

Yoga Therapy: Whiplash Injury

Structural Yoga Therapy™ Case Study

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1 - Case study : Jane (anonymous name)

A Initial intake, April 17th 2007

Jane, female is 68 years old. Jane has been married more than 40 years to a committed and caring husband. They have no children. Jane is a positive, outgoing, active person, enjoying her current life every moment.

In 1981, Jane and her husband, while driving, crashed down 7 meters into a valley creek. During the crash, Jean was sleeping in reclined position, while her husband was driving. Jane suffered from a severe concussion and was in a coma for three days. She initially lost her short-term memory completely. Even now she doesn't remember anything of the accident or the period immediately following it.

Initially ('81) local doctors in Omman couldn't diagnose her condition properly and it was not recognised as a whiplash. X-rays didn't show any abnormalities. Jane complaints were facial and neck pains, headaches, difficulty to focus, concentrate and move the head. This lasted for 2,5 years, after which some pain relief was obtained through manual realignment of the vertebrae (ortho-manual therapy). She experienced a very slow recovery the following 8 years in which she tried many different therapies to find relieve of pain. Her experience till now, 25 years later, is that yearly ortho-manual therapy combined with daily yoga practice and a regular life style have proved to give her most relief of pain.

Currently ('07) Jane experiences pain level 6 (in a scale of 1-10) of the whole area of left side of the neck and head, behind the ear towards upper teeth, nose and left eye. She regularly experiences dizziness, tiredness and coordination problems. In her daily life style she has to juggle between an appropriate amount of activity but also enough relaxation and sleep to calm down. Her sleep is deep and long.

Jane is very motivated to work with me for the case study. She has been attending my yoga classes for the last 4 years. Her Structural Yoga Therapy™ (SYT) goals are to reduce the pain level and increase her level of energy. She has confidence in me and is open to new possibilities from the point of view of SYT. Jane is willing to commit to a daily 45 minutes yoga practise and 10 minutes for relaxation practise.

B Physical assessment

Physical assessment was done April 17th, which included the intake interview, Range of Motion (ROM) testing and Muscle Testing (MT). The second session May 15th, included an additional interview and a partial second ROM testing.

Posture Body Reading

- Lean, toned athletic frame
- Left shoulder higher
- Head positioning looks tensed, tilted to the left and rotated with the chin up. Head changes while doing reading
- Breathing is audible, especially out breath, breath mostly in abdominal area, less thoracic

- Occasionally Jane breaths in forcefully in the chest and releases with a sigh to relax the shoulders deeper
- SI joint first assessment moves up slowly both sides, second assessment moves up correctly both sides

Special Notes on Jane:

- When in pain she occasionally uses a collar, to support her neck and “hang in it” as she expresses. To her the effect of the collar resembles the effect of “hanging on the wall pose”.
- When sitting in a chair or crossed legged (hip flexion and second position hip flexion, abduction and external rotation), after a while Jane experiences stiffness and pain in the groin which also creates pain in the spine bottom up.

Significant changes in bold

Range Of Motion Assesments	ROM	1st date April17th	1st date April17th	2nd date May15th	2nd date May15th	3rd date June25th	3rd date June25th
Joint action							
Neck	Norm°	Left	Right	Left	Right	Left	Right
Extension	55°	36		43		41	
Lateral flexion	45°	30	15	38	33	45	37
Rotation	70°	45	30	49	50	55	49
Shoulder							
Ext. Rotation	90°	75	85	80	82	86	87
Flexion	180°	168	170	164	168	172	168

Muscle Testing Assesments	1st date April17th	1st date April17th	2nd date May15th	2nd date May15th	3rd date June25th	3rd date June25th
Joint action						
Neck	Left	Right	Left	Right	Left	Right
Extension	2		3,5		3,5	
Flexion	3		4		4	
Lateral flexion	2,5	2,5	3,5	3,5	3,5	3,5

Rotation	2,5	3	3,5	3,5	3,5	3,5
Shoulder						
External Rotation	4	4	4,5	4	4,5	4
Flexion	2	2	2	2	2,5	2,5

C Summary of Findings

ROM of neck in lateral flexion, rotation and extension are limited as well as shoulder external rotation and flexion on the left side.

