Subacromial Bursitis

Structural Yoga Therapy™ Case Study

Amman, Jordan-September 2007

1. Case Study: Rada

a. Initial Intake

Rada is an energetic and sociable 54-year-old mother of two and a wife to an M.D. She is the author of a children's book and the founder of a wellness program. This program is based on a story that reflects her life journey. She is also the owner of a center that offers yoga, pilates, ballet, and belly dancing.

Rada spends much of her time doing charitable work, a major aspect in her life and her family's life. She also spends time with her large close-knit family; she particularly likes to play and entertain the children. She loves swimming and discovering in nature. A large portion of her time goes to organizing the various classes and events at her center.

Rada finds that being in the water gives her a lot of confidence and better range of motion without pain. She likes the resistance and is hoping that she will one day feel painless on land as she is in the water.

Rada has many pains and they have been increasing since she had a car accident when she was 17 years old. She was not wearing a seat belt when the car fell off a cliff and rolled 7 times. There were no apparent serious injuries other than bruising, though her husband believes that her current shoulder injury dates back to that incident.

In her 20's Rada studied and taught cake decoration for 2 years. It mostly involved the repetitive motion of squeezing a decoration bag. She attributes this to the start of her neck "instability" (constant flexion) and lordosis.

She began experiencing left hip bursitis and piriformis pain and right scapula pain in her 40s. She was able to experience some relief when she began yoga. When Rada opened her center at 50 she complained of tennis elbow and right shoulder pain, attributing it to the thousands of text messages she sent via phone and her extensive computer work.

Menopausal at 54, Rada has slight scoliosis, pain from a sprained wrist and ankle (both from falls), and knee pain (back and inner knee). She experiences constant tingling in her right little finger and suffers greatly from right A.C. joint arthritis and subacromial bursitis; her X-ray shows calcification. She rates her shoulder pain at a 9 when acute. She also complains of being bloated; she attributes it to her lordosis, eating lots of fruit and her excessive chewing of sugar-free gum.

She is in greatest pain when she is motionless. Sleeping on her right side, working on her computer, brushing her hair, or holding her arms in virabhadrasana II or garudasana is painful, though abducting her arms to a certain point is relieving. She relieves her shoulder pain by moving it at low range of motion in the pool in a flowing manner. Rada showed me 2 points where she feels the pain in her shoulder: anterior deltoid and posterior deltoid.

Rada joined my yoga class 3 years ago; she was always punctual and dedicated. Since opening her own center Rada is not committed to the classes, and when she does attend she is frequently distracted and is often fidgeting. A perfectionist by nature, Rada is usually checking out every minute detail in the studio.

While observing Rada in my class I notice she often refrains from any asanas that place pressure on the shoulder joints as in adho mukha svanasana and dolphin. After holding her arms for a while in virabhadrasana I or II, she places her hands on her waist because of the stress on the

shoulders and neck. In general, Rada sings the praises of yoga for her wellbeing.
This paper will primarily address Rada's right subacromial bursitis and secondarily her left hip bursitis.

b. Physical Assessment

The first assessment (ROM + MT) were done on the May 19, 2007, and included the S.I. joint test. The second assessment was on June 11, 2007, which included the interview/intake and redo of hip and shoulder ROM testing.

Physical characteristics:

+159 cm tall (5 feet 2 ½ inches) +medium frame +6 kilos(13 lbs.) over weight +pale complexion +coarse, thick, dry hair +large breasts

Body reading:
+feet turn outwards +pelvis thrusts forward (backward tilt) +leans back from plumb line +right arm forward of left +left shoulder higher than right +carrying angle +hyper extended knees +left thigh more developed than right +left S.I. joint moves 1 cm down on s.i. test +right curve of 2 degrees at sacrum to right curve at 7 degrees at L1 to left curve at 5 degrees at approximately T6 on the scoliometer.

