



The list of conditions mentioned below is not exhaustive but outlines those most commonly encountered by our teachers. If there is ever any doubt or cause for concern, refer the student to a Doctor or if they have the go ahead to exercise and you are unfamiliar with the condition, consult a more experienced teacher. To get a more in-depth account of each condition go to [www.arthritisresearchuk.org](http://www.arthritisresearchuk.org), [www.nhs.uk/conditions](http://www.nhs.uk/conditions) or other specialist websites.

As taught on the course, guide the student not to push or go beyond their capability. Assess each case separately as conditions vary between each individual. There is no one formula for all so always look at the person as described in the checklist.

### **ADDICTION**

If you feel able to help the person within a yoga setting then concentrate on stable grounded poses such as standing poses, (no one legged poses to start with) Setu Bandha, shoulder balance if they are able to do it. When teaching backbends, keep them grounded, working with the breath. Asanas that require more focus on balance, such as full arm balance and inverted poses such as sirsasana should not be done unless you know them well. Breathing should be simple and cued throughout the class as a way to keep them focused. Suggested pranayama techniques would be: Anuloma viloma (alternate nostril breath) and Viloma. Strong boundaries are very important when teaching anyone with an addiction and you will need outside support for both them and you, and also a deep understanding of the nature of addiction on an emotional, psychological and physical level.

### **ANOREXIA**

As well as the student being very thin there is usually a coating of soft downy hair across their back. The condition is more common in women, especially teenagers who have poor self-image. Can be a cry for help due to an emotional cause.

When teaching these students you need an awareness of the symptoms of the condition. Consider teaching a shorter class as their strength and stamina is compromised due to lack of nourishment and they will be deficient in nutrients so structure the class carefully. They should not hold the asanas for too long and need to go gently, even if they want to do more. They need to strengthen but not exert and they are likely to have some osteoporosis. If possible, seek the advice of their practitioner.

### **ANXIETY, STRESS, TENSION**

There are different approaches but would suggest starting with a gentle warm up before bringing them into the slower more grounded movements. Work to get a sense of flow, moving with the breath. You would need to ground them before introducing breathing practices and even then possibly not be too specific until you can see that they are more settled. They would benefit from a gentle practice and asanas that calm and tonify the nervous system i.e. forward bends are useful. Folding the legs into the chest and

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breathing, child pose and dog pose, leaning forward, resting the head on a support, standing poses, gentle twists, tadasana, arms swing, supine twists, walking footprints, shoulder stand and savasana are all helpful.

## **ASTHMA**

Asthma is an inflammatory disease of the airways. One of the main symptoms is difficulty in exhaling. The small airways in the lungs (Bronchioles) get blocked. Symptoms include breathlessness, chest tightness, wheezing, coughing and gasping for air. This all depends on the severity of the attack. Attacks can come on from exercise. Usually the student will have their inhaler with them (never give them somebody else's). If symptoms come on they will also automatically place themselves in a position where they can get more air, which is usually sitting leaning slightly forward, which counteracts the desire to gasp for breath. Generally be aware that their thoracic area might be tight so concentrate on spinal alignment - asanas that release and lengthen. Compressive poses can be tricky, especially shoulder stand, which can restrict the breath if they do not have enough length in the spine. Get them to focus on breathing into the back of the body and teach them how to quietly breathe before introducing other pranayama techniques such as kapalabhati and viloma on the exhalation. Standing poses, which open the chest, and shoulder exercises are helpful.

## **ARTHRITIS**

[www.arthritisresearchuk.org](http://www.arthritisresearchuk.org)

Lists five distinct groups of arthritis:

- Inflammatory arthritis
- Degenerative or mechanical arthritis
- Soft tissue, musculoskeletal pain
- Back pain
- Connective tissue disease

### **See Spinal Conditions document for further information on Arthritis**

**Osteoarthritis** is a degenerative condition of the joints, wear and tear of the cartilage covering the end of the bones. Objective is to promote gentle movement that increases the blood flow to the joint and synovial fluid. The sufferer might find it painful at first. If pain subsides then it is fine to continue, if the pain gets worse leave it. Releasing with the breath is important as most arthritis sufferers get into the habit of holding their breath thus reinforcing tension in the muscles. Never strain or put unnecessary weight through the joint.

