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# YTT Yoga Therapy Today

Winter 2020 \$5

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## **Submissions**

Please submit reports and articles on training, views, and insights relating to the field and profession of yoga therapy, as well as on integrative practices and business practices. Review submission guidelines at [www.IAYT.org](http://www.IAYT.org) > Publications > Yoga Therapy Today.

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## **Environmental Statement**

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Meaning and purpose are essential to a life well-lived. Feeling useful and in harmony with dharma is also a balm for times of challenge as well as growth.

As we set our intentions for a new year, IAYT itself remains keenly aware of offering members the most utility possible. This issue of

*Yoga Therapy Today* features the first of what will become a regular offering we hope you'll enjoy: free continuing education for reading! This time around, credit is available for the Science for the Yoga Therapist article, the second in our comprehensive three-part series on pain (pg. 30). Once you've read the article and accompanying learning objectives in depth, pass the quiz at [iayt.org](http://iayt.org) to get a CE credit automatically added to your C-IAYT member profile. (Look for the Approved Professional Development [APD] course called *Yoga Therapy Today*.) We plan to offer one article for credit in each issue of *YTT*—and eventually in the *International Journal of Yoga Therapy*, too—giving members up to 4 complimentary credits per year.

I always want *YTT* to make a meaningful difference in every aspect of yoga therapists' professional lives. In addition to the entrepreneurship presented in *Building the Business of Yoga Therapy* (pg. 34), we've got real-world examples of a nonprofit yoga therapy-focused studio model (pg. 43) and small-group work with adults

who have intellectual and developmental disabilities (pg. 45). We're also pleased to feature, on page 48, the collaborative client-care model developed by Anu Kaur, a yoga teacher who is also an integrative registered dietitian nutritionist, and Maryam Ovissi, a yoga therapist (and this issue's cover model!).

Special thanks go to another collaborator, Tianna Meriage-Reiter, who tirelessly researched and compiled the practical considerations she presents in the first of a two-part look at whether yoga therapy should be covered by third-party health insurance (pg. 40). As with so many of the subjects we present in these pages, there is no single right answer, but a solid grasp of the situation is a prerequisite for meaningful discussions around the broader issues.

Also in this issue are reports from the most recent Symposium on Yoga Research, beginning on page 18. One of our dedicated SYR reporters, Nicole DeAvilla, thought about how to better involve the public in discussions of yoga research, posing her friends' questions to the attendees so we can all benefit from their answers. Alongside our regular features and announcements—see below for the return of the Seva Award!—there's lots more to talk about.

Here's to an intentional New Year, lived well! **YTT**

—Laurie

Cover photo of Maryam Ovissi, C-IAYT, by Bitia Ghavami.

## In Service: IAYT's Seva Award

At SYTAR 2020, IAYT and Give Back Yoga Foundation are honoring an up-and-coming yoga therapist who's using a budding service project to bring yoga therapy to an unserved population.

Got a great idea that needs seed money? Or know someone who does and want to nominate them?

### The award includes

- \$1,008 cash prize
- Tuition, hotel, and travel stipend for SYTAR 2020, plus recognition and networking opportunities at the conference
- Yoga mats from Give Back Yoga Foundation to help get your project off the ground
- And more!
- Four runners-up will each receive \$250

Individuals or organizations may apply; the project's leader must be a C-IAYT or an IAYT member currently enrolled in an IAYT-accredited yoga therapy training program. The award will highlight a project benefiting a population that might not otherwise have access to yoga therapy; we want to recognize innovative projects that foster inclusivity and diversity in yoga therapy!

**Don't delay—applications are due March 31!**  
Visit [iayt.org/seva](http://iayt.org/seva) for more details and to apply.

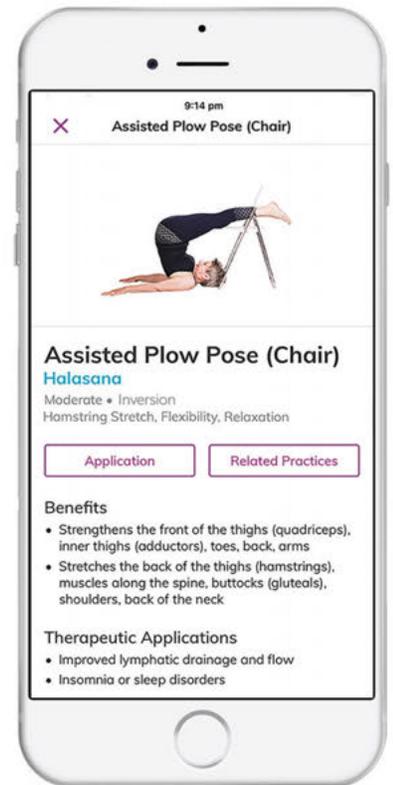
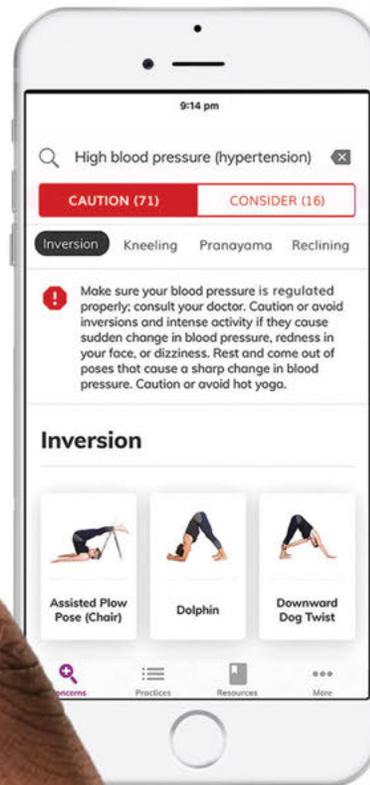
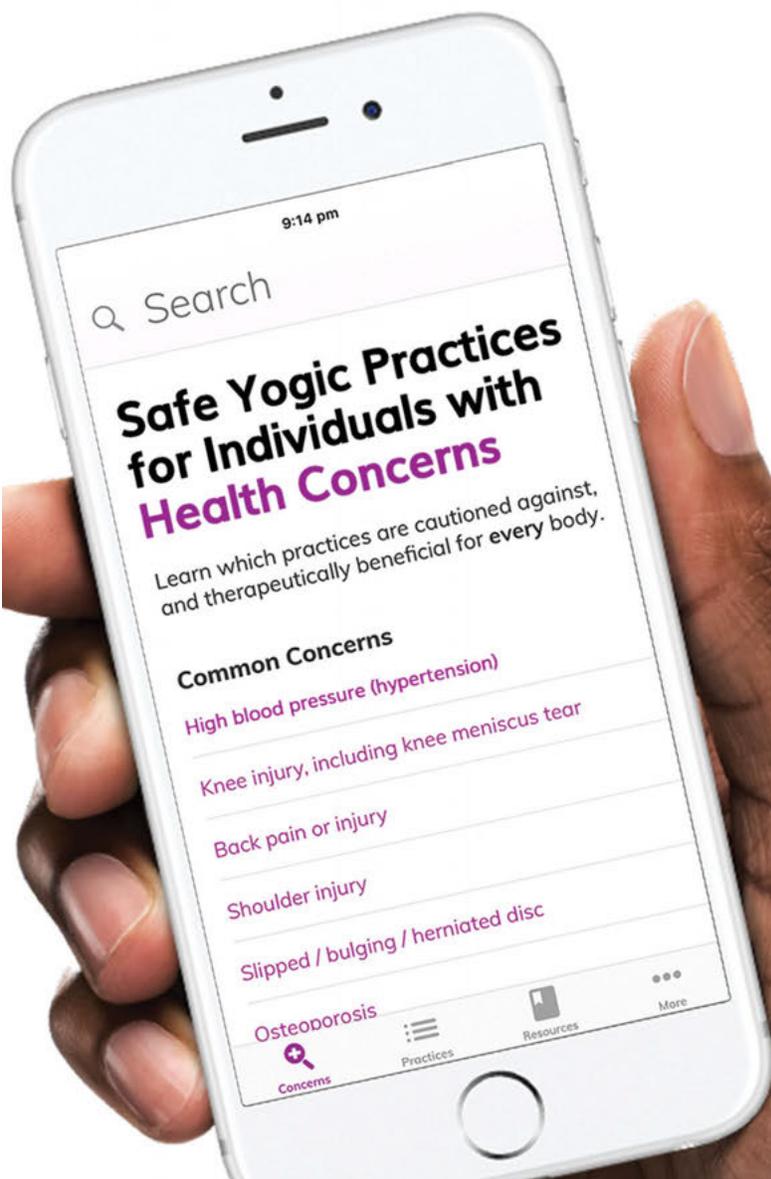
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## Inside SYTAR

IAYT's annual Symposium on Yoga Therapy and Research (SYTAR) is a key pillar of the education and community provided by our association. Here's an inside look at the year's most exciting celebration of union, plus a peek at what's new for 2020.

### Priority Number One: Serve Attendees

SYTAR offers multiple opportunities for members to meet and share their work, starting with the lecture and active practice of the in-depth afternoon sessions. We try to give attendees two chances to see each presenter, and as you'll see below, we're working to make the conference topics not only accessible but also more diverse and relevant.

The Common Interest Community (CIC) sessions are another important way for members to share their perspectives. Each CIC features six or seven volunteer presenters, chosen by the session co-chairs based on written proposals.

Finally, all three mornings of the conference feature hour-long practices by volunteers, again selected from written proposals.

### Choosing from the Best

For all of these categories, we work to balance well-known presenters with up-and-coming professionals: Our annual goal is for at least 50% of speakers to be new to presenting at SYTAR; this proportion may grow as IAYT grows.

Keynote presenters should be inspirational leaders and great speakers in yoga therapy or complementary fields. The program is designed to cover policy, therapy, research, and spirituality, although we can't always get this mix. Plenary presenters are also inspirational leaders in yoga therapy and generally must be IAYT members. In most cases, they also need to be able to provide an afternoon session.

Like the keynote and plenary presenters, afternoon presenters are chosen by our internal conference committee to serve the wide range of interests in our field. These speakers must be IAYT members and have come to SYTAR as regular attendees at least once before.

For 3 years, we solicited proposals for afternoon sessions, but with roughly 100 proposals for 10 presentations, it was very discouraging to have to reject 90% of mostly great ideas! The new CIC format and expanded morning practices provide many more opportunities for members to share their work.

We accept informal presenter suggestions, too, from current IAYT members with experience attending SYTAR. For the 2021 program, use the Contact Us link on [iayt.org](http://iayt.org) to submit recommendations by August 1, 2020. Clearly state why your recommendation would be a great choice and specify which presentation category and topic they should cover.

A diverse group of informal advisors, including our board, committees, and advisory council, also helps us with presenter selection. We strive to be fair and objective—again, always returning to priority number one: serving attendees.

### Money Matters

Our members spend their hard-earned money to learn and connect with friends old and new. We keep SYTAR as affordable as possible by producing the entire conference ourselves and by attempting to balance location, registration fees, and hotel and transportation costs. We also provide only limited support for presenters. As a result of our experienced team's efforts, SYTAR fees are quite reasonable compared to other professional conferences. (Reduce costs further by using our message board to find a roommate or someone to share a ride with!)

We've been tempted to produce a conference outside the United States, but our current membership composition is about 90% North American. Instead, we regularly sponsor international conferences, like the Montréal International Symposium on Therapeutic Yoga (MISTY) and the Network Yoga Therapy Conference (in Amsterdam), where a significant number of IAYT members present. IAYT also supports the Asian Yoga Therapy Association's annual conference and the annual gathering of the Global Consortium on Yoga Therapy.

### New for 2020

We've created a program that flows from the first afternoon's CICs through the keynote/plenary and afternoon sessions. For example, one CIC will address cancer and an afternoon session will build on that topic; another CIC will address yoga therapy assessments, with two related afternoon sessions.

As always, we used as many recommendations from the previous year's attendee evaluations as possible to develop the program and modify conference processes.

We've created even more chances for past volunteers to expand their participation in the program as well as opportunities for others to volunteer. For example, Vasanthi Srinivasan made a CIC presentation in 2019 and was selected as a CIC co-chair for 2020; Smitha Mallaiah, a 2019 CIC co-chair, will offer an afternoon session to build on the Cancer CIC. We have also increased the number of practice sessions each morning to provide more volunteer presenter slots and smaller class sizes for a more intimate attendee experience.

The 2020 program includes more topics covering yoga's full breadth, with increased diversity in both subjects and presenters. Watch for sessions incorporating sound, pranayama, and research. Strategies for reaching under-resourced communities and audiences of "nontypical" yogis will also be featured, as will business support and building ethical reimbursement strategies.

A few other ideas we're implementing:

- A self-care room for attendees not staying in the hotel
- A general session presentation that allows for movement and encourages self-care (a frequent evaluation request)
- Streamlined CIC formatting to decrease *vata* energy while enabling more volunteers to enter the pathway for future supported presentations

We look forward to seeing you at SYTAR! **YTT**

—John Kepner and Devi Mueller, conference committee members



## C-IAYT Recertification—Why All the Steps?

Since its inception in 1989, IAYT has grown to become a global leader in defining standards for the training and recognition of yoga therapists. A major step in establishing yoga as a recognized and respected therapy was the creation of a certification for yoga therapists. The C-IAYT credential indicates to the public that certified individuals have a well-defined level of yoga therapy education and training.

The first C-IAYTs were awarded in August 2016. As in other respected professions, the credential is good for a certain number of years and includes a requirement to complete a minimum level of professional development during that time. The C-IAYT credential is valid for 3 years from the award date, and each yoga therapist must complete 24 hours of continuing education, including 2 credits for passing IAYT's Ethics and Scope of Practice quiz, during that period.

Three years have passed since the certification process began, so the recertification process is underway! Note that recertification differs from annual membership in IAYT. All IAYT members, including C-IAYTs, must renew their membership each year to remain active. C-IAYTs are also required to recertify every 3 years if they wish to maintain their C-IAYT credential.

Recertification is a multistep process. If you are a C-IAYT, prepare by

- keeping your annual membership up-to-date;
- knowing your recertification month (find your C-IAYT award date on your member profile or certificate and add 3 years); and
- completing 24 hours of continuing education, including the quiz, and entering the credits on your profile.

When you are ready to apply for recertification, simply

- register at [iayt.org](http://iayt.org) and pay the \$130 recertification fee (this is good for the next 3 years);
- and follow the link we'll email you to complete the recertification application. (It's easy if you're prepared!)

Your application and continuing education will be reviewed; if all is well, you'll receive an email confirmation, and a new certificate will be attached to your profile.

So why all the steps? To maintain the integrity of being a C-IAYT!

—Nancy Sinton

## 2019 AIHM Conference Features VA Whole Health Initiative

The Academy of Integrative Health & Medicine (AIHM), which has roots dating back to 1958, is a forum of integrative health-care professionals who embrace a person-centered, team-based approach to care. AIHM conferences provide an important evidence-based link between Western medicine—about half of AIHM members are medical doctors—and complementary providers including yoga therapists.

The October 2019 conference in San Diego kicked off with keynote speakers sharing their experiences from within the Veterans Health Administration's (VHA) new Whole Health Initiative. This project aims to redesign the existing VHA healthcare system to one that is patient-empowered and team-based, one that builds wellness, purpose, and meaning by supporting veterans in their innate capacity to heal on all levels. Sound familiar?

Could this VHA project become a pilot for broader healthcare transformation that yoga therapists could be a key part of? Excitingly, one of the speakers on the Whole Health Initiative, Alison Whitehead, is a yoga therapist in training. Look for our article in the Spring 2020 *YTT*!

—Janese Killian

## The Role of Yoga Therapy in Cancer Pain Management and Palliative Care: Memorial Sloan Kettering's Interventional Cancer Pain Symposium

The Second Congress of the Interventional Cancer Pain Symposium sponsored by Memorial Sloan Kettering Cancer Center (MSKCC) took place September 13–14, 2019, at Zuckerman Research Center in New York City. The program brought together cancer pain and perioperative medicine experts from around the world to discuss the multidisciplinary role of neurosurgery, rehabilitation, interventional radiology, integrative medicine, and supportive care in the treatment of patients experiencing cancer pain.

This was the first year that yoga therapy was represented at the congress, and it stood out as an evidence-based intervention for *total pain*—a term coined in the 1960s by hospice founder Dame Cicely Saunders, who posited that pain is multidimensional and reflects *all* of a person's physical, psychological, social, emotional, and spiritual struggles. Yoga addresses pain and suffering in a similarly comprehensive way, advancing patient-centered care by uniting mind, body, and spirit.

Gary Deng, MD, PhD, a physician at MSKCC and former president of the Society for Integrative Oncology, took yoga from research to practice in his talk "Yoga and Pain Medicine: Lecture and Demonstration." He reviewed cutting-edge research, shared various yogic techniques found to be effective in a clinical population, and called for yoga professionals to have advanced training in cancer care to enable them to work safely with the unique biopsychosocial challenges that face this cohort. I presented a poster abstract on the yogic management of pain syndromes in aromatase inhibitor breast cancer populations and the feasibility of delivering therapeutic yoga interventions to underserved populations globally via cell phone.

The takeaway from this international congress: Yoga therapy is increasingly recognized as an evidence-informed, cost-effective intervention that has utility as a behavioral and pharmaceutical adjunct across all cancer populations. Its practices can help manage disease burden, various treatment side-effects, and multidimensional pain syndromes. Together, let's raise awareness around the benefits of yoga therapy for cancer pain management and palliative care—and strive to make yoga safe and accessible for all!

—Leigh Leibel, MSc, C-IAYT, director, Adult Integrative Oncology, Division of Hematology/Oncology, Columbia University Irving Medical Center

### Exam Progress!

In October 2019, eight yoga therapy subject matter experts from diverse lineages met for the job analysis phase of developing the IAYT certification exam. Over 3 days, this brilliant group was meticulous and serious about their task. Even better, they were attentive to one another and intent on working in harmony—it was a pleasure to support them in their efforts.

This phase of exam development entailed examining the IAYT competencies in detail, determining the knowledge and skills required to meet each one, and describing the tasks of an entry-level yoga therapist. Our test-development contractor, Kryterion, will transform this information into a survey to be sent to IAYT members—in early 2020, we'll be asking for *your* help to validate this preliminary work. Please watch for the survey (which will include incentives for completion)! **YTT**

—Beth Whitney-Teeple



The exam draws from IAYT's educational standards, which themselves represent multiple lineages and respect our international community. Pictured clockwise from left is just one of the volunteer groups that is part of the exam-development process: Trish Young, Kryterion; Gary Kraftsow, American Viniyoga Institute; Mary Northey, Kripalu School of Integrative Yoga Therapy; Diane Finlayson, Maryland University of Integrative Health; Carlyn Sikes, Scottsdale Community College; Marilyn Peppers-Citizen, IAYT certification staff; Beth Whitney-Teeple, IAYT certification staff; Heidi Crocker, AlcheMe Yoga Therapy; Marsha Banks-Harold, PIES Fitness Yoga Therapy; Sarah Greco, Phoenix Rising Yoga Therapy; Judi Bar, Cleveland Clinic; John Kepner, IAYT executive director.

## IAYT Offers Additional Benefits for Members

We have reached out to key organizations to partner with us in serving our membership. These organizations provide products or services that we believe can benefit yoga therapists. Each organization's mission/vision is complementary to and supportive of our own mission.

They support our community as sponsors at SYTAR, or publish our members' books, and are willing to provide high-quality opportunities at excellent rates to IAYT members.

IAYT will not, however, sell, lend, or share the membership list to any organization. IAYT members can be assured that their personal information will remain confidential.

Each member is able to determine the information they wish to share on their profile and with whom it will be shared.

Visit [iayt.org](http://iayt.org) > Membership to see the details of each partner's offerings.

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## International Yoga Nidra Conference

June 2–7, 2019  
Stockbridge, Massachusetts



All photos: iRest Institute

By Kamini Desai

The first-ever International Yoga Nidra Conference was held at Kripalu last spring. Organized by Richard Miller, PhD, E-RYT 500, C-IAYT, with John Vosler, E-RYT 500, and the iRest team, the conference was a resounding success and a life-changing event for many.

For me, this was much more than a conference—it was my first official return to my childhood home after a 25-year absence beginning when my father, its founder, left. It was a magically healing homecoming in a way I could never have imagined or hoped for. Being welcomed back to Kripalu felt like the untying of a knot—or the completing of a circle—and I believe I was not the only one who felt this way. Numerous overarching themes arose throughout the conference—voiced differently but speaking to the same core truths of Yoga Nidra. The conference’s theme was a tree—different branches, leaves, and lineages, all stemming from the same trunk and rooted in the same ground.

The conference was organized around major lineages of Yoga Nidra practiced today including iRest, I AM Yoga Nidra, Swami Satyananda Yoga Nidra, and Total Yoga Nidra. Each morning, main presenters offered their approach to Yoga Nidra and its applications to the entire group, with breakout sessions in the afternoon.

Richard Miller brought a warm, funny, insightful, and peaceful tone to the event. He and John Vosler were perfect foils for each other as co-moderators of the event. Miller shared a fascinating account of his own personal journey, how he came to create iRest, and how his style of Yoga Nidra is rooted in the East but shaped for the needs of the West. He spoke about his work with veterans and the miraculous healing effects of Yoga Nidra he has witnessed. Most interestingly, he spoke about his conceptual addition of a sixth *kosha* (sheath) to the traditional five-kosha model. This new kosha puts a finer point on the process of embodiment and sense of selfhood and encourages a deeper level of inquiry. Miller guided par-

ticipants in a Yoga Nidra and demonstrated how to use the space of awareness as a container to hold varying and seemingly opposing experiences in a field of neutrality. Co-presenting iRest was Stephanie Lopez, LISW-S, C-IAYT, who spoke about her own discovery of Yoga Nidra and how to use it to help people uncover their essential well-being and deal with difficult emotions and beliefs.

On our morning to present to the full group, John Vosler and I discussed I AM Yoga Nidra with a focus on the meaning of the name. I AM speaks to the purpose for which Yoga Nidra was created. It points to resting as the Presence behind all changing experiences. Coming from the lineage of Swami Kripalu, I AM Yoga Nidra uses energy, *prana*, as a profound entryway to the eternal Self. John followed with an in-depth experience of I AM Yoga Nidra.

