

Chronic Neck Muscular Pain - non-pathological

this topic excludes disc or bony abnormalities

Structural Yoga Therapy Research Paper
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1a - Case Study

Karen (37 years old) came to me in the summer wanting to relieve her neck pain. She gets neck pain especially because she is in college and the long hours sitting at her desk exacerbate the condition. Currently, she does not spend long hours at the desk due to the summer break and she is setting up her new home and gardening intensely. Karen recalled three prior neck traumas: when she was four years old she flipped backwards in a rocking chair, when she was seventeen she was almost strangled at a party where friends had to pull the offender off, and at the age of twenty-five she was in a head-on car accident. As an extension of her neck pain she reported carpal tunnel syndrome symptoms, and feelings of numbness, tingling and weakness down her arms. Karen also complained of pain in her right psoas and she clenches her teeth. She once had a bite plate fitted but she never wore it.

b - Examination Records – Significant changes in bold

Dates	7/30/03	8/7/03	8/21/03
Range of Motion	Left right	Left right	Left right
Supine position			
Hip quad/psoas restriction	Psoas res.	slightly	-relieved
Straight knee (90 ⁰)	85 85		
External rotation (45 ⁰)	65 53	58 62	
Internal rotation (35 ⁰)	53 75	31 70	
Prone position			
Knee Flexion (135 ⁰ -150 ⁰)	“pulls” in	Psoas & G. Medius	-Relieved
Hip External rotation (45 ⁰)	47 37	47 36	
Internal rotation (35 ⁰)	45 56	45 56	
Seated Position			
Neck			
Flexion (45 ⁰)	54	54	53
Extension (55 ⁰)	49	40	56
Lateral Flexion (45 ⁰)	35 35	37 37	38 37
Rotation (70 ⁰)	52 60	65 65	74 74
Muscle tests			
Supine position			
Hip Flexion	4 3	5 5	
Psoas (isolation)	3 2	4 5	5 5
Flexors w/ abdominis rectus	2.5	3	4 4
Side lying position			
Hip External rotators	3.5 3	3 3	5 5
Internal rotators	5 4	-	5 5
Adductors	4.5 3.5	4.5 3.5	5 5
Prone position			

Knee	Flexion	3	5	3.5	5	4	5
Hip	Extension	5	4	-		-	
	Gluteus maximus isolation	3	3	3	3	3	5
	External rotators	4	4	5	5	5	5
	Internal rotators	3	4	4	5	5	5
Shoulder	Middle Traps	3	3	4	4	5	5
Supine Position							
Neck	Flexion	4		4		4.5	
	Lateral Flexion	5	4.5	5	5	5	5
	Rotation	3	3	3	4	4	4
	Quadratus Lumborum	4	3.5	4.5	4.5	5	5

c - Summary of Findings –

List Muscles to be Strengthened (K)

Hip Flexors (both)
Psoas (both)
Lower Abdominus
Deep Six (both)
G. Maximus (both)
Right Hip G. Medius & TFL
Adductors (both)
Left Hamstring & Gastrocnemius
Hip External Rotators Group (both)
Hip Internal Rotators Group (both)
Middle Trapezius (both)
Sternocleidomastoid SCM (both)
U. Trapezius (both)
Quadratus Lumborum (both)

Stretched (P)

Psoas (both)
Right Hip Internal Rotators
Left Hip External Rotators
Upper Trapezius
SCM

Released (V)

Psoas
Hamstrings
U. Trapezius

The standing assessment revealed: forward chin with rotation to the left, 5 degrees left thoracolumbar curve on the scoliometer at T11, and while supine, right leg was quarter inch longer.

In passive range of motion, Karen had extreme mobility in her hip internal rotation and also had a tight psoas on both sides. Karen reported her neck extension was "bothersome in general", lateral flexion and rotation was limited. With prone palpation, C3-4 was tender.

Manual muscle testing revealed very weak (3) hip flexors, psoas, lower abdominis, side-lying hip external rotators (deep six), right adductors, left hamstrings, gluteus maximus, prone left hip internal rotators, middle traps, sternocleidomastoid especially unilaterally and quadratus lumborum (Both QL's were tender to the touch as well).

d – Recommendations & Results

Clearly Karen's work was to strengthen. I had a feeling that she already works very hard in her life so all poses prescribed were lying or sitting. The initial routine focuses on lower body mainly to relieve the pain there and give her more of a foundation for better long term results with her neck pain. Interestingly, there is almost no shoulder limitation or weakness.

