

# **Neck and Upper Thoracic Pain**

Structural Yoga Therapy Course

June 29, 2008

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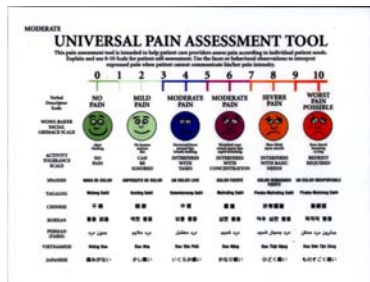
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# 1 - Case study – A.) Initial Intake

Session 1, 4/2/08

- Female
- Age 52
- Real Estate Agent for 10 years, 30 – 50 hours per week
- Married, 3 grown children
- Selling home that she has been in for 15 years and moving to an adult community. Her family will live in an apartment for three months until the new home is ready.
- Daily activity involves driving a good part of the day.
- Carol has been a yoga student of mine for five years. We have established a friendship that continues to be strengthened by our yoga practices. She feels comfortable asking me detailed questions after yoga class. Both of us appreciate the different phases of life we are each in. She is my mentor on raising my sons and I am her teacher of yoga asana and philosophy. The relationship works for both of us because we share some of the same pain issues and we are both committed to being pain free.

## Self-Assessment and Goals-



Client is constantly in pain, especially in her neck and upper back. Other pain present includes: tight hips, L5 hurts at times, tightness in front and back of her left knee, huge knot in upper right trapezius, (rhomboid major and infraspinatus). She feels she is stressed, unorganized, and not in control. Her goal is to expand her current morning exercise routine, meditate, get rid of her chronic pain by breathing better, moving her body comfortably, and to relax. Her immediate goal is to work on her upper back

and neck. Her pain level is a 5 in her neck and a 7 in her shoulder. The Universal Pain Assessment Tool developed by UCLA. (0 no pain, 10 worst pain possible) <sup>1</sup>

## b – Physical assessment

Carol is of medium muscle tone, average height and weight. Her stance consists of her feet turned out, chest is sunken a little, has a slight forward neck and her right trapezius forms a small mound.

<b>Muscle Testing Assessments</b>						
<b>Joint Action</b>	4/2	4/2	5/27	5/27	7/25	7/25
	Left 1-5	Right 1-5	Left 1-5	Right 1-5	Left 1-5	Right 1-5
<b>NECK</b>						
Extension	3		3		4	
Flexion	2		2.5		3.5	
Lateral Flexion	1	1	1	1	2	2
Rotation	2	2	3	3	4	3
<b>SHOULDER</b>						
Adduction	2	2	2	3	3	3.5
External Rotation	1	1	2	1	4	3
Internal Rotation	1	1	1	1	3	3
Flexion	3	3	3	3.5	4	4
Extension	2	2	2	2.5	4	4

<b>Range of Motion Assessments</b>							
<b>Joint Action</b>	<b>ROM</b>	4/9	4/9	5/27	5/27	7/25	7/25
	Norm°	Left	Right	Left	Right	Left	Right
<b>NECK</b>							
Extension	55°	30°		40°		55°	
Flexion	45°	30°		43°		45°	
Lateral Flexion	45°	19°	20°	19°	25°	45°	35°
Rotation	70°	55°	50°	55°	58°	74°	55°
<b>SHOULDER</b>							
Abduction	40°	30°	20°	33°	25°	35°	29°
Adduction	130°	100°	108°	105°	110°	105°	105°
External Rotation	90°	90°	100°	90°	100°	90°	85°
Internal Rotation	80°	100°	75°	100°	75°	80°	90°
Flexion	180°	170°	170°	170°	180°	170°	175°
Extension	50°	30°	40°	38°	45°	50°	50°

**c – Summary of findings –**

WHAT IS TIGHT?	WHAT IS WEAK?	WHAT MUSCLES NEED RELEASE?
SCM, levator scapula (both sides).	Upper Trapezius, middle trapezius, lower trapezius, latissimus and anterior deltoid, serratus anterior, pectoralis major and minor. Both sides, more on the right.	Right Upper Trapezius Right SCM

**d. Recommendations**

Session 1, 4/2/2008

Client now does a 20-minute morning practice consisting of asanas. I did not want to give her too much in the first week as to not overwhelm her since she is under tremendous stress.

Client uses her cell phone with it between her shoulder and ear when driving which is about 50% of her day. She doesn't have a wireless ear piece, and she cannot figure out how to use the speaker on her cell phone. I recommended that she is to never use the shoulder and ear to hold the phone and to buy an ear piece. She also holds the wheel tight and at 10 and 2. I suggested holding it at 4 and 8.