When it came time for Swami Satyananda Yoga Nidra, the style and presentation of Swami Atmarupa, E-RYT 500, was wonderfully human and accessible. Swami Satyananda Saraswati was the pioneer who revived these ancient practices and brought them back into modern awareness. Many interesting points were made. One in particular that struck me is that it is beneficial to use one Yoga Nidra multiple times. The power of repetition creates a pathway to help the recipient go deeper. Of course, at some point we may feel the need to switch, and it is appropriate to do so then, but there are benefits to staying with one Yoga Nidra until we feel the need to shift! Presenting with Swami Atmarupa was Kris Fondran, E-RYT 500, RCYT, who brought a wonderfully playful element to the presentation and shared her personal love of Yoga Nidra as well as the positive feedback she has received from university students and athletes.

Uma Dinsmore-Tuli, PhD, C-IAYT, and Theo Wildcroft, PhD, E-RYT 500, gave a rousing exploration of postlineage Yoga Nidra. Dinsmore-Tuli pointed out that some of the techniques of Yoga Nidra may have arisen as much from the West as from the East. She suggested that individuals empower themselves to create their own Yoga Nidras and that the power of postlineage Yoga Nidra, such as her own Nidra Shakti, allows people to explore many styles of Yoga



(continued on page 12)

# JJ Gormley

Director, MS, C-IAYT, ERYT500

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Nidra and be educated by all of them. Wildcroft offered the useful advice that the more connection points we have to teachers, styles, and approaches to deepen our own personal path, the more we can maintain our own inner balance when our teachers prove to have their own human failings.

Evening guest presenters included Indu Arora, C-IAYT, on the power of mudra and preparation for Yoga Nidra; Molly Birkholm on working with trauma; Jeremy Wolf, E-RYT 500, YACEP, musical artist and interdisciplinary guide of Yoga Nidra; and Jennifer Reis, RYT-500, C-IAYT, the originator of Divine Sleep Yoga Nidra.

The feedback from many students was that the morning group sessions and afternoon breakouts primed a life shift that words cannot begin to describe. As one participant put it, “I was ripped open in the best way and now I am really feeling on top of the world in many respects.” We all know that although change can be raw, the unknown is where the magic of transformation lives . . . waiting for us to surrender to its wisdom.

I send out here a big thank you to my fellow presenters and participants who had the courage to show up authentically. You gave me permission to do the same.

iRest partnered with Yoga International to videorecord the conference, including each keynote presentation and the afternoon and evening sessions. Sign up at [www.irest.org/event/conference-stockbridge-ma-2019-june](http://www.irest.org/event/conference-stockbridge-ma-2019-june) to join a mailing list and access the conference videos. **YTT**

*Kamini Desai, PhD, C-IAYT, E-RYT 500 (www.kaminidesai.com), is executive director of the Amrit Yoga Institute (www.amrityoga.org) and author of Yoga Nidra: The Art of Transformational Sleep. For the past 30 years she has taught worldwide and was awarded the title yogeshwari (woman of yogic mastery).*



The author (second from right) and the other conference presenters.

## NCCIH at 20: A Catalyst for Integrative Health Research

**September 23, 2019  
Bethesda, Maryland**

*By Laurie Hyland Robertson*

The National Center for Complementary and Integrative Health (NCCIH) is the branch of the U.S. National Institutes of Health (NIH) that supports research into complementary healthcare modalities like yoga. The agency celebrated its 20th birthday with an in-person and live-streamed symposium on NIH’s campus last fall, marking how far things have progressed since it was known as the National Center for Complementary and *Alternative* Medicine. With funding of nearly \$150 million in 2019, NCCIH is now a leading player in shaping the way the world understands “the diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine.”

Pain science researcher and physiotherapist Lorimer Moseley, DSc, PhD, kicked things off with the only long-format talk of the day, a look at “Why We Need a Pain Revolution: From Science to Practice.” The revolution of providing effective alternatives to opioids for pain care is one Moseley says will have to be driven by demand from informed consumers—and we’ll have to scale up the availability of suitable providers to meet the coming need. Although clinical practice guidelines recommending conservative self-managed care for chronic pain haven’t changed in the past 20 years and many providers say they’re aware of the importance of a biopsychosocial approach, Moseley showed graphs that demonstrate the contrast between research-driven knowledge and behavior in practice: During this same period rates of imaging, prescriptions (especially opioids), and surgeries have skyrocketed despite the lack of evidence of their long-term effectiveness for chronic pain.

Gaps between evidence and practice clearly remain a serious public health issue, and bridging the divides between patients, clinicians, and researchers has long been a complex challenge. Over the past two decades, studies conducted with support from NCCIH have been important for helping integrative and complementary healthcare professionals ensure that what they “know” is accurate.

The remainder of the day was filled with 5-minute “lightning-round presentations” and two panel discussions: “Pain Management in Military and Veteran Populations” and “Natural Products Research: Growing the Field,” all from researchers whose work has been supported by NCCIH funding.

A few talks directly involved yoga, notably those of Amanda J. Shallcross, ND, MPH, who has developed randomized controlled trials to test phone-based mindfulness interventions for people with chronic conditions, and Maren B. Nyer, PhD, who is investigating Bikram Yoga for depression. Nyer pointed out that her favorite style of yoga is an ideal candidate for conducting community-based interventions—the practice has standardization built in, lowering a common barrier to robust research.

*(continued on page 14)*

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Many more of the methodological discussions raised questions relevant to yoga professionals hoping to bring evidence-informed approaches into their work. Health economist Zirui Song, MD, PhD, of Harvard Medical School, for example, reported on using wellness programs to inform health policy, noting that cost-effectiveness data from trials of such interventions are still preliminary. But even when dollars-and-cents savings aren't shown, he pointed out, other benefits of wellness programs may make them worthwhile for patients and desirable for employers and other payers to implement.



NCCIH director Helene Langevin, MD, CM, (above) was among the speakers who mentioned the now widely recognized need for a holistic biopsychosocial approach to health and well-being. She closed the symposium with a summary of takeaways and a model of “whole person health” that offers a hopeful avenue for the next 20 years of research. **YTT**

*Laurie Hyland Robertson, MS, C-IAYT, is editor in chief of Yoga Therapy Today. She also serves as managing editor of the International Journal of Yoga Therapy, IAYT's scholarly peer-reviewed publication, and contributes editorial services to other healthcare publications including two forthcoming yoga therapy textbooks.*

## Asian Yoga Therapy Conference: Yoga Therapy—A Holistic Approach to Wellness

**September 6–7, 2019**  
**Prama Resort, Bali, Indonesia**

By *Leanne Davis*

This past September, I was delighted to accept an invitation to present on “Mantra-Centred Viniyoga for Mental Health” at the fourth Asian Yoga Therapy Conference, jointly hosted by the Asian Yoga Therapy Association and VYASA Yoga Singapore in Bali, Indonesia.



Leanne Davis attends a cacao ceremony led by Anshu Singh.

Being from Australia, Indonesia is one of my country's closest neighbors. Bali's proximity and tranquil atmosphere lead many yoga teachers and therapists from Australia to teach or attend yoga retreats and trainings there. Along with being a representative of the IAYT certification committee, I was also able to represent Yoga Australia in our Asian Pacific region.

My physical journey seeking Eastern philosophy began in 1984 in Bali, but I had not returned until now. People warned me of the boom in tourism that has occurred in the intervening decades, so I was nervous of how I would react to the changes. I found, however, that I was immediately immersed again in the gentle rhythm of a Hindu ritualistic culture dating back nearly two millennia.

Surrounded by religious statues, offerings, and the respectful relationships conveyed by the Balinese, I was soon reminded of why the island is so conducive to the study and practice of yoga.

Sanur Beach provided an auspicious place of natural beauty to come together and devote ourselves to learning about yoga therapy through sunrise and sunset practices, *satsangs* (spiritual discourses), and cultural programs, along with educational talks from yoga *acharyas* (spiritual leaders) and researchers.

The conference provided an opportunity to be with a truly international group including many C-IAYTs from all around the world. It was truly an honor to be in the company of the Asian yoga community from countries such as Indonesia, Malaysia, Singapore, India, Japan, Vietnam, Korea, China, and Sri Lanka.

IAYT provides a strong contribution at these international gatherings to demonstrate the importance of global networking, educational standards, and how yoga therapy organizations can grow our field through mutual support and communication. At this conference, executive director John Kepner spoke on how we can bring our different approaches from different environments together for united global growth.

The intent of the conference was to promote the understanding of evidence-based yoga therapy from ancient wisdom practices such as yoga and ayurveda along with other approaches to wellness. One of the highlights for me was hearing Dr. David Frawley's mastery of translating ayurvedic and yoga therapy concepts into ways of understanding how modern life affects our minds. When he talked about how screen time, media, and consumer culture distract us from our

*(continued on page 16)*



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true nature, Frawley reminded us, “Don’t invite anyone into your mind that you wouldn’t invite into your home.”

The 2020 Asian Yoga Therapy conference will be held in Sri Lanka next October, and I would highly recommend C-IAYTs and trainee yoga therapists to attend for the high level of educational content, latest research, and international *sangha* (community) that this conference provides. **YTT**

*Leanne Davis, C-IAYT, is an acupuncturist and bodyworker and the current president of Yoga Australia. She serves on IAYT’s certification committee, the expert advisory panel for the Australian government’s Natural Therapies Review, and the Council of Teachers for Yoga New Zealand.*

## Society for Integrative Oncology: Advancing the Science & Art of Integrative Oncology

**October 19–21, 2019  
New York City**

*By Nancy Sinton*

As C-IAYTs, we each play a role in educating the public about yoga therapy and helping to promote it as a recognized and respected profession. One way we can do that is by getting involved with the professional organizations of complementary disciplines, becoming members and attending or presenting at their conferences. I recently joined the Society for Integrative Oncology (SIO) as a way to increase the visibility of yoga therapy in the field of oncology—and I was thrilled to find other IAYT members already involved!

My first interaction with SIO was attending their annual conference, the society’s 16th. Co-hosted by Memorial Sloan Kettering Cancer Center, which is celebrating the 20th anniversary of its Integrative Medicine Service, the conference drew more than 500 attendees from 29 countries. It was nice to connect with fellow C-IAYTs Leigh Leibel, Tina Paul, Lara Benusis, and Tari Prinster. Leigh and Tari both had posters depicting their work with yoga and cancer.

### A Special Interest in Yoga

SIO brings together a cross-section of integrative therapies that play a role in cancer care, and I was drawn to the conference because of a new Yoga Special Interest Group (SIG) made up of yoga professionals, researchers, clinicians, and patient advocates. The Yoga SIG’s mission is to advance evidence-based yoga as part of a comprehensive, integrative healthcare program to improve the lives of people affected by cancer. The formation of the group will increase the visibility of yoga within the SIO community and in turn expand the role yoga can play in supporting cancer survivors and caregivers.

The Yoga SIG had its inaugural meeting at the conference, co-chaired by Leigh Leibel, MSc, C-IAYT (Columbia University Med-



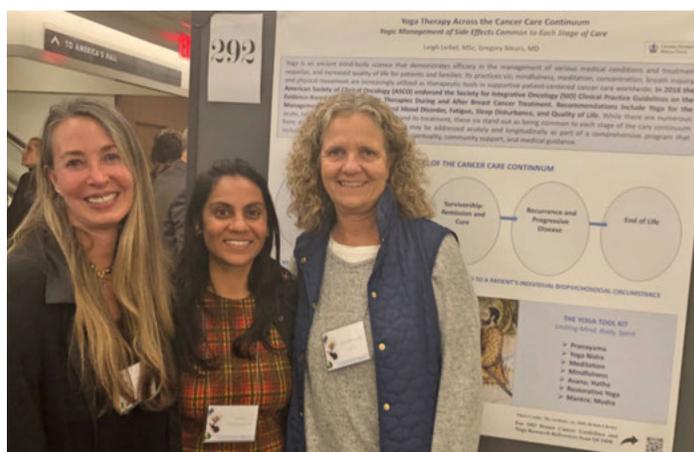
Josie Kyle and Tari Prinster with their group’s poster on a hospital-based yoga intervention for cancer patients.

ical Center) and Raghavendra Rao, PhD (Ministry of AYUSH, India), with advisors Santosh Rao, MD (Banner MD Anderson) and Lorenzo Cohen, PhD (MD Anderson Cancer Center). One of the first initiatives guided by this strong leadership team will be the development of a yoga workshop proposal for the 2020 SIO conference, to be held in Baltimore in October. Its theme, “The Science of Living Well with Cancer,” should lend itself well to inclusion of this workshop, along with yoga-related research, posters, and morning classes for attendees.

Leigh will represent the Yoga SIG on the SIO Leadership Committee and report on the group’s activities at the bimonthly board of trustees meetings. The Yoga SIG will work together with the other SIO committees and the Patient Advocate Task Force to strategically grow our field-important work that can lead to funding and policy change. If you are interested in yoga and cancer care, join the Yoga SIG by first becoming a member of SIO at [integrativeonc.org](http://integrativeonc.org).

This year’s conference presentations were full of research related to integrative oncology interventions including acupuncture, Chinese medicine, mindfulness meditation, massage, and reflexology. Hopefully we’ll see more yoga research at the 2020 conference!

**YTT**



Left to right, Leigh Leibel, Tina Paul, and Nancy Sinton with the poster presented by Leigh and Dr. Gregory Mears.

*Nancy Sinton, MBA, C-IAYT, E-RYT 500, is a member of the IAYT certification team and the founder of Breathlink Yoga Therapy. She is involved in yoga therapy for cancer research at the UF Health Cancer Center in Orlando, Florida.*

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## Supporting Yoga in Public Health

By Elizabeth de G. R. Hansen

IAYT's Symposium on Yoga Research (SYR) is one of the few yoga conferences in the world focused on health research. This unique status positions SYR to increase the importance of mind-body interventions in public health.

Excitement and anticipation characterized each of the three previous SYRs I've attended, including the very first one—in 2010 at the Himalayan Institute in northeastern Pennsylvania. The rustic accommodations and outdoor meals made that event feel like summer camp, and we left heady with a sense of possibility. SYR has since moved to the Kripalu Center for Yoga & Health in the Berkshire Mountains of Massachusetts, where crisp air, magnificent lake views, and excellent cuisine have replaced summer yoga camp, but the sense of possibility and excitement is even stronger.

My memory of earlier SYR programs includes many presentations on musculoskeletal conditions with an emphasis on engaging the parasympathetic system. This year's focus was instead on reduction of stress indicators. Most of the trials and posters addressed the hidden: stress in schools; depression in pregnancy; chronic pain in addiction-recovery programs; geriatric stress and ailments; and even an affecting story of military veterans lost in bureaucracy and time to suffer mysterious chronic pain and fatigue. Besides addressing less-visible suffering, this year's conference encompassed a vision of yoga for all.

### Research Basics

Originally, the SYR preconference was intended to prepare early-career investigators for research. New this year was a focus on methodology, appropriate for a range of attendees interested in increasing therapeutic yoga's role in the public health system.

Lanay Mudd, PhD, training officer for the National Center for Complementary and Integrative Health (NCCIH) and a program director in the NCCIH Clinical Research Branch, pointed to the areas her program is most interested in funding, among them nonpharmacologic pain management, development and validation of objective trial outcomes measures, and identification of (neuro)biological mechanisms of effectiveness. Next, the accomplished members of the SYR scientific program committee elaborated on the NCCIH proposal review process, some showing how different aspects of their own research met the center's standards. Chris Streeter, MD, in discussing the numerous stages of proposal submission, drew a laugh with her guidance to "Pick a topic you like, because it's going to take longer than you think." She emphasized the importance of clarity, brevity, and willingness to resubmit projects, as few are funded at the first submission. Dianne Neumark-Sztainer, PhD, MPH, RD, RYT 500, and the remaining committee members discussed the value of a variety of observational studies, which are also funded by NCCIH. For Neumark-Sztainer, for instance, epidemiological studies were helpful precursors to a long-term program on food behaviors, body image, obesity, trauma, and related health issues.

### Poster Perfect



The 41 poster abstracts at SYR 2019 showcased a rich variety of trial designs and subjects. Several included characteristics mentioned by Dr. Mudd as being important to NCCIH: identification of the mechanisms by which

yoga affects different health conditions, unusual and promising designs, and advancing the overall scientific framework of yoga trials design and reporting.

**Three posters on rheumatoid arthritis (RA)** used objective measurements of physiological markers in the immune, neuroendocrine, and cardiorespiratory systems to indicate different mechanisms underlying RA inflammation. All three trials included more than 100 participants randomized into yoga and control groups and showed beneficial effects of a yoga program on inflammation: "Yoga Therapy Improves Inflammatory Markers in the Patients of Rheumatoid Arthritis" showed that 12 weeks of adjunctive yoga therapy significantly reduced inflammatory cytokines; "Effect of Yoga Therapy on Tumor Necrosis Factor-A and Sympathovagal Balance in the Patients of Rheumatoid Arthritis" showed that a 12-week yoga program reduced proinflammatory TNF- $\alpha$  and increased heart rate variability; and "Yoga Induces Immunological Tolerance and Remission at Cellular Level in Rheumatoid Arthritis: A Randomized Controlled Trial" showed the relationship between RA inflammation and immunological dysfunction, with reduced proinflammatory cytokines and elevated anti-inflammatory cytokines.

**Two other reports demonstrated innovative designs** by using Facebook for recruitment and delivery of the yoga intervention. "Effect of Sukshma Vyayama Yoga on Aromatase Inhibitor (AI)-Induced Arthralgia in Breast Cancer Survivors: A Feasibility Study Conducted on Facebook," successfully recruited participants and delivered a chair yoga intervention on the social media platform. The second poster using Facebook, "Stakeholder-Engaged Development of Online Yoga Classes for Young Adult Cancer Survivors," recruited a geographically dispersed group rarely included in posttreatment trials and invited them to participate in developing a yoga intervention for online delivery.

**Three additional posters in particular will contribute to greater clarity and consistency in yoga research:** a Delphi survey on the "Development of International Yoga Reporting Guidelines," "Tracking the Yoga in Yoga Research," and "Improving Preschoolers' Classroom Behaviors with a Mindful Yoga Program."

All photos: IAYT staff

Following the opening ceremony's happy informality and awarding of the Swami Kuvalyananda Scholarships, we adjourned to the first of two poster sessions. The best discussions take place here, face to face with the researchers and with surrounding small groups. The posters themselves are abstracts for research proposals or reports of completed research.

## This Is Your Brain on Yoga

Two researchers from Brazil, Elisa Kozasa, PhD, and Danilo Santaella, PhD, began the main conference day with discussions of yoga's neurobiological effects. Despite overall increasing longevity, Kozasa showed that the leading worldwide causes of death are diabetes and suicide. Using a well-being index, she studied the effects of yoga on schoolchildren, teachers, female managers, family caretakers of Alzheimer's disease patients, and even a high-profile surfing champion. Santaella used magnetic resonance imaging (MRI) to demonstrate visible, measurable brain changes with yoga, questioning literature that shows declines in intelligence as measured by declining brain size and other architectural shifts. He reported on four trials that collectively showed yoga practitioners to have more gray matter in areas of the brain dealing with language, movement, problem-solving, and memory than did controls, who exhibited the expected age-related decline in gray matter; asana, pranayama, and meditation affected different brain regions.

Crystal Park, PhD, next reviewed the possible mechanisms underlying yoga's influence on stress, which affects every biochemical system and contributes to the major chronic conditions of our time. Although yoga trials frequently show positive effects on anxiety and stress, they almost always include "howevers" pointing to now-familiar critiques of yoga trials: small study populations, lack of randomization and control groups, and lack of knowledge about underlying biological mechanisms. As she addressed the last point on the "how" of yoga's effect on stress, Park reviewed the stress experience sequence (exposure, appraisal, reactivity, recovery, restoration), noting that yoga promotes resilience at every step. To address the often-cited heterogeneity of interventions, she referred to the Essential Properties of Yoga Questionnaire that she and her colleagues developed to systematically and consistently describe yoga interventions. (See <https://doi.org/10.17761/2018-00016R2> in the 2018 *International Journal of Yoga Therapy*.)



Holger Cramer, PhD, then asked, "But Is it Safe? Clinical and Epidemiological Investigations of Adverse Events Associated with Yoga Practice." The 2013 systematic review he coauthored found few reports of such cases. It identified the postures and practice styles most correlated with adverse events, finding that vigorous practices had the most associated injuries. In 2016, Cramer undertook a large ( $n = 1,702$ ) survey of German yoga practitioners, confirming the review's findings: in this study, Ashtanga/Power Yoga classes had the most adverse events, which were largely musculoskeletal and often from hand-, shoulder-, and headstands; Kundalini Yoga resulted in the fewest injuries. Chronic adverse events included glaucoma and back pain, and chronic illness, poor health, and unattended home practice were predictors of adverse incidents. One in five respondents had experienced an acute adverse incident; one in ten experienced chronic adverse incidents. Nevertheless, compared to other activities, yoga results in few adverse events, and the postpresentation discussion sought to characterize its relative dangers. Should we say that yoga is "a bit more risky than talking," or perhaps "safer than sitting on a couch—or than not doing yoga"?

The afternoon sessions included two special interest group meetings, both covering additional topics important to broader aims of including yoga in public health interventions. The first discussed navigating NIH research funding. I attended the second group (above), with Steffany Moonaz, PhD, C-IAYT, and Holger Cramer reporting on the activities of the Yoga Research Reporting Guidelines Working Group, which formed because a lack of shared guidelines for reporting on yoga trials limits evidence-informed practice and makes comparison, replication, and related conclusions unreliable. The project's steering committee adopted the Delphi survey method, a multistage process to reach consensus—in this case, seeking agreement on the components for reporting on yoga trials. The committee expects to complete the process next year and to publish the protocol in an open-access peer-viewed journal available to the researchers, peer reviewers, and journal editors who all have professional interests in adopting the guidelines.

