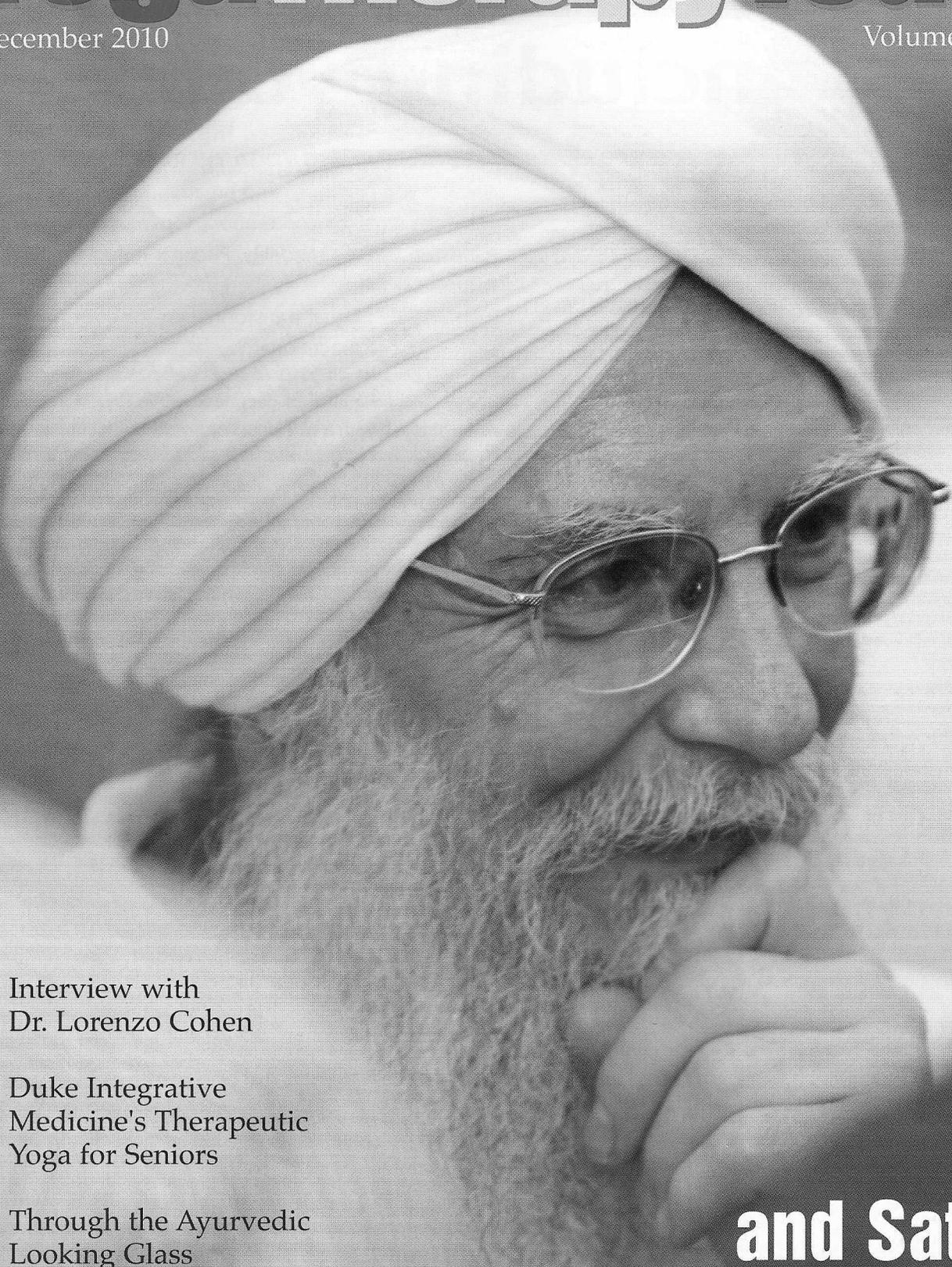


THE INTERNATIONAL ASSOCIATION OF YOGA THERAPISTS

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- Interview with Dr. Lorenzo Cohen
- Duke Integrative Medicine's Therapeutic Yoga for Seniors
- Through the Ayurvedic Looking Glass
- International Spotlight: Yoga in Sweden

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and Sat Bir.**

You can't have one
without the other.