All muscle testing (MT) during 1st assessment of the neck were done passive, as she experienced pain while given slight pressure. She recruited while doing lateral flexion and rotation, even with passive testing.

All MT during 1st assessment of the shoulder were done with slight pressure as she had tendency to recruit and than experience pain in the shoulder. Palpation revealed pain at the insertion of the Pectoralis Major.

Second and 3rd MT could be done with normal amount of pressure, no more pain during testing.

Pain in neck area is experienced as overall diffuse. Jane also experiences constant pain in left Upper Trapezius (she points out neck and upper shoulder). At the occipital ridge she points out the origin of the Upper Trapezius (UT) being painful. The continuous pain and chronically overuse of SCM, UT and UES for a period of 25 years have resulted in fatigue and weakness of Sternocleidomastoid, Upper Trapezius and Upper Erector Spinae..

Strengthen	Stretch	Release
Sternocleidomastoid Upper Trapezius Middle Trapezius		Sternocleidomastoid Upper Trapezius Pectoralis Major Upper Erector Spinae Levator Scapulae

D Recommendations

Session 1 recommendations, April 17th, 2007

- Daily Joint Free Series (JFS) repeat motions 3 x slowly building up to 6 x. Use relaxed breathing in harmony with the motion, in and out through nose. If you feel the need for deeper release encourage breathing out sighing. When doing the JFS for the neck open the mouth, relax jaws and sigh. JFS is used to improve ROM of neck extension, lateral flexion, rotation and external rotation of the shoulders, lubricate the joints and increase prana level

- Relaxation/shavasana for at least 10 minutes, take all the time needed to find comfortable position, keep the body warm
- Yoni Mudra to relax, create awareness and to increase energy in pelvic area
- Keep the daily life style rhythm as it is, this will balance vata

Sessions 2 recommendations, May 15th, 2007

- Continue JFS, 6 repetitions for each motion
- Pranayama to reduce pain: breath into painful place and feel how prana stays there even while breathing out. Visualize or touch pain spot. Feel how breath responds to pain and how you can alleviate pain by using breath
- Hydration of the body: 2 glasses of hot water when rising on an empty stomach next to daily at least 1,5 liters of hot water to maximize hydration especially for the intervertebral discs and to detox the system of toxins

Session 3 recommendations, June 12th 2007

- Continue JFS with 6 repetitions for each motion. Add following variations
- Perform nr 14 of the JFS in supine position knees bent, feet hip width on floor, combined with rolling of the head left/right side, 6 repetitions. Used to create release in sternocleidomastoidius, upper trapezius, upper erector spinae and pectoralis.
- Rock the pelvis forward and backward 12 times while sitting on the tip of a chair, feet spread hip width apart, turned out. Move with relaxed effort synchronized with the breath, feel how the spine is following the movement of the breath and pelvis like a wave. Used to encourage opening of pelvic area, smooth movement of the spine and increase awareness of sitting and moving with relaxed effort. A pelvic area that is relaxed will positively influence the relaxation of thoracic and cervical spine.
- Keep a diary to see how your daily life style is influencing pain level, to increase awareness and discrimination level and make choices that uplift body and mind (kosha 3)

Session 4 recommendations, June 25th 2007

- Continue JFS
- After nr 14 supine position, add rolling bridge pose 6 repetitions (sethubandhasana) to strengthen middle trapezius and lower trapezius and release pectorals. Combine the bridge with rolling of the head left and right, use wave breath. Synergetic opposite movement of the head/cervical vertebrae and thoracic/lumbar spine will stabilize the cranio sacral pulsation, release stress in the cervical vertebrae and increase overall ROM of the spine.
- Weekly self-massage/oliation with warm sesame oil, leave for 20 minutes than shower. Special attention for the head, neck, ears, hands and feet, to reduce pain

- Focus on a vata reducing diet: emphasize on warm meals, preferably no salads, sweet tastes, some salty and a little hot/pungent
- Use a warm sand bag on painful spots to alleviate pain of joints

E. Result of recommendations

May 15th, 2007 -->session 2, 2nd reassessment

Jane started doing the JFS daily, but experienced more pain and tiredness after a few days so she diminished frequency of JFS to every other day. After 3 weeks, she could do the total JFS daily 3 repetitions each motion.

