

Adapting Thai Yoga Therapy for the Neurologically Involved Client

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Neurologically involved clients (and their families) have been through an incredible trial physically, emotionally, mentally, and spiritually. Thai Yoga Therapy can be a medium for teaching clients to feel pleasure in their body again, and to show clients that they can still move their body in meaningful ways. When clients are taken passively through the stretches, they are able to relax and let go of the frustration caused by their body no longer moving like it used to. The gentle, rhythmic motions reduce tone and muscle tension, allowing clients to enjoy the therapeutic movement provided by this form of massage. Most clients find the sessions to be an oasis of calm in their tumultuous lives. Thai Yoga Therapy is often referred to as a “meditation of compassion,”¹ and when done in the spirit of *metta* it is a beautiful dance between giver and receiver.

Case Study

In order to best illustrate the use of Thai Yoga Therapy as an adjunct treatment for neurological clients a case study is presented.

Patient History

The patient is a 72-year-old male with a history of cervical spinal stenosis (narrowing of the spinal canal causing compression on the spinal cord and spinal nerves). The patient underwent a

cervical fusion in January 2003 with good initial results. After discharge from the hospital, however, the patient lost consciousness while getting up one night and fell to the floor. As a result of the fall the bony fusion became unstable. Additionally, the patient tore his left rotator cuff muscles (which had been surgically repaired two times previously), and he sustained a mild head injury.

Once medically stable the patient underwent a second surgery to have metal rods implanted along his vertebrae to stabilize the joints. After the second surgery the patient underwent intensive inpatient and outpatient rehabilitation to regain ROM, strength, balance, and functional mobility.

His recovery was complicated by many medical issues, including respiratory difficulties requiring supplemental oxygen, difficulty with bladder control requiring a catheter and eventually surgery, feeding problems that necessitated placement of an N-G Tube, increased tone and spasticity that impeded functional mobility, stiffness of the left shoulder due to the injury to the rotator cuff, loss of fine motor control in both hands, digestive difficulties, and loss of appetite. Additionally, the client experienced nearly constant pain, which prevented him from sleeping.

When I met the patient, he required assistance to stand up from a wheelchair, and he walked with a rolling walker. He required assistance to roll from one side to the other and to move side to side in bed. When seated, he could not reach outside his base of support without losing his balance, and he had fallen to the floor several times at home. The combination of tone, weakness, and joint stiffness caused him to walk with a rigid, shuffling gait. Because of pain in the left shoulder, stiffness in his joints, and muscle weakness, the patient had great difficulty transitioning from standing to tall kneeling or quadruped position. These factors initially made it difficult for the patient to get to the floor mat for sessions.

Treatment Modifications

¹ Raye, op cit.

I initially treated the patient in an outpatient rehabilitation setting in the hospital, where we were able to use a raised mat table to avoid the floor transfer. The client simply walked to the mat using his walker, sat down, and then came to supine. This technique is helpful for most neurological clients who have loss of balance and decreased functional mobility. It is also useful in working with clients with spinal cord injuries who may be unable to transfer to the floor—they can transfer directly from their wheelchair to the mat table. This is the safest and most comfortable way to adapt the Thai Yoga Therapy session for those clients who have difficulty getting to the floor.

In settings where a mat table is not available the therapist must adapt the floor transfer. Once this patient was discharged from therapy at the hospital I worked with him in his home. We were able to adapt the process of getting to the floor by having the patient first come from standing to tall kneel in front of a coffee table. Once he was steady in tall kneel I was able to help him transition to his elbows and knees; from there I assisted the patient into prone position, and then slowly to supine.

In my opinion, a bed is soft and yielding, so it is not an ideal surface for energy line work. It is, however, a safe option for those clients who are unable to get down on the floor safely. One session, after this patient underwent surgery, I treated him bedside with a modified session to decrease pain and to work specific acupressure points and energy lines for the bladder, kidneys, and prostate. The patient experienced almost immediate reduction of pain and anxiety from this session.

When working on the floor we made adaptations to accommodate the stiffness of the patient's joints. The patient's neck ROM was limited because of the cervical fusion. For comfort we used a pillow under his head to keep the spine in alignment. Once the patient was comfortable he was able to relax, and we started each session with gentle rocking motions of the trunk and extremities to reduce tone. This was followed by working the foot *sen* and *marma* points and kneading the feet with oil. Over the course of treatment the muscles in the patient's feet relaxed, allowing the toes to extend and the arches to spread; as a result, the patient's standing balance improved once more of the foot was in contact with the ground.

Once the feet were relaxed the inner and outer leg lines were worked to stimulate the balanced flow of energy to the spine and organs. The compression from palming along the lines also kneaded the tight muscles. Stretching postures for the lower extremities, hips, and low back were performed gently and slowly. Over time, the patient gained range of motion in the legs and spine, which increased functional mobility and decreased his back pain.

In Thai Yoga Therapy, the back of the body is worked with the client prone. Since the patient was unable to remain prone for any length of time because of the cervical spine fusion and pain/stiffness in the left shoulder, I worked the back *sen* and back muscles with the client in side-lying position with a pillow supporting his head. I also stretched the chest muscles and mobilized the scapula with the patient in side-lying position. Another alternative for clients with limited neck ROM is to use a “prone pillow,” which is a firm, spongy pillow with a cutout for the face, similar to a face rest on a massage table.

After the work done in prone (side-lying in this case) the middle arm line was worked with the client supine, followed by hand massage and wrist/finger stretches. Since this patient had a history of pneumonia and emphysema we worked on diaphragmatic breathing and abdominal massage in supine to free up the diaphragm. Abdominal reflex points for the organs were also worked during this section of the massage to stimulate digestion and peristalsis.

The sessions were concluded with massage to the upper back and neck muscles in supine position, followed by facial massage with essential oils. The client was visibly more relaxed, and his breathing was deeper and easier by the end of each session.

Results

This patient has attended a total of 13 sessions since November 2003. His overall level of health, vitality, and functional mobility has improved tremendously. The patient now transitions from standing to supine on the floor with only standby assistance. He turns from side to side and scoots up and down independently. He has regained a significant amount of active movement in his lower extremities and has regained some degree of fine motor control in both hands. He can balance in tall kneel and quadruped positions, withstanding minimal challenges to balance, and

can reach six inches outside his base of support in sitting. He walks independently with a quad cane (four-pronged cane) and is able to get into and out of a car with standby guarding for safety. He can rise to standing position from a low surface independently and his posture is more upright. He can stand independently without his cane, maintaining his balance against minimal challenges (light nudges/pushes). He has regained some of the weight he lost over the course of events, and his skin tone and skin quality have improved. He enjoys the increased independence and mobility he has gained, which allow him to attend family events and resume a modified work schedule.

Conclusion

Thai Yoga Therapy is a powerful healing art suitable for the treatment of clients of all ages and ability levels. The skilled therapist, working with the client's physician, can adapt sessions to meet each client's needs. The results stated in this case study illustrate the complimentary effects of Eastern and Western healing. I encourage Western-trained physicians and therapists to go beyond treating the physical body to treat the patient as a whole. The most wonderful aspect of Thai Yoga Therapy is that it is healing for body, mind, and spirit for both the practitioner and the client, providing a space for healing in the midst of our chaotic lives.

Resources

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