

YOGA – SAFETY GUIDELINES

“In any physical activity in the world you can hurt yourself if you don't follow the rules” – Bikram Choudhury.

Safe teaching of Hatha Yoga is an essential part of being a good Yoga teacher. Yoga is generally taught in a group situation where students can vary considerably in terms of fitness and general health levels, age and flexibility. For teachers, this presents a challenge, which should be addressed by building awareness of common areas for concern. The following gives some general guidance on safety, including contraindications. It is not intended to be exhaustive as there are too many variations to consider. When in doubt, students should be advised to consult their doctor concerning the suitability or otherwise of particular postures or movements.

Safe teaching also involves advising students to take responsibility for their wellbeing by heeding such signs as chest pains, cardiac irregularity and faintness, all of which are indications that the body is under strain.

STANDING POSTURES/BALANCE

With adequate preparation and modification where necessary, these are amongst the safest postures, helping to develop both strength and flexibility throughout the whole body and teaching good body alignment. For beginners, it is especially important to spend time on standing asanas as they awaken the energy in the feet and increase strength and mobility in feet, ankles, knees and hips. In this way, the legs become a firm base of support for the spine. Standing postures, then, provide the foundation for other groups of asana.

The three parts of the body most susceptible to injury in any asana work are the neck, the lumbar vertebrae and the knees. A recent report in Yoga Journal ⁽¹⁾ indicates that the origin of the hamstring muscle and the sacro-iliac joints are the next most common sites of injury. In standing postures injury can be avoided by following these simple guidelines, most of which are relevant for other types of asana:

1. Protect the neck by keeping it as relaxed as possible and maintaining length in the back of the neck. If in doubt, students should be advised to keep the gaze forwards rather than looking up in postures such as Trikonasana and Parsvakonasana.
2. For the lumbar spine, a general guideline is to lengthen and avoid overarching this area in all standing postures. The correct use of abdominal support in the form of a gentle Uddiyana bandha will help to facilitate this.
3. Practised correctly and modified where necessary, standing postures can help to strengthen the muscles and ligaments that surround the knee joint. To strengthen weak knees, the quadriceps group of muscles need to be strengthened.
4. To avoid over-stretching the hamstrings, students should be encouraged to enter standing forward bends with slightly bent knees, which can be straightened as much as comfortably possible once in the pose.

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5. The sacro-iliac area is best protected by maintaining width in this region in all standing postures.

It has been said that most if not all Yoga asanas require a degree of good balance. There are various balance-affecting conditions that may influence the ease with which a student can perform standing postures and in particular, standing balances. These include blindness, deafness, anxiety, multiple sclerosis, the effect of medication and problems affecting the middle ear. In these and other balance-affecting cases, students are advised to take special care. Modifications to the posture can be used or in some cases the student may benefit from the support of a wall, chair etc.

As standing postures are rather strenuous, some may need to be adapted for those with heart and blood pressure conditions. For example, Warrior I and II can be practised with hands on hips rather than with arms raised.

Severe heart and high blood pressure conditions may mean avoiding standing forward bends altogether or bending only from the hips with a level spine so that the heart is never lower than the hips. This modification may also be given in cases of spinal disc problems and hernia. Glaucoma, detached retina, inner ear discharge and severe sinus infection are all contraindicated for standing forward bends, as are any spinal conditions where a forward bend produces pain rather than mere discomfort.

SEATED POSTURES

Almost all seated postures require good mobility of the hip and knee joints. Where there is a history of knee problems, students should be discouraged from attempting classical postures such as Padmasana, although with work on improving hip flexibility the posture may be attempted in due course. Generally, pressure on inflamed knees must be avoided. Arthritic knee conditions should be treated with caution. Padding can be used to support knees and, for kneeling postures such as Vajrasana, ankles.

In cases of varicose veins, short periods of sitting in postures such as Vajrasana may be beneficial. However, students should discontinue the practice if a reaction occurs. Generally, longer periods of sitting in tight cross-legged or kneeling postures are inadvisable.

For students with limited flexibility, the use of a folded blanket or block placed under the sitting bones can help to lower the knees to below hip level and create better alignment of pelvis and lumbar area.

FORWARD BENDING POSTURES

See comments above on standing forward bends. Exercise extreme caution in the case of students who present with any form of prolapsed disc in the lumbar area, annulus fibrosis (inflammation of fibres of spinal discs), ankylosing spondylitis (inflammation of vertebral joints), sciatica and any degenerative condition of the lower spine or sacro-iliac joint. Other prohibitions include recent abdominal surgery and inflammation of liver or spleen. In the later stages of pregnancy, extreme forward bends are contraindicated. For all above conditions a modified seated forward bend with legs apart and the use of a yoga belt to encourage lengthening of the spine may be suitable.