Table 1a

ROM Shoulder	Normal	19/05/07 Left	19/05/07 Right
Abduction *	40	45	32
Adduction *	130	138	120
External rotation	90	90	88
Internal rotation	80	83	72
Flexion	180	177	179
Extension	50	59	50

Table 1b

Muscle Test	19/05/07 Left 1-5	19/05/07 Right

Shoulder		1-5
Abduction	3.5	3
Adduction	3.5	3.5
External Rotation	4	4
Internal Rotation	3	3

Flexion	3	3
Extension	3	3.5

Table 2a

ROM Hip	Normal	19/05/07 Left	19/05/07 Right
Flexion (bent knee)	135	118	123
Flexion straight leg raise	90	74	80
External Rotation supine	45-60	42	42
Internal Rotation supine	35	16	22
External Rotation prone	45-60	44	43
Internal Rotation prone	35	32	40
Adduction (side lying)	30-40	43	39
Abduction (side lying)	45	45	40

Table 2b

Muscle Test Hip	19/05/07 Left 1-5	19/05/07 Right 1-5
Hip Flexors and Abs (supine)	*3.5	
Trunk Flexion (supine)	*4.5	
Hip Flexors- bent knee (supine)	4	3.5
Iliopsoas Isolation (supine)	4.5	4.5
Sartorius Isolation (supine)	4	4.5
Abduction (side lying)	4.5	4.5
Adduction (side lying)	4	4.5
Gluteus Maximus Isolation (prone)	4	4
External Rotation (prone)	3.5	4
Internal Rotation (prone)	3	3.5
Quadratus Lumborum (seated)	3.5	3.5

c. Summary of Findings
Shoulder:

Tight Muscles	Weak Muscles	Muscles to be released
Middle trapezius	Pectoralis major	Trapezius
	Serratus anterior	
Upper trapezius	Deltoids	Anterior deltoids

Latissimus	Subscapularis	Latissimus
Pectoralis major	Infraspinatus	Pectoralis major
	Trapezius	
	Latissimus dorsi	

During the ROM test Rada had pain that she rated an 8 during shoulder abduction and adduction. She also had pain in abduction and internal rotation during the MT as indicated by *.

Rada's right shoulder that has bursitis shows limited ROM in abduction, adduction, and internal rotation. She therefore needs to strengthen the anterior and posterior deltoid, pectoralis major, and latissimus dorsi.

Rada's left shoulder has excessive ROM and muscle weakness as indicated by abduction, adduction, internal rotation, and extension. Therefore she needs to strengthen the posterior, middle and anterior deltoid, middle trapezius, pectoralis major, biceps brachii, infraspinatus, teres minor, and latissimus dorsi.

Rada's forward right arm as indicated by her standing assessment is a result of her thoracic scoliosis that may be a contributing factor to the limited range of motion of the shoulder joint.

Hip:

Tight Muscles	Weak Muscles	Muscles to be released
Iliopsoas	Iliopsoas	
Adductor group	Rectus femoris	
Hamstrings	Hamstrings	Adductor group
Psoas	Gluteus minimus+medius	Psoas
Sartorius	Tensor fascia lata	Sartorius
6 deep external hip rotators	Sartorius	
	6 deep external hip rotators	

Rada's hip ROM shows weakness and tightness of the hip flexors, external and internal rotators. The turn-out of her feet as I assessed in the standing body read is indicated by a tight psoas, external hip rotators, and sartorius. The weak muscles are the tensor fascia lata and gluteus minimus.

d. Recommendations

I recommended that Rada practice 7 exercises of the JFS for the duration of 4 weeks four times a week. I asked her to practice in the same room every time, one that had no distractions.

I suggested that she practice with much awareness to the synchronization of her movements with

the breath so as to heighten her sensitivity and intuition and to focus on strengthening/toning rather than stretching. I chose not to give her any weight bearing asanas that placed weight on the shoulder joints.

