MIND-BODY INTEGRATION IN SCI WITH ADAPTIVE YOGA AND DANCE AS THERAPY

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LEARNING OUTCOMES

AT THE CONCLUSION OF THIS ACTIVITY, THE PARTICIPANT WILL BE ABLE TO:

• DESCRIBE ASPECTS OF THE MIND-BODY CONNECTION THAT CAN BE RELEVANT IN THE SPINAL CORD INJURED POPULATION.

• RECOGNIZE WAYS IN WHICH ADAPTIVE YOGA AND DANCE PROVIDE MECHANISMS FOR MIND-BODY INTEGRATION AND OTHER PHYSICAL AND PSYCHOLOGICAL BENEFITS.

• IDENTIFY METHODS FOR INCORPORATING ALTERNATIVE THERAPIES AND UTILIZING COMMUNITY RESOURCES THAT CAN PROVIDE MORE SPECIALIZED SERVICES.
CE/CME CREDIT

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HTTPS://PVA.CDS.PESGCE.COM
OVERVIEW

• INTRODUCTION ON MIND-BODY INTEGRATION IN SCI/D
• DISCUSS RESEARCH ON DANCE AS THERAPY AND LONG BEACH OT DANCE CLASS
• DISCUSS YOGA RESEARCH AND BASIC PRINCIPLES
• SHARE ADAPTIVE YOGA APPROACH AND NARRATIVES FROM LONG BEACH YOGA PROGRAM
• OFFER PRACTICAL IDEAS FOR INCORPORATING DANCE AND YOGA
EXPERIENCING THE BODY
MIND-BODY INTEGRATION AND SCI/D

- MIND-BODY INTEGRATION DEFINED
- HOW DOES THIS CHANGE WITH SCI/D?
- NEGATIVE FUNCTIONAL ASPECTS OF THE BODY
- BODY DISCONNECTION
- THE HEALTHCARE AND "MEDICAL SCRUTINY" VARIABLE
- STIGMA AROUND DISABLED BODIES
- WHY IS INTEGRATION IMPORTANT?

(BAILEY, GAMMAGE, VAN INGEN, & DITOR, 2016)
BAILEY, GAMMAGE, VAN INGEN, & DITOR, 2017)
CAM INTERVENTIONS

• COMPLEMENTARY AND ALTERNATIVE MEDICINE INTERVENTIONS
  • COMPLEMENTARY: NON-MAINSTREAM PRACTICE USED TOGETHER WITH CONVENTIONAL MEDICINE
  • ALTERNATIVE: NON-MAINSTREAM PRACTICE USED IN PLACE OF CONVENTIONAL MEDICINE

• SOME EXAMPLES:
  • SUPPLEMENTS AND HERBAL PRODUCTS, SPECIAL DIETS
  • CHIROPRACTIC AND OSTEOPATHIC MANIPULATION, MASSAGE
  • MEDITATION
  • YOGA, TAI CHI, QI GONG

• MANY CAM APPROACHES ARE NOT NECESSARILY ACCESSIBLE OR GEARED TOWARDS PEOPLE WITH DISABILITIES
WHOLE HEALTH INITIATIVE:  
VHA EFFORT TO AFFECT CULTURAL TRANSFORMATION TOWARDS A DIFFERENT MODEL OF HEALTH CARE DELIVERY

THE CIRCLE OF HEALTH

Working the Body ("Energy and Flexibility")

Power of the Mind ("Relaxing and Healing")
“Occupational therapy is the only profession that helps people across the lifespan to do the things they want and need to do through the therapeutic use of daily activities (occupations). Occupational therapy practitioners enable people of all ages to live life to its fullest by helping them promote health, and prevent-or live better with-injury, illness, or disability” (“What is Occupational Therapy,” n.d., para. 1).
AN OCCUPATIONAL THERAPIST CAN HELP PEOPLE CONSIDER NOT ONLY THEIR PHYSICAL NEEDS, STRENGTHS, AND ABILITIES, BUT ALSO THEIR SOCIAL ENVIRONMENT AND PERSONAL INTERESTS (JACKMAN, 2018).

"OCCUPATION" DOES NOT SOLELY MEAN WORK.