Therapeutic Yoga for Seniors

Duke Integrative Medicine's Professional Training

There we were in a 75-minute Yoga practice wearing ear plugs, toes taped together with Band-aids, and breathing through straws. We were the students in Duke Integrative Medicine's Therapeutic Yoga for Seniors Professional Training Program. Simulating the experience of elder persons practicing Yoga by having us bind our bodies and restrict our breathing is a technique that co-instructors Kimberly Carson and Carol Krucoff use to quickly and dramatically help students in this training understand a core principle of therapeutic Yoga: meeting students where they are. Using common Yoga props such as straps and zabutons, students experimented further to see how it would feel to move with frozen shoulder or extra belly girth. That first morning's practice helped assure me that this training program would deliver on its promise.

Just as we want our students to have confidence in us as Yoga therapists, it is crucial to know that those who offer advanced professional training in Yoga therapy embody the work they share with others. Carson holds a master's degree in public health and Yoga certifications in several traditions. She and her husband, Jim Carson, a psychologist and former yogic monk, created the Yoga for Awareness therapeutic program, which has been used in Duke research trials. Crucoff is a Yoga therapist at Duke Integrative Medicine and a contributing editor for *Yoga Journal*. She and her husband, Mitchell Krucoff, a Duke cardiologist, created *Healing Moves*, a therapeutic program that uses exercise to address common ailments.

The entire program spans eight days of training at the Duke Integrative Medicine campus in Raleigh, North Carolina, and is finalized by mentored fieldwork in one's own community.

Carol and Kimberly began most days by leading us through a Yoga class tailored for seniors. Some days we practiced in chairs, other days with modifications for a floor practice or with a meditation on the phases of life (childhood, young adulthood,



middle age, and senior). These practice sessions were often followed by lectures.

Some of the lectures focused on age-related health issues such as vision and eye health, Alzheimer's, pulmonary disease, cardiovascular disease, arthritis, joint replacement, osteoporosis, and palliative care. They were delivered by western medical practitioners such as a cardiologist, an ophthalmologist, and a physical therapist specializing in pulmonary rehabilitation. These medical professionals gave us valuable information about age-related medical conditions and their symptoms, which in turn helped us to formulate poses and modifications that would make Yoga safer (and perhaps more effective) for people with those conditions.

Lectures were also interactive and are perhaps better described as "discussions," since the presenters welcomed questions and comments from our own experiences throughout their talks. The lectures and demonstrations were in comprehensible and usable formats for Yoga instructors whether or not we have backgrounds in allied health professions.

These lectures were followed up by what Kimberly and Carol termed "gathering

pearls." Following a lecture on age-related eye conditions, for example, we noted important lessons such as "persons with cataracts could have trouble driving to a Yoga class at night." Kimberly and Carol used markers and white boards to jot down the pearls discovered in each lecture. The gathering pearls sessions were especially helpful in integrating and retaining the lecture information.

Shelly Wroth, MD, integrative medicine physician and assistant professor of obstetrics and gynecology at Duke Integrative Medicine, joined us one morning to give an overview of Duke's model of integrative medicine. She shared with us that at Duke Integrative Medicine, Yoga and other complementary and alternative therapies are combined with "conventional" medicine to treat the whole person, not just the disease. She explained that Duke's integrative approach puts mindfulness at the center of healing, so that each patient is encouraged and empowered to "show up" for him- or herself and actively participate in his or her own healing process. Dr. Wroth is also a certified Yoga instructor and a medical acupuncturist.

We formed small groups to work on formulating posture modifications and sequences based on the day's lecture topics.

On another morning, Kimberly and Carol led a discussion on Yoga and evidence-based research. They emphasized the importance of evidence-based research in the quest to have Yoga recognized as a safe and effective form of complementary and alternative medicine. To that end, Kimberly and Carol gave us an overview of academic research processes and instructed us on how to read evidence-based research papers on Yoga and how to search for research papers using electronic databases, such as Pubmed.

Interspersed with these kinds of morning lectures and discussions were a couple of field trips. We went to Duke Gardens for a meditation and discussion of death and dying and on another day to the campus fitness center to observe Yoga classes and other fitness modalities for conditions related to aging.

