

Immobile and Painful Hip

Structural Yoga Therapy Course

July 2007, London

Shakti

Evesham, Worcestershire, UK

01386 870359

helen_barker6@hotmail.com

Summary

This client had a very painful and immobile left hip. At different times the medical diagnosis had been arthritis, deformed femur and bone cysts. The present consultant was recommending a hip replacement which the client was hoping to avoid. The client practised her homework diligently. She experienced more mobility and pain reduction. Five months after she began Structural Yoga Therapy™ (SYT) she informed her consultant that she did not require the hip replacement. The consultant suggested she continue with SYT and delay the operation as long as possible.

1 Case study: June

a Initial intake - review of symptoms, subjective pain level, their self assessment and goals

10.5.2007

June is 55 years old. Her sun sign is Aries. She lives with her husband who is retired. They have two sons. One is married and has a son; the other will be getting married this summer. June works part-time (2 days a week) in a ladies clothes shop in Evesham. She lists her interests as reading, gardening, walking and going out to eat. June has been attending my weekly yoga class for over 5 years. Her attendance is good and she practices maybe 2- 3 evenings a week at home. She also attends a gym 2 or 3 times a week for about an hour. This summer she and her sister are walking the "Race for Life" in aid of Breast Cancer. June has 2 sisters, both older than her and a younger brother. She is closer to her sisters. She has a facial with back and shoulder massage approx 4 times a year and comes out 'floating on a cloud'.

June is experiencing a lot of pain in her left groin. She feels as if there is a tight band around her upper thigh. When she was in her 30s she was diagnosed with arthritis, had a lot of physio and "cried a lot of tears". She accepted the diagnosis, expecting the doctor's diagnosis to be accurate. She has had treatment with an osteopath but found that made the pain worse. Just before last December her leg froze on her whilst walking. She went to the doctor and had x-rays. The diagnosis is not arthritis but a deformed knuckle of the femur and cysts forming in the bone. She didn't ask many questions. The specialist wants to do a hip replacement, June asked about having it resurfaced and he said "no". He doesn't think resurfacing procedures are successful for women. June doesn't want to have a hip replacement. She has agreed to have an injection on July 11th to reduce the pain.

During the day June is aware of discomfort (1). She says that she does not sleep well. Initially sleep will be deep but she is often awake at 5:00 am and is disturbed by the mental repetition of bits of conversation she has had with people. She says "no" and "closes her brain down" to stop getting involved in it. She is very warm in bed. When the pain comes it is like 2 live wires coming together, a red hot rod right through her leg, it takes her breath away. She is concerned that one day the leg will give way and she will fall over in the street and that would be very embarrassing. Doing JFS # 5 (standing modification) is painful (5), both during adduction and abduction. A couple of hours of gardening will also bring on the pain (4-5). To avoid the pain when walking June leads with the right leg when going up/down a curb.

Her Structural Yoga Therapy™ (SYT) goal is to be able to stride out with confidence.

17.5.2007

Already feeling the benefit of her practice June asked if things might change sufficiently for her not to need an operation. She explained that she had agreed to have the hip replacement at the end of the year but she would much prefer not to have it. We discussed the benefits of persevering with the SYT, increased ROM, muscle strength, reduced pain which would all benefit her recovery if she did go ahead with the operation.

25.5.2007

A pain in the back of the left knee during knee flexion – like a cramp.

b Physical assessment and posture body reading

The physical assessment was done over three sessions. The first session (10 May) included the intake interview, body reading and sacroiliac test, together with an introduction to range of motion testing (ROM). The second and third sessions (17 and 25 May) included additional interview, ROM measurements and muscle testing (MT).

Body Reading

Slight forward head

Left shoulder slightly high

Sacroiliac test (SI joint test – see Appendix)

10.5.7 both sides move down

25.5.7 left side moved down right side moved up/remained level

June is very concerned about her weight which increased after her hysterectomy when she was 41. Her mother died suddenly whilst June was recuperating from the operation and so she ate and put on weight. She believes all women should be offered the chance of a hysterectomy. When I suggested doing the abdominal MT, she said “that won’t be good it’s all fat” - I wasn’t sure how it would be as most people I’ve tested aren’t very strong - she sat straight up. So I was able to assure her that she might not have a visible 6-pack but the muscles are definitely working.