OCCUPATIONAL THERAPISTS BELIEVE THAT OCCUPATIONS DESCRIBE WHO YOU ARE AND HOW YOU FEEL ABOUT YOURSELF.
Dance = Occupation

DANCE CAN BE A PROMISING TREATMENT INTERVENTION USED IN REHABILITATION FOR INDIVIDUALS WITH DISABILITIES TO ADDRESS PHYSICAL, COGNITIVE AND PSYCHOLOGICAL IMPAIRMENTS. (BENNETT & HACKNEY, 2018)
DANCE THERAPY RESEARCH

• RECENT RESEARCH DESCRIBED A DANCE INTERVENTION THAT FOLLOWED THE STRUCTURE OF AN USUAL DANCE CLASS, BUT THE EXERCISES WERE MODIFIED AND PROGRESSED TO MEET EACH INDIVIDUAL’S NEEDS (DEMERS, ET. AL, 2014).
  • INDIVIDUALS WITH SUBACUTE STROKE
  • 45 MINUTES LONG
  • MODERATE INTENSITY
RESULTS

THEY FOUND THAT DANCE THERAPY SUPPORTS:

1. COGNITIVE
2. EMOTIONAL
3. PHYSICAL
4. SOCIAL INTEGRATION

-DANCE THERAPY MAY BE OF VALUE FOR PEOPLE WITH DEVELOPMENTAL, MEDICAL, SOCIAL, PHYSICAL, OR PSYCHOLOGICAL IMPAIRMENTS.

-THE STUDY REPORTED POSITIVE BENEFITS RELATED TO IMPROVEMENTS IN QUALITY OF LIFE, SELF-ESTEEM, OR COPING WITH A DISEASE.
ANOTHER MORE RECENT STUDY (BENNETT & HACKNEY, 2018):

• --23 PARTICIPANTS WITH MOBILITY LIMITATIONS

• --LINE DANCING

• --8 WEEK PROGRAM
RESULTS INDICATED SIGNIFICANT POSITIVE DIFFERENCES FOR THE INTERVENTION GROUP IN:

• --LOWER EXTREMITY FUNCTION (P < 0.01)
• --ENDURANCE (P < 0.01)
• --GAIT SPEED (P < 0.001)
• --SELF-REPORTED MOBILITY LIMITATIONS (P < 0.05).
RESULTS

• IMPROVED PHYSICAL FUNCTION
• REDUCED SELF-REPORTED MOBILITY LIMITATIONS IN THESE INDIVIDUALS.
• LINE DANCING INCORPORATES COGNITIVE AND MOTOR CONTROL.
• LINE DANCING CAN BE PERFORMED ALONE OR IN A GROUP SETTING.
• DANCING IMPROVES BALANCE WHICH CAN REDUCE RISK OF FALLS.
BARRIERS TO DANCE INTERVENTION

• PERSONAL AND ORGANIZATIONAL FACTORS CAN ACT SIMULTANEOUSLY AS BARRIERS AND FACILITATORS TO THE IMPLEMENTATION OF A DANCE INTERVENTION.

• LACK OF TIME FOR PROFESSIONAL DEVELOPMENT AND LACK OF SUPPORT FROM THE ORGANIZATION ARE THE MAIN BARRIERS TO THE UPTAKE OF KNOWLEDGE ABOUT DANCE IN REHABILITATION.

• A KNOWLEDGE TRANSLATION STRATEGY ADDRESSING THE BARRIERS TO KNOWLEDGE USE IS HELPFUL FOR CLINICIANS AND MANAGERS FACILITATING THE IMPLEMENTATION OF DANCE IN REHABILITATION SETTINGS.

(SCHWENDER, ET. AL, 2018; DEMERS, 2014; STRASSEL, ET. AL, 2011; KEOGH, ET. AL, 2009).
DANCE PARTY AT THE TIBOR RUBIN VA
The Beginning
-Started as a one on one intervention with patient, Mr. Joseph Krumplitsch. His enjoyment in the act of dancing led to influence not only those in the clinic, but out in the hallway.