For her weak anterior, middle and posterior deltoid, pectoralis major, and latissimus dorsi, I gave her **#15** shoulder flexion/shoulder extension; **#14** shoulder external/internal rotation for her tight infraspinatus; **#13** shoulder abduction/adduction to also strengthen pectoralis major and the anterior and posterior deltoid. As I mentioned previously, Rada is unable to hold her arms correctly in garudasana and virabhadrasana I.

As for the hip exercises I chose **#5** hip external/internal rotation for her weak iliopsoas, gluteus medius and minimus; **#7** hip extension/flexion for her weak hamstrings; **#8** hip adduction/abduction for her weak adductor group; and **#5** to strengthen the abductors and adductors.

e. <u>Results of recommendations</u>

I first asked Rada about her four week JFS (7 exercises) practice and she said that there was a slight improvement. She initially rated the pain at a 9 which was reduced to a general 7 1/2. She wanted me to know that her bursitis pain fluctuates and is completely unpredictable. It mostly depends on her activities of the day. In fact Rada was in severe pain the morning I saw her. She said that she had not reached "that stability" and felt that perhaps she needed more strengthening exercises.

She claimed that the pain returns once she's back at the computer and when she sleeps on the right shoulder. The wearing of high heels for formal functions accentuates the hip bursitis and lordosis and prolonged sitting with the neck rotated as she converses with the people at her table becomes painful too. She described her pain as "killing" and she said that most of her pain is due to her "lifestyle." Rada feels that the program I gave her should be "a must do" before any computer work or outing for lunch/dinner.

I redid the sacroiliac test and her right s.i. lifted but the left s.i. appeared unsteady and dull. I asked her to show me how she does the exercises again and made slight adjustments to some. In #15 Rada said that she makes an effort to balance the pelvis so her lordosis does not accentuate and she likes to stay for a while in shoulder flexion. In #14 Rada mentioned that as she begins to move from internal rotation/hands down to external rotation she feels pain at a certain point. In #5 I found that Rada points her toes rather than maintains the foot in dorsiflexion. With this new adjustment she found it to be more challenging. #6 was a "great relief," #7 was "very relieving," and she likes #8 though at one point through the ROM she does experience pain. She did the exercises with much awareness to the breath and it was evident she was focusing on strengthening/toning rather than stretching. She was gentle and steady. Her body mechanics were very accurate.

These are the findings of the second ROM assessment dated 18/08/07:

ROM Shoulder	Normal	18/08/2007 Left	18/08/2007 Right

Abduction	40	38	35
Adduction	130	130	124
Internal rotation	80	82	73
Extension	50	50	50

ROM Hip	**Normal**	**18/08/2007 Left**	**18/08/2007 Right**
Flexion (bent knee)	135	135	134
Flexion straight leg	90	75	80
External rotation supine	45-60	42	37
Internal rotation supine	35	20	21
External rotation prone	45-60	42	39
Internal rotation prone	35	40	37
Adduction (side lying)	30-40	45	42
Abduction (side lying)	45	45	45

In the second ROM assessment Rada's hip flexion (bent knee) and her left shoulder extension improved noticeably. Though some scores like external rotation (prone) both left and right, decreased. As for the MT, I found that Rada's scores were very similar to the first assessment. She had severe pain in the shoulder abduction test; her arm just fell with the slightest resistance. During adduction she experienced pain if her arm was extended but not if her elbow was in flexion. She also had pain in shoulder flexion and extension.

Second recommendation:

I recommended that Rada do the entire **JFS**, **sacroiliac exercise** and the **rolling bridge** with much awareness to externally rotating and abducting the shoulders; also **warrior II** with awareness to adducting the scapula since her pectorals and deltoids are weak. Both of these asanas strengthen the gluteus maximus and quadriceps and stretch and strengthen the adductors. She was excited to do more and she particularly liked the above asanas. I recorded for Rada an entire 1 1/2 hour back care class where I always do the complete JFS at the start and then added the above asanas for her. She stated that it would be easier and more pleasurable if she didn't have to keep looking at a paper for the sequence and had the choice to stop after her recommended program; she did not need to do the entire 1 1/2 hours.