| Range of Motion Assessments | | | | | | | |
|--------------------------------|---------|-------------|--------------|----------|----------|--------|---------|
| Joint Action | ROM | 10.5.7 | 10.5.7 | 21.6.7 | 21.6.7 | 18.7.7 | 18.7.7 |
| | Norm° | Left | Right | Left | Right | Left | Right |
| KNEE | | | | | | | |
| Extension | 0°/180° | | | | | | |
| Flexion (Supine) | 150° | 122# | 122# | 120 | 126 | 130 | 127 |
| HIP | | | | | | | |
| Flexion (Bent Knee) | 135° | | | 72 | 90 | 80 | 90 |
| Flexion (Straight-Leg Raise) | 90° | 54 pain* | 62* | 70 | 75 | 58 | 75 |
| Flexors-quad/psoas restriction | NSS | | | | | | |
| External Rotation (Supine) | 45°-60° | 16 | 28 | 25 | 32 | 23 | 30 |
| Internal Rotation (Supine) | 35° | Too painful | 33 | 17 | 35 | 18 | 30 |
| External Rotation (Prone) | 45°-60° | Too painful | 42 | 18 | 45 | 17 | 40 |
| Internal Rotation (Prone) | 35° | 25 (pain 2) | 50 | 32 | 50 | 30 | 48 |
| Adduction (Side Lying) | 30°-40° | 10 inches# | 7.5 inches # | 7 inches | 7 inches | | 9inches |
| Abduction (Side Lying) | 45° | | | | | | |

Alternative dates of initial readings *17.5.7 # 25.5.7

| Muscle Testing Assessments | | | | | | |
|----------------------------------|--------------------|---------------|------------------|------------------|-----------------|-------------------|
| Joint Action | 10.5.7 | 10.5.7 | 21.6.7 | 21.6.7 | 18.7.7 | 18.7.7 |
| | Left, 1-5 | Right, 1-5 | Left, 1-5 | Right, 1-5 | Left, 1-5 | Right, 1-5 |
| KNEE | | | | | | |
| Extension | 3* | 4-5* | 4 [∞] | 4 [∞] | 5 | 5 |
| Flexion | 3* | 3-4* | 3-4 [∞] | 3-4 [∞] | 4 | 4-5 |
| HIP | | | | | | |
| Hip Flexors & Abs (Supine) | | | 5 | 5 | 5 | 5 |
| Trunk Flexion (Supine) | 5 | 5 | 5 | 5 | 5 | 5 |
| Hip Flexors - Bent Knee (Supine) | 1-2 | 3-4 | 4 | 4-5 | 5 | 5 |
| Iliopsoas Isolation (Supine) | Too painful | 2-3* burning | 4 | 5 | 5 | 5 |
| Sartorius Isolation (Supine) | 2-3 | 4-5 | 3-4 | 5 | 5 | 5 |
| Abduction (Side Lying) | 2 (g)# 3 (tfl)# | 4-5# | 3-4 | 4-5(g) 3-4 (tfl) | 4(g) 3 (tfl) | 4-5(g) 3 (tfl) |
| Adduction (Side Lying) | 2# | 4# | 2-3 | 3-4 | 4-5 | 4 |

Alternative dates of initial readings *17.5.7 # 25.5.7

Date of 2nd reading [∞] 28.6.7

c Summary of findings

| Tight | Weak | Release |
|---|---|--|
| Hamstrings Quadriceps External Hip Rotators Internal Hip Rotators Adductors | Hip Flexors Psoas Sartorius (left) Gluteus Medius (left) Tensor fascia latae (left) Adductors (left) Quadriceps (left) Hamstrings External hip rotators | We hadn't covered this when I saw this client. |

d Recommendations for loss of tone and flexibility

June showed quickly that she had good discernment regarding the number of repetitions to practise, therefore I would give general suggestions but leave her to decide how many to practise each day.

| Date | Technique | Details | Purpose |
|--------|--|---|----------------------------------|
| 10.5.7 | Psoas strengthener both sides. See Appendix | Left side - trying to find the muscle, maybe lifting 2 inches x 3 | Strengthen psoas muscles |
| | Sartorius strengthener See Appendix | i) Foot close to knee; ii) by calf; iii) by ankle | Strengthen sartorius |
| 17.5.7 | Sunbird | | Strengthen external hip rotators |
| | Developing moments during the day to focus on body, breath and affirmation | Affirmation from Heal Your Body by Louise L. Hay see Appendix | Connect with healing attitude |