Jane experiences more ROM in her neck, especially in extension and rotation (kosha 1) and more space in neck and shoulder area (kosha 2). Her pain level has not changed yet. Jane tells me she was very tired after our first meeting and her afternoon nap was much longer. This confirmed to me how delicate her physical body is and also how unstable her prana is. It made me realize I need to move slowly and every session only give minor changes, with emphasis at this point on releasing and relaxing, not to emphasize on muscle strength yet. As Mukunda taught: "with vata imbalance, move slowly, only give minor changes every session, every change takes a few weeks to incorporate in the bodymind".

June 12th 2007 ->session 3

Jane is able to do JFS 6 repetitions each motion. Neck rotation and extension feel more freed up, lateral flexion still feels blocked. Pain in Pectoralis Major left side with external rotation and depression of the shoulder has subsided. Overall daily pain level first session was 6, now it is 4. That change has come very gradually according to Jane.

Jane: "My shoulders feel more relaxed downward and jaws feel less blue and bruised. For the first time after a bike trip of 1 hour my neck still felt relaxed".

In the morning Jane feels stiffness of inguinal ligament (as becomes clear to me after palpation) since she is doing the JFS. My impression is she still might use too much effort, holding tension in the groin. Also when rising from sitting position or when starting walking she has to get over a tipping point, after moving a while the pelvis is more freed up. I suggest doing rocking of the pelvis in a chair to her, as described in session 3 recommendations.

Directing the breath to the places where she experiences pain works well. She even does this during visits to friends. Jane experiences the weekly self massage as very beneficial. Jane was already using a warm sandbag to alleviate pain, but does that now more regularly. She also tells me that focusing on warm meals, avoiding salads and using warming herbs help her keeping her body warm.

June 25th 2007 ->session 4, 3d reassessment

Jane feels gradually positive change in her experience of space within the body, prana level (kosha 2) and pain level. Her body awareness is growing (kosha 1), sensing more defined different muscles during JFS, where to release, where to create space deliberately with her breath. She comments to this positive

development with great joy and receiving it as an unexpected gift, almost with disbelief. She even now suggests herself that for future it would probably be a good idea to continue doing JFS and the asana's as they are so beneficial to her. I suggest we do ROM and MT now and use that as a guide for further polishing her asana practice and add advices on ayurvedic level for this summer. Because of my leave for 2 months this summer, we agree to meet again 5th of September.

Email contact 1st of July

Jane experiences preference doing the JFS in the morning instead of the evening. To me that indicates a shift in her prana level, feeling less tamastic in the morning. The latest assessment results also confirm that there is more ROM and improved muscle strength. I advise her to follow her energy, if she feels like doing the JFS in the morning it is great. She hardly uses her neck collar anymore. Need for rest in the afternoon has remained unchanged.

I answer her questions about why there is so much emphasize on nutrition to take in ayurveda. I explain we are made out of food and with right choices of nutrition we can influence our jathar agni (digestive fire) and prana level. Correct jathar agni will transform the food into food for the dathu's (body tissues) so to sustain life force. The right nutrition will enhance chemical balance and give energy to the system.

Jane read the case study with great interest. I believe this will encourage Jane to become more conscious of her needs and making wise choices (kosha 3). The spiritual depth that I consider to be an important part to share during my yoga classes that Jane attends, will offer the ability to understand the deeper meaning of Yoga Therapy and Ayurveda, and absorb what attracts her. As Jane putted it wisely in her email "One can never impose the Spirit or knowledge upon somebody else, it needs to be ignited from within yourself, so the natural need arises to develop connection to the Spirit." To me this marks she is connecting to kosha 4 level.

September 5th ->session 5

Jane tells me she hasn't been feeling as well as she is now in years and how the SYT has improved her quality of life on a daily base. She is still following the JFS session with suggested asanas daily and only does part of the program when she also is going for a swim the same day. She feels that the ayurvedic nutritional and life style suggestions are helping her keeping balanced throughout the day. Some of the suggestions she has been incorporating already naturally. She would like to incorporate more slowly in her daily life, as the other advices haven proven to be beneficial.

