

Yoga Therapy Referral Guidelines for Healthcare Practitioners

By Timothy McCall, Leigh Blashki, Subodh Tiwari, John Kepner, and Loren Fishman

The number of people practicing yoga continues to grow rapidly. Yoga therapy is also becoming more popular both in healthcare and community settings, increasing numbers of yoga therapists are being trained, and the research base in support of yoga therapy continues to grow stronger. Many healthcare providers are aware of the benefits yoga can bring patients, yet some remain unsure of how to include yoga in the treatment plan, the nature of a yoga therapy consultation—or even how to refer a patient to a yoga therapist—and what to expect from yoga therapy. Yoga therapists, in turn, may be unsure how to interact with the medical profession. This article is intended to advise both interested clinicians and the yoga therapists they interact with.

What is Yoga Therapy?

Yoga therapy is the use of various yoga practices—such as poses, relaxation techniques, breathing exercises, and meditation—to help people with a wide variety of health conditions, both physical and psychological. It can be a useful adjunct to medical care or, in some cases, can be used in place of conventional approaches like drug therapy or surgery.

Yoga therapy is often done through individual consultations. In this way, it is similar to other healthcare modalities. However, yoga therapy can also be provided in group settings in which participants have a similar condition and/or seek similar therapeutic outcomes. In one-on-one settings, the level of assessment can be detailed, allowing for a tailored treatment plan to suit the client. In group yoga therapy sessions, however, the level of assessment is generally limited and the treatment plan less individual. In either case, the yoga practices may be modified to make them safer or more accessible to clients who may be frail or for whom standard yoga practices may be contraindicated.

Since the patients themselves must do the practices to gain any benefits, all that is required for successful yoga therapy is

that they be conscious and willing to take part. Otherwise, patients with virtually any medical condition, whether bedridden or ambulatory, can do suitably adapted yoga.

have, the number of sessions per week, and length of time before revisiting the referring physician. If the referring physician is knowledgeable about yoga therapy, the prescription may specify desirable and/or contraindicated practices.

Therapeutic yoga appears to be extremely safe. The strenuousness of the practice is titrated to each student. Beyond medical conditions, the yoga therapist factors in the client's overall level of fitness, stamina, frailty, and specific needs and desires for therapeutic outcomes.

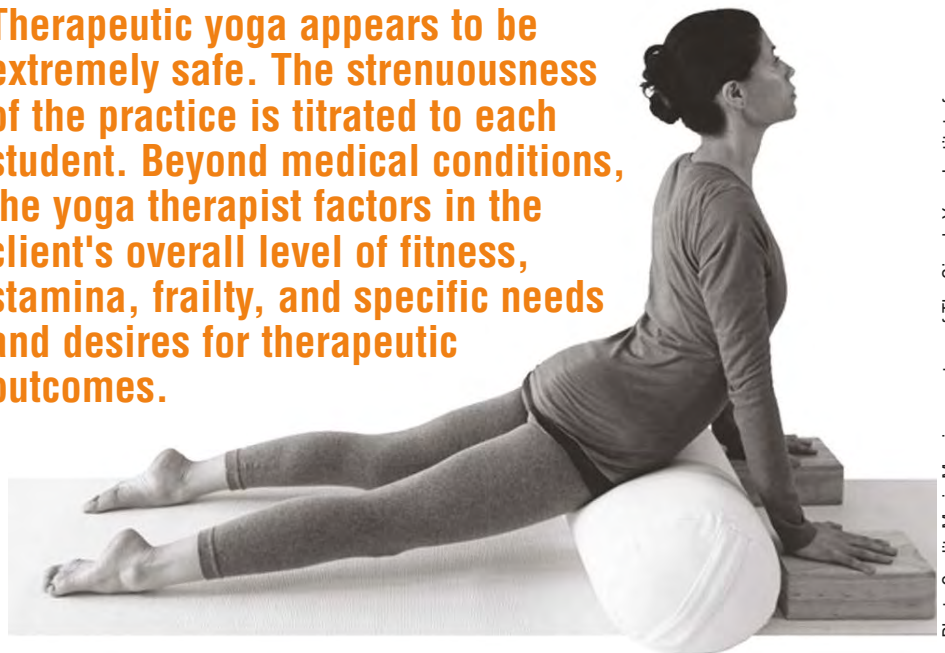


Photo Credit: Maria Moreira, courtesy of The Simply Yoga Institute for Yoga Therapy and Holistic Health

Typically, private yoga therapy consultations include the following:

1. Conducting an intake interview and/or reviewing an intake form along with reports from healthcare practitioners that include current treatment, including medications
2. Assessing the current health condition based on yoga therapy principles
3. Identifying underlying causes of the presenting condition from the yoga therapy perspective
4. Setting priorities and treatment strategy in consultation with client
5. Developing and implementing the yoga therapy program, which may include dietary and lifestyle advice

Yoga Therapy Referrals

A yoga therapy prescription by a physician (or other healthcare professional) looks much like a physical or occupational therapy referral. It should include diagnosis, goals of therapy, cautions about special conditions that the patient has or might

When advising patients, it is important to differentiate between a general yoga class conducted by a yoga teacher and yoga therapy, whether individual or in a group. In developing a referral network, healthcare practitioners are encouraged to speak with those in their locality promoting themselves as yoga therapists, evaluating their training, competence, experience, willingness and ability to communicate, and trustworthiness.