| Date | Technique | Details | Purpose |
|--------|--|--|---|
| 25.5.7 | Rolling bridge variations a) Feet fist width apart b) With a block between the thighs c) Thighs pressed together, ankles touching | Pressing on the block Inner thigh awareness | Strengthen hip adductors |
| 8.6.7 | Cat variations | | Strengthen gluteus maximus |
| | Abdominal breathing in Cat pose | | Preliminary for agnisar dhouti |
| | Joint Freeing Series (all movements) | 2-3 times per week | Enhance mobility and stabilize joints |
| | Amended affirmation | Affirmation from Heal Your Body by Louise L. Hay see Appendix | Connect with healing attitude |
| | To light a candle when practising at home see Appendix | | |
| 21.6.7 | Sunbird | with additional focus to contract lower quadriceps to straighten knee joint | Strengthen external hip rotators and quadriceps |
| | Ardha shalabhasana | with additional focus to contract lower quadriceps to straighten knee joint | Strengthen gluteus maximus and quadriceps |
| | Side-lying hip abduction and rotation | Left side | Strengthen hip abductors, stretch hip adductors |
| | Yoga Nidra | As often as possible | Relaxation |
| 28.6.7 | Agnisar dhouti | | Increase digestive fire |
| | Supine with legs resting on wall. | Use a belt to recreate groin release felt in "Flexion (Straight Leg Raise)" muscle testing | Release, enhance sense of joint space |
| 18.7.7 | Dynamic Warrior I to Warrior II | | |
| 23.8.7 | Prone sacroiliac stabilizing movements (taught by Mukunda in London workshop July 2007) a) Releasing i) Lie on the abdomen, knees aligned with hips, bend the knees, move feet side to side like windscreen wipers | a) Releasing Relax as much as possible. | Stabilise SI joints |

| Date | Technique | Details | Purpose |
|-----------------|---|---|---------|
| 23.8.7 cont. | <ul style="list-style-type: none"> ii) Bring the knees and ankles together, bend the knees, allow the feet to move away from each other so that the lower legs form a V-shape, bring ankles back together again iii) Take the knees wide, bend the knees and cross the ankles. Move the lower legs to vertical and then recross ankles, alternating the foot closest to the body. | | |
| | <ul style="list-style-type: none"> b) Strengthening i) Knees hip width apart, lower legs bent, lift right thigh from the floor (maintaining bent knee), then lower. Repeat with the other leg. ii) Knees hip width apart, right lower leg bent, thigh internally rotated (the outer ankle moves towards the floor at the side). Raise the thigh from the mat whilst maintaining the internal rotation of the thigh, then lower. Repeat with the other leg. iii) Bend the right knee and take it to the right side, allowing the heel to move towards the outstretched left leg (external rotation of right thigh). Raise the right leg from the floor and lower. Repeat with the other leg. | <ul style="list-style-type: none"> b) Strengthening i) Work up to 6 repetitions with each leg. ii) Don't lift very high, maintain the angle. Work up to 6 repetitions with each leg. iii) Work up to 6 repetitions with each leg. | |

e Results of your recommendations

17.5.7 June had practised every day. This demonstrates her determination – pitta. Psoas movement is much easier (“struggling and screaming” right leg; “quivering, out of alignment, muscles locking” left leg 10.5.7) although there is still a burning sensation in the right leg and both sides are weak. June talked freely about anger – pitta imbalance. The left groin was less painful (reduced vata imbalance) and we were able to test movements that would not have been possible the previous week.

25.5.7 Has felt aching all week as if some muscles have been exercised for the first time. She has been feeling moody and really angry. The left groin was less painful (reduced vata imbalance) and we were able to test movements that would not have been possible the previous week.

Psoas – still experiencing a burning sensation in the right leg; feels movement on outer hip (right) and on anterior medial thigh (left).

Sartorius – feels the muscle when practising.

Sunbird – feels ok while practising.

Flexion of the left straight leg had greater ROM (about 75 degrees) before there was any pain and June said, “it felt as if it was stretching the gap” in the left groin. Course notes 28th February 2007, “When there is limited ROM, prana is stuck, not flowing. Prana’s home is in the spaces of the body.” I interpreted June’s comment to imply there was more space in the groin and that meant more prana was present.

8.6.7 June said her leg has been feeling stiff but there have not been any incidents of incapacitating pain, some twinging when sitting down or standing up. She said her left leg “feels like lead” (increased kapha). She seemed much more relaxed today. She said she likes it when the weather is like this – hot and still. I asked her if she had been feeling angry and she told me she is too tired to be angry (reduced pitta imbalance). I told her about some techniques that I have found useful when feeling angry. Loving Kindness Meditation, Kunjal and The Amazing Liver and Gall Bladder Flush. We discussed what they involved and she expressed an interest in The Liver Flush – primarily because it could be a good way of kick-starting some weight loss. I had taught the Loving Kindness meditation in the class June attends on 5.6.7, she said she struggled with it – in terms of visualising – but was able to bring people to mind.