Helen Lavretsky, MD, MS, ended the evening with a keynote that encompassed many of the day's themes: "Yoga Therapy for Treatment and Prevention of Cognitive Decline and Caregiver Stress in Aging." The number of 65-year-olds in the world is now greater than the number of 5-year-olds, putting a sharp focus on the needs



## Yoga Program Improves Preschoolers' Classroom Behaviors

Although the presence of yoga in U.S. schools has steadily increased, few studies consider yoga's effect in these settings. The randomized controlled study from Young Investigator Award winner Carissa Wengrovius, PT, DPT, tested the effects of yoga on children's self-regulation and interpersonal skills. The yoga group improved in interpersonal skills but not self-regulation; the control group declined in both measures over the 8-week trial, when they were on a "class as usual" regimen. However, when the control group received a (shortened) yoga intervention, their outcomes reversed, showing improvement in self-regulation and interpersonal skills. When the yoga group was retested 3 weeks after the intervention ended, the effect had not only persisted, but increased: Their interpersonal skills measure continued to increase, and the self-regulation measure, which had remained flat at posttest, showed improvement at 3 weeks.

of elderly people. Like many of the studies presented during the conference, Lavretsky's trials paid careful attention to developing appropriate controls and outcomes measures. Notably, one randomized controlled trial (RCT) in elderly patients with mild cognitive impairment compared the effects of a weekly 60-minute Kundalini Yoga class, plus a daily assignment of 12 minutes of Kirtan Kriya, to those of a weekly 60-minute Memory Enhancement Training (MET), with an additional 15-minute daily assignment of memory exercises. A battery of measures, including fMRI and telomerase activity, assessed each intervention, with comparable results between the two groups. The yoga group showed greater improvements in memory and executive function, with continued improvement at 6 months; both groups showed changes in brain activity reflecting improvement in memory, although in different brain areas. The trial suggested that yoga offers a feasible intervention for mild cognitive impairment, and that it was at least as effective as MET, a "gold standard" memory program.

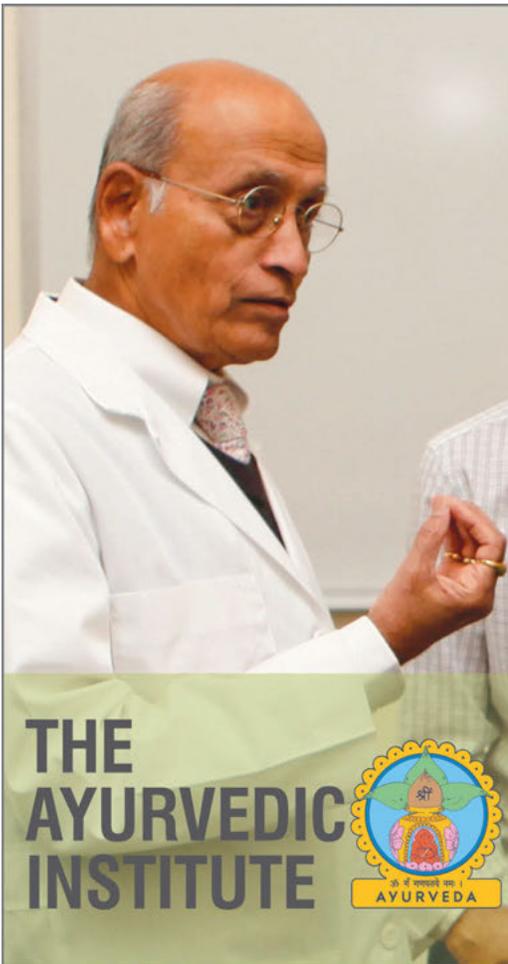
## Yoga for All

The final morning offered an additional look at yoga's promise as a well-being intervention. Cynthia Battle, PhD, discussed whether yoga provides a safe, acceptable, and effective treatment option for prenatal maternal depression. Like others at this year's conference, Battle's interdisciplinary team followed a carefully planned sequence that positions the work squarely alongside research in more widely known health fields. They began with patient surveys to determine interest and acceptability, development of a yoga program and accompanying manual, and teacher preparation. A pilot trial was then followed by a small RCT that helped with development of the control intervention, and finally by a larger RCT. Implementation and data were not complete at the time of this report, but preliminary results suggest high rates of effectiveness and acceptance.

Louise Mahoney, MS, C-IAYT, presented an RCT involving another population in need of well-being support: U.S. military veterans with Gulf War Illness (GWI), a poorly understood constellation of symptoms including chronic fatigue, pain, and cognitive and sleep disorders in those who served in the Persian Gulf conflict in 1990–91. With principal investigator Peter Bayley, PhD, the project aimed to compare yoga to cognitive behavioral therapy (CBT) for chronic pain reduction in GWI. Demonstrating another careful use of controls, CBT was selected as the comparison activity because it is the Veterans Health Administration's standard treatment for chronic pain and other GWI symptoms. Yoga, which proved to be a scalable and cost-effective intervention, was effective for at least two major GWI symptoms: chronic pain and chronic fatigue.

With "Inclusive Embodiment: A Social Justice Perspective on Diversity in Yoga Research and Practice," Jennifer Webb, PhD, addressed the importance of inclusion in yoga, which in the West is still predominantly practiced by young high-income white women. Among the sociocultural barriers preventing others from accessing yoga are media representations that focus on consumerism and a body type template that excludes those of different abilities, sizes, and colors. Even so, Webb showed how grassroots reaction has led to shifts toward inclusivity in yoga-related media. Instagram now reflects "greater racial/ethnic diversity, greater representation of larger body sizes and shapes, and a greater focus on body-as-process





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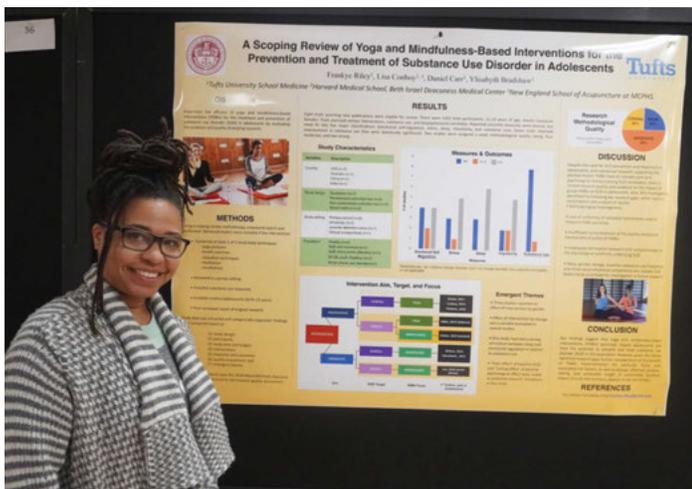
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versus body-as-object.” Although much effort and difficult conversations remain, more change is evidenced by increased “social justice–inspired literary media” on yoga, including books, and toys, including Barbie Dolls of different skin tones (although they’re still skinny).

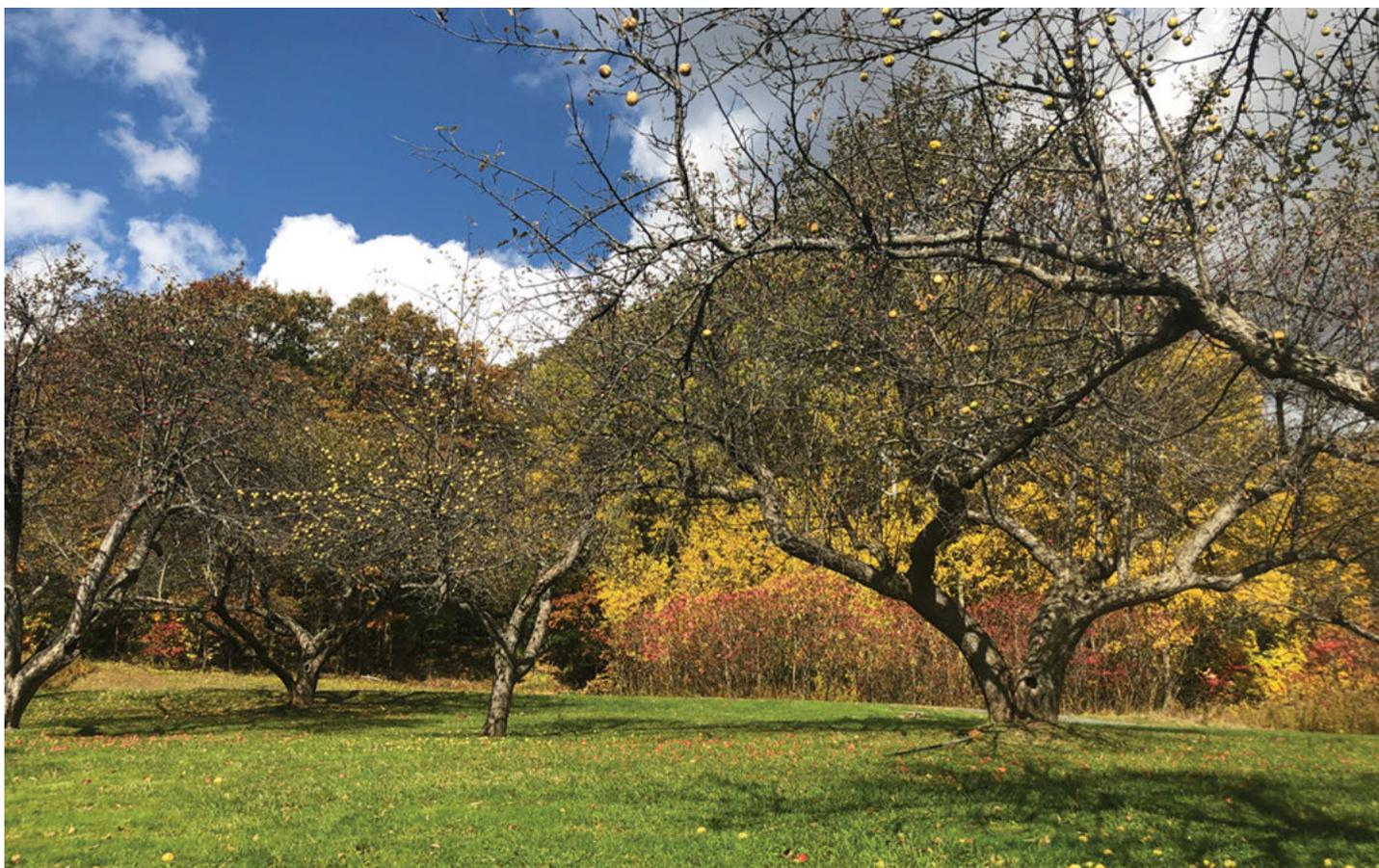
Dean Ornish, MD, closed the conference via video with a whirlwind presentation that could be seen as a victory lap for the extraordinary accomplishments of his work, based on the wisdom of his teacher Swami Satchidananda. “Eat well, move more, stress less, and love more,” is the motto of Ornish’s lifestyle programs, which include a plant-based diet low in fat and refined carbohydrates, stress management, moderate exercise, and psychosocial support.

Because they address the underlying causes of each disease—including chronic inflammation, sympathetic nervous system stimulation, and oxidative stress—his programs have prevented and reversed the onset of cardiovascular disease, type 2 diabetes, and prostate cancer for hundreds of patients. Ornish emphasizes not only a longer life, but one with meaning, altruism, compassion, and love. Through a similar focus, medical professionals and yoga therapists may claim roles as healers rather than simply technicians. For all of the life-affirming victories, Ornish’s closing words reminded us that loneliness, despair, and suicide are still present—there is work ahead as we deal with these forms of suffering.

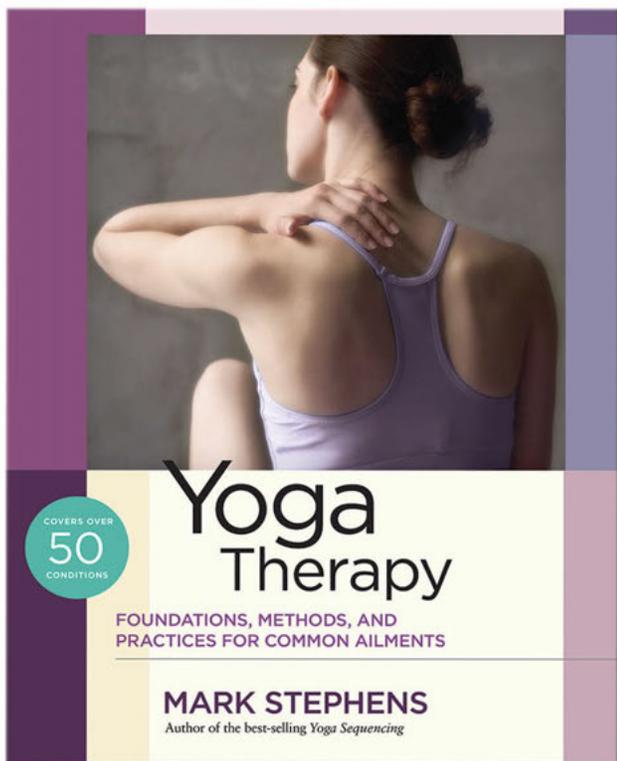
SYR 2019 presented a broad range of yoga trials that used sophisticated and objective tools, most notably with measures of inflammation and MRI assessment of brain changes. Advances in efforts to standardize and clarify yoga trial and reporting practices were evident in both poster abstracts and conference presentations. As our understanding of the efficacy of yoga therapy increases, so must access to yoga and yoga therapy. Yoga belongs in public health, and the research presented at SYR—this year and in the future—will facilitate that process. **YTT**



*Elizabeth de G. R. Hansen, PhD, C-IAYT, began teaching yoga in 2004 after a career of research and teaching on the anthropology of Latin America. She teaches Yoga for Arthritis at Integral Yoga Institute New York, older adults privately, and in senior centers.*



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# What Do We Know About Yoga?

By Nicole DeAvilla

As I absorb the researchers' words at the Symposium on Yoga Research (SYR) each year, I wonder what the world would be like if everyone had access to this information. What if its implications were fully understood? I think things would be very different. . .

I also think about individuals—relatives with heart disease, an acquaintance struggling with depression, a student with diabetes. How different would the quality of their lives be if they could understand how breathing differently, focusing in new ways, and tweaking their lifestyles could affect their experiences?

This year, I thought about how I could introduce more people to contemporary yoga research, where modern science and ancient practice are coming together in hopes of identifying solutions for some of society's most pressing problems. I asked my friends on social media what questions they had for those researching the promise of yoga. Here's what people wanted to know, and how SYR attendees and presenters answered.

## What conditions does yoga help to improve?

According to Holger Cramer, PhD, systematic reviews and meta-analyses demonstrate that yoga is effective for stress, weight reduction, pregnancy-related symptoms, low-back pain, breast cancer effects, cardiovascular risk factors, depression, and anxiety.

## Why does yoga work?

Many researchers are asking this question, too. One way they're studying the mechanisms behind yoga's effects is to measure physiological markers associated with stress in body systems such as the neuroendocrine (e.g., cortisol, epinephrine, norepinephrine), immune (e.g., interleukin-6, tumor necrosis factor- $\alpha$ , C-reactive protein), and cardiorespiratory (e.g., systolic and diastolic blood pressure, heart rate/pulse, heart rate variability).

## How does yoga help the brain?

Ellie Edwards, who presented a poster at the conference, noted,

There are a lot of research studies that show that yoga reduces anxiety and reduces depression. I did a study that shows that yoga helps improve "go reaction time," which is correlated with response inhibition and cognitive functioning. So, yes, yoga definitely helps with the brain.

## Can yoga help with memory?

SYR speaker Helen Lavretsky, MD, MS, is a professor of psychology at UCLA. As a geriatric and integrative psychiatrist, she studies yoga in older adults with memory loss as well as in depressed older adults and depressed caregivers. She says yes, yoga is helpful for memory:

We've shown it in a number of studies, where memory functioning and executive functioning improve in caregivers and also in older adults with mild cognitive impairment. It improves memory as much as does memory training, which is a gold-standard therapy for mild cognitive impairment . . . [Yoga] also rewires the brain . . . resulting in improved memory, and it's like physical exercise. In older adults . . . you have the rule "Use it or lose it." So you have to really exercise [the mind] with yoga or with memory exercises and to maintain memory and executive functioning. Yoga also improves mood [and] mood resilience, and apathy improves.

## How do we know this?

As Lavretsky noted, "Yoga is very helpful for the brain," for a number of reasons, including its ability to reduce stress hormones and its effects on specific areas like the hippocampus (involved in memory and learning). Yoga and exercise also, she says, have neuroplastic effects in different parts of the brain, improving their functioning and efficiency and improving connectivity between various brain regions.

## Does yoga therapy assist in brain injuries, and are there specific studies supporting this?

Nirali Chauhan, a medical student at the University of Illinois at Chicago who presented a poster, offered this:

The research that we did at The Dartmouth Institute answers your question exactly . . . yes, you're going to absolutely help people with brain injuries. In fact, the patient that you're asking about is one of 2.8 million people each year that will have a traumatic brain injury.

The adaptations that can be very helpful for someone with a brain injury are slow, simple cuing [and] creating a safe space through invitational, encouraging language. Positioning the head and neck so that we're not aggravating any symptoms, perhaps avoiding or modifying positions that place pressure on the back of the neck or the head, or inversions . . . Demonstrating is very important among this population, because lots of people learn in different ways. . . .

[In a] yoga studio, usually we love big bright windows, but with this population it is really important to limit light and limit noise so that people are as comfortable as possible.

## Learning about yoga's effects on heart disease would be of interest to me for sure!

"Yoga as a therapy has a profound role for cardiovascular disease, especially coronary artery disease," said Dilip Sarkar, MD, C-IAYT, IAYT board member and immediate past president. "Practice of

*(continued on page 26)*

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~ Dianne Condon Yoga Therapy Trainee

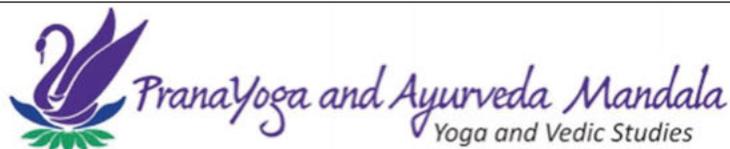
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yoga is a relaxation response. It's an activation of parasympathetic tone," which counteracts the sympathetic tone of our stressful daily lives. "Today we know [that] coronary artery disease is primarily . . . a lifestyle-related disorder." As Sarkar noted, yoga can be both primary preventive medicine for coronary artery disease and prevent or slow the disease's progression. In some cases, he explained, "it also reverses the disease and also causes a better management of the disease by improving quality of life."

Sarkar himself had open-heart surgery nearly 20 years ago, but "with the daily practice of yoga," he said, "today I am medication-free. I'm disease-free. I'm enjoying a good quality of life."

### Can yoga help people with anxiety?

Michael Lee, MA, C-IAYT, E-RYT 500, founder of Phoenix Rising Yoga Therapy, noted that anxiety arises from our efforts to do the best we can with our lives: "We're trying to make things happen that are going to make us feel safe and put us at ease." For Lee, the mechanism behind yoga's benefits for anxiety is rooted in its emphasis on present-moment experience. "Our body is always in the present moment," he said. "It's not looking ahead to the future, which we're trying to make sense of; it's not looking back to the past, where we might have regrets." Lee thinks that over time, yoga demonstrates to anxiety sufferers a different possible state of being.

### Can yoga help people with depression?

Absolutely yes, said Lee:

First of all, what is depression? Well, depression is a form of negative thinking. It's a way of thinking about life not really mattering, life not having a purpose or meaning. We go into a state of, "Well, what's it all about, what are we here for," and the further we chase that kind of thinking, the further down it takes us into a scrambling mind. Of course, that can make us feel even more depressed . . .

Similar to Lee's thoughts on yoga's effects on anxiety, he explained that a skillful practice enables a present-centered experience in the body and mind, where

we can enter some of those states that are described in the eight limbs of yoga. We can even perhaps drop into a state of *pratyahara*, a higher state of presence [that can become] a profound experience. And in those moments, there cannot be any depression because we're in the moment, we're in our body. We're right here, right now. And so those thoughts that take us into depression are no longer present. And when we experience that, we realize . . . that, "Yeah, I don't have to be in that state. My body can actually support me in coming into the present where I'm not in that state." And so over time, it has a cumulative effect as well.

### How can yoga therapy aid in the dying process?

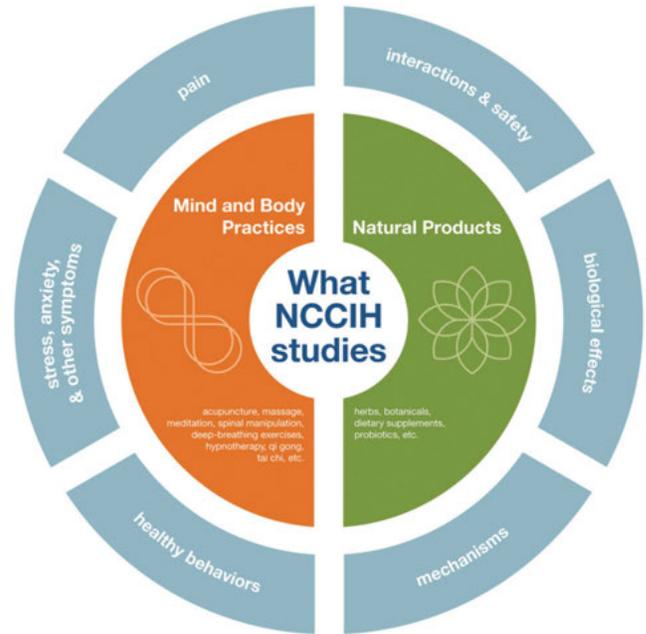
Marlysa Sullivan, PT, C-IAYT, an assistant professor at Maryland

University of Integrative Health, offered that yoga therapy can assist people with "connecting to inner resource and a sense of peace, equanimity, purpose, meaning, acceptance, and trust."

### How is yoga research funded?

According to Sat Bir Singh Khalsa, PhD, C-IAYT, the lead organizer of SYR, the majority of the research is funded by the National Center for Complementary and Integrative Health (NCCIH).

Lanay Mudd, PhD, a program director in NCCIH's Clinical Branch, referred me to her slides for an overview of the types of research the center is interested in supporting:



### Final Reflections

I find it interesting that my friends wanted to know about the same questions the researchers have been asking all along, including questions around how yoga works, whether it's safe, and what it might do for the chronic ailments so prevalent today.