JFS # 7 Sunbird- To increase the strength in her gluteus maximus and hamstrings. In hip flexion she would also get a great stretch in her upper shoulder area. I also told her to pull down on the shoulders when in neutral as she did sunbird to so she could isolate the feeling in the muscles where much of her pain is. The quads and specifically the rector femoras and psoas would also be strengthened. Mukunda Stiles stated, "Once you make the psoas strong all else will follow."

#12, #13 (elbows lower as a modification) #14 and #15. These 4 movements are a good place to start to see some quick results. These exercises would begin to stretch and loosen the shoulder area. Shoulder external rotation would get to the infraspinatus and the rhomboid major, where her knot is located.

#19, #20, and #21. To strengthen and stretch the SCM and trapezius.

Wave Breath- Client does not feel she breathes correctly and this would also decrease the stress, which is my main goal for my client.

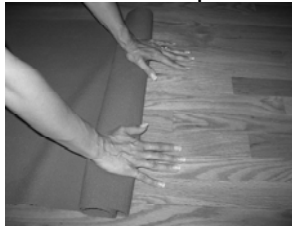
Session 2, 4/9/08

She did not practice the breath last week. I reiterated how important the wave breath is. She does not have a consistent sleep pattern. Her wake up time varies from day to day depending on her schedule. When I asked her what time would work for her if she were to get up the same time everyday, she agreed to get up at 7 AM. Even though she practices her exercises and meditation in the AM, I do not feel she is ready embrace sadhana.

She has not purchased an earpiece for her cell phone. She is frustrated because she cannot figure out how to put the phone on speaker. I have the same phone and showed her how to put it on speaker and she was extremely happy. She will begin clipping it to her seat belt. Her comment was that no matter what happens during the next 12 weeks, she is totally happy with the knot being gone and that she now has the ability to drive safely and more healthful for her neck.

I went over how she is doing all the exercises I gave her from week 1. She was doing the exercises too fast; her breath was not steady and comfortable.

#7 Her elbows were locked and her wrists hurt. (I showed her how to roll the mat under her palm so that the angle became obtuse verses a right angle.)



Advised her to pull up the energy from her wrists to elbows to shoulders, have a slight bend in elbows, and to incorporate rhythmic breathing.

#13 Her neck was uncomfortable in adduction and abduction. I advised her to lower her elbows and drop her shoulders and she kept on raising her arms up. Her breasts were in the way and she could not touch her elbows together. I advised her not to worry that she was not bringing the elbows together and to just make sure she is feeling the stretch in the shoulder and scapula areas.

#14 She was concerned because she had a cracking in her shoulder. I told her as long as she is not feeling joint pain not to worry about the cracking and to be mindful of how the shoulder is rotating forward and backward.

I suggested that she ask herself during the exercises, where in her body she feels discomfort, to refocus and make sure she corrects herself before proceeding. I gave her 2 yoga music CDs to assist her to slow down the joint freeing series.

The knot in her right shoulder is completely gone and she was extremely pleased and very surprised with the effectiveness of the exercises. I asked her to jot down when and if it comes back and to note what she did that may have triggered the knot to reappear.

### Session 3, 4/17/08

The client is very motivated to getting better. She is currently doing a morning practice and is disciplined. She did the homework 5 days out of 7. She increased the reps from 6 to 12 on her own. Sunbird was especially helpful, but the neck flexion exercise is not going well. Her neck is still very tight. She began taking glucosamine on her own because she had it and did not use it since she purchased it. Her pain level is a 2. She was pleased with such a substantial improvement in just two weeks.

She is driving at 4 and 8 and is getting better at using the speakerphone more often. I again stressed how important that issue is and she should use the speakerphone on all calls, especially while driving.

During meditation she found herself on her knees and became very emotional because she felt such gratitude for all the blessings in her life. It brought her to a place in her she never felt before. She realized that she never thanks God and it was really nice to finally express and feel the gratitude. She was amazed about the meditation experience. This was a major breakthrough and brought her to kosha 4, Vijnanamaya kosha.

### Session 4, May 1, 2008

The client and I met again in 2 weeks. We spoke on the phone during the week we did not meet. She found she was not as dedicated as she should be therefore she only practiced 6 times in the past 2 weeks. Her pain level is between a 3 and 4 on the Universal Pain Assessment Tool. We decided that since she was not as dedicated and she was feeling discomfort that we would meet every week. We both agreed that we would commit to each other on a weekly basis.

The tightness in her shoulders caused her discomfort during the break. Her right upper trapezius is swollen, and this created a small raised mound. Even though she felt this discomfort, the knot did not come back. To address this issue, I shared her neck range of motion assessments.