**Rheumatoid arthritis** is an autoimmune disease that attacks the joints. Inflammation occurs around the capsule in synovial joints. This leads to the destruction of articular cartilage and ankylosis around the joint. This can be seen by the distortions at the ends of the bones i.e. hands and feet. The neck is particularly vulnerable so no weight bearing asanas as they could cause paralysis. If there is a flare up then go more gently, focusing on gentle movement and the breath. Always try to get advice from their doctor as several conditions can ape true rheumatoid arthritis, including viral conditions of the joints that burn themselves out. Treatment is strong drugs to control the inflammation. Focus should be on correcting alignment and faulty movement patterns. The breath is a useful tool for pain relief and management.

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**Arthritic hips** - onset usually in middle age and student will complain of pain in the groin which progresses into limited movement in the joint. External rotation tends to make it worse so adapt accordingly, supporting the leg when doing sitting poses is helpful and not holding for too long. Monitor when doing Trikonasana and Vrksasana and always work within a pain-free range of movement. Inverted poses provide relief as they are non-weight bearing and release the hips. One leg down in Sarvangasana is especially helpful. Doing supine poses after inverted asanas makes it easier to lengthen through the leg on the affected side.

**Arthritic neck** - limited mobility in certain movements, muscular stiffness and accompanying pain. Check range of movement, correct overall alignment of the spine and monitor asanas such as Trikonasana where the head is laterally rotated and unsupported, adapting as necessary. Headstand is contraindicated. (Some students who have been doing yoga for years and know how to do it correctly taking the weight through the upper body and arms may do it at their own risk and if you feel comfortable giving it to them as their teacher). Shoulder stand should be avoided if the student is not able to lengthen through the mid and upper spine and neck. Practising Setu Bandha (supine, lifting pelvis up with knees bent, feet flat would be a good way to introduce lengthening and releasing the neck). Kneeling or sitting to a support with the sitting bones anchored and arms resting in front, resting the forehead on the arms or a pillow, allowing the neck to be long and quiet. Standing arm swings and all arm positions can help. Gentle kneeling and sitting twists and gentle rotations lying supine with the head on a soft support can be good. Cat and Dog poses are also helpful to work on shoulder, upper back and neck placement, with the head hanging down in dog pose to relieve the neck.

**Psoriatic arthritis** is another form of arthritis associated with the skin disease psoriasis. Treat similarly to osteoarthritis and as appropriate to the sufferer.

### **BAD CIRCULATION**

Sun salute, inverted poses and exercises which stretch the feet. Legs up the wall may not be good for piles and vulva varicosity but can be useful for legs if they are slanted, at an angle to the wall. See varicose veins, piles, prolapse.

### **BLOOD PRESSURE**

1. **High blood pressure** - avoid going all the way forward in Uttanasana and forward bends. It is better not to let the head be too much lower than heart. Do dog to a support, and keep neck long, but not all the way down unless the student is on medication and their blood pressure is under control.
2. **Low blood pressure** - a sign of this is feeling dizzy after coming up from forward bends. Sink the heels down and come up very slowly or with use of a support.

### **COLITIS**

Standing poses, breathing and lengthening the spine – Vajrasana; Supta Virasana; Badda Konasana; Padmasana and Matsyasana. Inverted variations are not recommended if there is a flare up.

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## **CONSTIPATION**

Shoulder balance, head balance, quieter poses such as Janu Sirsasana, twists with the emphasis on grounding and releasing tension within the organs. Rocking whilst in Dhanurasana (bow pose) is suggested in some texts. Supta virasana to supports or the floor is also useful.

## **CRAMP**

All poses will help with this. Re: foot cramp, sitting on heels with toes tucked under, or tying heels together in Vajrasana. In front bends, lengthen and exhale relaxing the lower abdomen, especially in Kurmasana. If the student keeps cramping beyond the norm refer them to a Practitioner.