Although we did have a "frontline" skills session around creating and collecting client intake forms and physician consent

forms, the only area I found the program to be lacking was in whole-group discussions of marketing and other business-related issues. However, over lunch we made up for this in smaller group discussions when we shared and brainstormed such issues based upon experiences in our communities.

Lunch was met with enthusiastic gratitude. Vegetable dishes, whole grains, a meat dish, and desserts gave us the nourishment we needed without making us feel loaded down or too sleepy for afternoon classes. Lunch was such a highlight of the program that the chef announced that she would provide a booklet of recipes for each of us at the end of the program.

We had yet more lectures on age-related medical conditions in the afternoons, but that was also the time for synthesis and application of what we'd been learning. We formed small groups to work on formulating posture modifications and sequences based

on the day's lecture topics. Carol and Kimberly shared a variety of poses and modifications that they formulated for their own students, such as standing and chair versions of Warrior I, with modifications for people who cannot lift their arms overhead or who have shaky balance.

We took home with us a multi-tabbed binder of information on the lecture topics, illustrated posture descriptions, and guidelines for the field work requirements. We also received paper copies of slide presentations from the lectures. I relied heavily on these materials during the fieldwork.

(continued on page 19)

Gary Kraftsow & Faculty present

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Mentored Fieldwork: Taking the message to the people

The mentored fieldwork required for certification by Duke is rigorous and oriented toward both practice and evidence-based research. I felt fully prepared to embark on the fieldwork when the in-house portion of the training had ended.

It includes observing seniors engaging in physical activity; gathering information on an age-related health topic of your choice; designing and executing a simple study examining a factor within your topic before and after a Yoga intervention; developing and teaching a Yoga for seniors class that addresses the chosen topic; and a written report and executive summary of the field work. Expectations for the field work are thoroughly discussed during the eight-day program, and participants set their own timeframe for completing the work. I focused my field work on whether Yoga can help seniors in the workforce who have sleep disorders.

I felt fully prepared to embark on the fieldwork when the in-house portion of the training had ended.

The research, study design, class execution, and write-up took approximately one month. Carol was my mentor for the fieldwork. She answered questions I had along the way, and then gave helpful suggestions upon review of my write-up.

Closing Thoughts

Duke's Yoga for Seniors program is a conversation about a coming together of western medicine and Yoga aimed at contributing positively to the health and quality of life of aging persons. This conversation is exciting and full of potential.

I think of that potential as I recall my first opportunity to observe a Yoga rehab class during the program. As the program participants filed into the fitness center, the first thing I noticed was a slightly stooped, white-haired woman pulling her oxygen tank around the indoor track. After she fin-

ished a lap, she pulled herself and her tank to the middle of the floor, where she participated in the pulmonary rehab Yoga class. To me, she is the embodiment of this conversation, tailored to inspire and empower the mind, body, and spirit of those facing the challenges of aging. **YTT**



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Carson-Crucoff Principles of Practice®

1. *First, Do No Harm.* Join with our physician colleagues in making this our primary intention..
2. *Create a Safe Environment.* Cultivate ahimsa (nonharming) by encouraging students to honor their own personal journey and explore their full potential, with compassion and integrity.
3. *Encourage Yogic Balance.* Sthira sukham asanam-A yoga pose is, by Patanjali's definition, stable and comfortable. Invite students to challenge themselves, but never strain.
4. *Meet People Where They Are.* Honor individual abilities and limitations by offering accessible and appropriate modifications that reflect the intention and function of traditional postures.
5. *Emphasize Feeling Over Form.* Let go of ideas of how a pose should look. Focus instead on how a pose feels. Teach students to discriminate between discomfort, which may be welcomed as an inherent part of the growth process, and pain, which is to be avoided.
6. *Honor the Inner Teacher.* Don't assume you know what's going on with someone, even if you've asked. Consider yourself a guide, helping students explore what works best for them.
7. *Encourage Gratitude and Joy.* Create an environment that celebrates what students can do.
8. *Emphasize Fluidity.* The Tao's teaching that "those who are soft and supple are disciples of life" is particularly important as the body becomes rigid with age. Minimize static "holdings."
9. *Use Skillful Language.* Encourage and invite rather than direct and demand.
10. *Respect Our Scope of Practice.* Recognize that what we do as yoga teachers is only part of the integrative health care landscape. Do only what we are trained to do and refer to other practitioners when necessary.
11. *Be a Guardian of Safety.* Get CPR/AED training and keep your certification current.
12. *Teach People, Not Poses or Conditions.* While acknowledging the inevitable changes inherent in life, it is essential to recognize the unchanging spirit at the heart of all beings.