For neck rotation she was at 55° and standard is 70°. Neck extension was 30° with standard at 55°. Neck lateral rotation was 19° for the left and 20° for the right and standard is 45°. She felt better mentally because I shared the numbers. It validated the pain she felt. I encouraged her to stick to the exercises every day. I gave her the assessment numbers so she knew what was normal range of motion, and to see what we had to strive towards. She feels guilty for skipping her exercises and commented that she realizes that if she had continued she would not feel any tightness or aches. The speakerphone is used most of the time. She lets go of the things that she does for herself when she gets too busy.

We reviewed how she was doing the exercises. I stressed the importance of being mindful and to use her breath.

#7- She corrects herself when she starts to lean in sunbird. I emphasized to suck in the belly towards the spine. She was not doing this and therefore she was not getting the best thoracic stretch.

#13 - Shoulder abduction. I put my fist lightly on her spine, in between her scapula so she could feel how far the arms should come back.

#15 - I recommended that she raise her arms  $\frac{3}{4}$  of the way so there would be less stress on the shoulder. I explained that from week to week she should be able to bring her arms further up as she freed the shoulder joint.

#21 - Lateral rotation- Her shoulders were moving up and down as she rotated her head left and right. She said it hurt to move her neck in that way. I asked her to move to where it starts to hurt and to stop there. She said, "Okay, but it did not hurt and I did not go as far." I explained it should not hurt and this is her range of motion. She is used to moving past her range of motion, which is why her shoulders were compensating for her. I expressed this is why she needs to do the Joint Freeing Series so she can move freely without pain to an increased range of motion from week to week.

Added Joint Freeing #12 and #14 for continued strengthening of the neck.

#14- She felt a click in her right shoulder. I had her lie on her back and I moved the arm back and forth slowly. She kept trying to help me so I went even slower. Her click was still there but she felt more comfortable on the floor. Since the click did not hurt, I encouraged to continue to do #14. Her range of motion increased to normal as she became more relaxed.

Session 5, May 14, 2008

Her neck feels pretty good but she lapsed for 1 week and realized how tight she became. Her job is currently extremely busy and doing the exercises did not even cross her mind, until she began to hurt again. Once she realized the difference in how she felt, she went back to doing the exercises. She also stopped using the speakerphone because she could not hear as well. Her sleeping habits are not beneficial for her neck. She falls asleep on the couch for an hour or two and then goes to bed. She also does not have a regular sleeping pattern.

I now felt comfortable introducing sadhana to her. To start I asked her to define a bedtime and wake up time that would be do-able for her life style. She said she would try going to bed at 10:30 and waking at 6:30 AM. Her sadhana would consist of the Joint Freeing Series, prayer and meditation.

She added #16 on her own because she liked the way it felt. This demonstrated her determination and motivation to get well. She noticed that from doing the client study, she started listening to music again. Listening to music had ceased for a few months prior to the study.

Additional recommendations:

- Holding dandasana, #1, (without plantar flexion and dorsiflexion) for one minute. She would need to focus to hold the posture and it will strengthen the latisimus. I want her to begin focusing so that her meditation practice will continue to deepen.

Technique two – Hatha Yoga Pradipika V, 9-11

- Breathe into the pain, send your breath into the pain and watch what happens.
- Describe the pain to yourself- is it sharp, dull, hot, cold, radiating, specific? Then breathe into your pain consistently. Imagine the centre of the pain is a bull's eye, your breath is the bow, and your awareness is the arrow. Inhale energy, and then imagine that as you exhale, energy is spreading throughout the bullseye. Exhale the breath but hold pranic energy in that place so that it builds. (Mukunda's hand out on 5 Pranayamas for Healing and Pain)

Session 6, May 23, 2008

Carol was very stressed this time due to work and selling and buying her homes. Because the weather was perfect and she was stressed, I decided to do the session in my meditation garden. My goal was to relax her and have the session be one of compassion and healing touch.

There was tightness in her upper left shoulder. The muscles that were tight were pectoral major, posterior deltoid, infraspinatus and teres minor. She was supine and I began verbally guiding her into a slow meditation. I asked for her trust in allowing me to gently rock her arms. She informed me that it is hard for someone else to get her relax and that she cannot even get herself to relax. She did give me her trust. After palpating her left pectoralis major for a minute or two, the muscle released. I then did external and internal shoulder rotation while holding her wrist and guiding the inhalation and exhalation. She had a hard time letting me do the motion and she kept fighting me. After about 5 minutes she did let me do the motion. The meditation lasted for 45 minutes. She said she could not believe how long she was lying there for and that it felt good to hear the birds singing, feeling the gentle breeze, and relaxing in the perfect temperature.

Session 7, May 27, 2008

Did ROM measurements and muscle testing for the second time: See table for all ROM and muscle testing results.