## **CYSTITIS**

Suggestions if there is a flare up:

- Lie on the back with knees bent to lengthen the lower back and feel the breath low in the abdomen.
- Same position with a pillow under the pelvis gets the same effect with a gentle backbending movement.
- Baddha Konasana lying on the back with feet raised on a cushion.
- A supported shoulder stand extending the hips away can bring relief but not held for too long. Occasionally the infection could reach the kidneys in inverted poses.

## **DEPRESSION**

Standing poses, emphasising stretching up as well as grounding. It is best to plan a general class, focusing on flowing movements. Not too many forward bends. Some suggestions are: Sun Salute; Headstands; Backbends; Viloma on the in breath; Kapalabhati and possibly, Khumbhaka.

## **DIABETES**

Yoga can make a huge difference in some cases if approached slowly and carefully (N.B. insulin requirements can be changed if yoga is practiced regularly so warn the student this might happen). Stress and tension can be part of the condition so do standing poses prone back bends, sitting poses, breathing and relaxation. There is a chance of tiny hemorrhages behind the eye and in some cases a detached retina, so do not do inverted poses unless otherwise advised by their doctor.

## **DIZZINESS**

There are many possible reasons for this. If it is not due to the early symptoms of a cold, tiredness, stress, anxiety or lack of eating, then ask your student to check with their Doctor as it could be blood pressure or a middle ear infection. Reduce tension in the neck and shoulders and go slowly. Cow and eagle arms are useful. Always take care when moving from lying to standing poses, with Uttanasana and Sun Salute. Make sure they come up slowly out of forward bends and are well anchored.

## **EMOTIONAL PROBLEMS: grief, weeping**

Keep them focused and grounded. If not extreme and beyond the remit of a class, include simple asanas. Balance poses should be done with the support of a wall or chair or omitted completely if the student is very upset. Once they are more focused and able to move more freely then start to draw their attention to the breath. Use your discretion with

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inverted poses. Suggestions of asanas to include would be: Setu Bandha, standing poses, simple sitting poses, Vajrasana, Virasana with arms up, Maha Mudra, Padmasana, Viloma on the in breath, buzzing breath (unless very distressed) and keep the eyes open for breathing.

## **EPILEPSY**

Fits and loss of consciousness: Petit Mal - fleeting loss of consciousness or Grand Mal if more severe. Ask them if they get an aura before an attack and follow first aid procedures. When there are no symptoms a general class should be fine if you keep an eye on them, watching their responses. Teaching them to listen to their body responding accordingly would be a main focus. Do not end class with savasana as exercise followed by lying them down flat can bring on a fit in some patients, so quieten them down slowly at the end of the class/practice and end with sitting. Savasana can be done separately after breathing. Keep breathing simple and do not retain the breath. Sometimes doing shoulder balance at the beginning of a class/practice reduces the occasion of Petit Mal for the rest of the session so in a severely affected young student this may be worth trying. Be careful with the "pushing up" backbends as these can be too strong.

## **EYE PROBLEMS**

Eyes can quieten during relaxation and breathing if the gaze is turned downwards beneath the eyelids, reducing strain in the muscle around the eyes. A rice bag over the eyes in Savasana can help relax them. Be very careful if there is any history of high blood pressure or detached retina. Avoid pushing up into back arches or anything that would increase pressure behind the eyes as this could cause hemorrhaging behind the retina. Inverted poses would be contraindicated and any pose where the head is lower than the heart in some cases. After a cataract operation allow 6 weeks at least before doing any inverted poses. Sometimes people have a "one-off" detached retina so each case has to be evaluated individually.

Sanmukhi (fingers to face) mudra; rice bags to eyes; trataka (gazing at a fixed point); sitali and nadhi sodhama breathing.

## **FEET & ANKLES**

**Foot sprains** - rest then build up muscles

**Stress fractures** – caused by over use and repetitive action. An incomplete fracture. Evidenced by swelling and pain. Common in runners.

**Fallen/dropped arches** – exercises and foot supports.

**Bone spurs & bunions** - walking barefoot, using toe separators, and toe loops in tadasana, squat and badda konasana

**Sesamoiditis** - a form of tendonitis due to two small bones embedded in the tendon beneath the big toe joint in the ball of the foot. Inflammation of the tendon, often caused by high heels. High arches and supination of the foot are symptomatic.