June has been doing her practice in the evening before going to bed and thinks this has contributed to her improved sleep.

Psoas – now able to lift both legs equally.

Sartorius – feels a grating sensation (left leg).

Bridge - enjoys these variations, she can feel strength developing in her inner thighs.

Sunbird movement - recognizes this is not as smooth and flowing with the left leg – I confirmed this but could see that the external rotation has improved.

We talked about yoga nidra, a practice I know June finds particularly relaxing in class. I asked her if she would use a tape if I made her one. She said she would, that she often tells people how good it is. We talked about which imagery she finds helpful and she mentioned a golden light in the abdomen and blue waves.

21.6.7 June said her pain had reduced significantly and that the band around her leg was easier. During the assessments I asked if her leg felt lighter now and she said it did.

On the initial intake we were unable to muscle test the “hip flexor and abdominals” in the supine position due to pain. Today the result was 5. This demonstrates June's regular practice – tapas and good use of her pitta. June did not mention feeling angry today. As the muscle tests show, there is much improved muscle strength.

Increased hip abduction (didn't measure an angle) and more balanced adduction (both knees bend but right can straighten).

Felt relaxed enough to mention the difficulty her groin pain has created during intercourse and how understanding her husband is. She had mentioned this to the doctor who had shown little compassion.

28.6.7 June had participated in the 5km walk for life in aid of breast cancer last week, didn't use painkillers and had no negative effects after the walk. This was a great achievement.

18.7.7 Left quadriceps, hamstrings, adductors, psoas, sartorius, gluteus medius and minimus stronger than previous muscle tests. TFL both sides need strengthening. No cramping. No pain when lowering left leg from side-lying abduction.

June gave me a note, “When I started SYT in May, I had very little movement in my left hip, having been diagnosed with arthritis over many years. The exercises were easy to do. Each time we met new exercises were added. Now several weeks later I am 99% pain free, it's wonderful, I can stride out when I walk without the fear of pain.”

23.8.7 Very satisfied with progress, doesn't think she needs to come any more.

2.10.7 Received a card which says, “.. thank you for helping me have a pain free summer, we have covered many miles during our stay in Toronto and not even a twinge. Thank you again.”

16.10.7 June had seen the consultant and told him about SYT. He told her to continue and they agreed that she should postpone the hip replacement operation.

2 a Immobile hip – deformed head of femur, arthritis, bone cysts

Structure of the hip

The hip is a ball and socket joint between the pelvis and femur. The acetabulum is a deep socket formed by the junction of three bones, the ilium, pubis and ischium. The angle of the head and the length of the femoral neck vary between individuals and change with age. “Curvature and length of the femoral neck also affect mobility at the hip joint.” (Calais-Germain Anatomy of Movement 1993 p. 183) There can be intrinsic limitations to ROM due to the shape of the articulating bones. The femoral head is covered with thick cartilage. A fibrocartilaginous ring (labrum) attaches to the rim of the acetabulum and is reinforced by a transverse acetabular ligament. The labrum helps to hold the femoral head in place and increases the effective depth of the acetabular socket. The capsule attaches firmly around the rim of the acetabulum and at the base of the femoral neck. It is thick and reinforced by ligaments which are surrounded by thick muscles. “The stability and powerful musculature of this joint are essential for standing, walking, running etc.” (Calais-Germain Anatomy of Movement 1993 p. 175)

Movements of the hip (Stiles Structural Yoga Therapy Chapter 16)

Flexion

Extension

Adduction

Abduction

Internal Rotation

External Rotation

Calais-Germain Anatomy of Movement 1993 p. 234 examines the sequential action of the muscles used during walking.

1) Contraction of quadriceps, hamstrings, gemelli, gluteus maximus

2) The free leg makes an oscillating movement which takes the foot forward. Contraction of rectus femoris (flexes hip then extends the knee), completed by contraction of entire quadriceps.

3) Shift of body weight onto the leg. Contraction of lateral stabilizing muscles of hip and knee.

Arthritis

“Arthritis means inflammation of the joints. Most people with arthritis will experience pain and difficulty moving around.” (<http://www.arthritiscare.org.uk/AboutArthritis>)

The following quotes are from the booklet Understanding Arthritis which can be downloaded as a pdf file from <http://www.arthritiscare.org.uk>.