Neck ROM-

Extension increased by 10°.  
Flexion increased by 13°.  
Right lateral flexion increased by 5°, Left lateral flexion stayed the same.  
Left rotation and right rotation stayed the same.  
There is improvement in all movements except for left and right rotation.

Shoulder ROM-

Left abduction increased by 3°, right abduction increased by 5°.  
Left adduction increased by 5°, right abduction increased by 2°.  
Left and right external rotation stayed the same. (At or above normal ROM.)  
Left internal rotation stayed the same above by 20° normal rom.



Right internal rotation, stayed the same, below by 10° normal ROM.  
Left flexion stayed the same, below by 10° normal ROM.  
Right flexion increased by 10° to normal ROM.

#### Session 8, May 31, 2008

We met 4 days later because she has vacation planned for the upcoming week. She did all the exercises for the past 4 days. Shoulders feel tight but there is no pain. In our previous session I guided her through meditation, relaxation, therapeutic slow rocking movements. She commented, "When I left the last session I felt like a puddle. Why don't I ever do something like that? Just getting the sun and taking the time to relax was nice. My form of relaxation is in the morning with my coffee and I read a few articles in the paper. I cannot remember the last time that I relaxed like that. I do nothing for myself, because I just don't think to do it. I don't even read a book that much. I read a book when I am away or if there is a snowstorm." Because of this statement, I asked if she was ready to incorporate more meditation in her life. She said, "I am ready, but I cannot do it myself. I need it done to me because I think too much about what needs to be done for the day." Even though she said she was ready, I do not think she is since she said someone had to do it for her. I believe Carol needs to be more aware of her breath in order for her meditation practice to progress.

#### Additional Recommendations:

In order to have Carol have a deep connection to her breath, I showed her Palm Tree Vinyasa. (*Stiles, Mukunda. Yoga Sutras of Pantanjali. San Francisco: Red Wheel/Weiser, LLC. 2002, pages 110 – 111.*)

By doing this vinyasa she will be able to do the series through slow, dynamic, flowing movements that are coordinated with the breath. She will use minimal effort, have great concentration on her breath, and demonstrate minimal holds. She will develop sensitivity to the prana in her body and gain harmony with the breath.

#### Session 9, June 6, 2008

Carol is doing well with her exercises and is not experiencing any pain. The Palm Tree Vinyasa.<sup>2</sup>  
Is helping her to connect to her breath in her daily practice and in yoga class.

#### Additional Recommendation:

Extended triangle and cobra to continue to strengthen the neck.

#### Session 10, June 20, 2008

Since Carol's pain has not been an issue for the past 3 weeks, I spoke to her about the Yoga Sutras. She is aware of the sutras because they are discussed in my weekly classes. I focused on Chapter II, 46, 47 and 48. Living by these sutras will keep her in her practice physically, spiritually and emotionally. After she reads the

sutra, she will ask herself the questions below and reflect on them. This theme to her yoga practice will carry over to her daily life as well.

II 46

*Yoga pose (asana) is a steady and comfortable position.*

Question to ask herself: Am I feeling discomfort and/or instability in this asana or life situation?

II 47

*Yoga pose is mastered by relaxation of effort, lessening the natural tendency for restfulness, and identification of oneself living within the infinite stream of life.*

Questions to ask herself: How hard am I trying? Am I relaxed or am I leading towards anxiety? Is my mind steady and quiet or restless and unable to discern? Where is God in this? Am I able to hear and listen to my inner teacher?

II 48

*From that perfection of yoga posture, duality, such as praise and criticism, ceases to be a disturbance? (Stiles, Mukunda. Yoga Sutras of Pantanjali. San Francisco: Red Wheel/Weiser, LLC. 2002, page 28.)*

After achieving II 46 and II 47, am I sattvic? Am I at peace, am I full of bliss, am I detached from results, and do I exhibit divine confidence in yoga on and off my mat?

Session 11, July 4, 2008

Carol experienced tightness in her neck this week. She has been using the cell phone again without the ear piece. She knew this had to be corrected and she will make a commitment to wear the ear piece. I gave her the following advice for dealing with the pain as it arises, instead of living with it until she sees me. This is the next to the last session and I would like her to be prepared to work through the pain issues on her own.

-Be a witness to the pain when it arises and monitor the breath. Is the breathing erratic or being held unconsciously? Assess the situation as to why it may have occurred. Was it an emotional or physical reason? Is there a situation or even going on that may have caused the pain? Just by being aware that a situation may be causing the pain a person can consciously relax the muscles that would normally tense up. Carol should not dwell on the pain.

-Use pranayama for pain (see session 5) when you witness pain.

-Maintain a routine of 8 hours sleep, retiring and waking at the same time every day, approximately 10:30 P.M. to 6:30 A.M.