**Plantarfasciitis** – fascia underneath the foot. Pronation is more likely. Affect the heel and underside of the foot – separation of the tendon from the calcaneous heel bone - takes a v. long time to heal. Not a lot we can do!

Useful poses are: Tadasana; Vrksasana; Garudasana; Prasaritta Padottanasana; squatting; kneeling (with toes away and toes under); standing toe exercises; Pete Blackaby rocking side to side move with the toes tucked under; Sarvangasana (extending heels away and keeping feet straight); supine leg stretches; sitting poses and sun salute.

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Always focus on the legs in inverted poses and sitting poses, extending the heels away and keeping the feet straight. Toe exercises in standing and sitting.

### **FUSED VERTEBRA**

Sometimes vertebrae are fused in surgery to solve disc problems. This can leave a stiff area of the spine with more mobile areas either side taking the strain. Concentrate on poses that keep all the spinal and abdominal muscles strong and supportive and avoid those which might jar or strain the spine. If poses are done with care yoga can be very helpful for these pupils. What they can do will depend on how much yoga they have done before the operation.

### **FYBROMYALGIA**

A form of inflammatory arthritis which also affects the central nervous system. Symptoms are widespread muscular pain. Has physical and psychological roots and can be stress related. See ARTHRITIS.

### **HERNIAS**

Most common hernias are:

- *Inguinal* – protrusion of the bowel through muscle wall at groin level. Usually affects men
- *Femoral* – protrusion of the bowel into groin at top of the thigh. Affects women more than men
- *Umbilical* – protrusion of intestine near navel. Common in infants
- *Epigastric* – protrusion of the intestine between the navel and sternum
- *Hiatus Hernia* – protrusion of the stomach through the diaphragm
- *Diaphragmatic* – protrusion of the intestine through the diaphragm

Do sun salute moving on the out breath, emphasising the release. Each case will vary depending upon level of experience and body awareness. Asanas that might be affected: Urdhva Dhanurasana, deep twists, stronger asanas such as Bakasana. Avoid strong back arches and postures likely to put pressure on the front line of the body. Avoid pigeon for inguinal and femoral hernia and compressive poses such as going forward in gomukhasana, lotus and virasana. Take care when going in and out of shoulder stand and make use of props to ease effort.

### **HERNIATED DISC (slipped disc) – see Spinal Conditions document**

Take advice from the Practitioner that is treating them as to where the disc is bulging and which movements should be avoided (contraindicated). Usually it is side flexion, forward bending and extensions depending upon whether it is in the chronic or acute phase.

Suggestions (bearing in mind that every case is different):

Gentle supine breathing with legs resting on a support until back feels quieter. Always check if they are comfortable adjusting position with pillow support if necessary and not keeping them too long in one position. Supine with legs bent, feet on floor, one leg folded in to focus on releasing around hip joint and hamstrings. A gentle approach to all asanas is required, not going too far and staying within comfort zone. Possibly also a shorter class if acute.

Never over-stretch i.e. lying supine with one leg up will be painful so keep knees bent.

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Standing in trikonasana etc. watch carefully, gently supporting with your hands. Ensure back heel is well anchored and weighted, sensing the connection of length from the hip down to the heel.

If student gets immediate pain after a pose it is unlikely to be a disc (usually these cause delayed pain) - it is more likely to be from a facet joint. Bring them out of the pose and into a position where they can rest.

When not acute and the condition is being managed, head balance can be done being careful on the going up and the coming down. It is advisable to support the student. Shoulder stand can gradually be introduced progressing them from Setu Bandha, to feet on a wall or chair.

Forward bends - Janu Sirsasana, Uttanasana and Paschimottanasana - gradually reintroduce making sure that they are moving from the pelvis with a gentle support of the abdominals with the breath, initiating from the lengthening of the hamstrings, feeling the sit-bones of the pelvis on the floor and the length through the spine. Add support where needed. Do not do if in doubt. You could consider teaching the student a more natural forward flexion whilst sitting in a chair using a support in front if necessary.

