by me or one of my graduates. refer to my website for the graduates in MA or CO or to my travel schedule under the workshop page -- www.yogatherapycenter.org/workshops Namaste

Q: I have mild rotational scoliosis and one leg longer than the other twisted **pelvis**. I have undiagnosed symptoms very similar to yours. My history of diagnosis are - hernia, groin strain, facet joint degeneration, psoas bursitis. You might have psoas bursitis especially with your history of running. Also your symptoms could be caused by your scoliosis or leg length discrepancy which apparently can be structural or caused by bad muscles and posture. I am still looking into all this myself so guessing as I go but have come across a few web sites which suggest 'releasing the psoas muscle' which can be done by a chiropractor or an osteopath this is a very strong muscle which if in spasm can cause your hips to twist and for you to appear to have scoliosis and leg length discrepancy.

A: I agree with Barbs in that there are many possibilities. I find that often all these variations of symptoms boil down to a root cause of dysfunctional motion of the sacroiliac. My spiritual teacher recently gave me an exercise that corrects this uneven motion regardless of what symptomology there is. The s/i should move up on the hip going into flexion (lifting the thigh) while standing. The host of other muscles involved can then receive the energy provided by the sacral nerves and subtle prana flows from the first and second chakra. This exercise can be learned by anyone who has attended my workshops or best by graduates of my Structural Yoga Therapy training. The list of grads is on my website. www.yogatherapycenter.org Blessings, Mukunda

Q: lately I've noticed several annoying things:

in seated poses my weight distribution now favors my left sitting bone while the right barely bears any weight; when standing in tadasana I feel extreme tightness in the right groin area; on long automobile drives (and in paschimottanasana) pain arises in my right sitbone area, on back of thigh on right side, and on right side of my right foot;

my right leg now has a slight external rotation when I stand at ease, with the right foot no longer parallel to the left foot; in uppavista konasana, I am no longer able to bend forward along my right side without lots of pain occurring along my right sitbone and back of right thigh; overall it feels like my right **pelvis** has shifted/rotated/unleveled itself and I've lost the energy flows and kinesthetic sense along my right **pelvis** and right leg.

I've been to a hip specialist, chiropractors, podiatrists, cranial-sacral massage therapists, have had x-rays, and consulted with many yoga teachers .. but have gained no real understanding of the problem nor alleviation of any the pain/symptoms.

Is there a simple way to self-diagnose a hip shear or unleveling of the right **pelvis**? And what might one do about it? Start wearing compression shorts to bind the **pelvis**?

A: Sounds like **pelvis** is indeed uneven. I would highly recommend doing the sacroiliac mobility exercise described here earlier. Also do longer and persistent stretches of the right inner thigh (adductors). You need to avoid stretching the right hamstring. Even when sitting in car it is getting too much workout so if you stretch the antagonists to the over stimulated muscles - which would be quadriceps and adductors - that should help immensely. So poses I would recommend would be camel (usthasana) both with legs open knees together with a focus to tone gluteals and stretch groin region and also dynamic version twisting **pelvis** sideways to stretch across thigh from inner to outer sections of the quadriceps. Also recommend you do the rolling bridge from my book, as this often provides great relief from the symptoms you are describing. The more you can tilt the **pelvis** coming down slowly the more you will relieve the tight psoas which is probably at the root of your challenges.

Also remember to do plenty of deep breathing using Ujjaye wave breath pattern described in my book, as this promotes balance of vata subtle energies of prana. doing all asanas with wave breath makes a significant difference in a short period of time.

Q; My question is: can sciatica be caused from a severe tilt of the **pelvis**, forward or backward? Or caused by anything other than a disc problem?

Also: I have pain located deep in the buttocks around the sit bones every time I do a standing forward bend, and most times in Triangle pose. I have had this pain for two years, so I bend my knees in a forward bend. The pain is in both the left and right buttock. Please help.

A: There are several causes of sciatica -- compression of the nerve roots in the sacral region (this can come from sacroiliac dysfunction in which the s/i does not symmetrically move upward upon hip flexion) or from chronic dehydration quite common for over 35 year olds; or from pinching of the nerve pathway anywhere from the gluteal region (especially the pathway through piriformis and gemmellus superior), or between the hamstrings. The major recommendations I have given include not to stretch the nerve (hence no forward bends with knees straight); but rather tone of the hip extensors (hamstrings and gluteus maximus with locust); and stretches of the adductors at

their upper range where they also function as hip flexors (such as groin stretch in my book or modified pigeon). For sure be certain you are consistently hydrated, minimum of 8 glasses of 8 ounces per day for 3 months to relieve dehydration then keep it up for life.

Q: I am 5 months pregnant with twins. This is my third pregnancy. I was extremely ill for the first three months and couldn't do any sort of physical activity. I lost a great deal of strength and flexibility.

A few weeks ago at my ultrasound, I needed to lie on my left side so the technician could see one of the fetuses. I twisted my upper body to see what was on the screen, and since then I have felt what I can only describe as a pulled muscle over my pubic bone, parallel to the floor. I can do the Joint Freeing Series without discomfort (with the exception of #7), but any of the asanas that require me to separate my legs from each other is very uncomfortable (e.g., Janu Sirsasana or Baddha Konasana). Since the rest of my practice has to be so limited now, this is very frustrating. Walking can also be excruciatingly uncomfortable. The only thing that has given me any relief right now is tylenol and some massage, but I'm worried that contractions may make this worse.

Also, at 9 weeks, my bloodwork showed mild levels of elevated thyroid activity. The theory was that this due more to my double pregnancy than a thyroid condition, but since then I have noticed some symptoms that might be part of such a condition, such as an elevated resting heart rate, lower extremity stiffness and itchy skin. I hope I am wrong, but if there is a thyroid condition, are there any asanas I could do to relieve it? I know Plough and Shoulderstand are, unfortunately, out of the question.

A: Deb - It sounds from your description that you might have strained or pulled an adductor muscle, they attach to the pubic region. And when they stretch they permit the legs to separate. Most likely it is the pectineus muscle. I would recommend that you practice pelvic tilts mildly as well as rolling bridge pose from the book page 166-169. Do them as described there then gradually widen the knees while keeping the feet hip width. You want to feel the tone in the gluteal muscles with not a strong stretch but some sensation in the groin.

AS far as practices for harmonizing thyroid as you know long supported shoulderstand or variations such as legs up the wall with **pelvis** elevated are the key poses to do. An experienced yoga therapist could modify those for you while monitoring the fetuses through Ayurvedic pulse and energy assessment. As an alternate one can do supported bridge pose with padding to hold your **pelvis** elevated at a height that you can tolerate. also one can visualize the thyroid and "send it love and light" as Indra Devi says. This can most certainly help, visualizations have been shown to help endocrine system functions.

8 References and websites

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9 Appendix

Recommended modifications for case studies

Toning the Gluteus Maximus, with abduction with the knee out to the edge of the mat, toes pointing in, to create an external rotation on one side. Contract the Gluteus Maximus.



10 Biography

Sundari (as named by Mukunda Stiles) Miranda Falconer started her yoga practice in Iyengar yoga in 1999, then after training in varying styles (Ashtanga Dynamic, Hatha & Yin yoga) graduated from The Chakra Yoga Center in 2004, Thailand, and has been teaching Chakra Yoga & Hatha yoga ever since (www.chakrayoga.com). She met Mukunda, her beloved spiritual mentor, in September 2005, when she started to train as a Structural Yoga Therapist, at The Yoga Therapy Centre, London.