

Chapter 10

Foundations for Yoga Practice in Rehabilitation

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ABSTRACT

Yoga, as both a science and art, elicits neurochemical response mediated by neurophysiological mechanisms, and when used in rehabilitation, can honor both its cultural philosophy while evolving as an evidence-based therapy. The central theme of this chapter is to provide a foundation for a novel yogic model of rehabilitation practice using proposed common psychotherapeutic and physiological factors that affect patient outcomes. This model is guided by Ten Precepts that can guide the use of yoga in rehabilitation as a medical, therapeutic, yoga, in order to foster evidence-based practice, which is representative of best practice techniques in rehabilitation. The 10 Precepts include guidelines on optimization of patient assessment and intervention, education, respiratory function as a first-line psychophysiological intervention, fostering stability and safety through six evidence-based neurophysiological principles, inclusion of Ayurveda and other yogic tools, and non-dogmatic yoga practice in rehabilitation.

INTRODUCTION

The science of rehabilitation is a living, changing art. So is yoga. There are benefits to studying both, and even greater value to combining the two in clinical practice. Biomedical care and holistic paths like yoga can bilaterally advance from joining hands as synergistic sciences.

Yoga, as both a science and as an art, “elicits a neurochemical response mediated by neurophysiological mechanisms” (Garner, 2016), and its practice in rehabilitation can honor its historical roots and rich cultural philosophy while concurrently evolving as an evidence-based therapy. While biomedical care saves lives with its demonstrated excellence in acute, crisis-based disease intervention (Garner, 2016), it’s weaker record with chronic disease prevention and management (Pomeroy, 2012; Van hecke, Torrance, & Smith, 2013; Elliott, Smith, Hannaford, Smith, & Chambers, 2002) makes yoga, specifically yoga that is evidence-based and evidence-informed, the perfect adjunct to clinical rehabilitation disciplines. Simply put, yoga’s inclusion in healthcare can improve rehabilitation, including its preventive, acute,

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and chronic care aspects, while also fostering creative, innovative dialogue that can transform healthcare, now and for the future.

The central theme of this chapter is to provide a foundation for a novel yogic model of rehabilitation practice using proposed common psychotherapeutic and physiological factors that affect patient outcomes. This model is girded by Ten Precepts. They can guide the use of yoga in rehabilitation, a medical, therapeutic yoga, in order to foster evidence-based and evidence-informed practice, which are representative of best practice techniques in rehabilitation.

The Ten Precepts follow and are discussed in this chapter. The evidenced-based practice of yoga in rehabilitation and wellness practice should (Garner, 2016):

1. View the person and their potential for injury or disease through a biopsychosocial model of assessment (Institute of Medicine, 2011; WHO, 2002) in order to affect all-health outcomes through reducing allostatic load.
2. Encourage establishing interdisciplinary integrative yoga education in healthcare (IOM, 2000; Pergolizzi et al., 2013) in order to protect the consumer of yoga and maximize clinical efficacy.
3. Attend to the breath prior to introduction of postures.
4. Advocate for biopsychosocial stability as a primary focus with mobility as a secondary focus, pursuing structural alignment of postures guided by six physiological principles.

Table 1. Review of ten precepts that guide the use of yoga in rehabilitation and wellness care

1. View the whole person through a yogic Biopsychosocial (BPS) model.
2. Establish interdisciplinary integrative yoga education in healthcare.
3. Recommend attention to breath prior to teaching postures or movement.
4. Advocate for BPS stability as a primary focus with mobility as a secondary focus, guided by principles of neurophysiology and biomechanics.
5. Inform dynamic execution of breath and postures via instruction of internal or external support.
6. Combine Ayurvedic clinical evaluation methods for analysis in yoga.
7. Include sound, music, and voice analysis as therapy.
8. Teach non-weight-bearing headstands and non-cervical-weight-bearing shoulderstands and emphasize protection of vulnerable joints.
9. Welcome all disciplines of yoga and spiritual belief systems.
10. Guide the student to seek the self pursuant to one's duty/mission.

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