"Teaching Yoga to Seniors: Essential Considerations to Enhance Safety and Reduce Risk in a Uniquely Vulnerable Age Group"

Source: *The Journal of Alternative and Complementary Medicine*, Volume 16, Number 8, 2010, pp. 1-7. © Mary Ann Liebert, Inc.
 Authors: Carson K, Krucoff C, Peterson M, Shipp K, Krucoff M

80% of seniors have at least one chronic health condition and 50% have at least two. More than 80% take at least one prescription drug and close to 60% take three or more. "The average 75-year-old has three chronic conditions and uses five prescription drugs."

Challenges to senior participation in a Yoga class, and the need and some methods for creating a safe environment for this population are discussed. However, the body of the paper centers on three areas that pose the greatest risk of compromise to older adult students: sedentary lifestyle, cardiovascular disease, and osteoporosis.

Seniors are the "least physically active of any age group, but also generate the highest expenditures for medical care." But seniors vary widely in their perception of exercise intensity. "The perception of 'moderate intensity' effort varies," with some reporting that climbing several flights of stairs is a moderate intensity activity while others say "that moderate-intensity activity is getting up off the couch to answer the door."

The authors tell us that real cardiovascular awareness exists in the "mind-body-spirit milieu" and that "evidence suggests that certain brain-heart signals can be influenced by intangible factors" typically found in Yoga practice—relaxation, mindfulness, prayerfulness, meditation, and group support.

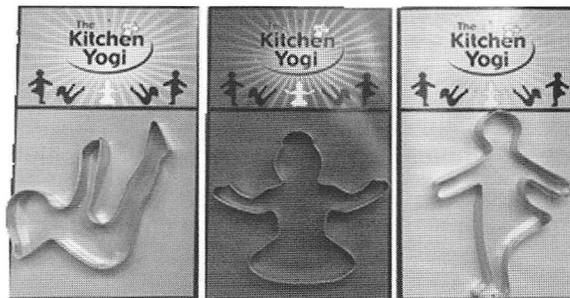
The osteoporosis segment focuses on understanding the condition and how it presents, as well as various poses that either affect the individual positively or that should be avoided.

This paper contributes to the growing body of literature on the need for exercise among the senior population, age 65 or older, the fastest growing sector of the population. —Julie Deife

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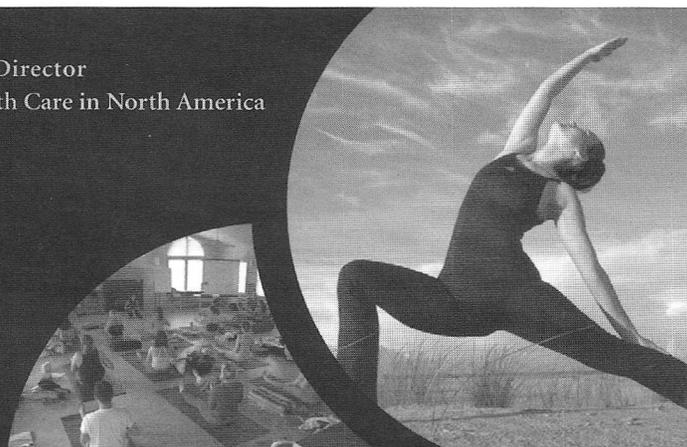


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"I really appreciate PYT...I have been teaching yoga for years, but PYT has shown me how much more there is to know...studying (PYT) has allowed me to teach safer and more therapeutic classes." RN, RYT, PYT-Candidate, Chapel Hill, NC

"The PYT program has personally and professionally revitalized me and my practice of medicine. I am compelled to keep learning and to share what I have learned." PA-C, MPH, PYT graduate, Washington D.C.

"I am amazed at Ginger's energy & passion...& detail she covers. She is an inspiration...her PYT manuals have become my bible of yoga therapy. OT, PYT-Candidate Ketchum, Idaho

"Prenatal yoga therapy was very informative...well researched & well written. Ginger is well educated and versed in the subject. The depth of her knowledge is fantastic." CNM (Certified Nurse Midwife), RN, Greensboro, NC



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