I prescribed energy-freeing pose, supine pelvic rocking, bridge, the Joint Freeing Series hip rotations, cobra, locust, pigeon (psoas stretch variation), Supta baddha konasana (Kraftsow-1 p.198), rocking boat, cat pose with lumbar and thoracic mobilization, hip hiking, cat bows, supine neck strengthener, yoni mudra in corpse pose. Separate from her on-the-mat practice, whenever she was sitting for long periods, she was to set a timer for every twenty minutes to remind her to do warrior one pose to release her psoas and massage, open and close the jaw and practice softening lips.

Second visit:

Karen practiced daily and when I saw her a week later, she reported that even though it was a high stress week for her, she did the practice and ate healthily. Her neck did not feel as tight, overall less tension in her jaw, and less pain in psoas.

I retested a few muscles and adjusted her poses minimally and gave her one more gluteus maximus strengthener. The tenderness in C3-4 and her left QL had resolved. I updated her regime to include a more thorough neck routine (see page ten) and gave her an information sheet (see appendix 2) I created to address subtler aspects of her neck pain i.e., doshic imbalances and remind her what an aligned neck should feel like. We reviewed it together and she said that she journals all the time to help with her self expression.

Third visit:

One week later she reported that she only did the neck routine and none of the lower body poses. She said that her jaw tension was decreasing, had overall better energy, she was not limping (right hip was doing great, left arm was back to normal (no numbness anymore). Right wrist carpal tunnel numbness lessened (she also changed her elbow position at the computer, and she had no pain in neck extension anymore. She had purchased a physioball during that week and sitting on it at her desk helped keep her hips mobile (she practiced hip rocking) and psoas free.

Karen let me know that the vata balancing exercise on the information sheet was most useful to her. She told me she would read the calming message and take it deeply into contemplation/meditation.

In Karen's fourth visit, she shared that many things in her life are finally going well (relationship, new home, college) but her fear is that she will lose it all. She has many tools already in her to deal with her fear and I gave her poses to calm vata and discussed ways of thinking to help calm her when her fear comes up. Because her hamstrings are weak, and she "hates" locust, I shared with her that she may be holding her fear there (Stiles - 2). I took her locust off the floor into sunbird at this point so that she could feel

more in control of her surroundings. I suggested that when she is doing locust in sunbird that she feel she is getting strong in her hamstrings to overcome her fear.

I tested her neck ROM and all ranges were back to normal except lateral flexion was about 7 degrees off. Rotation increased dramatically. Major lower body muscles still need strength, so I reduced her program to the most important asanas, retested those asanas, and changed them when Karen was not accessing the muscle correctly.

Fourth visit:

One week later, Karen had practiced the essential poses and shared that yoga has helped her overall mobility. She still had jaw tension and I said that may take longer to resolve because teeth grinding is driven by the unconscious. I gave her information on the latest technology in bite plates.

I tested all muscles and she was strong in all muscles (5 rating) now except for gluteus maximus, hamstrings, lower abdominis and SCM. Only her right gluteus maximus remained at a 3 rating, the others were 4 or 4 and a half.

2. Topic: Chronic Neck Muscular Pain - non-pathological

This topic excludes disc or bony abnormalities

a - Description: muscular pain that comes from strain, stiffness, spasm, ache, intermittent sharp twinges, "neck goes out". A blow to the neck could create inflammation and swelling. The locations of pain can be in the neck, between scapula and top of the shoulders.

b - Common symptoms: increased pain with any motion, headache, decreased range of motion (ROM), decreased strength of neck and/or shoulders.

Prime Movers of the Neck:

Flexion: SCM (sternocleidomastoid)

Extension: Upper Trapezius, Erector Spinae

Lateral: SCM, Upper Trapezius, Erector Spinae

Rotation Same Side: Upper Trapezius.