Findings of the third shoulder & hip ROM assessment dated 02/09/07:

Rada's shoulder ROM did not improve significantly. The right shoulder adduction and internal rotation increased/improved by one and two points respectively. Abduction and extension

remained the same. However, Rada's left hip ROM scores improved dramatically, especially in the flexion straight leg test, supine external rotation, prone internal rotation, and side lying adduction.

Findings of the third shoulder & hip MT assessment dated 02/09/07:

Rada's right shoulder muscle test indicated a slight increase in strength, mostly by 1/2 a point in adduction and internal rotation and a one point increase in the right and left shoulder flexion test, though she reported little pain (2% in her exact words) in the right one. The right hip muscle test mostly remained the same with a slight increase in the hip flexor-bent knee supine test and the prone internal rotation test.

Results of recommendations

Testimonial

Dear Tamara,

Just a small note to thank you for the yoga routine you have created for me for my hip and shoulder bursitis. The great test for me was yesterday's exciting function - Amjad's engagement party. After long hours of dancing on high heels, raising my arms periodically and belly dancing with my hips, I woke up today pleasantly surprised of how minimal the pain was in my right shoulder especially in my hips.

Thanks to your continuous guidance, my daily yoga routine has helped increase my awareness to focus on strengthening supportive muscles as I synchronize breath and movement. I am slowly and surely increasing my everyday functional fitness and my close to heart dancing skills . I am so happy and grateful!

Please let me know when you want us to meet before Sunday. I am looking forward to traveling and I promise I will pack my yoga practice with me!

See you soon.

Love and Light.

Rada

Third recommendation:

I recommended that Rada, during her vacation, continue with the same program. Rada practiced daily on her vacation and felt that it helped her though the pain remained between 7 1/2 and 8.

After her trip we spoke and she stated, "I was functionally very happy." She blamed some of the pain on the plane ride and sleeping on different pillows and mattresses. I did not test her ROM or MT but will in two weeks after the revised recommendation. I suggested that she increase the JFS repetitions from 6 to12 times in order to build more strength, begin to hold bridge and warrior II longer than she had before, and work towards holding it for 12 breaths, and use yoni mudra while lying on her back and practice the wave breath at the end of her practice. Rada suggested that she would like to add utkatasana while undulating the spine; she finds it stabilizing and strengthening. At this point I recall something Mukunda stated in the last part of the SYT course, "To help someone it's not necessary to cure them."

These are the findings of the fourth ROM assessment dated 10/10/07:

ROM Hip	Normal	10/10/2007 Left	10/10/2007 Right
Flexion (straight leg)	90	89	90
External rotation supine	45-60	43	43
Internal rotation supine	35	25	35
External rotation prone	45-60	45	42
Internal rotation prone	35	35	38
Adduction side lying	30-40	45	40

ROM Shoulder	Normal	10/10/2007 Left	10/10/2007 Right
Abduction	40	40	35
Adduction	132	132	132
Internal rotation	80	80	72

Findings of the 4th shoulder and hip ROM assessment dated 10/10/07:

Rada's right shoulder (bursitis) shows slight improvement in abduction (previously 34) but shows significant improvement in adduction. Her last test dated 02/09/07 (3rd assessment) was 125 and it has become 132, closer to the standard ROM. Her left shoulder has also improved in abduction (40) and (80) in internal rotation, both the standard ROM.

As for her left hip (bursitis) Rada's supine internal rotation and prone internal rotation improved to 25 from 22 and from 36 to 35 respectively, both moving towards standard ROM with a slight improvement in prone external rotation.