Extensions should be introduced gradually. This could be done from standing, whilst lying prone or by doing a gentle cat introducing how to move correctly without compressing into the lumbar area. Deeper backbends would come in much later when fully recovered and when they have a deeper understanding of where to ground and support. Pigeon preparation can also be helpful if done quietly and gently.

## **HIP REPLACEMENTS**

Avoid medial movement e.g. cow legs. All movements become a bit restricted but regaining ROM may depend on how the muscles were pre operation. To help loosen the hips stand on one foot on a book or step & swing other leg to and fro. Stand with one foot on a chair and twist - parivritta parsva konasana.

## **HYPERMOBILITY**

There is a range of hypermobility from mild to extreme (Ehlers-Danlos syndrome – a disorder of the connective tissue causing increased range of hypermobility in the joints). Hypermobility in dancers and gymnasts has its advantages and disadvantages. Always work to strengthen and support the joint, not allowing them to over stretch around an already over-flexible joint. Work on grounding, and finding the anchor points within each pose.

## **INCONTINENCE/weak pelvic floor**

Under the advice of a practitioner, work on the breath introducing the use of the pelvic floor where appropriate. All poses that extend the hip joints, lengthen the lumbar spine and help lengthen a sway back are useful. Draw the pelvic floor in and up gradually on the exhalation in asanas such as Baddha Konasana, Supta Virasana, Padmasana, Tadasana, Vrkasana, Navasana, Bakasana, inverted poses and supine poses. Include these muscles in Kapalabhati, on each beat of the exhalation. Practice the Kegel exercises.

## **INJURIES**

- Muscles: muscles can spasm, tear, and there can be bleeding within a muscle after a tear or an impact. For first aid cool with ice pack if poss.- **SEEK MEDICAL ADVICE**- after a tear a regenerated muscle will contain scar tissue which is not

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elastic and will leave the area vulnerable to future strains. To prevent formation of scar tissue muscle needs to be stretched gently- get advice from a Physiotherapist. Remember to make use of RICE: rest, ice, compress and elevate.

- **Stiffness and soreness:** Yoga pupils can initially feel stiff after a practice. This is normal if those muscles have not been used to working. Always ensure that there is an appropriate warm up into the more challenging poses followed by counter-poses and winding down. If the stiffness or soreness continues then seek advice from a Practitioner.
- **Sprain:** This can happen when a joint is forced beyond its normal range of movement, and ligament fibres are damaged. If possible, cool with ice and seek medical advice. Depending upon the severity of the sprain, work within a pain-free zone. Objective is to strengthen the muscles around the joint preferably with the advice of a Physiotherapist or other related practitioner. See RICE above.
- **Strain:** A pain felt in class could well be the overstraining/over stretching of a ligament or muscle. In this case the muscles around the ligament tighten and feel painful. Treat as per sprain. See RICE above.
- **Rupture:** refers to torn tendon. Seek medical advice.

## INFLAMMATION

Work around the area and leave inflamed area alone. If there is pain and swelling refer them to a practitioner.

## INSOMNIA

If unable to sleep in the night, get out of bed, do quiet supine leg stretches, followed by a gentle supine twist, and then Dog pose, Viloma pausing on the out breath, and a gentle Ujayii breath and then go back to bed. Before going to bed it can be helpful to do sitting poses such as Janu Sirsasana, Marichyasana, Sarvangasana and Savasana.

## INSTABILITY

Emotional, agitation, stress.  
See EMOTIONAL PROBLEMS

## IRRITABLE BOWEL SYNDROME

See COLITIS

## KNEES

- **Housemaid's Knee** – pre-patellar bursitis inflammation. Employ RICE.
- **Chondromalacia\*** of the patella: wear and tear of inside of cartilage (\*abnormal appearing/deteriorating cartilage)
- **Cartilage, meniscus tears, & small chips** of bone loose in the knee joint. Medial and lateral meniscus wear and tear with age. Arthroscopy and knee replacements prevent a return to previous range of movement.
- **Cruciate ligament tears** - be careful, build up muscles around the knee joint and seek medical advice.