Rotation Opposite: SCM

c - Related challenges : As the neck is affected by changes elsewhere, there are many disorders that can affect it. Below are the physical and subtle conditions to consider.

Physical: scoliosis, lordosis, kyphosis, flattened curves, gastrointestinal disorders, eye strain, teeth clenching, sinusitis. Environment: Short people have special difficulty adjusting to chairs, cars, counters, doors, etc. This all can cause stress in the neck.

Subtle: dosha imbalances, first chakra violation, distorted manipura, blocked anahata, blocked vishuddhi, displaced Samana Vayu, misdirected Udana Vayu, blocked Apana Vayu. (Please refer to *Subtle Practices* below for more explanation)

3 - Ayurvedic Reading

Pain is a vata imbalance, swelling or inflammation is a pitta imbalance. and stiffness is a kapha imbalance. All can be present with neck muscular problems. Please refer to Subtle Practices below for more on ayurvedic reading and recommendations.

Subtle Practices

Ayurvedic Reading & Recommendations

Vata

If one is experiencing pain in their neck, this is a vata imbalance. The emotion that this person may be struggling with is fear or any variation of fear like, nervousness, worry, and anxiety. High vatas tend to have fast, jerky movements of the arms and head. A common body reading of fear is the shoulders pulled high as if wrapping a protective shawl up around one's self. When vata gets displaced (Stiles- 2) with the onset of neck strain or spasm, that person may experience incredible fear. It can be a very frightening experience even if the environment is not threatening. If the environment is not threatening, it is important that the person lie down or stay lying down so that the neck and physiological responses to the incident can relax. Conscious relaxation by autosuggestion is the best tool in this moment to bring vata back into its place.

Conscious relaxation or yoga Nidra is good to practice whenever this person is lying down. Energy-Freeing pose would be excellent as well with extended exhalation.

Pitta

If one is experiencing swelling or inflammation, this is a pitta imbalance. The emotion that this person may be struggling with is frustration (Coutinho). This person fights with his or her mind, efforts too much in their life without getting the result they want, or possibly gives too much and does not allow themselves to receive. This person may have discomfort with their belly or digestion. Cooling modalities like icing is good and cooling poses like spinal twists and gentle forward bends which also help with digestion.

(Frawley p.220)

Kapha

If one is experiencing stiffness in their neck, this is a kapha imbalance. The emotion that this person may be struggling with is attachment. Keep in mind that stiffness is a kind of protection mechanism after a spasm, neck "going out", or a blow to the neck. This is a natural function of the body, but if there are deeper underlying kapha issues on an emotional level, this needs to be worked out. For example, one can be attached /stuck to their fear or attached/stuck to their frustration. A variety of practices can help in this instance like, simply dropping the shoulders, prostration pose while reciting the Serenity Prayer and pratyahara exercises (i.e. Jnana mantra, Shambhavi Mudra, tratak, relaxing forward bends)

see appendix.

In general, emotions must be acknowledged, felt and expressed, thus a person with neck problems may not be ready to "just relax" or "just cool down" or "just let go". The analogy to be able to work with intense emotion is like trying to stop a running horse. You do not try to stop the horse all at once, but you run along side it at the same pace, then slowly reduce your speed to bring the horse with you. Some ways to do this with your client would be to prescribe daily walking while being aware of their emotions and what their intention is with them (to relax, to cool, to release). Or if they are immobilized by their pain, work with doshic breathing (Stiles-2). A referral out for psychotherapy, massage or polarity therapy perhaps may be the best thing to do. These exercises above

are physically gentle enough to be done at any stage of recovery as long as the person is ready to do this deeper work of the mind.

Chakra Reading & Recommendations

Muladhara - root of spine region

Violation of the muladhara, refers to not feeling safe in the earth body or physical surroundings. This can be due to experiences of rape, physical abuse, earthquakes, home being destroyed, etc. These experiences create much fear and drive the mind and body in the same way a vata imbalance does. The home of vata is in fact approximating muladhara.

Manipura - navel region

Distorted manipura relates to issue of power and will. In this case, the power that one has, has been misunderstood, abused or given away. The sufferer has control issues, can not apply their will healthily, and/or does not know what their will is. These experiences create much frustration and anger and drive the mind and body in the same way a pitta imbalance does. Home of pitta approximates manipura. Therapist guided bridge pose may be helpful in dealing with these issues.

