

Adapting in a class situation.

What do we mean by adapting?

To make what we're teaching suitable for the individual concerned.
To modify.

Why do it?

I know in a class situation there's isn't always time to focus much on each individual but sometimes you will need to adapt for people.

Ahimsa- to avoid harm. To enable them to participate. And in a comfortable way, beneficial way

Specific reasons for adapting:

Some possibilities are:

Level of fitness/mobility

Age

Temporary illness

Chronic dis-ease:

e.g. long term back pain, M.S., fibromyalgia, arthritis, depression etc

Some people may need a specialist class or 1-2-1 sessions e.g. for certain palliative or degenerative diseases, some mental health condition.

How?

Might use props; change length of time in poses, change some part of the asana (or it all). the way transition, the emphasis in the posture, etc.

When we teach people yoga we are not just looking at a body but an individual with all the emotional, spiritual make up and past experience. As well as different levels of health, physical fitness, different ranges of mobility, bone length etc.

It's good to get people to fill out a form when they join the class and/ or to talk to them in advance. Then if you need to you can research about medical conditions/their needs and see if you need to adapt.

If you're running a class with a special focus or doing 1-2-1 you can tailor what you do much more.

It's important to remember to look at the person as an individual and

where they are now

If you need to adapt poses, pranayama or anything else think about why and what you're trying to achieve in the pose.

Things to consider:

If they're okay to be there health and energy wise
Their level of experience.

What /how much you'll need to adapt

How this affects your teaching. Are you confident with this?

How it affects the rest of the class

Remember: You don't need to be able to identify what is wrong, that's not your job.

If it's a chronic condition people will often be able to tell you what makes it better/worse.

Lower back pain:

Ahimsa- moving within pain free range...

Why might they have back pain?

Prolapsed disc (for many people with this, forward bending may be uncomfortable but gentle backbends and side stretches often feel good).

A lot of sitting, this can shorten hamstrings and hip flexors e.g. iliopsoas muscles, which can cause misalignment in the tilt of the pelvis.

Habitual standing/sitting patterns. More weight on one side, or crossing legs can lead to unevenness in hip height, shortening and strengthening of muscles one side more than the other

Pulled back muscle/ ligament strain (area becomes inflamed/spasms)

Stress

pelvic instability

*Sacroiliac pain: avoid wide legged stretches and uneven ones like one legged forward bend, one legged balances and the warrior poses. (unless hips level)
Misalignment of the pelvis can cause pain in knees, back, hips, shoulders, problems with ankles and feet and can cause sciatica.*

Adaption ideas:

cat-cows- gentle in lower back, might need to limit stretch in this area

Downward dog- knees bent,

pigeon -stay on forearms, keep knee in (with sacroiliac go v gently), or do inverted pigeon

standing forward bend (legs bent), if pain coming into pose may need to roll gently down or can do with arms against wall.

Sitting- on a block or folded blanket.

Cobra – lengthen tailbone, making sure legs are aligned and active. Have legs further apart if needed; sphinx pose as an alternative; folded blanket under pelvis, cobra without hands,; make sure tops of feet on mat. (toes not tucked under),

Downward facing dog- to-cobra,. Instead from downward dog come down as far as can without pain (e.g. to plank or less)

Camel- against wall; using blocks for hands; half camel or sitting on heels and lifting hips.

Seated Forward bends- sit on block/ blanket; leaning over a chair; or lie on back and do single leg raise

. Lying flat on back- bend knees.

Warrior 1: try without raising arms

Lying twist- do both legs together or move the knee higher/lower, support under the knee.

What can help lower back pain:

*Lengthening tailbone in backbends (helps stop compression in lower back),
lengthening backs of legs, keeping the back mobile*

*strengthening core muscles, and making sure engage legs and bum
breathing into the back,.*

Depending on where pain is coming from curling forward or bending back

Stretching sides of torso can be nice too,

Strengthen and lengthen QI and strengthen glutes.

Non asana based-

breathing,

being aware of body and how move (this on mat and in general),

*lifting carefully, not sitting too long (can use kneeling chair/standing desk etc.),
trying to manage stress*

Allowing time for relaxation and enjoy things,

Lower back- Muladhara/ Swadhisthana- issues related to these chakras

Older people:

What is old? There's no definitive age and someone who's 40 may have a more aged body than someone who's 75, so this is all general.

Benefits of doing yoga for older people.