“THE MUSIC CALLED OUT TO ME AND I FOLLOWED IT INTO THE OT CLINIC.” (CLIFF HUNT, NAVY VET, PARTICIPANT FOR 6 YEARS)

“JANICE ASKED ME WHAT MOTIVATED ME AND I SAID MUSIC.” (JOE KRUNPLITSCH, AIR FORCE VET, FOUNDED MEMBER)
THE DEVELOPMENT
- SOON THE DANCE INTERVENTION FOR ONE BECAME A GROUP OF 5-7 PARTICIPANTS, ALL VETERANS WITH CONSULTS FOR OCCUPATIONAL THERAPY. OCCUPATIONAL THERAPISTS BEGAN TO PURPOSEFULLY SCHEDULE THEIR PATIENTS AT 11AM, WHEN I WOULD SCHEDULE JOE AND IT SOON BECAME AN EXPECTATION. JOE NAMED THE “DANCE GROUP INTERVENTION” DANCE PARTY AND IT WAS EXCLUSIVE TO FRIDAYS AT 11AM-12PM.
**The Transformation**

-Dance Party continues to be hosted every Friday at 11am, but now in a larger venue on the second floor Dining Room. It is a regularly scheduled in the SCI Recreational Therapy calendar and it is open to all patients.

- Based on the research and literature of dance therapy interventions, there is a regular format that the Dance Party now follows that encourages physical movement of both upper body and lower body, as well as challenging cognition.

*Fun and interests are still major influences as the choice of music is always the veterans’ choice.*
PHYSICAL MOVEMENT

VETERANS ARE ENCOURAGED TO MOVE TO THE MUSIC.

- THERE IS A WARM UP THAT INVOLVES SLOWLY MOVING THE UPPER BODY AND THEN THE LOWER BODY. IF THE VETERANS HAVE PHYSICAL LIMITATIONS, THEY MOVE THEIR ARM/LEG IN THE SAME DIRECTION AND TO THE BEAT OF THE MUSIC. PASSIVE ASSISTANCE IS ALSO PROVIDED AS NEEDED.

- THE MOVEMENTS ARE GRADUALLY INCREASED IN PACE, TO DELIVER THE APPROPRIATE LEVEL OF CHALLENGE, AND REST BREAKS ARE PROVIDED TO AVOID EXCESSIVE FATIGUE.
COGNITIVE AND SOCIAL ASPECT

• PART OF THE ACTIVE PARTICIPATION IS ALSO SELECTING A DANCE MOVE.

• EACH VETERAN IS ALSO ENCOURAGED TO REMEMBER EACH OTHER’S DANCE MOVE AS WE FOLLOW EACH STEP IN SEQUENCE.

• VETERANS ALSO LEARN EACH OTHER’S NAMES BETTER THROUGH THIS REPETITION.

*THEY ALL HAVE BECOME SUCH GOOD SUPPORTERS OF EACH OTHER’S EFFORTS TO KEEP HEALTHY AND CONTINUE IN THEIR THERAPIES.
• THE 40-50 MINUTES SESSION ENDS WITH A COOL DOWN. VETERANS ARE GUIDED THROUGH A SERIES OF STRETCHES TO SLOW DOWN THE HEART RATE AND INCREASE RANGE OF MOTION. VETERANS ARE AGAIN PROVIDED ASSISTANCE AS NEEDED. DEPENDING UPON HOW LONG REST BREAKS ARE AND AMOUNT OF ASSISTANCE NEEDED PER VETERAN, THE RANGE OF TIME IS CHANGED ACCORDINGLY.
--DANCE CAN BE THERAPEUTIC, ALTHOUGH MORE RIGOROUS RESEARCH IS NEEDED

-- DANCE THERAPY SHOULD BE CONSIDERED AS A POTENTIALLY RELEVANT COMPLEMENTARY THERAPY FOR A VARIETY OF CONDITIONS THAT DO NOT RESPOND WELL TO CONVENTIONAL MEDICAL TREATMENTS.
YOGA: MY BACKGROUND