“The causes of arthritis are complex, and many are as yet unknown.”

“In osteoarthritis, cartilage becomes pitted, rough and brittle. The bone underneath thickens and broadens out. In some cases, bony outgrowths (osteophytes) may form at the outer edges of the joint, making it look knobby. The synovial membrane and the joint capsule thicken. The joint space narrows and sometimes the amount of fluid in the joint increases. Often there is some inflammation. The joint may become stiff and painful to move and occasionally swells.

If the osteoarthritis worsens, part of the cartilage may become brittle and break away from the surface of the bone.”

“If your arthritis becomes severe, and particularly when the major weight bearing joints, such as knees and hips are affected, your doctor may recommend you see an orthopaedic surgeon with a view to having the joint replaced. Surgery is usually only considered after all other suitable treatment options have been explored. Most replaced joints give no problems for 10-15 years, longer if you treat them carefully. If they do eventually become troublesome they may need to be replaced – this is called revision surgery.”

Bone Cysts

The following quotes are from the NHS Direct website:

“A bone cyst is a benign (non cancerous), fluid-filled cavity in the bone, which weakens the bone and makes it more likely to fracture (break). It can occur in both children and adults.

The most common type of bone cyst is the simple (unicameral) bone cyst. They normally occur in the long bones (legs and arms) of growing children, and are more common in boys than girls. In older children and adults bone cysts usually occur in flat bones, such as the pelvis, jaw, rib cage or skull.

A relatively rare type of bone cyst is the aneurismal bone cyst. This affects about one person in a million. The large majority (75%) of aneurismal bone cysts occur in 10-20 year olds, and they are more common in women than men. They tend to appear in the spine and the long bones, and differ from the simple bone cysts because they are filled with blood.” (<http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=56>)

“The cause of bone cysts is largely unknown, although they may occur after trauma, for example a bad fall, and may affect people who have osteoarthritis and rheumatoid arthritis.”
(<http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=56§ionId=5>)

b Gross and subtle body common symptoms

Further quotes from the booklet Understanding Arthritis
How Arthritis Will Affect You p. 2

“For most people, arthritis causes discomfort, pain, stiffness, fatigue – and frustration.”

“Because people feel pain differently and react to treatment differently, the pain you experience from your arthritis will be very individual to you. Pain can even be felt in places other than the affected joint. You may, for example, have arthritis in the hip, but feel pain in your knee. This is called referred pain.”

“There are different kinds of pain. Some people get persistent pain, some get sharp stabbing pains, others ache and others get a complex mixture of aches and pains. You will find further information in Arthritis Care’s booklet on pain.”

“Over time, the occasional pain may become constant and wake you up at night. The cartilage may continue to wear away until *bone is crunching on bone and a grating sound is heard*.” (Roth, Robert SYT Paper p.19-20)

“The strong muscles all around the hip go into spasm and in time shorten (called contracture).might take ages to straighten (the leg) when we stand up, and hurt when we play a sport...” (Trahair p.14)

The pain and impaired movement affect the physical body but also affect the energy body, emotions and mental wellness. This disease affects the whole person not just the physical structure.

c Related challenges lifestyle, diet, limitations on activities

Further quotes are from the booklet Understanding Arthritis

“It may result in varying degrees of physical impairment – that is, it can cause loss of strength and grip which in turn may make your movements more difficult.”

“Arthritis ... can be life changing. Simple daily tasks can become difficult and complicated, while managing family life and juggling work can be exhausting.

Adjusting isn’t always easy. But there are many people, services, products and benefits that can help.

Getting medical help and treatment for arthritis is important, but so too is helping yourself”. Choice of diet, exercise, joint care, adjustments to the home and form of work all need to be considered. There is plenty of advice available from the medical profession, arthritis charities, alternative therapies. Each individual must discover the changes that will benefit their daily life.

3 Ayurvedic assessment and Ayurvedic based yoga recommendations

Pain is a vata imbalance. Immobility, reduced ROM implies reduced flow of prana.

There are many types of arthritis and these have different ayurvedic characteristics.

The following descriptions are taken from David Frawley's book, Ayurvedic Healing (2000):

Vata - Joints crack and pop are cool to the touch. They are painful mostly upon movement with usually one particular tender spot. Any strenuous activity (jogging, walking, jumping, etc. aggravates the pain.

Pitta – Inflammation of the joint and the joint becomes swollen and is painful even without movement. It often looks red and feels hot to the touch. Gout is categorized as a pitta form of arthritis.