Anahata - heart region

Blocked anahata is a by-product of the chakra issues above. The heart has closed down because of fear and frustration ruling the mind. In essence, the anahata is stuck, it can't move forward or back. This is also known as a kapha imbalance and the home of kapha approximates anahata. Energizing the heart would be an important long term goal that will help slowly unknot muladhara and manipura. One way to do this is to prescribe devotional singing, making an altar or compassionate action like volunteering at a nursing home.

Vishuddhi - throat region

Blocked vishuddhi is a lack of self-expression. This means that emotions, thoughts and feelings need to be expressed. This expression is the mouth piece for the above mental issues and more. A referral out for talk therapy may be the best course of action, or if self-motivated, prescription of journaling, art, singing or sounding will help. This will assist in redirecting Udana Vayu, the upward moving air, as well.

Prana Reading & Recommendations

Apana Vayu

Apana Vayu is the energy of elimination of physical toxins and negative sensory, emotional and mental experiences (Frawley p.124) and governs the last third of exhalation. Its home approximates vata's and it is connected to muladhara. Apana Vayu could be not flowing well if full exhalation is difficult and/or there is a lot of fear present. "Fear is like constipated emotion" (Stiles-2) and literal constipation may be an issue too. Energy-freeing pose coordinated with breath, emphasizing exhale will help ground and calm the mind and stimulate elimination. In general forward bends and twists are excellent to increase apana Vayu (Kraftsow-2).

Samana Vayu

Samana Vayu is a digestive, centering energy and balances the mind and body (Frawley p.124) and it governs the pause after inhalation. Its home is at the navel which approximates pitta's and is connected to manipura. Samana Vayu could be displaced if the belly is uncomfortable, digestion is poor and/or over-all energy is low. Samana Vayu

breathing (Frawley p.253) , agnisar dhouti, and asanas that stimulate the mid-abdomen area are recommended to re-place samana Vayu.

Udana Vayu

The "upward moving air" when misdirected, loses its ability to hold the head up correctly through the neck. It is connected to vishuddhi , self expression. Udana Vayu governs the first two thirds of the exhalation, so singing , sounding, art making and journaling are therapeutic applications to it. Self-expression helps to transform our energy and moves Udana Vayu correctly. Pranayama with attention to exhale will be useful. Classic postures that emphasize Udana Vayu like shoulderstand and fish would be inappropriate for the beginning stages of healing neck pain.

4- Common Body Reading -postural changes (Stiles-1 p.103) :

Forward Head (tight SCM, weak upper trapezius)

Tilted Head (tight SCM & upper trapezius, weak on opposite side)

High Shoulder (tight upper trapezius & levator scapula, weak lower trapezius, latissimus, pectoralis sternal)

Flattened Curves (tight middle trapezius & rectus abdominus, weak psoas, lumbar erectors & hip flexors)

Common Body Reading -assessment

Diminished ROM of neck:

Flexion - less than 45 degrees

Extension - less than 55 degrees

Rotation - less than 70 degrees

Lateral Flexion - less than 45 degrees

Weakened Musculature of neck: When applying manual muscle test (MMT) , there may be a reduction of active ROM, inability to hold against gentle resistance, report of discomfort, recruitment of other muscles.

Since the levator scapulae is difficult to isolate for ROM and MMT, simply palpate at the insertion (top medial corner of scapula) to observe possible soreness.

Diminished ROM of shoulders:

Flexion - less than 180 degrees

Extension - less than 50 degrees

Rotation - less than: (external) - 90 degrees and (internal) - 80 degrees

Horizontal Adduction - less than 130 degrees

Horizontal Abduction - less than 40 degrees

The upper back and shoulder muscles that commonly test weak are middle and lower trapezius, latissimus, pectoralis sternal and major, and anterior and posterior deltoids. Psoas tests weak as well.

5 – Contraindicated Yoga practices and activities to Modify or Eliminate:

Eliminate any activity that increases pain, extreme movements of the shoulders, and sitting, standing, moving and lying down in any way that creates a misaligned neck.