Findings of the fourth shoulder & hip MT assessment dated 10/10/07:

Muscle Test Shoulder

10/10/2007 Left 1-5

		10/10/2007 Right 1-5
Abduction	4	3.5
Adduction	3.75	3.75
External Rotation	4.5	4.5
Internal Rotation	3.5	3
Flexion	3.5	3.5
Extension	4	4.25

Muscle test Hip	**10/10/2007 left 1-5**	**10/10/2007 Right 1-5**
Hip Flexors & Abs supine	3.5	
Trunk Flexion supine	4.5	
Hip Flexors bent knee supine	4.25	4.5
Iliopsoas Isolation supine	4.5	4.5
Sartorius Isolation supine	4	4
Abduction side lying	4.5	4.5
Adduction side lying	4.5	4.5
Gluteus Maximus Isolation prone	4	4.25
External Rotation prone	4	4
Internal Rotation	3.5	3.75
Quadratus Lumborum seated	3.75	3.75

Findings of the 4th shoulder and hip Muscle Test assessment dated 10/10/07:

After the assessment, Rada supported my findings that her left hip bursitis had improved more than her right shoulder bursitis. She reiterated that she feels the program is highly beneficial for her. With all that she is doing, between traveling and remodeling part of her house, and preparing for her son's upcoming wedding she is happy with her condition. In normal circumstances she would have been in much more pain and less functional. She said, "I can't go by my pain; I have to go by my function." She once again mentioned that her pain is unpredictable.

Phone check-in: 23/10/2007

Rada voiced that she liked the last recommendation, though there was a misunderstanding

concerning the homework. She was not holding any of the three asanas (utkatasana, virabhandrasana II, and rolling setubandhasana) for more than 3 breaths; rather she was flowing in the pose for 9 and holding for 3; nevertheless, she experienced no increased pain. As for the JFS, Rada only increased the shoulder exercises to 12 repetitions and remained at 6 repetitions for the rest of the series.
Rada and I talked about how she had modified some of her activities to help reduce her pain; for example, she delegated more of the center's work to the secretary, especially computer work. She does not blow dry her hair as often and when she goes on long car trips she supports her elbow with a pillow. She now answers the phone with the speaker phone or with her left hand, unlike in the past when she would answer with the right hand and end up lifting her shoulder to her ear. She warms up before starting her kid's program and in her belly dancing class she makes sure not to raise her arms up to the point of pain. Generally, she tries to be aware of any unnecessary sudden and abrupt movements.

a-Name and description

Bursitis

Bursitis is the inflammation of a bursa, a synovial fluid filled sac that is located over or close to a joint. It may lie between a tendon and a bone or a tendon and a muscle, a place that is subject to friction. If unattended to, the wall of the bursa thickens causing increased friction. It cannot be strengthened or stretched; its job is to lubricate and cushion between two structures. There are over 150 bursae in the body that create for smooth and painless movement.

Bursitis is caused by the over use of a joint, injury, repeated bumping, trauma, falls, bacterial infection, gout, rheumatoid arthritis, psoriasis, thyroid disease, and rarely with scoliosis and tuberculosis. Repetitive movement related to a profession or activity is mostly indicated. It can also abruptly appear with no apparent cause. Diabetes and HIV are sometimes the underlying cause of a serious infected bursa (septic bursitis).

Bursae exist inside every joint but bursitis mostly occurs in the larger ones: shoulder, elbow, hip, buttocks, knee, ankle, heel, and big toe (bunion). Their common names are tennis elbow or miner's elbow, weaver's bottom, and housemaid's knee. Other activities that cause bursitis are throwing a baseball, golfing, lifting luggage overhead, vacuuming, painting, shoveling, raking, gardening, scrubbing, strenuous activity, or always sleeping on the same side. People who experience recurrent bursitis are often over weight and it appears to affect women more than men. In addition, bursitis tends to increase with age.

b-Gross and subtle body common symptoms

A common symptom of subacromial bursitis is pain that ranges from dull and achy to pain that is excruciating. Other symptoms include a burning sensation around the joint, swelling, redness, tenderness, stiffness, decreased range of motion, erythema, or edema. Pain is felt in the upper arm and all around the shoulder. Pain is felt during and after certain activities. Recurrent flare-

ups are also very common. Inflammation of the supraspinatus tendon is often indicated in subacromial bursitis.

c-Related challenges

It is often very difficult to differentiate between bursitis and rotator cuff injury and impingement syndrome. Bursitis cannot be detected by an x-ray though calcium deposits in the joint do appear. Often rheumatic conditions of the soft tissue and bursitis are indistinguishable.