-Continue with Joint Freeing Series.

Session 12, July 25, 2008

Final ROM and muscle testing done.

Final recommendations

-Continue Joint Freeing Series, wave breath, meditation, and develop a self-study program by beginning to read spiritual books.

-Study the yoga sutras with Reverend Jaganath Carrera at the Freehold Yoga Center, Fall of 2008.

Suggested readings:

- Meditate, Swami Muktananda, ISBN 0-911307-62-1
- Yoga Sutras of Pantanjali, Mukunda Stiles, ISBN #10-57863-201-3
- Yoga Sutras of Pantagali, Swami Satchidananda, ISBN 0-932040-38-1
- Meditate, Happiness Lies Within You, Swami Muktananda, ISBN # 0-911307-62-1
- The End of Sorrow, The Bhagavad Gita for Daily Living, Volume 1, Eknath Easwaran, ISBN 0-915132-17-6
- There is a Spiritual Solution to Every Problem, Wayne W. Dyer, ISBN 13: 978-0007131471.

#### **e – Results of recommendations-**

Carol is very happy with her progress. Her neck range of motion is normal and in some movements, above normal. She feels much stronger than when we started and this was proven by the increase shown during the final muscle testing. The knot that was so painful in the first session went away in one week after doing the joint freeing series. The knot never returned for the entire study.

Her increase in neck range of motion has enabled her to be free of the annoying pain she felt prior to Structural Yoga Therapy. She did have weeks when the pain did resurface but that was due to deviating from her exercises. After a few days of JFS she noticed that her pain decreased and realized the importance of not skipping her daily routine.

Her shoulder range of motion improved but she still has limited “normal” range of motion for abduction and adduction. I explained to Carol, that since she is not experiencing pain and is just experiencing limited range of motion according to the numbers provided through Mukunda’s charts, this is most likely normal range of motion for her. Being aware of this will enable her not to dwell on her body’s indifference, but instead to continue to have a positive attitude towards “her”

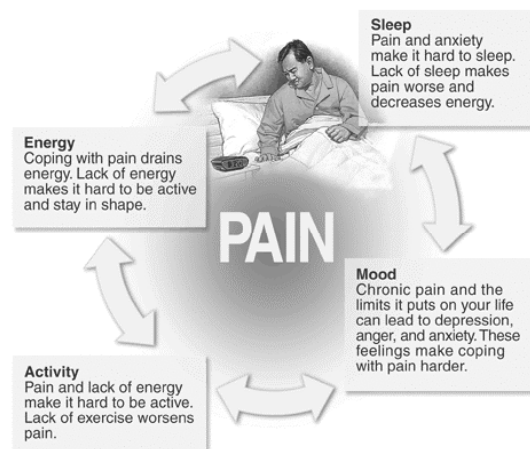
body. Some body messages do not need attention and we can deal with them like we would junk mail and disregard them.<sup>5</sup>

*Chapter 2, sutra 8, Aversion is the dwelling upon pain. (Stiles, Mukunda. Yoga Sutras of Pantanjali. San Francisco: Red Wheel/Weiser, LLC. 2002, page 28.)*

## 2 a – **Name and description** of the condition. - Upper Neck and Upper Thoracic Pain.

Upper back pain can occur as a result of stress, trauma, injury, or strain due to poor posture. The condition is becoming more prevalent since many people sit at a computer, drive or watch television for long lengths of time. The causes of upper back pain are joint dysfunction or immobility and weak muscles. As a result the larger upper back muscles become painful and irritated. If not attended to, depression may occur. When depression occurs a vicious cycle forms.

Depression leads to a lack of or excessive sleep, lack of or excessive sleep leads to drained energy and drained energy leads to non-activity. When one is fatigued the breath will become shallow and uneven. Prana will not be able to be felt due to the lack of deep breathing and energy stagnation.



(Chronic Pain Cycle, 2008 Revolution Health Group LLC. [www.revolutionhealth.com](http://www.revolutionhealth.com))<sup>3</sup>

## b – **Gross and subtle body common symptoms** –

Most of Carol's practice and meditation occurs in koshas one and two. During the week between session 3 and session 4, Carol experienced the need to go to her knees and thank God for all the blessings in her life. Her experience freed her from self-centeredness. She went from kosha two to kosha four through her meditation that day.

## c – **Related challenges** – lifestyle, diet, limitations on activities.

Carol's career as a real estate agent is the primary cause for the stress in her life. She is really never off from work due to the nature of the job. She is stressed when the work is slow due to lack of finances and she finds it hard to slow down after years of busyness. She is also stressed when her work is busy. There is always a deadline to meet, a customer to see, and many loose ends appear and usually need to be tended to

immediately. Carol has expressed the desire to become a yoga teacher. I encourage her to take steps toward this goal. The first step would be to study the yoga sutras.