• ON SCI PSYCHOLOGY STAFF AT LONG BEACH SCI CENTER SINCE 2005
• BECAME CERTIFIED AS YOGA TEACHER (200-HR) IN 2018
• ADDITIONAL ADAPTIVE YOGA TRAINING AT MIND BODY SOLUTIONS IN MINNESOTA
• TEACHING YOGA IN SCI SINCE 2018
ORIGINS OF YOGA

• ANCIENT INDIA—3000 B.C.
• YOGA CAN INCORPORATE SPIRITUAL COMPONENTS, BUT IS NOT IN ITSELF A RELIGIOUS PRACTICE
• WAS BROUGHT TO THE WEST IN THE LATE 19TH AND EARLY 20TH CENTURIES—”FATHER OF MODERN YOGA”
  B.K.S. IYENGAR (1918-2014)
YOGA: BASIC PRINCIPLES

- At its basic core, yoga incorporates 3 elements:
  - Breathing
  - Meditation/Self-reflection
  - Movement (Asana)

- A SYSTEM TO ALLEVIATE SUFFERING
YOGA AND HEALTH OUTCOMES

• YOGA BEING INCORPORATED IN MANY VA SETTINGS (PRIMARY CARE, WOMEN’S MENTAL HEALTH, ETC.)

• MEDICAL CONDITIONS AND POSITIVE OUTCOMES:
  • BLOOD GLUCOSE, LIPIDS, FATIGUE, SLEEP DISTURBANCE
    (YURTKURAN, AL, YURTKURAN, DILEK, 2007)

• MENTAL HEALTH CONDITION AND POSITIVE OUTCOMES:
  • DEPRESSION, ANXIETY, OVERALL STRESS, QUALITY OF LIFE
    (OKEN, KISHIYAMA, ZAJDEL, BOURDETTE, CARLSEN, HASS, ET AL., 2004)

• CHRONIC PAIN (YURTKURAN, ET AL., 2007)

• YOGA POTENTIALLY BETTER THAN EXERCISE FOR MANY CONDITIONS
  (ROSS AND THOMAS, 2010)
WHAT IS ADAPTIVE YOGA?

• ISSUES OF ACCESSIBILITY FOR STANDARD YOGA CLASSES
• “CHAIR YOGA” VS. MORE INTEGRATIVE PRACTICE
• BODY “CONSCIOUSNESS”
• TEACHING THE INNER EXPERIENCE OF A POSE
• PHYSICAL ADJUSTMENTS BY FACILITATORS TO PROVIDE REFERENCE TO THE BODY
• MEDITATIONS THAT ARE “DISABILITY FRIENDLY”
• FOCUS ON LIVING IN THE WHOLE BODY, INCREASING AWARENESS
A DIFFERENT VIEW OF YOGA

"THE YOGA POSE IS NOT THE GOAL. BECOMING FLEXIBLE OR STANDING ON YOUR HANDS IS NOT THE GOAL. THE GOAL IS TO CREATE SPACE WHERE YOU WERE ONCE STUCK. TO UNVEIL LAYERS OF PROTECTION YOU HAVE BUILT AROUND YOUR HEART. TO APPRECIATE YOUR BODY AND BECOME AWARE OF THE MIND AND THE NOISE IT CREATES. TO MAKE PEACE WITH WHO YOU ARE. THE GOAL IS TO LOVE...WELL, YOU! SHIFT YOUR FOCUS AND YOUR HEART WILL GROW."

--GEETA IYENGAR, DAUGHTER OF B.K.S. IYENGAR
PLUS: PROPS!!
EXAMPLE: DOWNWARD DOG POSE
ADAPTIVE YOGA IN LONG BEACH SCI/D SERVICE

• COLLABORATION BETWEEN TRAINED YOGA INSTRUCTOR, OT, AND PT

• INTRODUCTORY 8-WEEK CLASS WITH 2-4 PARTICIPANTS
  • CLEARANCE FROM PRIMARY MD REGARDING PRECAUTIONS

• CENTERED BREATHING, SEATED POSES, FLOOR POSES (MOLIFT FOR TRANSFERS)