3-Ayurvedic assessment

Bursitis is a pitta condition and therefore any practice that aggravates or further imbalances pitta should be avoided. Asanas should be approached with the intention of strengthening rather than stretching so as not to build excessive heat. According to Dr. Robert Svoboda a general rule concerning symptoms is: "There is no pain without vata, no inflammation without pitta, and no pus without kapha."

Ayurvedically, bursitis is an accumulation of toxins in the colon that are then absorbed into the blood stream and finally settle in the bursa. Purgation, one of the pancha karmas, is used to reduce excess pitta from the small intestine. Castor oil and triphala taken orally are recommended to keep the colon clean.

As for diet, Dr. Vasant Lad in his book Ayurvedic Home Remedies recommends a pitta soothing diet but not a vata provoking one. An anti-pitta diet is cooling, calming, cleansing, and nurturing. According to Dr. Lad, the treatment of bursitis is similar to the treatment of pitta arthritis. He discourages hot, spicy, fermented foods, raw vegetables and ice cold drinks. He also discourages pinto, adzuki, black and garbanzo beans. On the other hand, ojas foods such as dates, honey, almonds, ghee, and figs all promote deep tissue healing.

Topically, Dr. Lad recommends nasya oil in the nostrils to relieve pain or rubbing of tea tree, eucalyptus, sesame, mahanarayan, or neem oil on the joint and applying sandalwood paste. The application of castor oil reduces swelling and heals tissue too.

I perceive Rada's dosha to be vata/pitta. Her vitality, joy, enthusiasm, creativity, and empathy are

all vata traits. Her confidence, courage, warm personality, decisiveness, expressiveness, perfectionism, and organizational skills are pitta qualities. Her vata imbalance is indicated by her restlessness, tardiness, and difficulty in concentrating. The unpredictability of her pain is a vata symptom and the intensity of the pain is a pitta one.

4-Common body reading

Bursitis is often indicated in persons who use their joints incorrectly (poor technique), have bad posture, and in the case of hip bursitis, often have leg length differences. Rada's left leg is longer than the right and it has been confirmed by her husband, an orthopedic surgeon. Persons with shoulder bursitis often compensate by lifting the affected shoulder towards the ear causing the upper trapezius and neck muscles to shorten, hence creating a new problem.

5-Contraindicated yoga practices

Any practice that compresses the joint is contraindicated. Practice should be sattvic: gentle, stimulating, and not too heating. Asanas that bear weight on the shoulder joint such as adho mukha svanasana, adho mukha vrkasana, pincha mayurasana, salamba sirsasana, chaturanga dandasana, and vasisthasana are contraindicated. Shoulder flexion and internal rotation can be painful, so care in urdhva hastasana, garudasana and gomukasana is recommended. Arm abduction is often painful; therefore, care should be heeded in virabhadrasana II and utthita parsvakonasana.

6-General recommendations for the condition

a-Therapeutic/free of pain

In the case of acute pain, resting and cushioning the joint and often immobilizing it along with applying ice until the joint cools and loses the redness are recommended. Applying moist heat and the use of NSAIDs (nonsteroidal anti-inflammatory drugs) such as motrin, advil, ibuprofen, celebrex, marcy, aspirin, or naproxen sodium can also bring relief.

Infection of the bursa (septic bursitis) requires oral antibiotics or an injection into the muscle or vein. A corticosteroid injection into the joint reduces inflammation and can immediately relieve pain, and draining the bursa by needle can also reduce pain. In extreme cases, the bursa may be surgically removed.