Her diet has been poor these past few months because of the buying and selling of her own real estate. Due to time constraints, she and her husband have been doing take out most of the time. She wants to lose 15 pounds and plans on joining a weight loss clinic when she gets settled in her new residence.

### **3 – Ayurvedic assessment**

Carol's constitution is vata/pitta. The vata characteristics in Carol are:

- chronic upper thoracic tightness
- chronic neck pain
- limited range of motion
- difficulty in describing pain (how big, how deep, what color, what texture)
- lack of concentration during pranyama
- inconsistent sleep pattern
- high anxiety

Vata predominant people tend to be in constant motion, fidgeting, adjusting their spine, and rarely still. For them exercise needs to be deliberate and conscious; done in coordination with breathing to hold their wandering mind. To balance vata, Carol's practice should emphasize the wave breath, balancing asanas, slow, gentle vinyasas (using ujjaye breath) and relaxation. I also recommend going for long walks. As she walks: inhale for 4, exhale for 4. Her arms would also coordinate with her breath. This exercise would help to release hidden emotions and her thought process will slow down.

Carol's pitta characteristics are impatience, needing things done her way, and a lack of discernment. Carol is a volunteer for the Optimist Club. She would benefit from increasing the amount of time she spends in this work. This will give her a way of forgetting all the activity that is enveloping her and serving others always relieves stress and the anxieties one faces.

### **4 – Common body reading**

<b><u>Postural Change</u></b>	<b><u>Tight Muscles</u></b>	<b><u>Weak Muscles</u></b>
Forward Head	SCM	Upper Trapezius
Tilted Head	SCM and Upper trapezius	Same on opposite side.
Rounded Shoulders	Pectorals and serratus anterior	Middle and lower trapezius, latissimus dorsi
High shoulder	Upper trapezius, levator scapula	Lower trapezius, latissimus, pectoralis sternal

Mukunda Stiles, Structural Yoga Therapy, page 103

### **5 – Contraindicated yoga practices**

*Chapter II, sutra 16: The suffering from pain that has not yet arisen is avoidable.*

*(Stiles, Mukunda. Yoga Sutras of Pantanjali. San Francisco: Red Wheel/Weiser, LLC. 2002, page 20)*

By avoiding full shoulder stand, headstand and forward bend with long holds, one can decrease the chances of hurting themselves. When doing triangle or warrior asanas always be conscious of the position of the neck. Looking forward and not up will ease the neck strain. As the neck gets stronger, it can be gradually tilted upward.

Anyone with chronic neck and back issues should avoid the types yoga listed below. The fast pace that is performed in Ashtanga and Bikram is not recommended. Most students with pain cannot move as quickly as students that can handle a power yoga class. They may feel compelled to keep up with the class, and that is when injuries occur. When moving quickly through asanas the teacher may not have the time to explain the dynamics of the asana in detail.

Ashtanga Yoga- Ashtanga, which means "eight limbs" in Sanskrit, is a fast-paced, intense style of yoga. A set series of poses is performed, always in the same order. Ashtanga practice is very physically demanding because of the constant movement from one pose to the next. In yoga terminology, this movement is called flow. Ashtanga is also the inspiration for what is often called Power Yoga. If a class is described as Power Yoga, it will be based on the flowing style of Ashtanga, but not necessarily kept strictly to the set Ashtanga series of poses.

Bikram Yoga- Hot Yoga is a series of yoga poses done in a heated room. The room is usually maintained at a temperature of 95-100 degrees. A vigorous yoga session at this temperature promotes profuse sweating which rids the body of toxins. It also makes the body very warm, and therefore more flexible.  
(yoga.about.com/od/typesofyoga/Types\_of\_Yoga)

## **6 – General recommendations for the condition**

### **a – Therapeutic/free of pain**

Upper thoracic and neck pain can occur as a result of trauma or sudden injury, or it can occur through strain or poor posture over time. Often, upper back pain occurs along with neck pain and/or shoulder pain. Acute pain can be treated in the following:

**-Over-the-counter pain relievers.** Aspirin, ibuprofen (Advil, Motrin IB, others), naproxen sodium (Aleve) and acetaminophen (Tylenol, others).

**-Alternate heat and cold.** Reduce inflammation by applying cold, such as an ice pack or ice wrapped in a towel, for up to 20 minutes several times a day. Alternate the cold treatment with heat. Try taking a warm shower or using a heating pad on the low setting. Heat can help relax sore muscles, but it sometimes aggravates inflammation, so use it with caution.