Kapha – the joint also becomes stiff and swollen, but it feels cold and clammy rather than hot. A little movement tends to relieve pain rather than aggravate it. The pain is greater in the morning (the time of day when the affect of kapha is strongest) and as the person starts moving around, the pain diminishes

“Although disturbed Vata can affect any Dhatu it shows special affinity for Bone. The health of Bone is thus intimately tied to the health of the lungs and the colon. Hence Vimalananda's advice to keep the body (the bones) moving, the bowels (the colon) moving, and the breath (the lungs) moving.” (Svoboda p. 124)

“When the mind is affected by motion or inertia, or discrimination is agitated by memory or swamped by emotion, Tejas is perverted, and its transfer into the body produces greater amounts of Pitta.” (Svoboda p.124-5)

June experienced pain and limited ROM – vata imbalance – co-ordinate movement with the breath to calm vata. There was a) swelling and pain even without movement; b) mental agitation through memory – pitta imbalance – affirmations to address mental himsa; physical movement and agnisar dhauti to relocate heat. Her description of the pain, “it is like 2 live wires coming together, a red hot rod right through her leg” movement and heat also suggest vata and pitta imbalance. Restriction and tightness – kapha imbalance – develop strength.

4 Common body reading

“Osteoarthritis of the hip

Common postural characteristics of osteoarthritis of the hip are:

- Favoring of one leg
- Pelvis is higher on one side
- Foot or whole leg of affected hip is turned out
- Observation of walking can show no flexing of hip joint which appears like a “frozen hip”
- Body may “lean” over to opposite side taking weight off of affected side “ (Robert Roth SYT paper)

5 Contraindicated yoga practices and general activities to modify or eliminate

Any pose that stresses the hip joint for example, extreme lunges or rapid movements which would cause inflammation. All standing poses should be modified to decrease weight bearing and contraction of the joint.

The doshic character of the condition should also be examined. For example, a) excess Vata (general aching and stinging), develop smooth, flowing movements, co-ordinated with the breath rather than holding static poses. b) excess pitta, avoid any “heating” practices and c) excess kapha, modify poses to minimise stress on the joints.

6 General recommendations for the condition

a Therapeutic/free of pain

Exercise – JFS within individual pain free ROM co-ordinated with the breath will enhance mobility, encourage the flow of prana, strengthen muscles and reduce inflammation. Variation – focus on drawing prana to the site of pain on inhalation and leaving the prana there to heal the area on the exhalation.

Yoni Mudra – at the end of JFS to promote healing. In bed before sleep and/or on waking to accustom the mind to be focused away from the pain also encouraging personal awareness of ability to heal oneself.

Yoga Nidra – for relaxation and healing in all koshas.

Describing the pain verbally or in writing will move prana and diminish pain.

Breathing exercises e.g.a) Breathe into the pain “Breath is the bow, awareness the arrow, the centre of the pain the bull’s eye. Is the bow directing the arrow well? On the exhale the prana disperses the pain.” b) Yoni Mudra c) Breathe below the navel for over 30 seconds at a time. d) Feel the ends of the breath, can use hands to enhance this. Use 2 techniques for about 10 days then keep the technique they love and add another. This helps diminish vata imbalance. (Course notes 2nd June 2007)

Weight loss and proper nutrition may have to be addressed.

Read uplifting texts to divert the mind from the pain and enable healing from the higher koshas.

b Stabilize situation including lifestyle recommendations

When the pain and inflammation have reduced:

Practise yoga asanas to further strengthen and stabilize the affected area.

Practice pranayama to steady vata, develop awareness and wellbeing.

Practise relaxation/yoga nidra to enhance homeostasis.

Maintain a suitable diet and body weight.

c Maintenance and long term considerations

Continue with exercise, pranayama, relaxation, suitable diet and body weight. Consider other ways of enhancing wellbeing e.g. massage, reflexology.

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

Answer 10.21.2003 01.13 pm Mukunda The main recommendation for bursitis is to diminish pitta as the source of inflammation. So among the possible considerations are anti pitta diet from any Ayurveda book, and less heating poses -- that in general means to not try and stretch but rather focus on strengthening. Especially with muscle injuries strengthen the adductors and abductors in your case to that the bursa has some support for the injured tissues. Shifting your awareness in asanas to feel the tone rather than the stretch can go a long way to help promote healing. More specific in asanas is to do standing poses that are both open hips (triangle and Warrior II) to strengthen abductors and closed hip poses (Warrior II and Side of hip pose -- parsvottanasana) that strengthen adductors. Also look into eating more kapha balancing foods especially those that promote the deeper tissue recovery. These are called ojas foods -- honey, ghee, almonds in any form, dates, figs.