The one question I had trouble getting an answer to is perhaps the biggest one, a question that many yoga practitioners and professionals alike can easily answer from their own experience: Does yoga work?

Remember that scientists need replicable empirical evidence before they are willing to give answers. So in the end, I have to ask *you*: What do you think? Does yoga work? **YTT**



*Nicole DeAvilla, C-IAYT, E-RYT 500, RPYT, RCYT, an author, researcher, and 2 Minute Yoga host, is a pioneer in prenatal yoga and yoga therapy. An Ananda-trained (1984) disciple of Paramhansa Yogananda, she serves through ministry, yoga therapist training, and online offerings. If you would like to view the original interviews that form the basis for this article, most of which were recorded, visit Nicole's Facebook page ([www.facebook.com/DeAvillaNicole/](http://www.facebook.com/DeAvillaNicole/)).*



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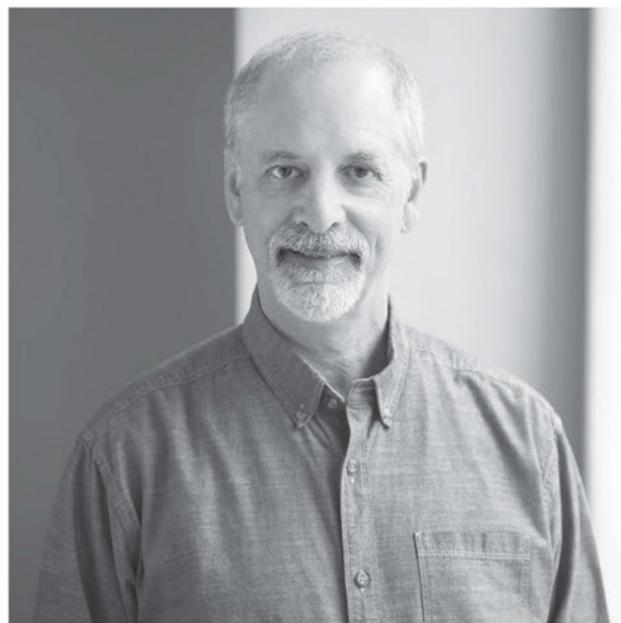
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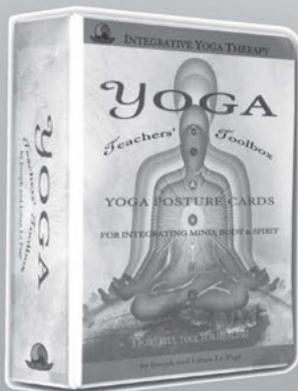


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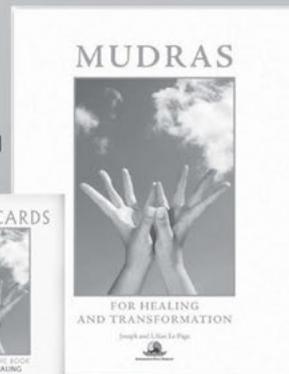


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### LEARNING OBJECTIVES

- Understand pain's widespread effects on various aspects of clients' lives.
- Explain how pain and emotional state influence each other.
- Understand the biopsychosocial-spiritual experience of pain through the lens of yogic philosophy.

## Pain and Yoga Therapy: Part 2—The Lived Experience of Persisting Pain

By Neil Pearson, Lisa Pearson, and Erin Byron

“Pain and Yoga Therapy: Part 1,” in the Summer 2019 issue of *Yoga Therapy Today*, began a discussion of pain from a biopsychosocial-spiritual lens, offering a primer for yoga therapists working with clients in pain. The present article builds on the terms and perspectives introduced there, and Part 3 of this series will conclude with ideas on using yoga therapy tools to address the multidimensional phenomena of chronic pain.

Pain is an experience that does not exist separately from the individual in pain. We often observe people in pain through our preferred lens, explaining “pain-behavior” from physiological, psychological, or yogic views. Discussing the *lived experience* of pain, instead, reminds us that not only are we interacting with a human (rather than a painful part or situation), but that effective pain care focuses on living more than on fixing.

### A Physical Perspective

Pain changes us.

It's tempting to think that we can understand all these changes and the lived experience of persistent pain by knowing about acute pain, pain biology, and tissue pathology. Yet, as noted in Part 1, pain is best understood as vastly complex. When pain persists, its intensity can increase and its influence can expand, new experiences related to pain typically arise, and other aspects of self and life can be diminished or lost. As one patient explained while trying to find humor in a dark situation, “You can lose everything. Your physical

competence, your job, your house, your truck, relationships, and even your dog. It's like living an old country-western song.” All these changes and losses impact us far beyond the physical, as explained in Part 1's brief discussion of the *kleshas* (root causes of suffering).

People living with persistent pain will do their best to communicate how their life has changed, including what's happening in their body. Yet some changes can be overshadowed by others, and pain can be associated with disruptions in awareness of breath, body, thoughts, and emotions. With these factors in mind, yoga therapists will gain a more complete understanding of an individual's lived experience via thorough assessments, both subjective and objective. People in pain typically report changes in mobility, stiffness, strength, or flexibility. They might also refer to increased muscle tension, muscle weakness, and/or altered movement and breathing patterns. Yet the altered body awareness and body schema and physiological dysregulation these clients are experiencing might not be fully communicated.

We might categorize the changes in the physical body when pain persists as changes in physiology, in awareness, in ability to regulate, and in the person, as the Yoga Sutras teach us. These categories and the list below are incomplete, but let's start here.

Note that it is not possible to state that the listed changes are *caused* by pain. Nor is it accurate to state that they are the cause of worsening pain, even though most of these changes potentially increase the evidence of danger. Correlation is not necessarily causality.

Not all symptoms are present in all individuals. Some even vary between activities and seem dependent on physiological, psychological, and social stressors, including such factors as body position, anxiety, and social support. In other words, pain depends on context.<sup>1</sup>

# READING THIS ARTICLE

## Changes in Physiology

- Increased sympathetic nervous system (fight-flight-freeze) activity
- Potential alterations in heart rate variability<sup>2</sup> and in blood pH
- Changes in endocrine activity such as decreased adrenal resilience<sup>3</sup>
- Decreased tissue tolerance related to decreased activity
- Pain from movements that are normally innocuous
- Pain from normally innocuous stimuli such as touch or thermal input
- More breath holding with movement, or even with just thinking about potentially painful movement
- Increased breath rate with less movement of the abdomen and more movement in the chest during inhale (chest breathing)
- Stiffness as a protective response<sup>4</sup> (Stiffness is often experienced as an absolute physical limitation to movement, but, like pain, stiffness depends on context.)
- Less movement-related hypoalgesia<sup>5</sup> (a decrease in movement's ability to reduce pain)
- Inhibition in some muscles, whereas others seem to be gripping

## Changes in Awareness

- Unaware of breath pattern changes (or decreased awareness)
- Unaware of changes in muscle tension (or decreased awareness)
- Decreased ability to notice the subtle nonpain sensations of the physical body (interoception)
- Distortions in body awareness and/or body schema
- Increased hypervigilance of pain
- Decreased proprioception

## Changes in Regulation and Resilience

- Difficulty influencing breath
- Difficulty influencing body tension
- Difficulty with motor control

## Changes in the Person

- Less tolerant of movement/activity
- Less tolerant of prolonged positions
- Poor sleep
- Nutritional/diet activity changes
- Protective posture and movement patterns
- Changes in prosocial behaviors, including facial expressions, body language, and vocal intonation

Knowing how pain changes our clients provides some guidance for the planning of individualized yoga therapy. It also increases compassion in the yoga therapist, helping us reconceptualize the person in pain as an individual who is dealing with far more than an issue only in the tissue. Imagine not being able to engage in activities that previously seemed a given in life, struggling with regulating your physiology, having few options to cope, feeling that your body is distorted, and questioning why activities that used to provide a sense of peace no longer do—and these are just the changes we'd attribute to the *annamaya kosha* (physical body) effects of pain.

## A Psychological Perspective

Navigating these physical impacts is associated with psychological change, too, such as in cognitions, a shifted locus of control (from internal to external), and decreased sense of self-efficacy. The *chitta-vritti* (mental awarenesses) are altered, and there may be greater obstacles to connecting to stillness of mind/body and the essence of one's self. These shifts in self-perception lead to a feeling of being burdensome and low self-worth. In turn, negative cognitions increase suicidal ideation and disconnection from loved ones, which can create a downward spiral of fear, anger, depression, and isolation.<sup>6</sup>

*Psychosocial connections can help mitigate the intensity of chronic pain, just as connection to the higher self or spiritual practice can fill a human void.*

Chronic pain disrupts emotional well-being by interfering with both physical and social function. Pain that we attribute to the physical body shares neuronal and psychological processes with the loss of or threat to social relationships. Increased pain has been linked to a decrease in positive social interactions and an increase in social withdrawal. Studies indicate that social distress increases perceived pain levels.<sup>7</sup> Pain is a predictor for increased loneliness in older adults and likely relates to changes in mood, activity, and beliefs. A study of 675 people living with chronic pain showed that pain that reduced physical function led to emotional distress caused by reduced social interaction.<sup>8</sup> This disruption in social connection was more salient than the physical pain in determining pain-related emotional distress, which is another clue, as yoga teaches, that the subtle realms can have greater impact on well-being than the material. Loneliness is a clear predictor of greater pain, and indeed a symptom of disconnection from the unitive yogic state. A 2015 study<sup>9</sup> of more than 200 people showed that when individuals felt lonely in the morning, they had more negative cognitions about pain in the afternoon, which in turn predicted higher levels of evening pain. These negative thoughts about pain are consistently shown to worsen pain reports.

Conversely, social relationships offer an opportunity to build resilience. Psychosocial connections can help mitigate the intensity of chronic pain, just as connection to the higher self or spiritual

practice can fill a human void. Reducing pain expectancy makes us more likely to engage in social behaviors and may actually affect perceived pain, too. By encouraging clients to focus on the benefits of social interactions and away from the physical, energetic, and emotional aspects of pain, we support them in maintaining a balanced sense of self in the face of social interactions.

Balance is important, and as mentioned in Part 1, there is such a thing as too much help. Yoga teaches that self-reliance is a key aspect of the path, as no one can meditate or perform the practices for us. Even though clients may desire self-efficacy, the reality remains that help is necessary at times—and asking for needed help is an aspect of self-reliance.

There is a reciprocal relationship between pain and emotion.<sup>10</sup> Pain increases reports of fear, stress, depression, anxiety, and a sense of isolation. Grief, which has a powerful link to pain, is often overlooked, even by the person in pain. There is also a reciprocal relationship between pain and cognition. Pain alters cognitive processes, including attention and awareness. Our negativity bias becomes more negative and beliefs become more limiting and catastrophizing, often heightening emotions such as fear. Again, these changes lead to increased pain reports. Fortunately, focusing attention (*dharana*) on things other than the pain, such as breath, body sensations, and the impermanence of thoughts and emotions, can diminish these reports.

Persistent pain is a condition of all layers of a person: body, energy, mind, belief, and spirit. Although we may need to separate these factors to discuss them, we have great opportunity to transform yoga therapy clients' lived experiences of pain by addressing the whole self and all the areas that pain impacts. As you will read in Part 3, the more we direct our attention to the whole, multilayered being, the greater the immediate and long-term benefits.

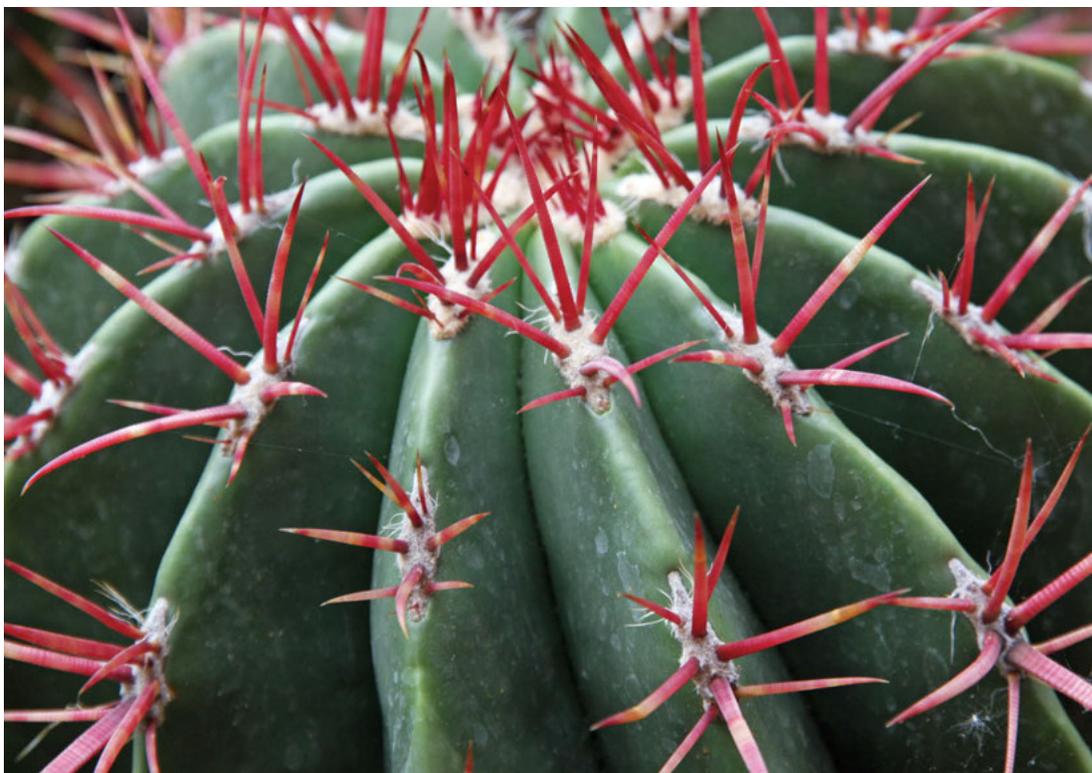
## A Yoga Perspective

As discussed within the kleshas in Part 1, yoga states that *avidya* (ignorance and forgetfulness) is the root cause of all suffering, that in our ignorance we forget our true nature as *atman*<sup>11</sup> (divine Self); our personalities, humanness, and *ahamkara* (self/ego) move into cycles of imbalance and forgetfulness, resulting in the flame of our existence weakening or in our becoming overzealous in living karma experiences.

As yoga therapists we can ask, “How does pain impact the person?” The answer is this: Pain can change every aspect of a person's existence.

We most commonly hear in yoga therapy that pain creates changes that we can observe through a *panchamaya kosha* (five sheaths/layers of being) perspective. For example, pain can impact *prana* (energy/breath). We may observe an imbalance of prana during asana, perhaps as limited energy flowing through an area of the body or a sense of restriction within movement while other areas of the body are more fluid and open.

In addition to experiences related to the kleshas, karma, and *panchamaya kosha*, pain also interacts with the *gunas* (essential attributes of life), affecting our *agni* (inner fire) and the functioning of all human systems. The changes in *agni* and the emergent aspect of one of the tri-*gunas* can reveal to us how we live with pain when



it persists. For example, pain may put the person in a state of high anxiety. This may result in rigidity in body, mind, and spirit, including a constantly tight jaw, hyperdetailed focus, or debilitating fear. For others, pain can disconnect them from joy and love. These people may isolate themselves or become overbearing. Over time, these experiences lead them to feeling lost and hopeless on top of being alone, and to spiritual angst in not knowing who they are and not remembering their interconnectedness.

The lived experience of pain can affect our *dosha*, creating an imbalance from our original constitution, our *prakruti* dosha. In a persisting pain situation, our elements (*bhuta*) can be pushed into increasingly greater imbalances, such as too much or too little ether, air, fire, water, or earth, in turn pushing us into our *vikruti* (disordered) dosha.<sup>12</sup>

Often, the experience of pain impacts how we move and therefore how we practice movement in yoga. We might stop practicing all together, looking for a medical fix. We might become less introspective and/or change how we view ourselves and how we live in the world. It can even leave us feeling disconnected or overly attached to our bodies, thoughts, feelings, and emotions. Pain

might drive some to avoid movement altogether, whereas others will keep trying to “push through” it.

Karma affects pain. As indicated in Part 1, we come into human existence to learn specific soul lessons, of which pain might be a part. We may experience pain as a portal to remembering our true nature. Karma perpetuates our imbalances or softens them, depending on how we deal with our experiences and how we move through them. Our painful karmic experiences can potentially take us closer to Truth, remembering we are atman. As yoga aspirants, our soul work is to soften our karma and search deeper for root causes rather than to live as if the only thing needed is to fix the pain. Interestingly, understanding karma may be similar to our understanding of pain neuroscience—the purpose of pain and of karma is *not* to tell us details of what is wrong. Both intend to motivate behavioral change and suggest that we look deeper for insights and right action.<sup>13</sup>

*Dharma* (universal divine order) and living one’s *dharma* (path to union with this order) interact with our experience of pain. When our hearts are in line with what we do in the world, we are living closer to Truth. Potentially this aligned experience increases the evidence of safety, thus altering the lived experience of pain, even though living our *dharma* does not preclude pain.

Yoga tells us that living well with pain is possible. We can live a more peaceful, awake, *sattvic* (peaceful) lifestyle while experiencing pain.<sup>11</sup>

In maintaining a *sattvic* lifestyle, we are directly taking action against *avidya*, which we believe will positively affect the lived experience of pain. When we combine this perspective with science that shows that we can also influence pain itself, we not only move toward a more hopeful outlook, but also understand more of the reasons for the success we see when we provide yoga for people living in pain.

In Part 3 we will discuss yoga as a therapy that addresses pain and the lived experience of pain whether these are viewed from physiological, psychological, or yogic perspectives. **YTT**



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## Building the Business of Yoga Therapy

Both of the inventive professionals featured here have brought elements of earlier careers into their work in yoga therapy. Consciously connecting the dots from past to present and future selves is a familiar path for many of us, and the ability to walk that path is one of the most exciting aspects of being part of a field full of open possibilities.

Nydia Tijerina Darby and Ali Popivchak are creative, unafraid to identify and partner with a range of collaborators, and willing to deliberately seek fulfillment for themselves. I love that these entrepreneurs have given serious thought to professional and personal lives of balance, and it's a pleasure to showcase their work on these pages.

Email me at [yttditor@iyat.org](mailto:yttditor@iyat.org) if you'd like to share *your* unique story in Building the Business of Yoga Therapy!

—Laurie Hyland Robertson

### NYDIA TIJERINA DARBY

#### “Where Physical Therapy Meets Yoga”



*Nydia Tijerina Darby, PT, DPT, C-IAYT, E-RYT 500, is an experienced yoga educator and international presenter on therapeutic yoga practices. She developed the Therapeutic Astanga Method™ over the course of 40 years and is the director of Nydia's Yoga Therapy Studio and the Open Hand Institute in San Antonio, Texas.*

*Nydia collaborates with the University of Texas Health Science Center (UTHealth) and has created and supervised yoga programs for cancer research since 2009. She is a guest lecturer for the local physical therapy (PT) schools in San Antonio, where she introduces students to how they can integrate yoga and PT. Nydia also offers continuing education for rehabilitation specialists and acts as a liaison between the yoga and medical communities in San Antonio and surrounding communities in Texas.*

“What is a physical therapist doing operating a yoga studio?” This is a question I have heard many times over the past 12 years.

I have always been fascinated by the workings of the human body. That fascination has grown to include not just the body, but also the mind and the spirit. My current therapeutic yoga practice really just self-germinated from a melding of fitness; my work in orthopedic, spine, and pelvic health physical therapy; yoga and yoga lifestyle precepts; dance; Eastern medicine; and a variety of other movement practices. I was not planning on teaching yoga or opening a yoga studio, but upon the advice of a medicine man in Oaxaca, Mexico, I made the decision to walk the path intended for me and in 2007 opened a yoga studio in a commercial location with the goal of positioning myself as a liaison between the medical and yoga communities.

Over the years, I created an extensive network of professionals who provide services with a variety of medical, yoga, fitness, health,

academic, and scientific backgrounds. In the beginning, I did this by talking to my own personal healthcare providers and letting them know what I did as a physical therapist and therapeutic yoga specialist. Every person I spoke to ended up hearing about therapeutic yoga. I collected business cards and shared my own with everyone. In the 6 months before I opened the studio, I set an intention to share 1,000 new business cards with anyone and everyone I met.

My early work as a physical therapist in an interdisciplinary setting showed me how each professional held a specific skill set that was important to supporting a patient's wholeness as they returned to their lives after illness or injury. I saw the benefits of a team approach and made it a priority to reach out to other professionals for support when I began working privately with clients. I was fortunate to recognize early on that I could either try to offer every aspect of a therapeutic wellness program for my clients (and likely kill myself in the process), or I could refer them to the best people I knew—physicians, acupuncturists, chiropractors, massage therapists, other yoga studios, and so on, practitioners with whom I had personal/professional relationships and whose skills I could vouch for and had direct knowledge of. I understood that clients would benefit greatly by having access to a variety of modalities that were outside my skill set. I never fear losing clients by referring them to providers who would better serve them. In fact, this practice has increased my cross-referral network and supported my professional recognition in the San Antonio area.

The referral network I began in 1993 expanded exponentially after the opening of that first yoga studio, bringing opportunities to do yoga and cancer research with wonderful teams at UTHealth while I continued to provide specialized workshops, mentoring, and training for my team of yoga teachers. Eventually I was able to reduce my 80+ hour weeks, but I was still spending more than 50 hours per week managing and teaching at my studio. I set my intention to close the commercial location at my tenth year to “practice what I preach.”

These days, I spend time at my home studio, where I teach two morning classes every weekday. I leave my afternoons open for private sessions, my home life, and self-care. I teach one evening class on Wednesdays with the intention of being available to the medical practitioners who are referral sources to my practice.

I offer a private therapeutic yoga assessment to people interested in beginning a therapeutic yoga practice and who may have a history of orthopedic, neurological, muscular, or other disease/diagnoses. One of the most important things I assess in every client, whether I see them for private physical therapy, therapeutic yoga assessment, or as a group yoga class participant, is if the person can independently move down to and get up from the floor. This is an important safety issue that I take very seriously. I use a modified sun salutation, developed over the last 25 years, to help clients safely transfer from upright standing to lying on the floor and then back up. By the end of our session, we are able to create a plan of action based on their short- and long-term goals. Every one of these clients receives an individualized program to practice on their own at home; some will also attend one of my scheduled small-group therapeutic yoga classes, and others will continue individual private sessions with me. I also offer private physical therapy evaluations and treatment and am looking forward to expanding these services now that direct access to physical therapy is finally available to consumers in Texas.