Although yoga therapists are not licensed and the term “yoga therapist” is not protected, reputable third-party credentials are starting to emerge. Currently, healthcare practitioners may search the websites of the Australian Association of Yoga Therapists (in Australia and New Zealand), the Complementary and Natural Healthcare Registry (in the United Kingdom), and the Council on Yoga Accreditation (International) for yoga therapists qualified by these organizations. By the latter part of 2016, a listing of yoga therapists certified by the International Association

tion of Yoga Therapists (IAYT) should be available on the IAYT website.

Although yoga therapists do receive some education in basic biomedical terminology and pathophysiology and may further educate themselves to communicate better with healthcare providers, simplicity on the part of the healthcare provider when making referrals is highly desirable. Complex reports should be summarized in basic language. Patients may be more likely to make an appointment with a yoga therapist and commit to the advice given if their healthcare practitioner provides a specific referral, rather than simply advising the patient to seek out a yoga therapist.

Yoga therapy usually involves a number of consultations with the yoga therapist. Follow-up sessions allow the therapist to refine the plan, make sure what the student has been practicing is being done in an appropriate way, and to address any new concerns that may have arisen in the interim. In the process of teaching the routine to the client, the therapist will sometimes determine that the regimen as planned is not quite right and will make modifications. Whenever possible, details of the yoga evaluation and plan should be shared with the referring clinician.

Yoga therapy consultations are typically several days to a few weeks apart and the client is provided with a program of yoga therapy recommendations to practice (at home, work, or elsewhere). The program may be written, photographed, or provided as audio or video recordings to support the patient. Many clients have three or four consultations over a number of weeks. In some instances, a healthcare practitioner and yoga therapist may believe that a patient is best served by regular therapeutic sessions, possibly meeting once a week over a number of months.

When yoga therapy is being contemplated, it is important to consider what other treatments may already be part of the treatment plan. For example, a patient may be receiving physical therapy for a musculoskeletal injury, part of which includes prescribed stretching. The yoga therapy component of the treatment plan needs to factor in these stretches to be sure the programs don't counter each other or lead to overwork of a body part. Therefore, in yoga therapy referrals, be sure to mention what else is being done.

Interactions of Medication and Yoga Therapy Practice

Referring clinicians and yoga therapists

need to be aware of the potential interactions of yoga practice and drug therapy. For example, diuretics as well as many drugs with anticholinergic properties increase the risk of orthostatic hypotension, which could present a problem to students quickly rising from the floor or coming out of headstand or handstand. Anticoagulants increase the risk of hemorrhage in the event of a fall, which would alter what a therapist would recommend.

It is not uncommon that when people begin to practice yoga regularly their need for medication decreases. The change generally happens gradually over weeks to months but could occur sooner if the students ramp up their practices quickly. The greatest risk in this regard are drugs that lower blood pressure or serum glucose levels, risking syncope and hypoglycemia, respectively. Therapists must focus their serial patient evaluations on these possibilities and send their clients back to the referring physician, or at the very least, call the physician if changes are detected or strongly suspected.

If the patient takes analgesics, anti-inflammatory drugs, or similar medications for arthritis or another painful condition, adjustments might be advisable in either the drug schedule or time the patient practices to allow therapeutic blood levels to be optimal during yoga. Any exercise, including yoga, can bring on asthma attacks in susceptible individuals. If patients use an inhaled bronchodilator, advise them to use it approximately 15 minutes before starting their practice.

Contraindications and Cautions in Yoga Therapy

As with any healthcare intervention, a clinician should weigh the risks versus the benefits of yoga therapy. Therapeutic yoga, as opposed to general yoga classes, particularly vigorous ones, appears to be extremely safe. In contrast to most classes, in yoga therapy the strenuousness of the practice is titrated to each student. Beyond medical conditions, the yoga therapist factors in the client's overall level of fitness, stamina, frailty, and specific needs and desires for therapeutic outcomes.

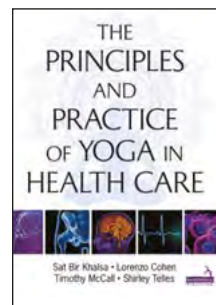
Given the nature of yoga therapy as a holistic mind-body practice, there are no overall contraindications to yoga therapy per se. Not all yoga therapy involves physical postures (asana) or breath work (pranayama), although these practices are commonly a part of treatment strategies. It involves providing only what the client needs and is capable of practicing.

Healthcare providers do not need to have an in-depth understanding of yoga to make skillful referrals to yoga therapists. Since many practices that might seem to be contraindicated can be safely adapted to meet the needs of individual students, and since different yoga approaches vary enormously, it is generally not incumbent on the referring clinician to specify which yoga tools to avoid. Rather, if the referring clinician provides general guidelines about his or her concerns, the yoga therapist can figure out which practices should be omitted or modified. For example, in a patient with diabetic retinopathy, the yoga therapist could be advised to avoid any practices that increase intraocular pressure.

Final Thoughts

A common challenge in yoga therapy is patient compliance. A few words from the referring clinician may help motivate patients to continue their yoga program. It is also important that patients be reminded that yoga therapy is usually an adjunctive therapy and that they should continue with their other treatments under the care of their healthcare practitioners. It is the responsibility of both the yoga therapist and the referring clinician to reinforce this message. **YTT**

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