Question 04.25.2002 12.12 am Hip Problems

Jan Crocker wrote: My recovery is long. I still work at home two days a week because of emotional trauma. It's great because it's like working part-time. I was plagued with **hip** pain since the accident that turns out to be osteo-arthritis in my right **hip** that all my battery of bodyworkers believes was aggravated by the car accident (I was knocked over and landed on my right **hip**). With the help of an excellent physical therapist, I am trying to manage the pain and prolong the life of my **hip**. I'm not ready for the inevitable **hip** replacement yet.

I walk with a cane now to get the weight out of my **hip**. I have to lose 25 lbs. Hopefully; I won't need the cane after that. I've gone from an exerciser to a person who takes exercise on days when I'm not in pain. Fortunately my PT

wants me to continue to do yoga and swim with the understanding that when it hurts I stop. I am learning a lot about modifying yoga. I do take with Renee who is now at Prana. It's a Basics class, which is good for me for now. And I am back with Janet once a week. She has been a really big help because she figures out ways I can modify that I wouldn't have even thought of. It's really frustrating for me. When the pain flares up, as it is this week, I can't do any activity. Some of the simplest movement is the biggest pain like putting on shoes and underwear. When it gets really bad, I can't even get comfortable enough to sleep without pain. So, it's a new life. Actually, I'm pretty cheerful all things considered. Jan

Answer 04.25.2002 12.14 am

Steeve and Jan - For pain I have found that regular practice of my joint freeing series as described in my book can work wonders. No special adaptation needs to be given except to be sensible for painful motions and do what feels tolerable. A key for relieving pain is to learn to direct prana into the specific joint that you are moving. Prana is said to be stuck in joints and this series mobilizes the prana so that it can return to proper sites in the subtle body and restore your natural state of peace.

8 References and websites

Books

Calais-Germain, Blandine Anatomy of Movement, Eastland Press, 1993.
Frawley, David. Ayurvedic Healing: A Comprehensive Guide. Lotus Press. Twin Lakes, WI. 2000.
Hay, Louise L. Heal Your Body Eden Grove Editions, 1989.
Jarmey, Chris, The Concise Book of Muscles, Lotus Publishing, 2003.
Miller, Richard, Yoga Nidra, Sounds True Inc, 2005.
Moritz, Andreas, The Amazing Liver & Gallbladder Flush, Ener-Chi Wellness Press – Ener-chi.com, U.S.A. 2005.
Saraswati, Sw. Satyananda, Yoga Nidra, Bihar School of Yoga, Munger, Bihar, India 1998.
Stiles, Mukunda. Structural Yoga Therapy. San Francisco: Red Wheel/Weiser, 2000.
Stiles, Mukunda and Ryder, Genevieve, Structural Yoga Therapy™ Examination Manual, Third edition May, 2005.
Svoboda, Dr Robert E. Prakruti Your Ayurvedic Constitution Geocom Limited, 1989.
Trahair, Richard All About Hip Replacement A Patient's Guide, Oxford University Press, 2000.

SYT Papers

Jacobs, Janet, Sacroiliac Syndrome, 2006.
O'Hare, Sara Hip Replacement, 2006.
Roth, Robert PhD RYT, Osteoarthritis of Hip with Piriformis & Psoas Involvement in Senior Citizens, 2006.
Ryder, Genevieve R.N. RYT, Osteoarthritis of Knee and Hip, 2005.

Websites

www.yogatherapycenter.org
http://www.arthritiscare.org.uk/understanding_arthritis.pdf December 2006
<http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=56>
<http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=56§ionId=5>

9 Appendix

SI joint test

To assess mobility of the sacroiliac joint, the client stands with their back to the therapist who kneels behind them and places both thumbs on the SI joints. The client flexes the hip and knee and slowly raises the knee as high as possible, 2-3 times with each leg. Normal sacroiliac joint motion is indicated if the thumbs move up as the knee lifts.

Psoas Strengthening Practice (course notes)

Having identified the need to strengthen the psoas muscle using the Psoas Isolation Test, Structural Yoga Therapy™ Examination Manual p. 12 and explained to the client how to ensure they are utilizing the psoas muscle i.e. feeling for the valley between the rectus femoris and the gracilis, the following practice is recommended.