• CHALLENGES: QUIET SPACE, EQUIPMENT TRANSPORT, STAFF AVAILABILITY

• HERDING CATS…
GRADUATE CLASS

• SEATED POSES ONLY, ONE INSTRUCTOR
• GOOD ATTENDANCE
• SUPPORTIVE COHORT
• INCORPORATING WHOLE BODY THROUGH MOVEMENT AND MEDITATION
• TIBETAN SINGING BOWLS, YOGA CONCEPTS, HEALING TOUCH
MEDITATION EXAMPLE
PATIENT EXPERIENCES

• MR. M
  • C5 ASIA D SCI, AGE 75, USES WALKER FOR MOBILITY

• PHYSICAL BENEFITS
  • WORKED MUSCLES I NEVER USED IN THERAPIES
  • BETTER RANGE OF MOTION

• NON-PHYSICAL BENEFITS
  • ABLE TO IGNORE FRUSTRATIONS MORE EASILY
  • HELPED ME LEARN HOW TO SETTLE DOWN INSIDE

• OTHER
  • IT’S A PEACEFUL EXPERIENCE IN CLASS
  • IT HELPS YOU BE WHOLE IN YOUR BODY AND YOUR MIND
PATIENT EXPERIENCES

• MR. O
  • MULTIPLE SCLEROSIS, AGE 73, USES POWER WHEELCHAIR
  • SIGNIFICANT PTSD, HISTORY OF SUICIDAL IDEATION

• PHYSICAL BENEFITS
  • HELPED WITH CRAMPING IN ARMS AND LEGS
  • HELPED ME FEEL RELAXED IN MY BODY

• NON-PHYSICAL BENEFITS
  • I DON’T RAISE MY VOICE OR YELL ANYMORE
  • I DON’T GET ANGRY, I PUSH IT AWAY
  • STUPID THINGS DON’T BOTHER ME ANYMORE
  • (STAFF REPORTED DECREASE IN AGITATION AND OUTBURSTS)

• OTHER
  • AT FIRST I THOUGHT IT WAS STUPID, A WASTE OF TIME
  • NOW I HAVE TAUGHT MY WIFE SOME OF OUR YOGA POSES
  • I TAKE DEEP BREATHS ALL THE TIME NOW
PATIENT EXPERIENCES

• MR. C
  • C5 ASIA D SCI, AGE 73, USES MOTORIZED WHEELCHAIR

• PHYSICAL BENEFITS
  • YOGA IS A NICE “GREETER” FOR PAIN
  • I CAN NOTICE MY PAIN AND MOVE IT TO THE SIDE

• NON-PHYSICAL BENEFITS
  • HELPS ME TO CONFIRM MY INNER THOUGHTS
  • THE BREATHING HELPS ME FEEL MORE ALIGNED INTERNALLY
  • YOGA HELPS ME NOT OVER-THINK SO MUCH AND HELPS ME SMOOTH OUT MY ANXIETY AND DEPRESSION

• OTHER
  • PT BROUGHT IN CANDLE FOR US TO SHARE (TOOK HOME ON ROTATION)
  • BROUGHT IN OWN ESSENTIAL OIL TO SHARE
CREATING YOUR OWN PROGRAM

• WORK WITH WHOLE HEALTH INTEGRATION STAFF

• YOGA:
  • SEEK OUT LOCAL ADAPTIVE PROVIDERS
    • [WWW.MINDBODYSOLUTIONS.ORG](http://WWW.MINDBODYSOLUTIONS.ORG) FOR LIST OF PROVIDERS BY STATE
    • SEARCH YOGA STUDIOS BY “ADAPTIVE” OR “ACCESSIBLE” YOGA
    • IDEAL INSTRUCTOR IS 200-HR CERTIFIED, PLUS ADAPTIVE TRAINING OR EXPERIENCE
  • WORK WITH REHAB THERAPISTS TO CREATE PROGRAM, DETERMINE EQUIPMENT NEEDS, SPACE
  • ATTEND A TRAINING TO INCORPORATE ADAPTIVE YOGA CONCEPTS INTO EXISTING PRACTICE

• READING:
  • WAKING: A MEMOIR OF TRAUMA AND TRANSCENDENCE, BY MATTHEW SANFORD
  • YOGA MIND: JOURNEY BEYOND THE PHYSICAL, BY SUZAN COLON
NAMASTE!
REFERENCES