**-Rest.** Lie down from time to time during the day to give your neck a rest from holding up your head. Avoid prolonged rest, since too much inactivity can cause increased stiffness in your neck muscles. (Mayoclinic.com)

-**Joint Freeing Series.** Gently do the Joint Freeing Series, #'s 19, 20 and 21. Only move your neck to the point when the pain starts and then back off slowly. Repeat only if the pain does not become worse.

- **#2 Pranyama for pain.** Breathe into the pain, send your breath into the pain and watch what happens. Describe the pain to yourself- is it sharp, dull, hot, cold, radiating, specific? then breathe into your pain consistently. Imagine the center of the pain is a bull's eye, your breath is the bow, and your awareness is the arrow. Inhale energy, and then imagine that as you exhale, energy is spreading throughout the bull's eye. Exhale the breath but hold pranic energy in that place so that it builds. (Mukunda's handout on Pranyamas for Pain)

### **b – Stabilize situation –**

The client should be diligent about what causes their pain and do what is necessary to avoid it.

-Neck should remain straight with chin pulled back in relaxed position.

-Keep good posture while standing, sitting at desk, reading, watching TV or driving.

- Avoid sleeping on stomach. Sleep on side, using pillow to keep spine straight.

-If sleeping on back use pillow to support curve of neck, do not lift head.

I recommend the following pillow. After I tried many different pillows and spent many dollars, the Chiroflow ([www.chiroflow.com](http://www.chiroflow.com)) is the only one that I would recommend.



### **c – Maintenance and long-term considerations-**

Some simple changes in a daily routine may help. Consider trying to:

-Take frequent breaks if you drive long distances or work long hours at your computer. Keep your head back, over your spine, to reduce neck strain. Try to avoid clenching your teeth.

-Adjust your desk, chair and computer so the monitor is at eye level. Knees should be

slightly lower than hips. Use your chair's armrests.

-Avoid tucking the phone between your ear and shoulder when you talk. If you use the phone a lot, get a headset.

-Stretch frequently if you work at a desk. Shrug your shoulders up and down. Pull your shoulder blades together and then relax. Pull your shoulders down while leaning your head to each side to stretch your neck muscles.

-Balance your base. Stretching the front chest wall muscles and strengthening the muscles around the shoulder blade and back of the shoulder can promote a balanced base of support for the neck. (Mayoclinic.com)

-Journaling of one's pain can be helpful. When did the pain start? What triggered pain? How was I feeling when the pain started? Did I exhibit anxiety, depression, fear, or anger? Rate your pain using the Universal Pain Assessment tool. What exercises were done to alleviate pain? Did the exercises work? What form of therapy did you seek and what was the outcome. This information will be very helpful when the client meets with a Structural Yoga Therapist.

Living and dealing with chronic neck and upper thoracic pain can be managed by the individual learning about their pain, putting actions into place to alleviate pain, and having an open mind to alternative therapies. Self-discipline, self-study and self-discovery is very rewarding because one does not have to be a victim of their pain but rather a person with an *easeful, peaceful and useful body*. (Sri Swami Satchidananda)

#### Chapter 2, sutra 43

*Through the intensity of self-discipline and purification comes the dwindling of all impurities and the perfection of the body and senses.*

(Stiles, Mukunda. *Yoga Sutras of Pantanjali*. San Francisco: Red Wheel/Weiser, LLC. 2002, page 27)

### **7. Questions and Answers from [www.yogaforums.com](http://www.yogaforums.com).**

Posted 4-27-02

Q- I have a person who came to me seeking help. He is in his late fifties and suffered a severe neck injury 20 years ago and lives in constant pain. He has limited range of movement because almost anything he does causes pain in the neck. Just a quick examination with him lying on the floor caused pain in his lower left back. He has been watching one of my classes for several weeks and has decided that yoga may help him. He wants to change his nutrition and begin some kind of movement to improve his condition. He is a Native American and approaches life in a deeply spiritual way. What may I do to help this person?

A- Again I would start this man with the JFS and pranayama. Breathing exercises beginning with seated or lying simply breathing into the painful area is the way to begin. If he can learn to direct his energy the pain should lessen or even subside to a great degree. For pain I find the major path to go is pranayama and meditation practices. Opening to the Great Spirit who can allow his body to heal. For people in long-term pain, the key is to focus on helping someone else who is in pain. That teaches them by



proxy how to alleviate their own pain.

Posted January- 6- 2006

Q-Can you please give some tips on releasing the tightness and "stuck" sensation in this area.

I've tried the cat flows very mindfully and slowly - but don't feel this area moving independently.

It also at times seems to jam into the C1-2 area as well.

A-Doing the cat bow with head up and sinking in the stuck region will normally create mobility in this region. The cervical must be elongated and to some degree increased in curvature to help this. Keep elbows tight and moving inferiorly, so that tone is given to middle trapezius and rhomboids.