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- **Pain in the back of the knee** - often due to meniscus problems causing synovial fluid build up and stiffening of joint action
- **Bakers cyst** - a synovial fluid-filled bursa at the junction of the calf and hamstring muscles. Arthritis or meniscal tear or even bony fragments can irritate and cause Baker's cyst.
- **Ligament strains** – RICE (rest ice compression & elevation)
- **Knock knees** – can result in pronation of feet. Brought about via the mechanical axes of lower limb - GENU VARUM (bow legs) or GENU VALGAM (knock knees)

Inverted poses are good as they take the weight off the joint. Improving the alignment and the relationship of the pelvis, knees and feet is a priority. Knee joint should not be compressed or compromised in any way i.e. no twisting/rotation of the muscle fibres in the leg. Try to find asanas that keep the legs long in variations i.e. Sarvangasana with one leg down & really lengthening the upper leg away.

Sitting with long legs helps, working on mobilizing the pelvis whilst supine or inverted as many problems in knees are due to stiff hips.

Watch position of feet in pushing up into back arches & squats etc. Bad position can cause bad knees. Lying supine with legs up wall is helpful. Strengthening of the quadriceps and other muscles around the knee is often necessary once the condition allows it.

### **KYPHOSIS**

Excessively rounded upper back, also known as dowager's hump. Sitting twists are useful. Arm exercises are useful, also Cat and prone back arches. Place a cushion under the hips in prone back arches, then think about lengthening, NOT coming up. Use a door, arms above the head, looped over the top of the door to encourage lengthening. The objective is to gently help the thoracic spine become more mobile.

### **LORDOSIS**

Exaggerated lumbar curve at back of the waist. All poses done with attention to elongating the spine and breathing, using the abdominal muscles on the outbreath, will help. Postures to help lengthen the psoas muscle e.g. supta virasana and lunges. Keep awareness of the tail tucking under. Experiment with cat and dog poses, emphasising the direction of the sitting bones. Tight hamstrings decrease lordosis.

### **LOWER BACK PAIN**

Be very careful if in an acute stage. Best to stay lying on the floor with legs supported and breathing deeply & gently. All supine poses with props done gently, pigeon preparation, kneeling/ sitting forward to a support, simplified standing poses with supports, squatting (with support if necessary) gentle locust or cobra, sitting against a wall with back and thighs supported. Physio balls can help.

### **ME (myalgic encephalomyelitis) or CHRONIC FATIGUE SYNDROME**

Muscle pain and inflammation of brain and spinal cord often caused by a viral infection, hormones, psychiatric problems, stress etc. Sufferers have very little energy. A very tricky one to deal with. A balanced all round programme of asana and breathing can help. Very important not to let them overdo and strain in each asana and to rest in between postures. This is a complicated condition with a psychological element. Probably ok if they will practise, but otherwise we can be of little help.

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### **MENSTRUAL PROBLEMS**

If heavy bleeding, fibroids or painful endometriosis, avoid inverted poses or backbends. For P.M.T. - good strong practice, standing poses, head balance, shoulder balance, back arches and related sequences. For Menopause - practice all the more!

### **MIGRAINE**

Lie supine with a tennis ball under the neck, between the shoulder blades, or place a roll under the spine. Lengthen forward to a support and rest the head and neck. Dog pose is helpful in releasing the neck and upper back. Try to release with face mudra (kechari). Rice bags over the eyes in savasana can be helpful.

### **MS: MULTIPLE SCLEROSIS**

A very variable disease and balance is usually a problem. Sometimes there is no feeling in the lower limbs. Yoga can be great, but because M.S. sufferers may tire easily they need gentle stabilizing poses that work the full range of movement, and plenty of breathing. Balancing (with props if necessary) and working both sides of the body evenly whenever possible. Teachers can help with gentle hands on, as reassurance. Shoulder balance as a restorative pose is useful. Breathing techniques should be stimulating as well as relaxing: lion, kapalabhati, nadi sodhana, khumbhaka. NB as with rheumatoid arthritis there are many muscular syndromes that ape M.S. Make sure they have been diagnosed by a doctor and are not self-diagnosed.

### **OSTEOPOROSIS – see Spinal Conditions document**

Keep mobile and moving. Sun salutation, standing poses and all weight bearing exercises that strengthen the bones are useful. However if someone has severe osteoporosis be very careful as even gentle touching could fracture bones, especially the ribs. Teach breathing gently. No head stand. Encourage upright weight-bearing exercise to help make more bone, but be careful of the vertebrae, ribs and neck and take extra care with inverteds and twists.