The yoga and cancer research projects continue, and I have developed the asana protocol and been training my teacher team for

a feasibility study, “A Holistic Intervention Approach to Maximize Quality of Life for Cancer Survivors.” Our research team will measure biological, psychosocial, and spiritual changes, alongside many other items that will be assessed during this 16-week study. I am particularly interested in documenting oxygen consumption and thoracic mobility.

Over the years, I have shared my experience of therapeutic yoga, diaphragmatic breathing programs, and meditation with people of many ages, walks of life, and levels of physical ability. Currently, I am excited that my PT peers are interested in learning more about therapeutic yoga practices that may benefit them personally and improve their patients’ quality of life and function, and I present at conferences and offer continuing education opportunities to help this interest spread.

I run my therapeutic yoga and PT practice and the small-group studio classes on a fee-for-service, cash-based system. I am always ready to refer potential clients out to my network of excellent providers who do accept third-party payment, enabling clients to use their resources effectively. I am often asked if insurance will pay for private or group therapeutic yoga assessments and instruction. I have found that some will now reimburse for preventive programs, so I respond with the advice to consult their individual insurance providers.

I absolutely love what I do and consider it an honor and privilege to serve the individuals who seek out my services. Whether it be in a private or group yoga setting, my goal is to teach those who come to me as much as they care to know about the structure and function of their amazing mind-body-spirit and to empower all to ultimately be their own best yoga teachers. **YTT**

## ALI POPIVCHAK

### Making Yoga Therapy Accessible Through Artistic Tools



*Ali Popivchak, E-RYT 200, RYT 500, works as an inpatient yoga instructor at UPMC Western Psychiatric Hospital in Pittsburgh, Pennsylvania. Before that, she helped to create, in collaboration with a therapist, a 10-week yoga therapy curriculum for adolescents living at a behavioral health residential treatment facility. Ali also has experience working with children, teens, and adults in transitional housing, shelters, and behavior-support classrooms. In addition, Ali founded Empower Yoga, a free yoga and wellness program for women, and strives to bring trauma-informed, community-centered yoga to those most vulnerable. She is enrolled in the Kripalu School of Integrative Yoga Therapy.*

Back when I was working in the theater, I never thought I would be teaching yoga, much less at a psychiatric hospital. But I’m so thankful I followed my heart on this. My previous career focused on collaboration, storytelling, and an amazing mix of artistic expression involving sight, sound, and body. This artistic background fostered the creativity that I bring to my yoga therapy work. I can’t imagine being in a more rewarding, fulfilling profession.

Clients don’t find me so much as I try to find them. I am drawn to working with marginalized communities in nontraditional spaces, including hospitals, community centers, schools, and shelters. In these locales, I found the need for tangible tools that would be inviting and accessible. My hope is that these kinds of resources break down barriers for participation, removing the pressure to mir-

ror an instructor or attend a class—instead, clients can become their own guides.

My first artistic yoga collaboration was with an illustrator to create a yoga therapy handout for patients in the inpatient units in the psychiatric hospital where I work. These handouts showed two short, accessible practices that the patients could do in their hospital rooms, on their beds or in a chair, allowing them to bring yogic practices into their days when needed. Patients could also take the yoga handouts with them upon discharge to serve as a supportive reminder to bring mindful movement into their lives.

Affirmations have been a valuable tool for my own healing journey, and I always try to incorporate them into yoga sessions when appropriate. My teacher, Joan Ryan, E-RYT 500, once shared with me that “affirmations shift your inner critic to be your inner cheerleader.” Over the years, I wrote a number of affirmations for my own use and to use in yoga classes, and I wanted to share them with others. For the past 2 years, I have partnered with another artist, Andrea Shockling, to create a monthly calendar called “Radiant Self.” It’s been a joy to hear how this calendar has been a positive support for others, helping them to turn on their inner cheerleaders.

Working with adolescents has its own set of challenges, some of which I’ve chosen to address via another artistic route. Some kids are hesitant to practice yoga because of stigma, whether related to gender, or class, or just not being “cool.” Sometimes the kids I work with are forced to be there, while others are given incentives to participate. Initially, I struggled with buy-in, but I soon learned that teens are quick to jump into anything involving a game. Trial and error with family and friends helped me take my idea from a set of hand-drawn index cards to a full-fledged card game called Yugo ([www.theyugogame.com](http://www.theyugogame.com)). The game quickly became the most popular activity in my yoga therapy groups and community spaces.

Yugo is interactive but not overly competitive. Playing with my therapy groups, I witnessed how the game can create endless opportunities to build community and trust between kids who might otherwise feel isolated or vulnerable. At the end of the game, the participants have gone through a variety of poses without feeling like they’ve been in a structured yoga class. As I get to work with this population throughout my week, I also expose them to a less stimulating, more typical yoga class structure so they can benefit from many styles and intentions.

In the beginning, each of these projects felt like its own giant undertaking. Luckily, I wasn’t alone. I have had the joy of collaborating with many artists, designers, illustrators, writers, and web developers to help me create these projects. More perspectives and ideas create a richness and depth to each project that I could not achieve on my own. I have also grown in ways I never expected—with the occasional growing pain—working with trademarks, copyrights, and the world of card games. Since the early stages of creating Yugo, I faced every challenge with a determined heart, dreaming of the game’s possibilities as a yoga therapy tool.

Through these projects, I’ve tried to guide my students with resources that are creative, fun, and accessible. I am always thinking toward a future of yoga therapy that is engaging and adaptable—especially for children and adolescents. There is room for Yugo to grow and to develop more teaching resources around the game. I am excited to get feedback and hear stories about what is working with Yugo and what could be improved.

If you would like a copy of the yoga therapy handouts I created for the hospital, feel free to email me at [ali.popivchak@gmail.com](mailto:ali.popivchak@gmail.com). You can learn more about artist Andrea Shockling at [andreshockling.com](http://andreshockling.com) and while there read her amazing comic “Subjective Line Weight” about women and body image.

**YTT**

# Educating Yoga Therapists

All IAYT-accredited training programs provide a foundation that will support students in general yoga therapy practice. Practitioners can expect to develop their skills in IAYT's core competencies in any of these schools, so decisions about training are usually based on highly personal factors. We showcase some of those considerations on the pages of *Yoga Therapy Today*, which will over time feature every accredited program. Even if you're not in the market for additional formal education, these profiles make for a nourishing read—each one includes the thoughts of some of the most passionately committed individuals working in yoga therapy today!

—Laurie Hyland Robertson

## Wisdom-Body Yoga Therapy



Wisdom-Body Yoga Therapy  
סיפול כאמצעות יוגה ותנועה מודעת

When we first met in 2013 in the village of Kefar Aviv and decided to create Wisdom-Body Yoga Therapy (WBYT), we did not know what was in store. Rachel was a physical therapist and yoga therapist who had recently moved to

Israel from San Diego and was still reeling from the culture shock and overall exhaustion. Michal, a yoga teacher and yoga therapist, was living in the village with her new family after returning from many years studying Body Mind Centering (BMC) in Amherst, Massachusetts, with Bonnie Bainbridge Cohen, who developed BMC in the early 1970s.

Two distinct features set WBYT apart from many other yoga therapy schools. First is the integration of traditional yoga with embodiment studies. The second is the use of six core principles as a framework for the entire curriculum as well as for assessment and intervention strategies: support precedes movement, seeing the whole, alignment, balance and modulation, neuroplasticity, and love and presence.

WBYT integrates yogic principles with BMC, exploring the structure of the body and its movement through “embodiment,” which is the process in which an intellectual idea or body of knowledge is transformed into an inner body-mind knowing. We combine theoretical study with experiential body-oriented learning tools such as movement, breath, guided imagery, touch, meditation, and mindfulness. WBYT teachers are also rooted in various traditions including Vijnana Yoga, Purna Yoga, and Iyengar Yoga.

The six principles of the WBYT approach allow for each teacher and therapist to bring forth their creativity and their personal and professional experience within a structured framework.

The first principle outlines the importance of safety and support in the context of yoga therapy as the basis from which all movement, self-awareness, and growth can occur. In the context of “support

precedes movement,” our students learn the anatomy of the musculoskeletal system; grounding practices in asana, pranayama, and meditation; embryology and developmental movement principles; and the importance of building and maintaining a solid and safe therapeutic relationship.

The second principle relates to the interconnectivity of body, mind, and spirit and forms the foundation from which we evaluate and treat individuals in yoga therapy. We explore the core of the body, fascia and connective tissue, the physiology of breathing and pranayama, the *panchamaya kosha* (five-sheath) model for healing, as well as assessment skills and intervention planning.

The third principle combines physical alignment with energetic and spiritual alignment for complete well-being and inner peace. We believe yoga therapists should have a strong knowledge of anatomy, alignment principles, and injury prevention but also use the concept of alignment as a dynamic investigation based on proprioception and interoception. We study developmental movement principles as a foundation to clear pathways for movement and prana flow.

The fourth principle covers the role of yoga therapy in balancing and modulating the neuroendocrine system. Here students learn to understand stress, trauma, the fight/flight/freeze response and the polyvagal theory, and how yoga therapy can help with symptoms of posttraumatic stress disorder (PTSD) and chronic stress through yoga nidra and other somatic modalities, such as BMC, Hakomi psychotherapy, Restorative Yoga, and somatic experiencing.

The fifth principle explores the central nervous system, including conditions such as MS, Parkinson's disease, and traumatic brain injury. We learn about the neurological effects of chronic pain and how mindfulness (including the “mindful cultivation of opposites” of *pratipaksha bhavana*), meditation, pranayama, interoceptive practices, and more can help by creating new pathways in the brain.

Last, but certainly not least, is love and presence, the sixth principle of WBYT. We spend a great deal of time cultivating the skills of presence, meeting clients where they are, and listening deeply through the five major senses as well as through somatic resonance. The three-brains model for assessment and therapeutic intervention (brain, heart, gut) are presented, as are discussions surrounding boundaries, self-care, and the practice of gratitude.

WBYT is currently a community of 19 students, three assistants, two directors, and a number of guest lecturers, and we are halfway through our first training program. We are actively preparing for our practicum and forming connections with healthcare practitioners with the aim of having yoga therapy recognized by the Israeli Ministry of Health and local insurance companies. In addition, we are beginning to work with the Ministry of Defense, specifically introducing yoga therapy to veterans and victims of terror with PTSD. There is still much work to do, but we are well on our way. **YTT**



Rachel Krentzman (at right), PT, C-IAYT, author of *Yoga for a Happy Back and Scoliosis*, Yoga Therapy & the Art of Letting Go, also founded *Embodiment Physical Therapy & Yoga in San Diego*, and *Physi-Yoga*, a studio and yoga therapy center in Ra'anana, Israel.

Michal Yarkoni, C-IAYT, who is also a BMC and somatic experiencing practitioner, runs a private practice for embodied yoga therapy and trains yoga teachers in embodiment practices

## Diploma in Yoga Therapy: Yoga Bharati



Classical and authentic yoga with research-based understanding is the theme of Yoga Bharati's yoga classes, yoga therapy, and yoga courses. We are affiliated with Swami Vivekananda Yoga Research Foundation (SVYASA

University) in Bangalore, India. The vision of both SVYASA and Yoga Bharati is to combine the best of the East (classical yoga) with the best of the West (research methodology) to heal the suffering world. This was the mission of Swami Vivekananda, the modern yogi who brought yoga to the West.

Our yoga therapy clients get holistic yoga that includes asanas, pranayama, meditation, and most importantly the philosophy of yoga as enunciated in Patanjali's Yoga Sutras, the Bhagavad Gita, and the Upanishads. We provide a complete package of yoga for the physical, pranic, mental, intellectual, and spiritual well-being of our clients. Our Diploma in Yoga Therapy students start with a course in the basic framework of health called "Integrated Approach of Yoga Therapy." Here they learn about *panchakosha* (the five-sheathed personality), the yogic concept of stress-borne ailments (*adhija vyadhi*), the concept of health (*swastha*), and the concept of happiness as defined by Ananda Mimamsa of the Taittiriya Upanishad. We bring the concept of "you have a choice" as the mantra of empowerment and healing as explained by Adi Shankaracharya in his famous quote "*kartum, akartum, anayatha kartum samarthah*"—to do or not to do, or to do another way.

Yoga therapy is a time-intensive, client-centric, tender-loving-care approach to healing. We develop the skills to understand where clients are with respect to their stress levels and notional problems (*vasanas*), or habitual negative thought patterns. We understand their mental strengths, their passion and temperament, and the areas where they can open up, and we use those areas to help them deal with their mental stagnations. Patanjali's concept of *pratipaksha bhavana*—replacing negativity with positive thoughts—is another mantra of ours in yoga therapy. Being there for clients with compassion and with a rich set of yogic tools is our healing methodology, and we train our students for this.

Our first-year sessions are intensive training and classroom-based learning. Course topics include anatomy and physiology, yoga therapy principles and applications, traditional holistic health systems (ayurveda, naturopathy), common chronic ailments and yogic management, Western psychology with yogic perspective, and classical yoga texts and philosophy. Along with local C-IAYTs, we invite experts from SVYASA India, the Sambodh Society, and other organizations to teach.

Our second-year training involves workshops where students present mock sessions and attend and shadow workshops on disease-specific yoga therapy. Workshops include yoga for cancer, for diabetes, for stress management, for eye health, and for back pain, among others.

Our students receive immense field experience through internship opportunities both at Yoga Bharati California centers as well as at Arogyadhama, the SVYASA wellness center in Bangalore. Psycho-

somatic ailments are carefully managed under the mentorship of senior yoga therapists at our centers. From health intake and assessment to developing protocols, taking SOAP notes, shadowing opportunities, and leading group and private sessions, students follow the entire life cycle of yoga therapy under expert guidance. During internship, students naturally hone their personal intuition using compassion and tender care and couple it with formal training, as yoga therapy does not follow the one-size-fits-all model. Clients from children to seniors are enrolled in Yoga Bharati's wellness and yoga therapy program, so students get a rich experience of dealing with ailments associated with every age group.

Unique to this program is the internship at SVYASA. As part of the curriculum, students participate in a 2-week residential program and have the opportunity to obtain field experience in this 150-bed holistic wellness center. Because of the intense residential health and healing program at SVYASA, students receive a firsthand view of the power of yoga therapy as participants make remarkable progress in short periods. During intake, clients are assigned to the respective sections, such as oncology and neurology, cardiology and pulmonology, psychology, back pain, etc. Students observe yoga therapy in each of these sections during their internships. It is rewarding to see the techniques and concepts that students learn during their classroom training being put into practice in a larger focused arena of healing at the SVYASA health center.

With this passion and purpose, our yoga therapists work to align and honor Swami Vivekananda's vision of bringing health, happiness, and harmony to clients and, in turn, help transform the world, one individual at a time. **YTT**



*Mona Shah, MS (Computer Science), BS (Biochemistry), C-IAYT, is the director of Yoga Program Accreditations at Yoga Bharati California. She also enjoys teaching private and group yoga therapy classes. Mona is passionate about spreading the healing power of yoga therapy and helping to establish it as a holistic treatment option.*



*Ashwini Surpur, MA (Sanskrit), BS (Computer Science), C-IAYT, E-RYT 500, is the executive director of Yoga Bharati. She is passionate about literature and philosophy and composes poems in Kannada and English, writes articles on yoga philosophy, and teaches the Bhagavad Gita for children and adults. Ashwini also speaks on yoga and*

*Hindu philosophy.*

## International Kundalini Yoga Therapy Professional Training



**GURU RAM DAS CENTER**

The International Kundalini Yoga Therapy Professional Training emerged from the lineage of Kundalini Yoga as taught by Yogi Bhajan during the AIDS epidemic. In 1986, my yoga

classes in Los Angeles were full of people in mid- or late-stage HIV disease, and I found that my training as a yoga teacher did not equip me to serve them. Yogi Bhajan then taught me a different set of skills and a different way of thinking that enabled me to teach yoga therapeutically. These key principles are outlined in the book *Yoga Therapy and Integrative Medicine: Where Ancient Science Meets Modern Medicine*, edited by Larry Payne, Terra Gold, and Eden Goldman. It is in this method that we train Kundalini Yoga therapists.

Our courses are offered on six continents with trainees from 43 countries. We have faculty from most of the regions where our training is offered. As a result, our faculty has taught one another to develop a keen awareness for cultural diversity with all its challenges and opportunity. We train our Kundalini Yoga therapists to aim at the soul of the client, with an understanding of each person's unique culture, upbringing, education, and mindset.

The training is offered via 20 online and in-person course segments, individual personal development with a faculty mentor, practicum with group clinical supervision, and a graduation service project that reflects the interests and passion of the trainee and that makes a contribution to the field. Together, these elements provide a 1,000-hour arc of training and development over 32 months.

Seven of the segments are online and are open to all yoga therapists and yoga therapists in training, regardless of tradition or lineage. These include three yoga therapy research courses, marketing, branding and business development, an exploration of the ethical practice of yoga therapy, ayurveda, and business practices intended to create a thriving livelihood as a yoga therapist.

The remaining 13 segments are in person. These are offered as five open courses available to any 200-hour trained Kundalini Yoga teacher and eight applied yoga therapy courses available to those fully enrolled to be trained and certified as yoga therapists.

Our approach to training aware, skillful, and conscious yoga therapists is grounded in *svadhyaya* (self-study). We recognize that information is necessary but not sufficient in training an effective yoga therapist. The consistent practice of *svadhyaya* develops this key combination of awareness, skill, and consciousness.

Before we learn how to apply yoga therapeutically, we explore how yoga works to create structural, energetic, and physiological change. Early in the training, a full 45 hours is devoted to learning the seven main meridian pairs (pranic pathways, or *nadis*) and to exploring the relationship of meridians to asana, mantra, *mudra* (gesture), *bandha* (breath locks), and *drishti* (focused gaze). This segment is also open to all yoga therapists and yoga therapists in training.

Based on material from the University of California San Francisco Center of Excellence for Transgender Health, we devote 4 hours to exploring concerns specific to the LGBTQA+ community. In this segment, trainees learn to use language and behaviors that support a welcoming atmosphere in clinical practice.

As a beginning yoga therapist, I noticed that all kinds of clients found developing a consistent yoga practice challenging. Yogi Bhajan encouraged me to incorporate the psychology of health recovery into yoga therapy sessions. Now our trainees learn specific approaches to help clients identify purpose and meaning in their lives and to acknowledge and transform limiting beliefs. These approaches in turn support the formation of new habits and ways to

keep them. Our trainees learn how to help a client sustain new health behaviors over time in the context of a meaningful and more authentic life.

Kundalini Yoga Therapy trainees work with people facing chronic or life-threatening illness, and we recognize that not everyone gets well. To prepare for this, 30 hours are allotted to the exploration of conscious death and grief transformation. This segment is again open to all yoga therapists and yoga therapists in training.

We anticipate our graduates will interface with allied medical professionals, so we prepare trainees in the language of science and research. As of this writing, there are nearly 80 health conditions for which published research supports the application of yoga therapy. Our trainees learn how to find yoga and yoga therapy research, how to evaluate its quality, how to conduct research, and how to write case studies. These courses are online/on-demand and are open to yoga teachers and yoga therapists from all traditions.

In addition, most of our eight application segments include 2 hours each to review current research on that segment's topic (cancer, immune conditions, cardiovascular, respiratory, etc.) so that trainees are up to date on yoga therapy research for specific body systems and conditions.

At the heart of learning so much new information, building skills, gaining competence, and integrating the experience of nearly 3 years of training is ease, a calm presence, and the joy of service.

## YTT



*Shanti Shanti Kaur Khalsa, PhD, C-IAYT, aligns the ancient teachings of Kundalini Yoga with modern medicine as founding director of the Guru Ram Das Center for Medicine and Humanology. Under the guidance of Yogi Bhajan, she developed and directs the nonprofit International Kundalini Yoga Therapy Professional*

*Training.*

## East Coast Yoga Therapy



At East Coast Yoga Therapy (ECYT), our aim is to fill the growing need of working professionals who wish to become yoga therapists by offering an innovative, relaxed curriculum that spans a 4-year period made up of fourteen 4-day modules.

Our modules are spread far enough apart that students don't have to be away from home and work for extended periods.

Drawing students primarily from the southeastern United States, ECYT's approach provides small class sizes for individualized attention along with a generous timeframe where working trainees can focus on one module at a time and go deeply into the subject. This also gives the students ample opportunity to integrate the information and then start designing their practicum when they are ready. The program is also geared to be more easily affordable because students pay for each module as they go, relieving them of

the requirement to put down a large sum of money up front.

The close mentoring with students while they are working with their clients provides support for the student-therapists and oversight for the clients to ensure that they are receiving the best quality care.

Each January, ECYT offers an introductory module where incoming students learn the basics of yoga therapy, including how the assessment process works, how the *panchamaya kosha* (five-sheath) model fits into yoga therapy, and yoga therapy tools. Once students successfully complete this module, they move into the regular program with ongoing students.

Throughout the module process, students are exposed to alternative types of healthcare professionals and are encouraged to integrate yoga therapy with other forms of therapies. Our yoga therapy graduates now join the community as professionally accepted complementary healthcare providers themselves. We are the only IAYT-accredited training program in North Carolina.

The program has been running for two and a half years, with the first class of ECYT students set to graduate in 2020. Although all of the students have completed a Yoga Alliance-approved 200-hour yoga teacher training, they come from diverse backgrounds, including as physical therapists and assistants, massage therapists, Reiki practitioners, yoga teachers, and personal trainers.

ECYT student Anne Hoffman says, “Valerie and Terry bring us the newest studies and research from their own continuing education. They give us access to the research, in a combination of theory and practice. This is where we get the confidence—by working with real conditions through both workshops and practicum. Valerie and Terry are so kind and compassionate, and the support they give us is immense. Although the 4-day modules are rigorous, I look forward to each one and am grateful for the time in between to be able to absorb and practice what I’ve learned. This is a marvelous experience.”