## **8- References and websites**

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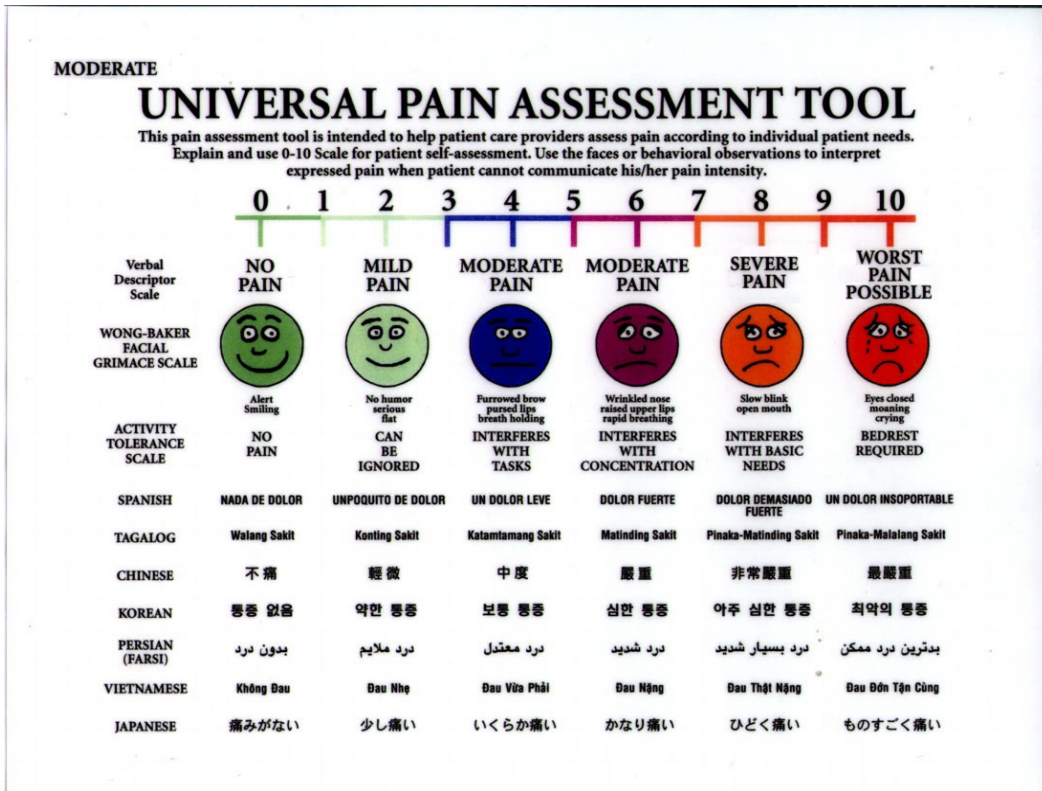
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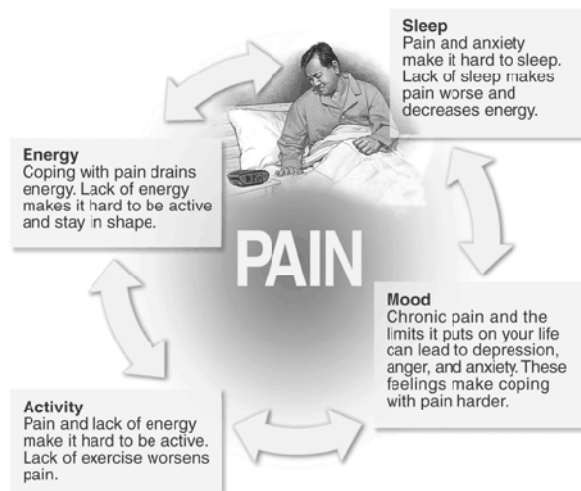
## 9- Appendix

### 1. Universal Pain Assessment Tool, UCLA Pain Management Clinical resource guide



2. Stiles, Mukunda, *Ayurvedic Yoga Therapy*, Twin Lakes, WI, Lotus Press, 2007, Palm Tree Vinyasa, pages 110 – 111.

3. [www.revolutionhealth.com](http://www.revolutionhealth.com). *Chronic Pain Cycle*, 2008 Revolution Health Group LLC.



## 10 – Biography-

Barbara Brauner obtained a 200-hour yoga teacher training certificate in 2002 in the Sivananda lineage and is also certified in Thai Yoga Bodywork. She is a disciple of Reverend Jaganath Carrera of the Yoga Life Society. She lives in Freehold, New Jersey with her husband, 2 sons and her dog, Spike.

*Spike meditates in front of the altar.*