Her improved condition has convinced her to book a trip with her husband to Vietnam for 3 weeks during which they will fly to 3 different places. To me this marks her confidence has grown and that she is experiencing increased balance of her body-mind. We discuss the long term recommendations. I still feel she can improve on muscle strength but needs more time for that.

She than receives an ayurvedic full body massage, feeling very relaxed and sattvic afterwards. A day later she phones me telling she has slept very well after the massage but woke up with a heavy headache which lasted for 1 day. She is familiar with this, first massage aggravates the pain, later it alleviates and relaxes. To me this is evidence that any work done on any kosha level should be done with great care and build up slowly.

2

A Name and description of the condition

Definition of whiplash is an acceleration-deceleration mechanism of energy transfer to the neck. It may result from rear impact or side-impact collisions in a motor vehicle, and can also occur during diving.

Whiplash trauma involves injury to bony or soft tissue damage that may lead to a number of complaints, which are referred to as 'whiplash-associated disorders'.

The cervical spine column undergoes a two-phase reaction during whiplash. In first phase, the spinal column forms a S shape involving flexion of the upper cervical spinal column and hyperextension of the lower cervical spinal column. On the basis of their observations, the authors (Panjabi et al.) concluded that whiplash injury occurs in the first phase, before the neck is fully extended. The lower cervical spinal column is injured during hyperextension. At higher speeds, there is a tendency for injury to occur in the upper part of the cervical spinal column.

A great number of structures may be damaged, facet joints, intervertebral disks, ligaments, atlantoaxial joints, the brain, muscles, cervical vertebrae and the temporomandibular joint. However investigations carried out just after accidents mostly fail to show soft-tissue defects or indications of soft-tissue damage.

B Gross and subtle body common symptoms

Symptoms can be described in terms of impairments - such as pain or a decreased range of motion of the cervical spine, headache, dizziness, photophobia, shoulder and arm pain, deafness, tinnitus (sounds in the ear), memory loss, dysphagia (difficulty swallowing), temporomandibular pain, concentration problems, fatigue, fear, reduced vision, depressive complaints, back pain, insomnia, elevated irritation, paresthesia in the hand, loss of libido.

C Related challenges -- lifestyle, diet, limitations on activities.

Disabilities in performing normal daily activities and problems with social participation such as problems in returning to work or reduced social contact.

3

Ayurvedic assessment and Ayurvedic based yoga recommendations for the condition

Jane's prakriti is vata-pitta. She is in the vata stage of life, which starts around the age of 40. We begin our program in Spring, which, according to the Ayurveda is the best season to initiate changes in life.

Jane's Doshic Symptomology

General Vata Excess:

- o Moving pains
- o Facial nerve pain
- o Irregular energy level

- Cracking and popping joints
- Sacrum dysfunction
- Dryness

Prolonged Vata Excess:

- Intermittent and chronic pain
- Chronic fatigue
- Lack of lubrication in joints
- Concentration problems
- Hyper sensitive to non sattvic environment and situations
- Chronic chilliness
- Confusion around self care

Vata Treatment

- JFS, connect movement with the breath to maintain a healthy ROM. When you feel tension, release the breath sying. Committed practice will calm down vata, create a pranic flow and help awaken awareness
- Pranayama: conscious and relaxed breathing helps to release stuck prana, relax and make the prana smoother and finer. Vata will balance and develop into the higher quality of prana. Pranayama also guides vata back to its subsidiary seats: the five prana vayus.
- Relaxation/shavasana. After JFS and any moment of the day when prana level is going down, to release deeper, relax and restore.
- Yoni mudra to relax, create awareness and to increase energy in pelvic area – home of vata
- Hydration of the body: 2 glasses of hot water when rising on an empty stomach next to daily at least 1,5 liters of hot water to maximize hydration especially for the intervertebral discs and to detox the system of ama /toxins. According to the ayurveda toxins prevent the smooth flow of prana
- Use journaling as a form of self-study (svadyaya) to gain insight and discriminate what food, life style circumstances and connections in life are beneficial and which are not. According to ayurveda there are three main areas in life we need to focus on to establish harmony of the dosha's and guna's: nutrition, life style and mental state.
- Weekly self-massage/oilation with organic warmed sesame oil, leave for 20 minutes than shower. Special attention for the head, neck, ears, hands and feet, reduces pain/vata, soothes the nervous system (connected to vata) and lubricates the joints
- SYT yogasana done with slow breath, relaxed effort and stable concentration to maintain sweetness and steadiness in the posture