ECYT graduates will be experienced professionals able to assist people on the path to health and wellness and able to create integrative and holistic yoga therapy programs for individuals and their specific health challenges. **YTT**



*Valerie Kiser (at right), C-IAYT, E-RYT 500, completed her yoga therapeutics certification with J.J. Gormley in 2007 and has been seeing clients ever since. She has studied with numerous Iyengar teachers to supplement her skills and knowledge. Valerie is also an ayurvedic wellness counselor and offers RYT-200 and RYT-500 classes as founder-director of Sunrise Yoga Studio.*

*Terry Brown, LPTA, C-IAYT, E-RYT 500, has studied with long-time Iyengar student Aadil Palkhivala since 1999. As well as being a physical therapist assistant, Terry has been seeing private yoga therapy clients for over 15 years. He also offers RYT-200 and RYT-500 classes as co-director of Triad Yoga Institute.*

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## Should Yoga Therapy Be Covered by Health Insurance? Part 1: Cracking the Code

By *Tianna Meriage-Reiter*

Do yoga therapists risk depreciating the value of their work by getting deeper into the world of third-party insurance reimbursement? Would we be creating more access for those who may not otherwise be able to afford our services? Would coding of those services, an essential component of third-party reimbursement, allow for greater policy changes to be made around utilization of yoga therapists? The answers boil down to a resounding *maybe*, and yoga therapists should be aware of an array of potential consequences of attempting such arrangements.

Some clarification is needed to underpin this essential conversation. It should be noted that this article describes situations specific to the United States. Some elements apply elsewhere, and similar conversations may be taking place in other countries and their respective provinces, states, etc.

Note that coding is not only for insurance-billing purposes. The standardized medical nomenclature associated with various types of codes is used to identify what professional services are provided and to report those services in a way that can be understood by institutions, private payers (e.g., companies like Blue Cross Blue Shield), and government payers (in the United States, e.g., workers compensation insurance, the Veterans Health Administration [VHA], Medicare, and Medicaid), researchers, and other interested parties. These data can be used to track and evaluate healthcare utilization, identify services for processing and payment of claims, develop medical guidelines, conduct research, and gather statistical information about population health.



### Code Soup

A variety of codes are used for classifying medical procedures, diagnoses, and healthcare providers. Keeping them all clear can be dizzying, especially if you've never worked in a healthcare field. Yoga therapists need to be able to refer to these codes appropriately when speaking to medical professionals and administrators, as well as use them accurately in the varied settings in which yoga therapists might find themselves. Let's break it down so we can get some clarity.

#### International Classification of Diseases (ICD) Codes

A little context about the players in the creation and maintenance of

the codes may be helpful. The International Classification of Diseases, 10th Revision (ICD-10), is copyrighted by the World Health Organization (WHO), which owns and publishes the classification. The ICD-10-CM (Clinical Modification) was developed for use in the United States through consultation with physician groups and clinical coders.<sup>1</sup> Others involved in creating and maintaining the codes include the Centers for Medicare & Medicaid Services (CMS) and the National Center for Health Statistics (two departments within the U.S. Department of Health and Human Services [DHHS]), the American Hospital Association, and the American Health Information Management Association. Adherence to guidelines when assigning ICD-10-CM diagnosis codes and ICD-10-PCS (Procedure Coding System) procedure codes is required under the U.S. Health Insurance Portability and Accountability Act (HIPAA).<sup>2</sup>

These diagnosis codes describe a patient's injury, disease, or condition in both broad and specific terms, and they denote the type of clinical encounter (e.g., initial or subsequent) being reported.

#### ICD-10-CM (diagnosis) codes

- contain between three and seven characters<sup>2</sup>;
- are assigned by healthcare providers based on information in the medical record;
- are used to determine coverage, but not how much will be paid to cover services, when reported on insurance claims (VHA, Medicare, or private insurance)<sup>2</sup>; and
- are used along with Current Procedural Terminology (CPT) codes in outpatient settings and along with ICD-10-PCS codes in inpatient settings.<sup>3</sup>

For example, ICD-10-CM Y93.42 Yoga indicates a diagnosis related to an injury incurred via yoga. Additional information like M25.551 (Pain in Right Hip) and/or M53.2X2 (Spinal Instabilities, Cervical Region) might be reported alongside Y93.42 to provide a more complete picture of the patient's condition.

### ICD-10-PCS (procedure) codes

- are composed of seven characters, each an axis of classification that specifies information about the procedure performed<sup>3</sup>;
- represent a procedure classification adopted under HIPAA for hospital inpatient healthcare settings; and
- would not be used for private outpatient settings.<sup>3</sup>

Examples of these inpatient procedure codes could include ICD-10-PCS 8E0ZXY4 (Yoga Therapy), F0FZ7EZ (Caregiver Training in Therapeutic Exercise Using Orthosis), and F07M1YZ (Muscle Performance Treatment of Musculoskeletal System-Whole Body, Using Other Equipment).

### Current Procedural Terminology (CPT) Codes

The American Medical Association developed, copyrighted, and maintains the CPT code set, which is used to describe tests, surgeries, evaluations, and any other medical procedure performed by a healthcare provider on a patient. CPT codes are an integral part of the billing process, as they tell the insurance payer what procedures the healthcare provider would like to be reimbursed for. These procedure codes are reported with ICD-10-CM codes to create a picture of the medical process for the payer.

CPT codes are also used to track important health data and measure performance and efficiency. Government agencies can use these codes to gather information on the prevalence and value of certain procedures, and hospitals may use them to evaluate the efficiency and abilities of individuals or divisions within their facilities. For instance, Category III CPT codes are temporary and indicate emerging technologies, services, procedures, and service paradigms. These codes are intended to be used for data collection to substantiate widespread use and effectiveness of a service.<sup>4</sup> Payers tend to wait until a code is Category I to consider it for reimbursement; once enough data support a code's use, it would be up for Category I approval. An example of a Category III code is the recent 0591T (Health and Well-Being Coaching, face-to-face; individual, initial assessment).

Below are some example Category I CPT codes:

- 97150, group therapeutic activities
- 97110, therapeutic exercise
- 97112, neuromuscular re-education
- 97535, self-care home management techniques
- 96151, health and behavior assessment

Some CPT codes are time-dependent. This means the codes allow for billing in 15-minute increments when a practitioner provides a one-to-one service, such as therapeutic exercise. Multiple CPT codes may be used for one session, as long as the time units

add up and documentation supports the use of those codes. (For instance, use of one-to-one CPT codes with group therapy services may trigger an audit from a payer.) Other CPT codes are service-based, or not time-dependent. These are the codes practitioners use to describe services such as conducting an evaluation. It doesn't matter whether these types of treatments are completed in 5 minutes or 45.

Additional CPT considerations beyond the scope of this article include the frequent need for modifiers. (These two-character codes, also used with HCPCS [see below], convey information like "52, reduced service," e.g., of less than 15 minutes, or "59, distinct procedural service" separate from another similar code also being reported.) Note that there may be state or other restrictions on what types of providers can legally bill for which codes.

### Healthcare Common Procedure Coding System (HCPCS)

HCPCS codes are used for billing Medicare, Medicaid, and other third-party payers.<sup>5,6</sup> These codes represent procedures, supplies, products, and services that may be provided to insurance beneficiaries.

**Level I HCPCS codes and modifiers** are identical to CPT codes; when used to bill Medicare and Medicaid, they are considered HCPCS codes.<sup>6</sup> Providers use this code set to report medical procedures and professional services furnished in ambulatory/outpatient settings as well as inpatient physician visits.

Level I HCPCS codes are used with ICD-10-CM, not ICD-10-PCS, codes.

Here are just a few Level I HCPCS codes:

- S9451, exercise classes, nonphysician
- S9454, stress management class
- G0423, cardiac rehab

**Level II HCPCS codes and modifiers**, created and maintained by CMS, primarily correspond to services, procedures, and equipment *not* covered by CPT codes. This includes durable medical equipment like walkers and prosthetics, ambulance rides, and certain medications. Level II HCPCS codes help determine how much coverage and payment Medicare will allow.<sup>5</sup>

### Taxonomy Codes

The U.S. National Plan and Provider Enumeration System (NPPES) provides taxonomy codes that "categorize the type, classification, and/or specialization of health care providers." When providers apply for a National Provider Identifier (NPI) number from NPPES, they select the Healthcare Provider Taxonomy Code or code description that most closely describes them.<sup>7</sup> NPPES does not verify that the taxonomy code or code description selections made by healthcare providers are accurate.

There is no specific taxonomy code, as of yet, for yoga therapists; "Specialist" (code 174400000X) may be the best fit for those who do not have additional specific education beyond their yoga therapy training. (See <https://npidb.org/taxonomy/> for more information.) These codes become important in hiring medical staff and billing for their services and will be discussed further in Part 2 of this article.

## Why NPI? Are You a “HIPAA-Covered Entity”?

A National Provider Identifier is a unique identification number assigned to an individual healthcare provider. Any healthcare provider (physicians, suppliers, hospitals, and others—presumably including yoga therapists) may obtain an NPI.<sup>8</sup>

The NPI system was created to improve the efficiency of electronic transmission of health information for administrative and financial transactions. CMS developed the NPPES to assign these 10-digit numerical identifiers.

An NPI is required when sending electronic healthcare information covered by HIPAA, known as a “HIPAA standard transaction.” Standard transactions for electronic data interchange of healthcare data include

- claims and encounter information,
- payment and remittance advice,
- referrals and authorizations,
- and more.

If you are transmitting any of the above information, and are thus a HIPAA-covered entity, you are required to obtain an NPI. As a yoga therapist, if you are working under a healthcare practitioner or within a hospital system, you will likely be required to have an NPI. If you work for yourself and don't send HIPAA-protected information by any electronic means, it might not be necessary to have one. But there's no harm in obtaining an NPI—it's easy to apply (<https://nppes.cms.hhs.gov/#/>), and once you have the number it's yours no matter where you work.

(Find the current list of taxonomy codes at [www.wpc-edi.com/reference/codelist/healthcare/health-care-provider-taxonomy-code-set/](http://www.wpc-edi.com/reference/codelist/healthcare/health-care-provider-taxonomy-code-set/))

### Only the Beginning

Depending on your practice setting (inpatient vs. outpatient), the types of codes you'll need to know about will differ. Remember that claims processing involves diagnosis (ICD-10-CM) and procedural codes (ICD-10-PCS, CPT, or HCPCS). Yoga therapists need to be clear on the settings they're working in and whether the codes are applicable at all—and if they are, which ones to use.

Yoga therapists in various settings are already finding creative ways to get paid for their services, such as working within systems that enable the use of codes like those discussed above. Therefore, it's clear that the profession needs not only to be familiar with these terms, but also to utilize them appropriately. The bigger question, however, is whether the positives of including yoga therapy in the coding game—and therefore in third-party payment systems—outweigh the negatives. As you'll see, it's not just about billing. The deeper involvement of other systems plays into the conversation. We'll discuss this and more in Part 2. **YTT**



*Tianna Meriage-Reiter, DPT, C-IAYT, owns Mind-Body Movement Center Physical Therapy Inc. ([www.mindbodymovement.org](http://www.mindbodymovement.org)), where she helps people with persistent pain and health challenges that affect body, mind, and spirit.*

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# Could Your Yoga Therapy Business Benefit from Grants? Access an Overlooked Funding Source

By Melinda Atkins

Eleven years ago, following a yoga injury, subsequent surgery, and a lengthy rehab, I shifted my practice and the focus of my yoga studio and school, AUM hOMe Shala, toward yoga therapy. At the time, few on the East Coast were familiar with yoga therapy, and I was concerned that my small organization might not be able to weather the change. Still, I felt passionate about furthering this time-tested methodology that offers so many benefits.

I knew that free classes would be an ideal way to get people in the door, so I created a 501(c)(3) nonprofit—a tax-exempt, charitable organization. (Grant-funding organizations and foundations look for this designation when considering applications; most institutional funders won't award grants to any organization that doesn't have nonprofit status.) Navigating the financial aspects was and still is a daily challenge, but our nonprofit *shala*, or yoga school, continues to thrive and to nurture our community in its mission to encourage people of all ages and abilities—including children, adolescents, those with disabilities or chronic health conditions, and other underserved populations—to embrace the practice of yoga as a basis for both individual health and the revitalization of society.

In 2014, AUM hOMe Shala's yoga therapy training earned accreditation from IAYT. The accreditation process helped us strengthen our foundational framework of training qualified professional yoga therapists. Student tuitions subsidize much of our accredited program, but, as with most schools, there is little left over for program expansion. Responding to this reality, we have developed strategies over the years to facilitate program funding and the underwriting of community-enriching yoga therapy programs. We are able to provide quality programming through the teachers and therapists we train, who, in the process, gain valuable education and professional development.

## Breaking into the World of Grant Writing

Having developed a community of like-minded teachers and therapists, we began to identify grants that would be a good fit for our shala's mission. Over the past 4 years, we have secured over \$70,000 in grant funding, allowing us to serve more than 600 individuals. During periods of lower student enrollment, grants have kept us afloat and financed employment opportunities for our students and graduates.

Grant writing can be a complicated business, but it is instrumental in developing programs and providing job opportunities to yoga teachers and therapists. After taking a semester-long grant-writing course at our local community college, I found that one piece of information stood out as the most significant: The grant must match the nonprofit's mission, rather than the nonprofit adapting its mission to meet the guidelines of the grant. In other words, the key is to identify grants that fit what the organization is already doing, or at least what the organization is capable of incorporating with relative ease depending on its current infrastructure. Don't be tempted to fake compatibility. Competition for grants is fierce, and organizations offering grants are keen in their ability to suss out who is a good fit and who is not.

## How to Choose the Right Grant

In the competitive world of grant writing, I advise focusing either on community grants or national organizations whose missions are undeniably relevant. For instance, Kripalu Center for Yoga & Health offers Teaching for Diversity (TFD) grants, which, according to their website, “provide seed funding, stipends, and supplies for graduates of the Kripalu Schools who are bringing yoga, yoga therapy, . . . or Ayurvedic practices to diverse populations . . . .” Seed funding from TFD grants has given AUM hOMe Shala the boost we needed to get several of our programs for socially, economically, and/or physically challenged students off the ground. In one case, a TFD grant allowed us to establish a yoga therapy group class for those with Alzheimer's disease and dementia.

Our first-year trial run was so successful that we were able to secure a matching grant and partner with Easter Seals of South Florida to offer a program that served some 75 participants.

Our work with Alzheimer's patients enabled us to expand our reach to a broader demographic of elders. We identified a need among an aging population that has a vested interest in maintaining health and increasing longevity on both the physical and cognitive fronts. With the support of findings demonstrating that yoga practice may be an effective adjunct treatment for older individuals, we identified a community grant from the Coral Gables Community Foundation to fund a class called “Brain Training: Yoga Therapy for Neuroplasticity.” After some trial and error and time spent studying the specific needs of this demographic, we got our grant application right, and it was inspiring to see how our grant dovetailed with other community-support partnerships we established.



Class at South Dade YMCA Family Center.

## A Case Study: Serving Parkinson's Patients Through Community and National Grants

In this case and in many others, establishing robust community partnerships is key in supporting grant-based programs, and these relationships can also enhance a grant application. Like-minded organizations are willing to partner with entities that offer quality programs to those they serve, provided that the teachers in question have experience and training specific to the target population.

In the case of our Yoga Therapy for Neuroplasticity program, we reached out to a local community center whose low monthly membership fee includes unlimited access to classes and whose newly constructed state-of-the-art facilities could accommodate hundreds of patrons. We approached them with the idea of offering weekly classes free of charge to all—regardless of membership status—for a month's time to build a class community. The center was more than willing to initiate a 6-month trial period, and we had the facility's director write a letter agreeing to provide space in the event that we were awarded a grant. We submitted the letter to the Coral Gables Community Foundation along with our grant package, and within a few weeks' time, our proposal had been accepted for a grant.

Along with community grants, we were honored to receive a grant from the Parkinson's Foundation for a period of 5 years, after the foundation identified us for our work in the community and encouraged us to submit an application. For 2 years in a row, we received grant funding for our classes geared toward students with Parkinson's and other neuromotor degenerative disorders. Funding is highly sought after, however, and in the third year, the grant went to another entity. Although we were disappointed to lose funding, we continued developing our model of sustainability and building on the momentum achieved during the first 2 years of funding. In the fourth year, we were able to elaborate on the strides we had made in training teachers and in offering free yoga therapy group classes to the Parkinson's community. The foundation was impressed with our commitment and funded a grant that enabled us to expand into a neighboring county, where we partnered with a national hospital that served as a host organization for our classes.

For the present grant cycle, year 5, the guidelines changed to serving newly diagnosed Parkinson's patients. We drew on our years of experience and training working with the demographic and easily adjusted our plans and our application to fit the parameters of the grant, ultimately becoming the only recipient to be awarded a grant for yoga therapy among the 115 Parkinson's Foundation grant recipients nationwide. Here, too, community partnerships helped us strengthen our programming: This year, we partnered with the South Dade YMCA Family Center, which serves as our host organization for our free classes for those newly diagnosed with Parkinson's disease. The YMCA graciously provides fully modern classroom facilities for students and their caregivers; in return, we promote our classes and the location through social media and local advertising, resulting in an uptick of students with Parkinson's purchasing YMCA memberships.

### Logistics—and Fundraising

Another key strategy for success in the world of grant writing is to adhere to reporting deadlines. This might seem like a no-brainer, but it's surprising how easily a nonprofit—even one with an other-

## Top 10 Tips for Obtaining Program Funding

1. Establish and nurture partnerships with other nonprofits.
2. Identify nonprofits that might serve as host organizations.
3. Define plans to ensure long-term sustainability of the proposed program.
4. Ask host organizations for letters confirming that they will host your programming and that they approve of your plans for long-term sustainability.
5. Ensure that teachers and therapists have experience and training specific to the population the grant will serve.
6. If your request includes funding for supplies, provide projected costs of the purchases you plan to make.
7. Submit grant reports on a timely basis and always adhere to reporting deadlines.
8. Document each grant-funded session as you go.
9. Obtain feedback on grants that aren't funded so you can make a better application next time.
10. Just because a grant is not funded, don't give up on the dream. Rework it based on feedback and try, try again!

wise impeccable application—can lose its edge by filing reports incomplete and/or late. Most grants require a midpoint report and a final report; some pay the nonprofit half of the awarded grant upfront and withhold the remaining half until they receive a final report. Reports generally consist of a financial spreadsheet, proposed benchmark updates, and a list of individuals served; many also require copies of sign-in sheets as well as samples of advertising. If an organization is late in filing these reports, their future grant awards may be jeopardized. The most important tip for meeting report deadlines is to document each session as it is offered by updating cost spreadsheets and class rosters and keeping an updated notebook of newsletters, ads, and social media content promoting the grant's support of the class series.

Even for the most organized nonprofit grant writing inevitably results in the occasional disappointment. After investing countless hours in identifying, conceiving, developing, and ultimately writing a grant, not being accepted can be crushing. This is one significant reason why many nonprofits focus more on fundraising than on grant writing. The difference between fundraising and grant writing lies in the all-or-nothing nature of the latter: Even with a relatively unsuccessful fundraising campaign, some money is generally raised, but an unsuccessful grant application results in no funding at all. Failed grant applications, however, can have a silver lining: Grant providers are generally willing to speak with applicants after the “cone of silence” has been lifted when grants are announced. At this point, applicants who have not been funded have an opportunity to gather feedback and begin generating ideas for putting together a stronger application the following year. **YTT**



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# Yoga for Adults with Intellectual and Developmental Disabilities: Supporting Engagement and Autonomy

By Heather Sexton Torphy, Marieke Van Puymbroeck, Brandi M. Crowe, Em V. Adams, Claire K. Allison, Abbey Wiles, and Arlene A. Schmid

Imagine walking into a multipurpose room where you are greeted by adults awaiting the arrival of their yoga teacher. Most of the students are joyful, smiling, talking, laughing, high-fiving, and hugging, while a few are crying, withdrawn, or engaging in self-stimulation behaviors such as hand-flapping, spontaneous verbalizations, or rocking. This was the scenario our research team encountered when we worked with a local special recreation day program created to support adults with intellectual and developmental disabilities (IDD).

Working with adults with IDD is immensely rewarding, and there is a great need in this population for increased activity. Many special recreation programs are looking for skilled practitioners to teach classes for this population, which is how our yoga research team first got involved in this work.

As part of a study on the effects of yoga on the functional fitness of adults with IDD, Marieke Van Puymbroeck, PhD, CTRS, FDRT, RYT-500, and Brandi Crowe, PhD, LRT/ CTRS, directed the research team. All team members had significant experience working with individuals with disabilities, and the graduate research students involved received further population-specific training. We held 1-hour yoga classes like the one at right twice a week for approximately 7 weeks. The class series was repeated a total of three times, each time during an academic semester.

Our Clemson University yoga research team intentionally collaborated with the special recreation day program to provide yoga that addresses the particular needs of adults with IDD. These individuals are less likely to engage in physical activities, resulting in reduced physical fitness levels and poorer health outcomes than the general population. Also, people with IDD often require additional support in performing daily activities, which may result in less autonomy. Autonomy, or the ability to direct one's behavior and decision-making, has been shown to be an important predictor of positive health outcomes in this population (and, indeed, for all populations).

In teaching yoga to adults with IDD, we used many introductory yoga teaching techniques, as well as an autonomy-supportive teaching style that emphasized choice and control by encouraging participants to make their own decisions in a variety of situations. This article describes the techniques we found to be successful in providing yoga for adults with IDD.

## Tools for Yoga with Adults with IDD

### Instructor Knowledge

The more instructors know about this population, the better; we encourage all instructors who want to work with adults with IDD to gather specific information about their class participants directly

from the students, their guardians, caregivers, and support staff. This should point instructors to what techniques might work best for each student and which techniques should be used if a student becomes overstimulated or overwhelmed. Additional information for working with adults with IDD is available in a variety of places, including from the Special Olympics ([www.specialolympics.org/about/intellectual-disabilities/what-is-intellectual-disability](http://www.specialolympics.org/about/intellectual-disabilities/what-is-intellectual-disability)) and the National Institutes of Health ([www.nichd.nih.gov/health/topics/idds/conditioninfo/default](http://www.nichd.nih.gov/health/topics/idds/conditioninfo/default)).