Sit in dandasana or lean back on the elbows
Abduct the right leg approximately 12 inches
Externally rotate the leg at the hip and inhaling raise the leg about 6 inches
Exhaling lower the leg
Repeat the movement

Repeat with the left leg (if necessary)

Sartorius Strengthening Practice (course notes)

Having identified the need to strengthen the sartorius muscle using the Sartorius Isolation Test, Structural Yoga Therapy™ Examination Manual p. 12 and explained to the client how to ensure they are utilizing the sartorius muscle i.e. recognizing the contracted muscle on the upper thigh, the following practice is recommended.

Lie on the back, sit in dandasana or lean back on the elbows
Externally rotate the right leg at the hip, flex the knee and place the sole of the foot a) close to the left knee; b) by the left calf; c) close to the left ankle
Inhale and lift the right leg
Exhale lower the leg
Repeat the movement

Repeat with the left leg (if necessary)

Prone sacroiliac stabilizing movements (course notes)

- a) Releasing
 - i) Lie on the abdomen, knees aligned with hips, bend the knees, move feet side to side like windscreen wipers
 - ii) Bring the knees and ankles together, bend the knees, allow the feet to move away from each other so that the lower legs form a V-shape, bring ankles back together again
 - iii) Take the knees wide, bend the knees and cross the ankles. Move the lower legs to vertical and then recross ankles, alternating the foot closest to the body.
- b) Strengthening
 - i) Knees hip width apart, lower legs bent, lift right thigh from the floor (maintaining bent knee), then lower. Repeat with the other leg.
 - ii) Knees hip width apart, right lower leg bent, thigh internally rotated (the outer ankle moves towards the floor at the side). Raise the thigh from the mat whilst maintaining the internal rotation of the thigh, then lower. Repeat with the other leg.
 - iii) Bend the right knee and take it to the right side, allowing the heel to move towards the outstretched left leg (external rotation of right thigh). Raise the right leg from the floor and lower. Repeat with the other leg.

Affirmations

“I breathe in life fully, I relax and trust the flow and the process of life.” Affirmation for Bone Problems – Deformity (Hay, Heal Your Body p. 20)

“The movies of my mind are beautiful because I choose to make them so. I love me.” Affirmation for Cysts (Hay, Heal Your Body p. 27)

Other Recommendations

I suggested that lighting a candle before beginning her practice would bring to mind the thought of light and lightness which might help bring a sense of lightness to her limbs.

Loving Kindness Meditation <http://fwbo.org/metta.html> 25.5.2007

Loving-Kindness Meditation

The original name of this practice is *mettabhavana*, which comes from the Pali language. *Metta* means 'love' (in a non-romantic sense), friendliness, or kindness: hence 'loving-kindness' for short. It is an emotion, something you feel in your heart. *Bhavana* means development or cultivation. The commonest form of the practice is in five stages, each of which should last about five minutes for a beginner.

1. In the first stage, you feel *metta* for yourself. You start by becoming aware of yourself, and focusing on feelings of peace, calm, and tranquillity. Then you let these grow in to feelings of strength and confidence, and then develop into love within your heart. You can use an image, like golden light flooding your body, or a phrase such as 'may I be well and happy', which you can repeat to yourself. These are ways of stimulating the feeling of *metta* for yourself.

2. In the second stage think of a good friend. Bring them to mind as vividly as you can, and think of their good qualities. Feel your connection with your friend, and your liking for them, and encourage these to grow by repeating 'may they be well; may they be happy' quietly to yourself. You can also use an image, such as shining light from your heart into theirs. You can use these techniques - a phrase or an image - in the next two stages as well.

3. Then think of someone you do not particularly like or dislike. Your feelings are 'neutral'. This may be someone you do not know well but see around. You reflect on their humanity, and include them in your feelings of *metta*.

4. Then think of someone you actually dislike - an enemy. Trying not to get caught up in any feelings of hatred, you think of them positively and send your *metta* to them as well.

5. In the final stage, first of all you think of all four people together - yourself, the friend, the neutral person, and the enemy. Then extend your feelings further - to everyone around you, to everyone in your neighbourhood; in your town, your country, and so on throughout the world. Have a sense of waves of loving-kindness spreading from your heart to everyone, to all beings everywhere.

Then gradually relax out of meditation, and bring the practice to an end.

10 Biography

Shakti (Helen Barker) is a British Wheel of Yoga Diploma holder and Diploma Course Tutor. She has been teaching yoga classes for 10 years and training yoga teachers since 2003. She has personal experience of the transformative power of SYT being free from pain and having improved mobility after several years of having an immobile neck and limited use of her left arm following a yoga class injury.