Some examples are slouching on a couch watching television, sitting at a computer for hours without taking a break, and playing sports that have overhead arm movements like tennis and basketball.

Contraindicated Yoga Practices:

Any pose that brings discomfort - especially suspect are headstand, shoulderstand, fish, camel, intense pranayama, neck rolls and arms over head poses.

6 - Theoretical Recommendations:

a - Short Term Goal is to reduce the pain, swelling, or stiffness

Protect - wear a scarf to protect from adverse temperatures or it can offer minimal stability that helps remind the wearer to be aware of alignment and stability. If more stability is required, refer out to get a collar brace fitted

Rest - lying down significantly reduces neck strain, conscious relaxation or yoga Nidra is best

Ice - the most efficient natural way to reduce pain, swelling and stiffness is to apply ice wrapped in a towel for 5-10 minutes every hour.

Warm Shower - helps decrease stiffness

Massage - before you get out of bed, after a shower or anytime. Use arnica gel or "B, F & S" ointment: see appendix 1

Changing Pillow - Sometimes a stiff neck is brought on by a misaligned neck while sleeping.

Gentle ROM exercises Moving neck by holding the head while supine into flexion, lateral bends, rotation and gentle traction. Send breath into the pain while moving the neck or while resting. The "Joint Freeing Series" (Stiles-1 p.121) coordinated with breathing can also be practiced excluding the neck movements (if needed) to balance vata. These can be done if the pain has been reduced or only move inside the range that is pain-free.

Pranayama - Wave breathing (Stiles-2) with equal rate of inhale and exhale or unequal rate with extended exhale to calm a headache.

b - Medium Range Goals:

Medium range goals are to stabilize the situation and make lifestyle changes.

Continue with any short range tools as needed. Pain should be gone or significantly reduced in this stage of recovery.

Re-education of body mechanics. Consider how everyday work or home activities create pain. For example, purchase a lumbar cushion to maintain normal lordosis while driving or sitting at a desk. Arm over head movements, that is flexion, need to be looked at to improve motion. In the case of vertical abduction that ends in shoulder flexion, one should especially focus to keep levator scapula long and strengthen lower trapezius. Rearrange home or work so overhead reaching is reduced. Teach supine-contracted-psoas movement to show connection between the psoas and neck alignment and proprioception of proper neck alignment (Rosen p.85): please refer to appendix 2 for the descriptions.

Increase Awareness - Teach awareness techniques like "yellow light, red light" (Stiles- 2) so client can look for warning signs to oncoming pain. If the client sits at a desk all day, they should get a watch that beeps every 15, 30, or 60 minutes to remind them to practice

awareness and tension releasing techniques, and alignment. Check to see if desk, chair, arm positions are ergonomically sound.

Asanas

In general, strengthen and gently stretch neck, upper back and shoulders. Strengthening can happen by isolating muscles and working with them statically and dynamically, and integrating neck, shoulder, upper back muscles movements and working with them dynamically. Be careful not to stretch too deeply, and never use stretching as the only modality for recovery. This tends to continue to destabilize the cervical vertebrae. All movements for the neck need to be done symmetrically.

If the client is able, have them integrate breath with the movement to further enhance vata balancing.

Poses with asterisk means that they were taught in a series by Mukunda Stiles September 22, 2001.

Thunderbolt Pose with single arm variation: done dynamically to warm the spine, shoulders and neck. (Kraftsow-1 p.157)

*Wall Hang: to stretch passively the long muscles of the spine, erector spinae, and neck, encourages letting go (vairagya)

Cobra Pose: to strengthen erector spinae, levator scapulae and upper trapezius (in a stretched position)

Locust Pose with single arm variation: integrative movement of neck, upper back, lower back and shoulder. (Kraftsow-1 p.181)

*Cat Pose with lumbar mobilization: to strengthen and stretch psoas and abdominis rectus

*Cat Pose with thoracic mobilization: to strengthen and stretch middle trapezius and pectoralis major

*Cat Bows with elbows next to torso: to strengthen middle and lower trapezius, latissimus dorsi, and stretch and strengthen pectoralis major and clavicular.

*Cat Bows with fingers pointed in: to strengthen pectoralis sternal and middle deltoid.