### Teaching Notes

In our experience, yoga classes with this population are very different from those offered at a community studio. Participants often supported each other by yelling, “You’ve got this!” or “Great job!” to their friends across the room throughout class. We had individuals with a wide range of physical endurance and abilities. For some students, it was difficult to stand for long periods, so we offered both seated and standing options. We found that providing visual cueing in different sections of the room in addition to the verbal cueing was key for our participants to be able to complete poses.

A yoga teacher trained in chair yoga directed the seated participants, and other research assistants rotated around the room to provide visual cues, correct alignment, and encourage participants to maintain attention on the pose. We were fortunate to have a large staff working with us as part of their graduate student assignments (two or three yoga teachers and two or three assistants at each class); we realize this is not the norm for most people! In a private practice or community-based studio setting, one yoga therapist who rotates around the room while teaching could also recruit staff from the

recreation program to assist via demonstration, chair variations, or verbal cueing.

We also noticed that too many words or props created a distraction for the participants, so props were provided on an as-needed basis. Using simple, concise, and encouraging language (“Yes!” or “Good!”), directional cues (areas in the room—the purple wall, top of the mat), and singular cueing (e.g., “arms up” instead of “raise your arms above your head, bringing palms together”) facilitated successful participation. Providing positive verbal confirmation and praise throughout class is important for this population. Additional communication techniques (communication cards or picture boards) may need to be employed if any students are nonverbal.

*Working with adults with intellectual and developmental disabilities is immensely rewarding, and there is a great need in this population for increased activity.*

### Guided Meditation

Providing a guided meditation at the start of class, while students are lying supine on mats or seated in a chair, allows for participants to feel grounded and relaxed. In our experience, this practice dramatically improved the dynamics of the rest of the class, as the meditation brought the high levels of energy present at the beginning of class to a calm, easily redirectable level. We used the same guided meditation each time (“Cloud Rest,” found on YouTube), and students reported that it was a part of class they looked forward to.

### Theme and Mantra

We based themes (mantras) for classes on the social and personal principles of the *yamas* and *niyamas* (e.g., *ahimsa*—nonharming, *santosha*—acceptance, and *tapas*—self-discipline) and introduced the mantra at the beginning of each session (“I am love” or “I am happy” or “I am strong”) to set an intention for the practice. New mantras were added on a weekly basis. Participants repeated the mantra when prompted and also spontaneously throughout each class.

### Sequencing

We developed a progressively involved yoga sequence that introduced poses while promoting comfort with those poses. A variety of yoga poses were offered each session, and modifications were provided to participants based on individual need. We employed consistent, repetitious sequencing that slowly progressed in difficulty to optimize the students’ ability to master specific poses and sequences. Such progression enhanced confidence in the participants as they became more familiar with the postures. Students reported that they demonstrated these postures independently for family and friends.

### Final Relaxation

Each session ended with savasana. Participants were encouraged to choose positions that felt best to them. The same song (“Long Time Sun” by Snam Kaur) was used to end each class, and participants would occasionally sing along.

## Core Techniques for Autonomy-Supportive Yoga Classes

### Create Opportunities for Choice

Prior to the participants’ arrival, we arranged the space by setting up mats in an organized pattern. When students entered the room, we encouraged them to select the mat, chair, or location in the room they wanted. The ability to choose their location in the room supported autonomy within the physical environment.

We presented two additional specific opportunities to enhance choice. The first was cards placed at the top of each mat that participants could use to indicate whether they wanted hands-on assistance. Students were cued at the beginning of each class to choose which side of the card they wanted to display that day (one side was a red stop sign that said “No hands-on assistance,” and the other side was a green circle that said “Hands-on assistance appreciated”). Autonomy over one’s body is an important aspect of dignity.

The second opportunity to make a choice was the segment of class we called “Yogi’s Choice.” During this portion of each class, participants were asked to perform one of two poses demonstrated by a picture of a research assistant on the front and back of a laminated piece of paper and by the assistants in the yoga class. Students chose the pose they wanted to do and then were given the opportunity for several independent repetitions of the pose. This activity promoted an autonomous experience for the students, as they were encouraged to independently engage in the pose. Participants responded with great interest and displayed increased creativity with their poses by incorporating fun and playful sounds to accompany their movements. (For example, some students would say “Shoop!” when moving into shooting-star pose.)

### Allow for Storytelling

Autonomy was also enhanced by using story and imagery during a pose, such as navasana (boat pose). Participants independently invented stories and pretended they were on a river paddling away from crocodiles, leprechauns, snakes, ghosts, tigers, and sharks. This autonomous engagement brought great joy to the participants, and they often elaborated on these stories with their peers and yoga teachers.

### Promote Belonging

At the beginning of each session students were greeted by name by members of the research team, and their names were used throughout the class to promote a sense of connection. Each interaction with the participants provided an opportunity to build and strengthen positive rapport. Research team members accepted gestures of affection (e.g., high fives and hugs) initiated by the students, but also gently drew boundaries if the hugging became too prolonged. After rapport was established, students often felt comfortable sharing additional aspects of their lives with members of the research team. (For example, participants would ask to share stories about recent life events such as vacations or practicing yoga at home with family members.) These opportunities created a strong sense of belonging and community.

## Summing Up

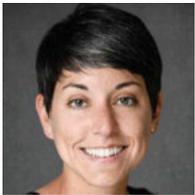
In our experience, working with individuals with IDD was far more rewarding than challenging. The experience for both instructors and participants can be enhanced by intentionally creating an engaging and autonomy-supportive environment. This can be accomplished through increasing instructors' knowledge; providing guided meditations, themes, and mantras; storytelling; and presenting opportunities that enhance choice and belonging. **YTT**



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## Befriending Cancer Through Nutrition and Yoga Therapy: A Collaborative Approach

By Anu Kaur and Maryam Ovissi

Often after completing allopathic treatments such as surgery, chemotherapy, and radiation, cancer patients are looking to play an active role in their wellness, partly by fully understanding their choices in nutrition to prevent cancer recurrence. Research shows that nutrition can make a difference in outcomes with cancer patients.<sup>1</sup> However, currently in the outpatient cancer care setting the average ratio of registered dietitian nutritionists (RDNs) to cancer patients is 1 to 2,308.<sup>2</sup> Thus, patients often resort to their own means to make sense of nutrition and cancer prevention. Additionally, a cancer diagnosis often evokes feelings of vulnerability, loss, anxiety, and stress, which activates the sympathetic nervous system (SNS), the “fight-flight-freeze” branch of the autonomic nervous system (ANS).<sup>3</sup> Both the SNS and the hypothalamic-pituitary-adrenal (HPA) axis are stress-response systems that elicit a release of stress (and other) hormones that may promote tumor growth and increase inflammation.<sup>4-6</sup>

Yoga research is showing us that breathwork, movement, and mind-centering practices can help manage the ANS and hence be therapeutic tools.<sup>7</sup> We, the authors—Anu Kaur, an RDN, and Maryam Ovissi, a C-IAYT—recently chatted about our work together as allied health professionals. Listen in as we discuss how the combination of yoga therapy and nutrition therapy can fill a gap in whole-person wellness strategies and deepen the healing on the cancer journey.



Photos: Timmo Albert

A mindful dark chocolate meditation starting with smell.

### Experiences That Brought Us to this Point

**MO:** My yoga therapy experience has come through my field work (over 10,000 private yoga therapy hours) and studying with teachers like Nischala Joy Devi, Dr. Ganesh Mohan, and the Mohan family. Most importantly through my client work, I am learning how cancer is a journey unlike other imbalances and can carry a lot of unspoken trauma. Yoga is an amazing companion through the entire continuum of cancer.

**AK:** Over the last two decades, I have worked as an RDN with patients on the cancer continuum from postsurgery to those undergoing allopathic treatments, such as chemotherapy, as they journey forward into survivorship. Hearing clients repeatedly speak of the stress of a diagnosis and the fear of recurrence has brought me to this place of discussing *nourishment*, rather than just offering prescriptive nutrition guidelines. My work has given me an appreciation for patients seeking an integrative approach that encompasses complementary modalities like yoga to improve quality of life through their cancer journeys. My own experience with yoga and the yoga research has sparked my collaboration with yoga therapists to teach cancer patients self-care through a mind-body-spirit approach.

### Roles in Allied Healthcare

**MO:** I see a yoga therapist as an allied health provider. We work to support rehabilitation and management of the body, mind, and breath. The rigor of the training yoga therapists go through develops their understanding of disease and makes them great collaborators alongside other medical providers. I also believe that the increase in yoga research has brought about a growing awareness from a medical perspective of how important it is to involve mind-centering practices, breathwork, and appropriate levels of yoga-based movement. Across a spectrum of diseases, especially cancer, we need to cultivate integrative approaches and support lifestyle/habit changes that can be impactful to the healing journey.

**AK:** My role is to support each person in finding their optimal nutrition through a personalized lifestyle medicine approach. Medical nutrition therapy (MNT) starts with a nutrition assessment that is shared with doctors and other healthcare providers. Equally important is the translation of that nutrition information in terms of culinary medicine, which provides clients and their caregivers practical guidance on how to nourish themselves with healthy food. As an RDN, my goal is to help boost clients' immune systems via nutrition and to monitor for biochemical effects of treatment. Often cancer patients' appearance or weight does not reflect the sarcopenia (muscle loss) that can occur because of the accompanying metabolic changes brought on with cancer, which makes nutrition management all the more important. My goal is to help individuals make behavioral and lifestyle changes that are *long-lasting*; this is where I often feel allopathic approaches alone miss the mark.

## Philosophy in Cancer Care: Our Approach

**MO:** My approach is client-centered and trauma-informed. On the journey with cancer, the cancer itself becomes the focal point and causes trauma, which yoga teaches us can be managed with some key elements. When cancer alone is the focus, often the client develops an attitude of war with cancer, rather than one of befriending cancer. Understandably, it initially seems very hard to imagine “befriending” something you want to eradicate. A trauma-sensitive approach embodies a few key principles: (1) the power of choice; (2) commitment to present-moment awareness through body orientation, breath, and sensation awareness; (3) use of rhythmic, repetitive, and hold methods; and (4) activating awe and wonder. In this way, a yogic trauma-sensitive approach supports us to cultivate an attitude of befriending ourselves: This is the gift cancer can offer us.

**AK:** Often, I am privy to a person’s “new normal” and how they take care of themselves. The physical changes and psychosocial stress, which can play havoc on the immune system, are factors that decrease our immune response and lead to inflammation. I start with food as medicine and focus on what to eat, along with when and how to eat (mindfully), especially given the current research on the importance of dietary patterns, mindfulness, and metabolic therapies such as fasting. Helping individuals recognize their stress response, be it long-term or from short bouts of stress, often creates an opening in the conversation to discuss self-care tools. I find if people can connect with their breath, they feel more grounded and calmer, and in many cases they have a deeper experience in connecting with feelings of satiety and mindfulness when eating. Our Befriending Cancer collaboration is done in a group setting with cancer patients, caregivers, and even allied health professionals coming together to create a *sangha* (community), which offers a connectedness that further supports healing.



Plant-based food shared in community.

## Expanding Support for Clients

**MO:** The first question I ask clients on the journey with cancer is whether they have addressed their nutrition. If they haven’t, I always make a referral to Anu. From a yogic perspective, I work with clients to acknowledge the presence of the abnormal growth and appreciate its impact on the body. At the same time, we acknowledge the uncertainty the disease brings because we are still discovering what turns on and off the cancer markers in the body. Cancer affects us at the cellular level, and instead of working with cancer from a symptom-management perspective only, there is great value when we also consider the body and its building blocks. Nutrition needs

much more attention here. This is why Anu and I created the Befriending Cancer program, which combines yoga and nutrition therapy and offers a *felt experience* of breathing, yoga asana, and mindfully eating healthy foods, together.

**AK:** I refer people to a yoga therapist if their medical situation is complex and they have never been to a group yoga class. I want them to really understand their range of movement given their recent surgery, treatment, or symptoms before jumping into a group class. Often in the allopathic medicine setting, people have heard from their doctor that they should consider “doing yoga,” but they may be apprehensive or think of yoga only as a form of exercise. A yoga therapist has the skill set and ability to delve in deeper with emotions—viscerally, mentally, and energetically (breathwork)—and do *embodied* work.

## Understanding Integration in Healthcare

**MO:** I believe nutrition is essential while we are working on the mind, breath, and movement, because until the layer of nourishment is addressed the therapy cannot fully integrate with the person. A person can meditate, exercise, and even have an extensive breathwork practice, but if they never address the layer of food the effects of yoga tools can be limited. For example, I had a client consuming a diet that was mostly starchy carbohydrates and high in refined sugar, with some protein and very little vegetables and water. She always felt a form of congestion and sluggishness often recognized as “brain fog.” When the client began to work with Anu and address her diet, I saw a significant shift in wellness that I know I couldn’t have helped her accomplish on my own. It was amazing to see how there was a clarity of focus and a greater ability to connect to a peaceful, calm center.

**AK:** I think yoga is essential because, by educating cancer patients as to how stress activates the SNS, they become motivated to pay attention to their breath. From my perspective, elements

of MNT can be enhanced if patients have the opportunity to learn first-hand how to manage inflammation, not only with diet, but by managing their stress. A growing number of RDNs are becoming yoga teachers who can use mind-body modalities such as yoga to offer more sustainability in maintaining a healthy weight, managing a chronic disease like cancer, and improving quality of life.

## Using Yoga and Nutrition to Inform Each Other’s Practices

**MO:** Working with Anu has helped me maintain a balanced approach. Sometimes, yoga therapists can fall into what I call the

“bubble syndrome”: We live in a bubble where all our choices are received with enthusiasm from the yoga clients. Anu refers clients who are outside the bubble, and that allows me to look again at ways to present yoga as accessible and approachable. She supports me to become a wiser and more compassionate yoga therapist.

**AK:** Working with Maryam has offered me greater insight into my clients’ bigger picture of wellness. I have found people are calmer and often allow themselves more grace and compassion when yoga therapy is part of that picture. For example, one cancer survivor had been interested in exploring yoga but, like many others I have met, she had limited experience with yoga and concern about going to a studio. We had already incorporated some pranayama techniques to assist with sleep and fatigue, so there was an openness to meet with Maryam. After the patient signed a release-of-information consent form, Maryam and I were able to speak. Although my focus is nutrition, I encouraged the patient to do her yoga practice, as it came up in our lifestyle and behavior goals. Maryam simultaneously was able to gently remind her of some of the mindfulness nutrition goals we had set by incorporating breathwork and specific movement practices before meals. This informed my work and reinforced the value of an interdisciplinary approach with a yoga therapist for lifestyle and behavior changes in particular.

### Moving Forward in Cancer Care

More National Cancer Institute (NCI)–Designated Cancer Centers are starting to provide information on modalities such as yoga (69%); however, fewer actually offer services themselves.<sup>8</sup> The growth of this field is dependent on using an integrative medical model of cancer care in which the entire person is seen, heard, and respected. An integrative medical model of cancer would develop plans for cancer patients that include the medical treatment plan, movement, nutrition, breathwork, meditation, and social engagement activities. The emotional stress of cancer care has been shown by many studies to be managed by yoga, breathwork, meditation, and movement. Collaborations between yoga therapists and other allied health professionals like RDNs can create a synergy for wellness and cultivate long-term lifestyle and culinary changes to support cancer patients’ journeys into survivorship. Moving forward, finding cancer centers that hire integrative health navigators and coordinators will be a key aspect to mobilizing yoga therapy and RDN support for clients with cancer. Based on our experience of the Befriending Cancer Program, we have seen the efficacy of the inclusion of yoga and nutrition therapy together. **YTT**



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Maryam Ovissi, C-IAYT, is the founder of Beloved Yoga in Northern Virginia ([www.BelovedYoga.com](http://www.BelovedYoga.com)) and offers a unique Befriending Yoga Therapy Program, combining polyvagal science with yoga therapy. Maryam trains teachers and utilizes a blend of evidence-based tools with yoga therapy for a modern approach to befriending the whole self.

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from *Thinking Allowed*

90-min. DVD: \$34.95

### *Somatic Yoga Teacher’s Guide*

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## What Is the Role of *Bhakti* and *Adhyatma* in Yoga Therapy?

By Lori Rubenstein Fazzio

As yoga therapy gains popularity as an evidence-based approach to improve health and well-being it is finding its way out of studios and into institutions such as hospitals, military bases, schools, and prisons. To get a foot in the door of these secular environments we may have had to adapt to regulations that require us to minimize or modify the spiritual aspects of our philosophy, limit or modify devotional practices such as chanting, and even avoid the term *yoga*.

Despite these barriers, programs like Ornish Lifestyle Medicine and iRest have successfully brought the spiritual essence of yoga to thousands, and many who come to yoga therapy for its physical benefits ultimately experience eudaimonic well-being, highlighting the bottom-up transformative potential of integrated mind-body practices. Ultimately yoga therapy seeks to address the root causes of suffering and move toward yoga: union with one's divine Self. Identifying with *purusha* (pure divine essence), having *sraddha* (faith), and surrendering to love/higher power (*ishvara pranidhana*) are fundamental elements of yoga that can offer peace, especially during times of immense suffering.

In medicine this "spiritual health" is characterized by connection with self, others, the environment, proper lifestyle, pondering the purpose and meaning of life, and transcendence.<sup>1</sup> Although the secularization of yoga and Buddhist meditation practices such as mindfulness has facilitated their acceptance and use worldwide, a growing body of research correlates religion and spirituality with improved physical and mental health, and more physicians are undertaking at least minimal spiritual assessment of their patients.<sup>2</sup> The majority of medical schools in the United States now address spirituality in medicine with specific competencies including how to assess and address patients' spiritual concerns as well as referring to and working with spiritual practitioners.<sup>3,4</sup> As spirituality slowly finds its way back into mainstream healthcare, yoga therapists have an opportunity to authentically educate the public as to the quintessential nature of yoga therapy.

Although spiritual health is foundational in yoga therapy, only one of the many, detailed IAYT 2017 Educational Standards for the Training of Yoga Therapists directly references spirituality—the word "spirit" appears within the description of the definition of yoga therapy itself. Some of the educational standards' concepts, such as *purusha* and *panchamaya* (the five sheaths), inherently address spirituality (or the *adhyatma* of the highest self); however, those outside the profession will be unlikely to recognize its inclusion in terms like these. *Sadhana* (spiritual practice), devotion, and *bhakti* do not appear in the standards, which may well facilitate broader acceptance. But is there a role for *bhakti* (devotion) and *adhyatma* in yoga therapy?

Curious to learn whether and how yoga's spiritual practices of devotion are being taught in yoga therapist training programs, I asked experienced yoga therapists and teacher trainers from 10 different schools and lineages. Six responded to my informal survey within the allotted time. Three respondents work in hospitals, two work in health-related clinics, one works in both university and cor-

porate settings, and one sees clients in yoga studios and private practice. All reported some form of personal devotional practice. These diverse yoga therapists' responses to my questions are excerpted here with the intention of prompting conversation in our field.

### What Does Devotion Mean to You?

All respondents described devotion as some form of commitment, dedication, and love, with half including reference to a higher consciousness or the divine. Only one included devotional practice, such as prayer or ritual.

In my own trainings devotional practices were limited and were exclusively focused on *pujas* (devotional ceremonies) to sages and deities. *Saguna* devotion (devotion to higher being(s) in forms with attributes) conflicted with the tradition in which I was raised. Thus, incorporating these rituals into my personal and professional practice wasn't comfortable for me, nor was abstaining from participation, as it seemed to me inferred that these devotions were a requirement. Once introduced to the concept of *nirguna* devotion (formless devotion), I experienced the profound effects of devotion to loving myself, everything, and everyone. As I steadfastly practiced love, my perception shifted to seeing everything and everyone as the divine, and with this came a desire to honor and revere everyone and everything through devotional practices.

All of the respondents in this survey echoed similar concepts and spoke to sensitivity around their clients' cultures and beliefs. As for whether devotion has a role in yoga therapy, all respondents answered yes and often included in their replies themes of respect, meaning, faith, and commitment. Some of the replies are presented below.

### Does Devotion Have a Role in Yoga Therapy?

Whatever devotion is taught or practiced, it must have intrinsic value and meaning for the client. Devotion for the sake of devotion, or because it's "yogic," or because it matches the belief of the therapist are not to me good reasons for the engagement of devotional practices. —Michael Lee, MA, Dip-SocSci, C-IAYT, E-RYT 500, Phoenix Rising Yoga Therapy

I do believe strongly that it does. Devotion in this context would mean complete trust and faith and commitment. Devotion here could also mean value and respect. If you have the devotion to the self, yoga therapy would help [clients] to attain *sukha sthanam* [a dynamic sense of whole-person well-being]. —Yogachemmal Meena Ramanathan, PhD, C-IAYT, Centre for Yoga Therapy, Education and Research (CYTER)

Devotion also comes in the form of respect. A mutual respect between client and therapist. As we show devotion to our clients, they feel empowered and are able to trust the process of healing. —Nischala Joy Devi, C-IAYT, author and developer of Yoga of the Heart yoga therapy training for cancer and cardiac patients

As I understand it, the path of devotion (bhakti) is an underpinning philosophical aspect of an integrated yoga practice. It stands to reason, then, that devotion plays an integral role in healing through the application of yoga as therapy. While yoga is not a religion, and no demands are made upon students to believe in a specific God, concept of God, or deity, I think an element of faith in the subject of yoga and in what one is doing is vital to effect change. . . . [Y]oga, practiced with devotion and positive intention supported by one's personal dedication to their Divine Spirit, can help to improve [a client's] condition to create a brighter future. —Garth McClean, C-IAYT, Senior III Certified Iyengar yoga teacher

These responses highlight the importance of devotion in yoga therapy as well as factors to consider when integrating devotion and spiritual practices into therapy sessions. If bhakti and adhyatma do indeed have a role in yoga therapy, how are yoga therapists being trained with respect and sensitivity to their unique cultures and beliefs as well as to those of their clients?

### Do You Include Devotional and/or Spiritual Practices with Some or All of Your Clients?

The common theme reported here was ensuring that the devotional/spiritual practices are meaningful to the specific client with sensitivity to the environment of practice.