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Students with tight hamstrings should be advised to either bend the knees slightly to facilitate increased movement in the lower spine or else use a folded blanket or block which will tilt the pelvis forwards.

BACKWARD BENDING POSTURES

Back bends which require significant effort such as Dhanurasana (Bow) and Chakrasana (Wheel) are unsuitable for students with high blood pressure and/or angina. Most backbends are contraindicated for pregnancy, particularly in the later stages.

Caution should be exercised with students who present with arthritic and rheumatic conditions, hiatus hernia, peptic ulcers and back conditions which are aggravated from the practice. Students with low back pain may benefit from the use of a raise under the pelvis and hips to reduce the angle of the lumbar curve when practising backbends performed from a prone position. Some students may also find it helpful to work with moderate tension in buttocks, hips and legs to reduce compression of the lumbar spine.

Students with kyphosis (excess posterior curvature of thoracic spine) should be advised not to take the head back in backbends. Modifications or use of support under the wrist can be given to those with wrist conditions such as carpal tunnel syndrome for backbends such as Urdhva Mukha Svanasana (Upward-Facing Dog) where the hand is a base of support.

LATERAL BENDING AND TWISTING POSTURES

Prohibitions include extreme heart and blood pressure conditions, late pregnancy and inflamed liver or spleen. In cases of pregnancy and recent abdominal surgery, stronger side-bending and twisting postures may not be suitable and a modification should be given.

For those with arthritic or rheumatic conditions, side-bending and twisting postures should be gentle and modified. Special care should also be taken in the case of hiatus hernia where pressure on oesophagus and stomach could cause acidic juices to flow back into the gullet.

In side-bending postures such as Trikonasana, students should be discouraged from going too far down until they have developed the necessary internal support and strength in the lower body to enable them to safely exit the posture. With regards to twists, it is important that students are able to lengthen the spine before twisting and to maintain that length once in the posture. Again, the use of a folded blanket or block under the buttocks in seated twisting postures will help less flexible students to achieve a better alignment of pelvis and lumbar, enabling optimum spinal length and rotation.

INVERTED POSTURES

Prohibitions apply for those with high blood pressure and those with heart conditions. Inverted postures can increase pressure in the eye and so are dangerous for those with eye problems such as glaucoma and detached retina. Inverted postures are unsuitable for those suffering from degenerative kyphosis, osteoporosis or anyone with a severe arthritic neck condition. Contraindications also apply to menstruation and inner ear problems. Hiatus hernia may be aggravated by inversion. Those with enlarged thyroid should be given a modification in the case of

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Sarvangasana (Shoulder Balance) and Halasana (Plough) where full chinlock would be inadvisable.

Inverted postures may also be unsuitable in the case of certain rheumatic and arthritic conditions, pregnancy (where the centre of gravity is constantly changing) and balance-affecting conditions such as Multiple Sclerosis, blindness or deafness. However, in some cases modifications may be given.

Students suffering from neck injuries such as whiplash should be advised to wait for some time before attempting inverted postures such as Sarvangasana (Shoulder Balance) and Sirsasana (Head Balance). These postures should only be attempted when there is no longer any inflammation and the neck has been strengthened by other posture work.

The ability to enter and exit these postures with control is essential. Those who lack the necessary internal and external strength should be actively discouraged from attempting inverted postures such as Sarvangasana (2) and Sirsasana. Those who are overweight are particularly vulnerable to injury if they try to force themselves into these postures. In many cases, modified postures such as Half Shoulderstand, Viparita Karani (Legs-up-the-Wall Pose) and Half Headbalance will be safer alternatives.

YOGA BREATHING

The progression in teaching breathing techniques should be very gradual. Students should have developed breath awareness, the ability to make full use of lung capacity, and have practised synchronising breath and movement before moving to the more demanding techniques involving breath retention. Holding the breath for more than 4 seconds is inadvisable for people with high blood pressure, heart or chest problems or during pregnancy.

RELAXATION

Savasana (Corpse pose) is contra-indicated for pregnant women beyond the 30-week stage as uterine pressure on the inferior vena cava may lead to fall in blood pressure and dizziness. (see Pregnancy Guidelines) As a general point, care should be taken if using guided visualisation as the particular visualisation may create a disturbing experience for some students. During deep relaxation emotional problems can be brought to the surface thus causing distress, so a teacher need to be fully aware of his/her students. It is important to end the relaxation practice by ensuring that students are 'grounded' – aware of the physical body and the contact of the body with the floor, the room and the wider environment, prior to sitting in Sukhasana (or other seated posture) with upright spine and firm base.

Notes

- (1) See "Insight from Injury" by Carol Krucoff in Yoga Journal, May/June 2003
- (2) In the above article, a leading US Yoga teacher and therapist reports that Shoulderstand is now the most common posture to produce injury, particularly in students over the age of 40.

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