- Use a warm sand bag on painful spots, to alleviate pain of joints, decreases vata
- Focus on a vata reducing diet: emphasize on warm meals, preferably no salads, sweet tastes, some salty and a little hot/pungent taste to chemically balance and calm down the nerve system. When the system is free of ama and nourished with food with high prana and the right tastes according to the dosha, this will feed all dhatu's/tissues and result in elevated prana, tejas (light) and ojas, the nectar that makes us glow from the inside.
- With any changes in life style move slowly. When prana level is unstable it creates confusion around one's needs. First focus on releasing and relaxing to decrease and stabilize vata and find appropriate rhythm in any activity. For example: Jane daily has an afternoon nap of 2 hours. Sleep, according to the ayurveda during the day is not advisable as it increases tamas. Initially I chose not to propose to change that, as she emphasized how it was part of her very much needed daily rhythm.

4

Common body reading

POSTURAL CHANGE	TIGHT MUSCLES	WEAK MUSCLES
High shoulder	Upper trapezius, levator scapulae	Lower trapezius Latissimus, Pectoralis major (sternal)
Tilted head	SCM and Upper Trapezius	Same on opposing side

5

Contraindicated yoga practices and general activities to modify or eliminate

All asana's should be done with relaxed effort, awareness of smooth breathing and stability of the pose. All yoga practice and general activities should be modified or eliminated if they cause pain. Modifications: emphasize on relaxed breathing and diminish the amount of repetitions.

6 General recommendations for the condition

A Therapeutic/free of pain

- Painkillers when necessary to help relax the muscles
- Rest and Yoga Nidra, to promote deeper relaxation
- Ice packs to reduce pain and swelling, every hour for 5-10 minutes
- Warm sandbag and/or warm shower to decrease stiffness
- Massage to lubricate the joints and relax the muscles

- Adjust/change pillow to create alignment of the neck and maximize comfort and relaxation while lying down.
- Wave breath, keep the breath in the middle of the chest and/or belly to avoid stressing the neck and shoulder muscles
- Breath directed into the place of pain, to free up the stuck prana in that part of the body and release the pain
- A neck collar is only given with major injuries, and preferably not longer than 1 week
- JFS can be given if it is possible to do them without pain

B Stabilize situation and lifestyle change recommendations

Re-evaluation of the situation after 1 week and then consider reducing the painkillers if possible. Continue with the therapeutic free of pain recommendations (A) as needed, gradually continue with recommendations to stabilize situation when the pain is significantly reducing.

- Including asanas to address muscle release, tightness and weakness as identified during the initial intake. In general, yoga therapy should aim to release and strengthen the muscles of the neck and middle and upper back, the area below the pain, while stretching the front of the chest.
- Being careful not to stretch the neck too deeply, this tends to continue destabilize the cervical vertebrae
- All movements of the neck have to be done symmetrically
- Performing all asanas dynamically with the breath to reduce vata.

Helpful asana's from the twenty four asanas in Structural Yoga Therapy are:

1. Extended triangle with dynamic neck rotation to strengthen the SCM and upper trapezius
2. Warrior II with palms facing up, inhale fingertips to shoulders, exhale straightening arms to open the brachial plexus (SYT training London, Dec. 06)
3. Cobra pose to strengthen the erector spinae, upper trapezius and posterior deltoid and stretch the pectoralis major
4. Bridge with knees and shoulders in a line to strengthen the middle and lower trapezius and stretch upper trapezius
5. Face of Light arms with dynamic movement of the upper arm back and forth and up and down to open the brachial plexus
6. Spinal twist to strengthen SCM and latissimus and stretch pectoralis major and middle deltoid

7. Camel with the neck upright, not hanging backward, to strengthen SCM, upper trapezius, teres major and minor, latissimus and stretch pectoralis major and anterior deltoid

Other helpful poses:

- Sphinx pose, sink and hang the head to stretch the levator scapulae (SYT training London June 07)
- Wall hang from Mukunda, *Structural Yoga Therapy p 157*: to stretch passively and create a release of the long muscles of the spine, erector spinae and neck
- Cat pose with thoracic mobilization with shoulders blades coming together on inhale to strengthen middle and lower trapezius and with shoulders moving apart on exhale to stretch those
- Cat bow from Mukunda *Structural Yoga Therapy p. 179* with elbows next to torso to strengthen middle and lower trapezius, latissimus dorsi and triceps brachii and stretch and strengthen pectoralis major and clavicular.
- Supine Neck Strengtheners from Mukunda, *Structural Yoga Therapy p.180* to strengthen the SCM
- Locust variation lifting left arm (right arm down along body), right leg and head at the same time and reverse. To strengthen upper erector spinae, middle trapezius, posterior deltoid, latissimus and triceps brachii and stretch pectoralis major and anterior deltoid

Life style considerations:

- Teach awareness techniques so the client can look for warning signs for oncoming pain
- Repeatedly during the day focus on tension releasing techniques
- Check to see if desk, chair, arm positions are ergonomically sound
- Reduce stress in daily life
- Spend more time relaxing preferable in nature to elevate the prana level
- Drink water, at least 2 liters a day to hydrate the intervertebral discs
- Modify life style routines, finding a rhythm that is comfortable (to balance vata)
- After 3 weeks, if natural recovery process is stagnating consider chiropraxy or osteopathy to re align eventual vertebrae

C Maintenance and long term considerations

Continue with any of the free of pain recommendations and life style considerations as needed. A maintenance program would be an abbreviated program consisting of

the poses and/or JFS above. The client's unique situation would determine which poses would stay in their program. Keys would be:

Relaxed effort in all actions and appropriate amount of relaxation to create a happy and healthy life style and to balance vata

Pranayama, connection to nature and vata reducing diet to elevate prana level

Daily a short asana routine to maintain strength in the upper and middle back and neck

Monthly ayurvedic massage with lots of warm oil to balance vata

In addition to yoga therapy, treatment may be wanted for anxiety and depression if they do not respond to yoga therapy.

7 Questions and Answers from www.yogaforums.com

No references on whiplash condition were found

8 References and websites

References

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Notes and teachings

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Notes from Ayurvedic training 2004-2006 with Kiran Vyas at Tapovan- center for Ayurveda and Yoga, Normandy, France

Notes from teachings by Vaidya Pragjji Rathod, Vaidya Krishna, Baba Kanhai Mishra, Biharilal Sharma 2001-2006

Case study Neck Pain, Kathy Anderson, Boulder, July 2006

Case study Neck Pain, Pierce Arden, Northampton, January 2004

Websites

www.cranio-sacraal.org

www.orthopedie.nl

www.osteopathie.nu

www.yogaforums.com

www.orthomanual-medicine.com

9 Appendix

Ortho (= straight) manual medicine has its roots in the osteopathy and chiropraxy originally coming from the U.S.A. and Germany. About 20 years ago the ortho manual medicine foundation was formed in the Netherlands. Founder, Dr. M. Sickensz (Sickensz method), established that an aligned spine results in less pain than a misaligned spine. The assessment consists of palpating the vertebrae/spine to determine their positioning/alignment. The treatment consists of movements and manipulations of the vertebrae and joints, so the ROM is improving. The pressure within the joint is hereby diminished and pain will solve. The correcting manipulations are done with the help of a cushion and a soft manipulating movement directly on the vertebrae that is misaligned. Normally 4 treatments are needed. The treatment can result in 3 days of some pain afterwards. The result of the treatment can be determined approximately 2 months after the treatment.

10 Biography

Monique Boshuizen ('63) is currently working as a yoga teacher and ayurvedic therapist in Holland, Belgium and France in an ayurvedic cure centre & yoga centres. She started her career as a nurse working at a ICU for children. She completed a 4 year yoga teacher training in Holland, a 1 year coaching training in "how dealing with grief, loss and dying" and was trained for 6 years in France and India as an ayurvedic therapist learning traditional ayurvedic treatments, pancha karma and to give nutritional and life style advice. She continues learning in yoga and ayurveda, as she experiences it is an ongoing development. She feels grateful being able to serve people with this wisdom. She considers Mukunda to be her Teacher and Spiritual Guide, guiding her in connecting to the Spiritual Heart and The Mother.