Yoga may:

*Keep strength,
help balance,
keep them moving and flexible,
keep spine and joints healthy. Want them to bend from hip joint not lower back.
May help move more easily (not stilted)
The co-ordination and mindfulness keeps mind active
Can reduce blood pressure
Coming to class can be a social thing.
Gentle chest openers can help counter the forward curve of shoulders/hunch.
Can massage internal organs- help them function healthily.
Strengthening core and pelvic floor muscles is helpful too as these muscles often become lax
. Breathing is good!!! and relaxation..*

Adaption - a few ideas:

*Standing forward bends- bend knees, focus on length through spine, can do against wall or chair, rest hands on legs or block.
Sitting forward bend- sit on block, use strap. Slide into forward bend.
Balances- can use wall or chair, instead of tree can just lift one leg.
Downward facing dog- use chair or wall*

Warrior 1- hips face forward, can step foot out to side to help, -wider stance helps balance too. With hands against wall to aid balance

Bridge- rolling or block under bum.

pigeon -lying on back or over bolster.

Chair poses- warrior1 and 2, extended side angle, seated pigeon. twists and side stretches, cat-cows, forward bends and lots more.



Savasana- legs over bolster /on chair.

Pregnancy Yoga

Gravity

Stability

Opening

or

S.O.N.G. (stability, opening, nurture, gravity)

Can use these as things to be aware of. Don't necessarily want to encourage opening but need to be aware that this is what's happening in the body

Remember pregnant women aren't ill and every pregnant lady is an individual.

If a woman has been coming to your class regularly then you may be happy for her to continue. If someone is new to yoga often a specific pregnancy class may be better.

It is as always, about people being aware of their own bodies and listening to them; and you facilitating that

. Some important considerations:

1. what stage of pregnancy they are
2. if they're okay to be there health wise, and energy levels,
3. what needs to be adapted in class,
4. how this affects your teaching/are you confident?
5. how it affects the rest of the class..

1).Stage of pregnancy: a brief overview

1st Trimestern(early pregnancy):

fatigue nausea, vomiting, most miscarriages happen between 6 and 12 weeks.

Have 1st scan at 12 weeks, so know every thing's okay after that.
By week 13/14 placenta and umbilical is fully developed and baby gets all nutrients from mother through this rather than corpus luteum. All internal organs fully formed, limbs, skeleton formed. sickness and fatigue start to level out (Y.Gordan.2002).

As you can see there's a lot of change going on during the 1st trimester and after this stage might be a good time to include a pregnant woman in your class.

I ask women to wait until they're 14 weeks before they start coming to class, just so I and they know everything is fine. But bear in mind many women will come to class and not tell you they're pregnant.

2nd Trimester, 14-27 weeks:

generally feel better, baby comes out of pelvis (effects lying on tummy), baby grows, may start to feel baby move.

From week 14(ish) muscles and ligaments will be softening.

Can start to put on weight rapidly from now though some won't show for quite a while. Woman's heart has to work harder to pump blood round body (may get breathless easier). Baby's growth may cause aches, pressure can cause varicose veins or piles, .

3rd Trimester. Later pregnancy::

women can start to get slower,
baby growing a lot,
hormones flying round in later weeks.
Periods of rest and activity.

As gets less room in womb for baby to move may want to avoid poses where head lower than belly (after 32 weeks).

2. Health and energy:

Common ailments: PGP, nausea, fatigue, breathlessness, varicose veins, heartburn, oedema

Do they need to check with doctor/midwife before they come to yoga? Some people will be in 'at risk' category'

Any physical illnesses/ dis-ease they have e.g. chronic fatigue, osteoarthritis, Mental/ emotional state

Energy levels: can they keep up with the class? Do they know when to rest?
Hyper-extension- due to relaxins it's easy for pregnant women to overstretch (especially if they're quite flexible or really inflexible anyway)

PGP:Pelvic girdle pain (PGP) is used to describe all pelvic pain occurring in the region between the lumbar spine or abdomen and the thigh. It happens when the mechanical movement of the three pelvic joints becomes unstable.

Pain levels can vary from a mild ache to severe pain. It can effect peoples ability to perform general daily activities

(nct and webmed).

It can occur at any time in pregnancy or birth, affects 1 in 5 pregnant women. Related to relaxins and probably imbalance in pelvic joints (so good to bring in body awareness).

N.B: It doesn't just affect pregnant/ postnatal women, men get it too. Other causes include injury, arthritis, osteoarthritis, too much or little mobility around the joints It's something you're quite likely to come across as a yoga teacher, especially in the form of sacroiliac pain.

Common **signs and symptoms** include (from NCT website)

- :difficulty walking (a waddling gait),
- pain on weight bearing on one leg e.g. climbing stairs,
- pain and/or difficulty in straddle movements e.g. getting in and out of bath,
- clicking or grinding in the pelvic area (may be audible or palpable),
- Limited and painful hip abduction (though some women have normal or only partly limited abduction),
- difficulty lying in some positions e.g. side-lying,
- pain during normal activities of daily life and/or
- pain and difficulty during sexual intercourse.