Acupuncture tends to be effective in shoulder and hip bursitis. Ultrasound treatment helps soften scar tissue and increases circulation. Massage of the joint is contraindicated in septic bursitis but ice massage may be helpful if infection is not present.

Topical formulas containing menthol help dilate the blood vessels so tissue will not stiffen, and if it penetrates deep enough, will relieve pain. A natural organic sulfur (MSM, Methyl sulfonyl methane) that comes from rainfall and exists in the human body also appears to bring relief by healing at a cellular level.
Attention to diet is necessary because symptoms often worsen with foods such as coffee, white sugar, dairy, tomatoes, and eggplant (night shades). In addition, vitamin A, C, E and calcium and selenium neutralize free radicals that often cause inflammation. Glucosamine sulfate and vitamin C with flavonoids help repair connective tissue. Omega-3 oils, bromelain (proteolytic enzymes) and evening primrose oil reduce inflammation. Herbs such as meadowsweet, Jamaica dogwood and curcumen help reduce swelling. Boswellia, turmeric and white willow are anti-inflammatory. Valerian aids bursitis accompanied by muscle spasms. Hawthorn is recommended for frequent reoccurrence of bursitis.

b-Stabilize situation

A main issue for Rada is to sustain sensitivity in all her actions/activities; to maintain a sattvic state rather than her habitual rajasic one; to learn to: 1. Identify and calm vata. 2. Stabilize it. 3. Learn to reassess in the moment. When vata is balanced, stress is reduced; prana flows freely in the joints and the ability to discern will help vata take proper action. Action that is born of light, tejas, is the essence of pitta.

The seats of vata and pitta are in the lower and upper abdomen respectively. Nadi shodhana with a relatively equal ratio between the inhalation and exhalation, dirgha pranayama with a focus on the exhalation (apan vayu), abdominal breath with kaki mudra (exhaling through a beak mouth), slow and rhythmic kapalabhati, and sama vritti ujjaye all help balance both vata and pitta. Mudras that gently warm and do not stimulate are adhi, apana, gupta, and adho merudanda. Bija mantras LAM and VAM are grounding and aromas such as lavender, citrus, and almond are also grounding. Yoga nidra for deep relaxation is recommended.

c-Maintenance

Daily routine should include the Joint Freeing Series and asanas/exercises that will maintain strength around the joint. Learning to take breaks between repetitive tasks and engaging in activities that use different joints and muscle groups, the use of padding/cushioning on chairs, under knees and elbows; avoiding hard surfaces, supporting (splint, sling), elevating, and resting the affected joint can all help heal it. Salt baths, specifically Bath Therapy ™ will keep vata down, relieve stress and is beneficial for joints. Sustaining an anti-pitta diet and Indra Devi's arthritis fast (squash and rice) can help alleviate symptoms.

7-Questions and answers on Yoga therapy from www.yogaforums.com

Question: I have a new student who was told by a young pt that she has **bursitis** in her shoulder as she has pain upon raising her arm or moving it in certain ways. he told her that she needed to improve her posture and do yoga. she is now in my class and has a lot of pain with moving her arms. even in corpse pose, her shoulder hurts unless she props a pillow under it.

do you have any suggestions for poses or modifications that would be helpful? how do you go about healing **bursitis**? any tips would be most appreciated.

thank you, sue kelly

Answer: See also knee and shoulder articles I wrote on my website bookstore www.yogatherapycenter.org in general when there is **bursitis** you get over it not my a yogic approach but more help is from an Ayurvedic approach. First yoga needs to be taking a vacation to alleviate the inflammation. One should just avoid all shoulder weight bearing poses until the inflammation passes as does not return even when doing 6 sun salutes. that is my test to see if a therapeutic yoga practice can be designed. If not then they need to stop yoga for longer. The only safe yoga practice to do with **bursitis** is my Joint Freeing Series and that needs to be modified too. No asanas. Period. Inflammation is not diminished by doing more exercises or smarter exercises. Once that is done then a personal assessment needs to be made by a trained Y therapist to evaluate what is tight, what is weak to create a personalized program. General recommendations tend to aggravate this condition. Search for other discussions on shoulders here. namaste mukunda