It does not seem possible to exclude devotion or spiritual practices from yoga or yoga therapy. It is one of the three pillars at the core of yoga wisdom. The Bhagavad Gita speaks about having the head, heart, and hand in balance for the union of consciousness (yoga) to occur. The head representing our rational and cognitive mind, while the heart expresses love and devotion, and the hand brings our service to the world. Often when introducing the practice of devotion, the focus begins with the client themselves. Self-love and compassion are the catalysts that expand our capacity to embrace all as our own self. If the client reverts to analysis or mental anguish, reminding them to focus on their heart liberates the love that both heals and unites us with our divine essence. —Nischala Joy Devi

I certainly touch on the themes presented in the yoga Sutras of Patanjali, the Bhagavad Gita, and the Upanishads. I invite students to consider the concept of Kriya Yoga—*tapas* (burning off impurities), *svadhyaya* (self-study), *ishvara pranidhana*; concepts of *abhyasa* and *vairagya* (practice and detachment); as well as *heyam dukkham anagatam* (the pains of the future can be avoided); plus more, underscoring that in addition to the physical practice, reflection, faith, trust, and devotion are all integral on the road to health for the practitioner. —Garth McClean

Any practices we might engage would be client-informed and a fit for that client. For example, if I were working with a Christian who gained solace by seeking inner guidance from Jesus, I would guide an integration process that might include accessing inner wisdom through Jesus. If [the client was] a Buddhist, it would be Buddha. Just because I am a “yoga therapist,” I will

not push traditional yogic or Hindu devotional practices on my clients or introduce them to my clients if it is not something that they are inspired by and see as a fit for themselves. —Michael Lee

Mantra chanting is part of the yoga therapy schedule at CYTER. As CYTER is within the hospital setup, we have to be extremely discriminative. What I would recommend as a spiritual practice to a few of the patients is to do Karma Yoga, to perform his responsibilities and duties to people around him and to unknown human beings too. The concept of *nishkama* [action without reward] becomes true then, you do things without any expectation, which is one of the best spiritual practices that could be. —Meena Ramanathan

Our yoga therapy protocols . . . specifically address these aspects. However, what is most important is that the information and instruction is reasonable, meaningful, and effective to the yoga therapy patient. This . . . requires of us to listen and respond with devotion and professionalism. —Veronica Zador, C-IAYT, E-RYT 500, RPYT, Beaumont School of Yoga Therapy

I integrate devotional/spiritual practices that are specific and meaningful to the individual client within each session. This may include visualization, mantra, word, image, an embodied sensation, god/spirit, or person. —Tina Paul, MS, C-IAYT, Maryland University of Integrative Health (MUIH)

### Does Your Yoga Therapy Training Specifically Include Education on Devotion in Yoga Therapy?

These answers were the most varied, which may reflect the variety of approaches offered by IAYT-accredited yoga therapy training programs.

Whether I am training yoga therapists or working with clients there is always a devotional practice or a way to make the practice we are doing more devotional. . . . I feel this is a vital aspect, as it allows us to connect to the power within each of us that is loving and compassionate without any barriers. —Nischala Joy Devi

Not necessarily, beyond developing and maintaining a consistent, regular practice. —Garth McClean

We reference and engage a wide range of practices and processes, some of which have devotional elements. Some come from the yoga tradition, but many do not. . . . We also discuss the use of mantra and how it is used by various traditions—not so much in devotion to a deity but in devotional respect for life and being human and a part of the whole, e.g., devotional reverence for one's higher self or inner wisdom. What is clearly of more importance than simply engaging certain practices is the reason for engaging them. —Michael Lee

Yoga therapy is not a set of techniques to be practiced on a mat for an hour each day. This is a way of life that we follow, adopt, and live 24/7. We at CYTER . . . bring in the theoretical concepts such as svadhyaya, the moral and ethical observances, nishkama karma, etc. Devotion may be a part of it, too. Maybe not for everyone, but we do [stress] it with the palliative care patients. Shraddha is something we talk about to all the patients and students. —Meena Ramanathan

In-depth study of the Yoga Sutras forms the basis of this approach. As well, consistent current and credible research supporting the efficacy of spirituality and healing are submitted for presentation and review. —Veronica Zador

My own training (at MUIH) was very much informed by the *koshas* or sheaths of the human system. In my mind, *anan-damaya* kosha [bliss sheath] is very much aligned with the concept of devotion or ways to connect with a sense of awe. —Tina Paul

Spirituality plays an important role in fostering health and wellness. Spirituality is expressed in various ways, both religious and nonreligious. . . . Spirituality can be seen as a fundamental human drive for transcendent meaning and purpose that involves connectedness with oneself, others, and ultimate reality. —Meena Ramanathan

This is not a prerequisite or determining factor when someone approaches me for help. I have noticed that some who are more physically challenged often have a deeper sense of Self, self-acceptance, and faith. —Garth McClean

We ask because we feel that assessing the spiritual aspects of the yoga therapy patient adheres to the principles of yoga. There are no delineations between the spiritual, psychological, and physical body. —Veronica Zador

I assess if clients have a connection to Self, sources of meaning in one's life through family, relationships, art, nature, humor, animals, etc. I also look to inquire about engagement in life through work, causes and hobbies, and how one may confront life's limitations and the roller coaster ride of the ups and downs. —Tina Paul

## How Do You Assess Spirituality with Your Clients?

Although the word spirituality has many connotations, it typically infers seeking meaning, often demonstrated as belief in something beyond the material world, such as a higher power or the divine spark within. Modern medicine has several validated tools to assess spirituality, such as FICA (faith, importance, community, address in care), HOPE (hope, organized religion, personal spirituality, effects on healthcare), and the BPSS (biopsychosocial-spiritual) assessment. These tools typically gather data as to a patient's source for strength, comfort and peace, connection to community, and spiritual practices or beliefs. While none of the yoga therapists mentioned using these tools, most of them indicated that their spiritual assessment involves subjective intake questions of a similar approach. As yoga therapy assessment evolves, use of one of these validated tools may be beneficial for yoga therapists working in the evidence-based medical model.

We must be very careful not to limit or confuse spirituality with religious beliefs. Some clients may cherish their religion, and we can help nourish that commitment. Spirituality becomes heightened as we learn that with love as our compass, we connect to a deep intuition which leads us the root of all healing—love. As therapists we assess [clients'] relationship with their spirit and how it affects their life and connection with others. We encourage them to slowly expand and widen their scope of those they love. —Nischala Joy Devi

During initial intake we engage the client in a conversation around lifestyle, beliefs, and practices, with deep listening, pauses for clarification, and unconditional positive regard. This is not done from the intention of using the information to in any way “fix” the client. It is simply relational—getting to know the client and what matters to them in their life. —Michael Lee

## Summing up and Carrying Forward

This small sampling of experienced yoga therapists and educators shows that some form of devotion and spiritual practices are integral aspects of yoga therapy. How best to incorporate them into trainings and client sessions is an ongoing process and conversation that will probably never stop evolving.

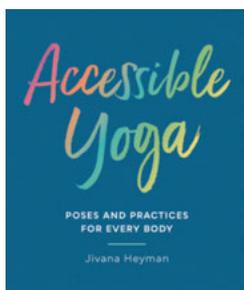
What are your thoughts on this topic? **YTT**

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*Yogachemmal Lori Rubenstein Fazzio, PT, DPT, MAppSc, C-IAYT, practices integrative physical therapy and yoga therapy in Los Angeles (www.mosaicpt.com). She is clinical director of yoga therapy at Loyola Marymount University, where she is on faculty in the yoga studies Master of Arts and postgraduate certificate programs.*



## Accessible Yoga: Poses and Practices for Every Body

By Jivana Heyman

Shambhala, 2019

Review by Melissa Adylia Calasanz

**A**ccessible Yoga: Poses and Practices for Every Body is more than a how-to book on modifying yoga postures. It is an excellent addition to the library of anyone interested in helping to make the mind, body, and spiritual practices of yoga accessible to any person—regardless of age, race, size, shape, gender, ability, and socioeconomic background.

The content is wonderfully arranged in four parts, each broken into easily digested sections that can be enjoyed *a la carte* or in the order presented. Jivana Heyman, C-IAYT, E-RYT 500, IYM, and the 20+ contributors manage to seamlessly guide the reader through basic yoga history, philosophy, and practices with a refreshing balance of informative content and personal narrative.

Upon first glance, a reader may look at the table of contents and assume *Accessible Yoga* is merely a review of what yoga therapists and teachers already do when guiding clients to modify a pose to best suit a particular need. But the savvy reader who takes time to enjoy the foreword, the acknowledgments, and the book's introduction will discover that this book offers more than just yoga modifications. Heyman's voice of compassion, respect for people, and his mission to share the practice of yoga with everyone comes through on each page. He gives nods to his mentors, ancient texts, and the communities in which he has lived and served. Heyman writes in a language that can be intellectually stimulating to the most seasoned practitioner yet accessible to someone being introduced to yoga for the first time.

The “Try It” prompts woven throughout each chapter offer opportunities to explore introspective, empowering, accessible yoga practices. In addition to options and modifications for meditation, pranayama, and asana often found in contemporary Western group yoga classes, the prompts offer a welcome reminder to even the most experienced yoga practitioner or yoga therapist to pause and reawaken their beginner's mind and to enjoy being led in practice with no objective. The “Try It” prompts come across as if written by a most trusted and patient mentor. That is Jivana Heyman's gift: his ability to offer opportunities for introspection and reflection without the narrative of the “teacher” imposing an agenda to feel, think, or do anything in any particular way.

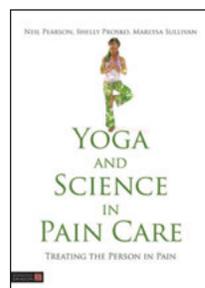
The modifications for each physical posture described in the book were expertly captured by photographer Sarit Z. Rogers. With more than 300 photographs, I was impressed with how the visual content enhanced the written content while beautifully conveying the message of diversity, empowerment, and inclusion.

As much as I respect and appreciate the book's content, I would have loved to have seen more on *mudras*—more specifically, options for making *hasta mudras* (hand gestures) accessible to populations who may have limited or no use of hand(s) or arm(s)—for instance, people with spinal injuries, amputations, and those undergoing or experiencing complications from treatments such as chemotherapy and hemodialysis.

Whether the reader is a yoga therapist, student, medical professional, or just yoga-curious, *Accessible Yoga* offers much beyond yoga. The value of the sample practices offered in the appendix and the resources section, including information on many organizations, advocacy groups, books, and where to find Accessible Yoga trainings, should not go unnoticed.

I have already added this book to my “Suggested Reading List” for clients, students, and colleagues.

*Melissa Adylia Calasanz, C-IAYT, E-RYT 200, is a health, wellness, lifestyle, and movement educator. She teaches physician wellness classes and therapeutic yoga for chronic back pain in clinical settings in Southern California.*



## Yoga and Science in Pain Care: Treating the Person in Pain

Edited by Neil Pearson, Shelly Prosko, and Marlysa Sullivan

Singing Dragon, 2019

Review by Chrys Kub

**Y**oga and Science in Pain Care is a collaborative effort to improve understanding of the complexity of pain care and how yoga therapy integrates with Western medicine. With nine contributors and three editors who are both physical therapists and IAYT-certified yoga therapists, this book creates a unique combination of experiences and perspectives, serving as a resource for not only yoga therapists, but for healthcare practitioners and people with chronic pain as well. Each chapter opens a window into how to approach pain care, while the book as a whole takes the reader from more generalized concepts to in-depth science and practical applications.

The first chapter is the eye-opening story of contributor Joletta Bolton's “lived experience of pain” and follows their journey through the healthcare system and yoga therapy interventions. Beginning with this story reminds practitioners to start with the person instead of getting directly into the science of pain or even how yoga therapy can help. Healthcare practitioners will appreciate the subsequent look at current research on yoga and pain. The next chapter addresses the history of pain theory and current paradigms for management.

Following chapters delve deeper into key subject areas. For example, healthcare practitioners and yoga therapists with no experience in pain care will benefit from Neil Pearson's clear and concise chapter on pain biology. Others may want to focus on the polyvagal theory introduction in the next chapter, where Marlysa Sullivan and Matt Erb blend science and yoga, in particular the *gunas* (natural attributes), resulting in practical techniques for using this system with people in chronic pain. A chapter entitled “Integrating Pain Science Education, Movement and Yoga” further explains this bridging of approaches and invites practitioners to consider client education as far more than just the provision of information. The need for acceptance of many paths to healing is well-explained using Jnana and Raja Yoga. Through these examples, healthcare practitioners will begin to understand yoga as a tool of awareness to

empower clients to live well with chronic pain while hopefully decreasing its effects on their daily lives.

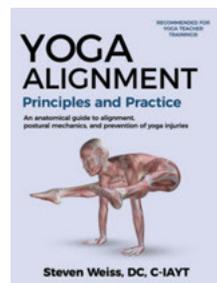
Next comes a discussion of pranayama, which outlines current research as well as practical tips for easily incorporating breathwork into practice as either a practitioner or a person in pain. Healthcare practitioners will appreciate reading about the scientific roots of body awareness and interoception.

A chapter on nutrition provides a solid foundation on mindful eating, which applies to everyone, not just people in chronic pain. The chapter covers the effect of foods on inflammation and how sugar affects the mind-body and offers an activity to help assimilate—or embody!—the material.

The final chapters are perhaps the most vital to uniting Western medicine and yoga therapy, as they dive into the psychosocial components of pain care. Several chapters integrate case studies and practical exercises. This allows readers to see real-life applications and techniques they can incorporate immediately into their practices. These chapters include explorations into psychoemotional pain; opioid addiction; seeing pain as a grieving process; compassion in pain care, including self-compassion; and an analysis of the effects of chronic pain on our connections with others and ourselves.

I highly recommend this book to anyone wanting to integrate yoga and healthcare and suggest reading through some of the chapters several times, as new nuggets of wisdom emerge alongside a resonant message: We must first recognize the human in pain care, utilizing the yoga perspective with evidenced-based medicine to empower us to heal ourselves and others. As Pearson put it in a recent interview, “There is never one right path.”

*Chrys Kub, PT, C-IAYT, specializes in neurological rehabilitation and pediatrics. In 2007 she established FitYogaTherapy (fityogatherapy.com), an organization dedicated to integrative PT and the provision of yoga therapy curricula to yoga teachers, yoga therapists, and healthcare practitioners.*



**Yoga Alignment Principles and Practice: An Anatomical Guide to Alignment, Postural Mechanics, and the Prevention of Yoga Injuries**

By **Stephen Weiss, DC, C-IAYT**  
Align by Design Yoga, 2019  
Review by *Heidi Crocker*

As explained in the introduction, *Yoga Alignment* is written like a novel instead of a how-to guide. It also uses the language and philosophy of Anusara Yoga, but I found the book to be a good resource for all styles and traditions of yoga practice. In addition to comprehensive anatomy and physiology principles, Weiss provides many yoga therapy applications to address common injuries resulting from life both on and off the mat. The text may be useful for experienced yoga therapists to deepen their own practices but possibly too complex as an educational resource for clients.

This anatomical guide to posture mechanics and prevention of yoga injuries is a revised and retitled second edition of Weiss's *The Injury-Free Yoga Practice*, and he suggests it as a resource for yoga

teacher training programs. As a chiropractor and yoga therapist, Weiss combines an extensive understanding of anatomy and postural alignment with a passion for yoga.

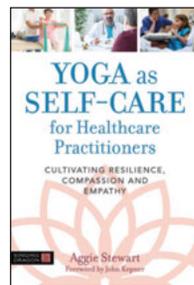
As the field of yoga therapy matures, it is worth considering whether theories and models presented are best practices for today. For example, “universal” alignment principles (e.g., the greater trochanter should be directly over the ankle in standing straight-leg postures) and passive stretching techniques have been challenged in current literature.

Weiss introduces the concept of “integrative alignment,” which he explains organizes the alignment of each body region in relation to the collective whole. This is similar to the “universal principles of alignment” that are the heart of Anusara Yoga. I wondered, though, whether newer students may misinterpret such vocabulary as “scoop the tailbone.” Further, readers without a solid foundation in anatomy and physiology may find it difficult to stay engaged in the technical nomenclature.

Two additional comments may be helpful to readers. The novel-like structure makes the text heavy on the narrative, and I would have liked more detailed illustrations to support information recall and the richness of the words—though the cartoon yogi (a familiar figure from the first edition) provides an element of humor. Secondly, the binding of the book may make it challenging to use the physical text as a long-term reference source.

With its unique style, *Yoga Alignment* presents an approachable and wide-ranging primer on yoga anatomy based in integrative alignment. Yoga teachers and yoga therapy students looking to enhance safety in their practices may find this book particularly useful.

*Heidi Crocker, DC, EdD, C-IAYT, works in the Riley College of Education at Walden University and practices chiropractic/yoga therapy in Orange County, CA. In addition, Heidi serves as the associate dean of academic affairs and teaches in health-professions education with a focus on community health as a key to lasting change.*



**Yoga as Self-Care for Healthcare Practitioners: Cultivating Resilience, Compassion and Empathy**

By **Aggie Stewart**  
Singing Dragon, 2019  
Review by *Shailla Vaidya*

*Yoga as Self-Care for Healthcare Practitioners* is a comprehensive guide to the mind-body theory and practice of yoga as a means to cultivate resilience. Today's medical organizations face high rates of burnout and suicide related to the stresses of work in a pressured and dysfunctional healthcare system. While we all know that yoga won't fix a broken system, this book validates the stresses healthcare practitioners face and provides a guide for helping them to maintain empathy. Stewart understands the accumulation of day-to-day challenges in a hyper-stimulating, overwhelming work environment.

She has done a tremendous job summarizing the depth of yoga philosophy while making it accessible and relevant to healthcare

workers. The book is structured around the *kosha* model and explains how our different layers are affected by stress and by yoga.

Each chapter offers individual practices that can easily be incorporated after work, or during short breaks if you get them, with reminders that even practicing for 20 minutes a day can benefit our health. Permission to combine short pranayama practices such as heart-focused breathing, self-compassion, and simple asana to release particular areas is both welcome and essential, as the one thing healthcare practitioners do not have is extra time! Stewart explains the application for each practice in the context of a healthcare practitioner's lived experience, noting that yoga can help us to respond to *ourselves* with care in times of need—such an important point for those whose lives have been structured around responding to the needs of others. She also brings us back to our true selves and values, reminding us that we are more than the behaviors and emotions we may express during moments of stress.

For the most part, Stewart quotes the scientific evidence that demonstrates the physiological effects of asana, pranayama, and meditation. While many yogis will proceed based on how they feel during a practice, understanding the evidence base behind the practices will be important to healthcare professionals looking to validate their effects.

The one caveat I have is therefore in regard to a recommendation about mouth breathing. The book advises “gently taping the mouth shut” during sleep to train the system toward nasal breathing. I was surprised to see this potentially dangerous practice recom-

mended. The source is from the Buteyko Clinic as opposed to a researched-based intervention. There are many reasons why a person would breathe through the mouth, including nasal obstructions such as polyps, a deviated nasal septum, or overgrowth of adenoid tissue. In addition to cases like these, the taping practice would be unsafe for someone who has sleep apnea, as for the most part, people breathe orally when the nasal passages are unable to meet their oxygen requirements. This type of reference may cause healthcare practitioners to develop skepticism around the practices, at worst discrediting the book. Along those lines, I noticed that some validated practices are supported only by reference to a book as opposed to the original research medical providers would want to see.

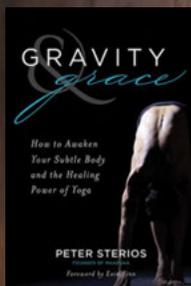
On the whole, this book is a tremendous contribution to help the healthcare world understand the comprehensive practice of yoga, and I am thankful to have read it. Stewart's writing makes her expertise clear. Her accessible explanation of yoga opens up a whole new understanding of what yoga truly is and how it works, beyond what many healthcare providers would consider its practices to be.

*Shailla Vaidya, MD, MPH, CFFP(EM), C-IAYT, is a physician and yoga therapist from Toronto who focuses on helping professionals with burnout. After experiencing burnout herself, she created the Yoga of Stress Resilience Program, which combines yoga with the science of human function, neuroplasticity, self-compassion, and stress recovery.*  
[www.theYogaMD.ca](http://www.theYogaMD.ca)

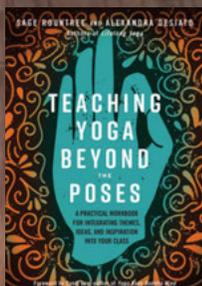
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## Also on the Shelves

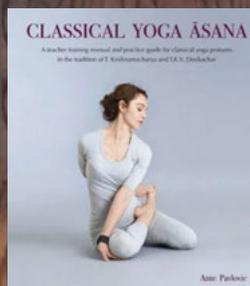
We aren't always able to print full reviews (although we may feature some media later or on other platforms), but here are a few more titles of interest by our members and friends.



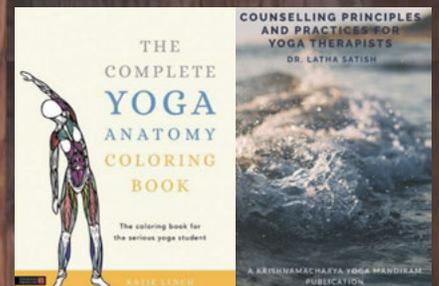
**Gravity & Grace: How to Awaken Your Subtle Body and the Healing Power of Yoga**  
By Peter Sterios  
Sounds True, 2019



**Teaching Yoga Beyond the Poses: A Practical Workbook for Integrating Themes, Ideas, and Inspiration into Your Class**  
By Sage Rountree and Alexandra DeSiato  
North Atlantic Books, 2019



**Classical Yoga Asana: A Teacher Training Manual and Practice Guide for Classical Yoga Postures in the Tradition of T. Krishnamacharya and T. K. V. Desikachar**  
By Ante Pavlovic  
Barlow Books, 2019



**The Complete Yoga Anatomy Coloring Book: The Coloring Book for the Serious Yoga Student**  
By Katie Lynch  
Singing Dragon, 2019  
**Counselling Principles & Practices for Yoga Therapists**  
By Dr. Latha Satish  
Krishnamacharya Yoga Mandiram, 2019

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