*Sphinx: sink and rise: to strengthen lower trapezius and pectoralis major and stretch upper trapezius

*Sphinx: sink and hang head: to stretch levator scapula

*Sphinx: while sinking, lift and lower head to strengthen levator scapula

*Frog with knees down: to strengthen erector spinae, levator scapula, middle trapezius,

*Supine Neck Strengtheners: to strengthen sternocleidomastoid uni and bilaterally

Half Snow Angel (variation of Jathara Parivrtta): to stretch pectoralis (Kraftsow-1 p. 182)

*Yoni Mudra with Corpse Pose: to return prana home.

Bridge Pose: to strengthen the lower and middle trapezius and posterior deltoid, and stretch the upper trapezius.

Camel Pose: to strengthen the latissimus dorsi, sternocleidomastoid, upper trapezius

c - Long Range Goals:

Long range goals are to give a maintenance program that keeps the client healthy and give deeper practices that address the underlying issues at the root of the situation. The maintenance program would be an abbreviated program consisting of the poses above. The client's unique situation would determine which poses would stay in their program. The client would continue with any short and medium range tools as needed.

A change in dietary habits may be needed. Ayurvedic principles of balancing doshas is the key. Mostly likely a vata balancing diet will be helpful. Refer to appendix 1 for recommended books.

Any of the subtle practices mentioned below that are appropriate for the client, i.e. dosha balancing, chakra awareness, and/or prana balancing exercises can be done as long as the client is ready and willing.

And finally, teaching meditation by means of japa, breath awareness, sensory awareness or guided visualization.

Closing thoughts

After studying neck pain I realize now that it can be an incredibly complex issue to work with. The neck is the super highway between the head and body and not only is it vulnerable, but it's responsible for all the traffic from above and below. I had a second case study as well and both case study clients needed more or less two routines, one to address the lower body and one to address the upper body.

For sake of staying focused on yoga, self-massage instruction was minimized in this paper. Self-massage can be a very important facet to all the practices one does to recover from neck pain and I do not mean to minimize it.

7 – Q & A from 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 10-13-04

Q- Please comment and give suggestions for someone with a flat upper spine, who suffers from shoulder stiffness and **neck pain**. This person also has a strong Vinyasa practice. Thanks

A- The thoracic spine cannot be rounded outward by forward bending. However it can regain some curvature by increasing the lumbar curve below it and also by toning the erector spinae in general. However, my main suggestion would be to strengthen the psoas. This muscle does hip flexion thus lifting the legs, and pulls the lumbar forward to

create a natural forward curve. The former motion can be toned by leg lifting standing, sitting or lying. The latter can be toned by trying to arch the lower back in seated poses, forward bends, and especially in dog pose. There are plenty of opportunities to use the muscle in all asanas.

In addition I would also give plenty of poses which use the shoulder rotators and extensors such as eagle, face of cow/light, bow, camel. If the **pain** is more persistent then I would use my Joint Freeing Series. namaste Mukunda

Posted 9-30-04

Q- Yesterday morning, I attended a yoga class in the morning in which we practiced head stands and shoulder stands. I have never done a full headstand and did not go into a full one yesterday. However, I did the shoulder stands and our teacher asked us to hold the pose as long as we could ... I ended up holding it for about 5 minutes. We were in a room with hard wood floors and I was only using my one thin mat to practice the shoulder stands. As I came down from the stance, I immediately started feeling pins in needles running through my left pinky and my left ring finger. The class ended at 7:30am and I was still feeling a dull pins and needles feeling through lunch. It was at this point that I called a reflexologist friend and asked if I could come over and visit with her. She found that I was holding a lot of tension in the left side of my **neck** and in my left shoulder ... all these muscles were knotted up and she proceeded to work on loosening the knots. The pins and needles feeling subsided late last night (around 10pm), but I still have a lot of **pain** in my spine ... particularly the bone that protrudes out the furthest ... I believe this might be either C-6 or C-7? I intuitively feel that my spine is bruised in that area, but do you feel from what I have told you, that I need to worry that this could be something worse? When I was up in the shoulder stand, I felt a tremendous amount of pressure in that area ... I did not once turn my **neck** or feel anything pop out of place it was just as I was coming down that I started to feel the pins and needles (perhaps a pinched nerve?).