### **PARKINSON'S DISEASE**

A progressive disorder of the central nervous system, which affects muscular movement. Sufferers are often characterized by a forward head position, rounding of the shoulders and upper back and a forward trunk position with increased bending at the hips and knees. Gentle yoga asanas and quiet breathing can help hugely.

### **PELVIC INFLAMMATORY DISEASE- SEE COLITIS**

### **PILES**

Take care with front bends, bakasana and squatting. Always exhale and draw the pelvic floor in and up. Practise mulabandha, navasana poses and inverted poses, engaging the pelvic floor muscles. Pay attention to postural alignment. Be sure to engage the pelvic floor while sitting and doing the breathing techniques. See also PROLAPSE.

### **PREGNANCY**

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Much depends on how much yoga the student has done already. Common sense needs to be your guide. Best to avoid teaching them during the first 12 weeks, unless they are regular dedicated pupils and do not let them do any jerky or strong twisting or abdominal compression movements. Pregnancy and birth require strong muscles so pregnant women benefit from standing poses. All poses need to “make more space for the baby” i.e. elongate the spine, and many poses can be adapted to aid & strengthen them. The ligaments become more lax during pregnancy so do not overindulge them (ligaments) or it can be a problem!! Good posture, using the pelvic floor, feet/leg exercises to avoid varicose veins etc. Adapting postures for labour and, almost most important of all, deep breathing are all invaluable. Kapalabhati is contraindicated.

### **PROLAPSE/ stress incontinence**

Tadasana to help them to stand correctly – if they are standing badly then do not let them stay long to start with or it can aggravate the problem - lie them down instead. Once tadasana can be done well then it is good for the problem. Be careful with standing twists as they can compress digestive organs and too much pressure on these can cause problems. Inverted poses should be good for this condition – use the pelvic floor muscles in inverteds poses. Gentle sitting forward bends can be OK but no downwards pressure to be exerted so avoid positions like squatting and baddha konasana and be careful with sitting twists. Avoid positions which put any extra pressure on the abdominal cavity. Kapalabhati is contraindicated.

See also PILES.

### **POLYMYALGIA RHEUMATICIA**

An inflammatory condition that causes stiffness and painful muscles of the neck, shoulders, thighs and hips. Polymyalgia rheumatica (PMR) is sometimes associated with painful inflammation of the arteries of the skull. This is called giant cell arteritis, or temporal arteritis, and needs prompt treatment, as there is a risk of damage to the arteries of the eyes. Must seek medical attention. Usually affects older people.

### **SACROLUMBAR JOINT- pain**

The lumbar spine does not move much in standing twists. If movement is forced lower down it is more likely to hurt the sacrolumbar joint. Be very careful with forward bends and supine twists– keep the knees close into the chest.

### **SACROILLIAC JOINT – pain**

Can ache and be inflamed at times, requiring supine rest or the muscles can go into spasm. Pigeon preparation can help but keep upright rather than lying long. Note: as per sacrolumbar joint in forward bends and supine twists.

### **SCIATICA – see Spinal Conditions document**

Can be helped by adaptations of poses such dog, setu bandha, supta virasana, using physio balls (2/3rd inflated). Pigeon preparation is particularly helpful as it stretches the piriformis muscle, through which the sciatic nerve passes (in not all, but many cases) Avoid forward bends and twists. Use of physio balls can help.

### **SCOLIOSIS – see Spinal Conditions document**

Spine has a lateral curvature, often related to the pelvis or uneven length of legs. Lengthening the spine is important - the curve may or may not lessen, but keeping the

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muscles working evenly on both sides of it is important. Forward bend to a support is very helpful.

## **SINUSITIS**

Head balance, dog pose, full arm balance and shoulder balance can help drain blocked sinuses. Salute to the sun can also help- in fact all yoga probably helps - just have handkerchiefs at the ready!