Question: An old client, a lovely Indian woman, recently came back after 6 months of problems. Always had difficult periods, cramps, bleeding three weeks out of the month, depression, incapacitated. Well, then they gave her a hysterectomy. Pain, nausea, depression continue and she's out of plumbing now. **Bursitis** in the shoulder. Physician brother told her to STOP! all movement. So she came to see me for yoga.

I am doing diaphragmatic breath and vipassana meditation with her. Vata condition as far as I understand, relationship to herself issue. As I understand, even joint freeing series might worsen pain in shoulder. Do you have some pearls to cast upon my swine-ishness?ition. Search for other discussions on shoulders here. namaste mukunda

Answer: Of course MD advice is impossible, she must move but with intelligence. Optimal is to do assessment of her ROM and MT so you can calculate more precisely what to not do and what to do. If you are not feeling clear on that yet then. Best is to give her JFS and modify shoulder motions so her elbows are kept at 45 degree angle instead of fuller motion with elbows coming to shoulder height. That should give some relief especially in rotation motions.

Question: I am new to the forum, but have been practicing yoga regularly for about five years (power and ashtanga). I now live in Panama, so I am without instruction and have a couple of questions regarding my home practice.

1. 1. I have patella femoral syndrome, so that my knee cap tracks laterally causing degeneration of the cartilage below the knee cap. The problem is related to my hips; they tend to

inwardly spiral. I have been told to avoid any postures (i.e. hero pose and warrior I) which promote inward spiraling of the femur. Are there any postures that I should focus on to stabilize my hips and correct the alignment?
2. 2. My shoulder sometimes feels pinched and my hand tingles after doing chatarangas - a physical

therapist told me it was a pinched bicep tendon from having weak upper back muscles. The problem goes away when I skip chatarangas, then I slowly reintroduce them and the problem reappears. My former teacher said I needed to have a 90 degree bend in my elbows for my alignment to be correct, but this seems to aggravate the problem. Do you have any suggestions for strengthening shoulders and improving alignment in chatarangas? I've heard similar stories from other women and it seems this may be a common problem.

Thanks for your help, Carla

Answer: First for more general help I would recommend you go to my website bookstore at www.yogatherapycenter.org and purchase Yoga Therapy articles on Knees and Shoulders I wrote for Yoga International magazine. For your knees you need to work on external hip rotation strengthening poses. These can be found in my book under charts for postural changes. They include Warrior II, Triangle, Tree, Bound Angle. Optimal is to feel the effects of all these poses in the enhanced muscle tone of the gluteus maximum an other external hip rotating muscles. The contraindicated movements are correctly identified as internal hip rotation. Indeed there are problems inherent in the posture as it does inflame this tendon and others in the anterior compartment of the shoulder. Safest is to avoid the pose as it is contraindicated for certain bodies with vata predominant constitutions or increased pitta. Both of these are aggravated by doing this type of hatha yoga sadhana. Repeated down dog, chaturangas and upward dog can in general create **bursitis**, arthritis, and on milder side just aggravation to connective tissue. Therapeutically if your body is capable of being free of the problem you need to strengthen the shoulder extensors - latissimus, teres and triceps. These can be done by practice of camel, upward plank, and Vasistasana moving to upward plank slowly. Again others are cited in my book Structural Yoga Therapy under asana kinesiology charts. namaste mukunda

8-References, manual and websites

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9-Biography

Tamara is a yoga teacher/therapist in Amman, Jordan. Her yoga teacher training was from Integrative Yoga Therapy. She has a B.A. in psychology and a B.A. in fashion design from Marymount University in Virginia.