A- I feel that you were not adequately prepared to do what you did. To hold a long shoulderstand one needs to develop the strength of the triceps and latissimus muscles which can push your body vertically while in the pose. They are called the shoulder extensors. Without adequate time to develop those muscles with cat bows (pushups done from cat position) or repeating bridge while using those muscles the weight in shoulderstand goes to where you experienced it at C6-7. This is a natural protuberance of the lower cervical spine. I have seen students in one method actually develop calluses on that region from holding the pose so long. My standard is to have you be able to do 12 cat bow push ups with elbows close to the side and an additional 12 with the elbows out to the side of wrists to prove to me that you have the strength necessary for a safe full shoulderstand. In my version of the shoulderstand as shown in Structural Yoga Therapy book, it is actually ½ position, you are working to develop tone in these muscles and once that is done then pose can be safely done without weight bearing on any section of the spine. The pose is called shoulderstand; therefore weight goes outward from **neck** on the shoulders. It is not called **neck** stand. I do not feel you should worry about any permanent damage, but I would encourage you to show this response to your teacher and let them know that you will not be doing that again, until you have been adequately trained in the steps leading to develop tone in the muscles I have mentioned.

8 – References

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Ibid. Information from Structural Yoga Therapy Training 2000-03.

9 - Appendix 1

Massage helpers:

Arnica gel, a homeopathic remedy, can be found at most health food stores

B, F & S ointment is made by MMS Pro. It contains olive oil, wheat germ oil, beeswax, honey, comfrey root, white oak bark, mullein, black walnut leaves, marshmallow root, wormwood, gravel root, scullcap herb and lobelia.

It is distributed wholesale by: Emerson Ecologics 1-800-654--4432 (9-5 EST)

Ayurveda books recommended for diet.

"Prakriti" by Dr. Robert E. Svoboda Published by Sadhana Publications

"A Life of Balance" by Maya Tiwari Published by Healing Arts Press

Serenity Prayer (from Alcoholics Anonymous)

Dear God help me to accept the things I can not change, the courage to change the things I can, and the wisdom to know the difference.

Jnana Mantra from Ramana Maharshi: On inhale, KO HAM (Who am I?), on exhale, NA HAM (Not this, not that.), during pause after exhale SO HAM (I am That),

Appendix 2 - Worksheet given to clients

In general, *increase awareness* of tension building (yellow light) - Stop and take a break from what you are doing - self massage, lie down, or drink water.

At a desk all day? Set a watch to beep every 15, 30, or 60 minutes to remind you to soften lips, wiggle - stretch jaw, drop shoulders, rock pelvis, close eyes and align your neck.

Throat Chakra - Vishuddhi

How is your Self-expression? Is your communication of your needs clear? Is your will or voice clear? Find it! Journal, art, sing, sound.

Stuck emotion of neck is frustration. (pitta imbalance) Are you fighting with your mind?

Efforting too much and no result?, Giving too much and not allowing yourself to receive? A bit of type A personality perhaps?

Prostration Pose

Shambhavi Mudra

(letting go)

(looking at space)

Stuck emotion of the shoulders/neck is fear. (vata imbalance) Observe any increases of anxiety, nervousness, fast jerky movements of the arms and head. Know that shoulders tend to rise out of fear based emotions. The following may be helpful to read:

"Take a deep breath, smile at your compulsiveness and anxiety, and love the fact that you can see these in yourself and not judge they are bad. They are only a product of your normal mind. Try moving through anxiety the next time you are aware of being pushed. Stop what you are doing and say to yourself, 'there is no time limitations to my spirit's work, and therefore all that I do will come to fruition at exactly the right moment.'"

From "Angelic Messenger Cards" by Meredith Young-Sowers

Awareness of neck alignment (Rosen p85)

Picture your head and neck is like a tree.

Ground the roots of your neck into your upper back.

The root is galvanized by firming the shoulder blades into the back torso and descending them toward the tailbone.

Lift the top of your sternum while you release the base of your sternum toward your navel.

Supine Rocking pelvis - relax spine all the way up to neck,
allowing chin to drop and rise
through contract & release of hip flexors