Symptoms can be aggravated by the increasing weight of the baby

From NHS website suggests that you avoid:

- standing on one leg
- bending and twisting to lift, or carrying a baby on one hip
- crossing your legs
- sitting on the floor, or sitting twisted
- sitting or standing for long periods
- lifting heavy weights, such as shopping bags, wet washing or a toddler
- hoovering
- pushing heavy objects, such as a supermarket trolley
- carrying anything in only one hand (try using a small backpack)

Reading this list it sounds like people with PGP can't do anything but that's not true. It's about helping them, as an individual to find how they can move comfortably. What is beneficial, what stabilises and what aggravates.

Poses to avoid /adapt in pregnancy:

- ' Twists avoid deep twists . Can use open gentler ones,
- Be aware of main veins and arteries running along back in supine positions e.g. Savasana (as baby grows it's weight can press on the inferior vena cava

restricting oxygen flow to mum and baby). Instead of lying flat on back in 2nd/3rd trimester encourage side or propped position ,

Avoid putting too much pressure on abdomen (in poses and pranayama)- finding alternative to lying on belly and forceful belly breathing such as Kapalabati balances (flowing or using wall), be aware of changing balance

Breathing- No breath retention

Avoid deep backbends

Flowing (smooth and slower) is better than long holds or fast transitioning..

Avoid strong core work, focus instead on relaxing belly and toning pelvic floor

Inversions: avoid or adapt (e.g. supported legs against the wall, forward bend or downward dog./ dog against wall) . Need to be aware of changing weight distribution and balance

After 32-4 weeks I'd get them to stop inversions, unless baby is breech

I've included below some adapted versions of common yoga postures but remember one pose doesn't suit all :).

Twists:



Backbends:



Lying on belly, Savasana:



Postnatally :

The Postnatal period:

This term is often used for the first 6 weeks after a woman has given birth. After that (as long as their post-natal checkup is ok) it's often assumed their body has returned to its pre-pregnancy state.

But this isn't really the case and it applies whether a woman has had a live or a still birth. There is no exact end time to post-natal period some suggestions are 6 months or 9 months as it takes 9 months from conception for the body to be ready for birth.

As for all reasons there are some important considerations:

1. How long is it since they gave birth:

What is suitable for a woman who has given birth 7 weeks ago will usually be very different to 6 months postnatally. It is usual to have some bleeding for up to 6 weeks after birth. Women should wait till after their 6 week check up.

2 What sort of birth was it (e.g vaginal birth, scheduled c-section etc)? You don't need full details but to work out what needs modifying it's useful to have a bit of information

3.If they're okay to be there health wise, and energy levels:

Any mental or physical health conditions. Also their energy levels, is the pace of the class, length of holds etc suitable for how they're feeling at the moment?

After our first daughter, was born, Dan and I were both constantly exhausted so much so that one day he tried to put the bib on me instead of Lila :). I used to go to a gentle pilates class once a week along with all the over 70's which was amazing but about all I could cope with.

If people are that tired it will effect their balance, processing of information etc too. Some women however might feel like they have a lot more energy so as always it's seeing what's right for the individual.

4. What needs to be adapted in class,

5. How this affects your teaching/are you confident?

6. How it affects the rest of the class..

If a woman is still breastfeeding there will still be higher levels of relaxin in her body, keeping her tissues soft and ligaments soft (we don't yet know how long after a woman finishes breastfeeding these levels last). Relaxin levels stay high for about 5 months post-birth for women not breastfeeding.

There are also changes in levels of other hormones.

Pelvic floor- how long and how well pelvic floor recovers can depend on the type of birth a woman had and if she experienced any tears. Side effects can include the urge to urinate, urine leakage, fecal incontinence (think about this in relation to poses and breathwork that put pressure on the pelvic floor area)

Separation of stomach muscles - Diastasis recti, (the uterus pushes on the stomach muscles as it expands causing some separation and parts of abdomen can push through) some degree of separation is normal but should have healed by about 8 weeks. Think about how this effects your core support and what might need to avoid/adapt. Want to avoid crunches, strong backbends, twists etc.

Some possible modifications;

Think about stability (physical, mental and emotional), healing, support, drawing in,

strengthening rather than stretching and a chance to rest/relax or re-energise.

Instead of plank or boat a more gentle focus on the centre (pelvic floor core and abs) e.g lying on back and drawing in pelvic floor, pelvic tilts. Progressing as they heal.

Core work

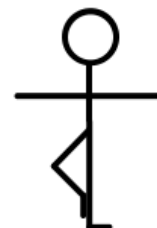


Pelvic tilts or when they have healed and are stronger maybe arm and leg extension

Low supported bridge instead of bigger backbends building up to without support

Encouraging engagement of pelvic floor in poses (this good for everyone)

Tree pose -leg lower and emphasis on grounding through standing leg and drawing up



Sun salutations smaller steps, no jumping.

Shoulder openers possibly with support.



Legs up against wall instead of inversion

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