## **SPONDYLOLISTHESIS**

An instability around L5 due to bilateral defects in the pars interarticularis where the vertebra slips forwards on the sacrum causing lower back pain, numbness and tingling sensation radiating down the legs.

In standing poses watch carefully and help by ensuring the back heel is really well anchored and weighted, so they can lengthen the pelvic & lower back area. Avoid pushing up back arches unless the student can really lengthen the spine - better to do setu bandha from the floor, but with all back arches they must really be lengthening the sacrum.

## **SHOULDERS**

- **General:** supine arm stretches and supine twists; kneeling/sitting to a support with sitting bones anchored and arms resting in front; cat & dog pose; standing arm swings and all arm positions; shoulder balance for those who can; kneeling/sitting twists. Lying with a roll or soft tennis ball beneath the spine at the relevant point can help alleviate symptoms. Rolling to and fro on a physio-ball.
- **Frozen shoulder:** inflammation and spasm of muscles around shoulder joint so gentle movements to encourage release. Gentle arm swings as possible and as per stiff shoulders. Arm exercises lying on the back can be helpful. Eventually the shoulder will “thaw” but taking the arms up or behind the back can be very tricky. Avoid reverse Namaste & cow arms until the shoulder has begun to loosen. Circling the shoulders (like gentle swimming) or singly when in uttanasana can be helpful as the shoulder is in gravity. Dog pose to open the shoulder girdle. When in supine twist use props to help open the shoulder. Common on left side of the body as it can be emotionally related. More common in women, and can recur.
- **Dislocating shoulder:** this can be caused by some stiffness elsewhere disguised by flexibility in shoulders. Do basic yoga exercises, keeping attentive to the shoulder blades and spine. Do not try to put back into place if this occurs in class – send to A&E.
- **Tendonitis:** inflamed tendon, small tears in its protective sheath from overuse or after an injury. Rest if inflamed.
- **Bursitis:** inflammation of the bursa within the joint capsule.
- **Rotator cuff injuries:** rest first then strengthen appropriate muscles. Requires physiotherapist advice.
- **Trapped nerve:** in shoulder (may always feel numb) Strengthen muscles and make sure they are getting doctor’s advice.
- **Golfers and tennis elbow:** inflammation of tendons & muscles around the elbow joint. Outside pain is tennis elbow. Inside pain is golfer’s elbow. Caused by over use. Rest is important.

Safe teaching: A-Z of conditions & considerations when teaching

In general, cow arms, eagle arms, Namaste both in front and reverse, standing poses, dog pose, supine arm exercises kneeling to a support, table pose and setu bandha are all helpful in opening the shoulders and upper back.

### **STRESS FRACTURE**

An incomplete fracture of the vertebrae or the bones in the foot. Usually caused by over use or repetitive action. Common in runners. Leave until fully healed.

### **THYROID problems**

In shoulder stand this gland is flushed through with blood and stimulated. However if a student has a thyroid problem they need to go into shoulder stand very slowly, using props to help them to avoid creating tension in the neck. Their neck must be able to lengthen first so approach via feet on the wall, a chair or feet on your chest. Approach shoulder stand slowly. Kapalabhati is contraindicated.

### **VARICOSE VEINS/Swollen ankles**

Sun Salute, foot exercises, especially Vajrasana with the toes tucked under to help the venous return from the sole of the foot to the heart. Inverted poses. Slanting the legs up to the wall, not too upright, is helpful. Elevate the legs and do not compress for any length of time. Kneeling and Dog pose help to encourage the valves in the veins to work better.

### **WRISTS & FINGERS**

If just stiff, all hand, arm and gentle hand weight bearing exercises can help but if it is tendonitis or **RSI** (repetitive strain injury) or **carpal tunnel syndrome** then the area needs rest for the inflammation to subside. Gentle fist rotations circling the opposite way and then the same way are useful. For strained ligaments employ RICE, (rest, ice, compression, elevation) then facilitate gentle movements. Raise wrist(s) on a folded yoga mat during asanas to ease pressure.

**Ganglion** – not usually painful but can be. If fluid filled it will probably eventually burst so not always necessary to avoid weight bearing through the wrists. Encourage use of the forearms and resting through the elbows in Dog, Cat, Plank, if there is pain in the wrist.