

Session 9

Yoga and Pain

Check-in:

1. Share an item from your gratitude journal
2. Communication issue you have noticed/any changes in communication since our discussion last visit
OR
3. Something you take that seems to help with your symptoms

Forgiveness

Exercise and Pain

Medication check

Homework:

Relaxation response Exercise 20 minutes per Day

Pain Diaries and Feedback Form

Write 3 things in your gratitude journal each day

Complete TMS Questionnaire

And check in with your buddy!

**"Forgiveness is a funny thing.
It warms the heart and cools the sting."**

- William Arthur Ward -

**"Forgiveness does not change the past,
but it does enlarge the future."**

- Paul Boese -

**"The stupid neither forgive nor forget;
the naive forgive and forget;
the wise forgive but do not forget."**

- Thomas Szasz -

Nine Steps to Forgiveness

Forgiveness can be defined as the “peace and understanding that come from blaming that which has hurt you less, taking the life experience less personally, and changing your grievance story.”

1. Forgiveness does not necessarily mean reconciling with the person that upset you, or condoning their action. What you are after is to find peace.
2. Know exactly how you feel about what happened and be able to say what about the situation is not OK. Then, tell a trusted couple of people about your experience.
3. Make a commitment to yourself to do what you have to do to feel better. Forgiveness is for you as much as for anyone else.
4. Get the right perspective on what is happening. Recognize that your primary distress is coming from the hurt feelings, thoughts and physical upset you are suffering now, not what offended you or hurt you two minutes – or ten years –ago.
5. At the moment you feel upset practice a simple **stress management technique** to soothe your body’s flight or fight response.
6. **Give up expecting things from other people, or your life, that they do not choose to give you.** Recognize the “unenforceable rules” you have for your health or how you or other people must behave. Remind yourself that you can hope for health, love, friendship and prosperity and work hard to get them.
7. Put your energy into looking for another way to get your positive goals met than through the experience that has hurt you. Instead of mentally replaying your hurt **seek out new ways to get what you want.**
8. Remember that a life well lived is your best revenge. Instead of focusing on your wounded feelings, and thereby giving the person who caused you pain power over you, learn to look for the love, beauty and kindness around you.
Imagine you are holding the remote control; if your TV is stuck on the Grievance Channel, you have the power to change channels, to direct your attention to the positive things in your life.
9. **Rewrite your grievance story.** You can change the story from the one in which you are a victim to another story that has you as the hero overcoming obstacles and continuing on a positive quest.

From Fred Luskin, [Forgive For Good](#)

Yoga for Arthritis - excerpt

Steffany Haaz, MFA, RYT

Introduction

For many people, yoga may bring to mind pretzel-like poses requiring considerable strength and balance. In reality, beginner yoga classes provide simple, gentle movements that gradually build strength, balance, and flexibility – all elements that may be especially beneficial for people with arthritis.

What is yoga?

Yoga is a set of theories and practices with origins in ancient India. Literally, the word yoga comes from a Sanskrit work meaning “to yoke” or “to unite.” It focuses on unifying the mind, body, and spirit, and fostering a greater feeling connection between the individual and his/her surroundings. Yoga has spiritual roots, with the main goal of helping individuals to realize true happiness, freedom, or enlightenment. Beyond this, however, yoga has several secondary goals, such as improving physical health and enhancing mental well-being and emotional balance.

As interest in yoga has increased in western countries over the last few decades, yoga postures are increasingly practiced devoid of their original spiritual context, solely for physical health benefits. This physical practice of yoga, often called Hatha Yoga, sometimes overlaps or includes references to the other aspects of yoga. A popular misconception is that yoga focuses merely on increasing flexibility. The practice of Hatha Yoga also emphasizes postural alignment, strength, endurance and balance. Table 1 offers an overview of several of the more common styles of Hatha yoga (including those most appropriate for people with arthritis).

What are the benefits of yoga?

Over 75 scientific trials have been published on yoga in major medical journals. These studies have shown that **yoga is a safe and effective way to increase physical activity** that also **has important psychological benefits** due to its meditative nature. As with other forms of exercise, yoga can increase muscle strength, improve flexibility, enhance respiratory endurance, and promote balance. Yoga is also associated with increased energy and fewer bodily aches and pains. Finally, yoga is associated with increased mental energy as well as positive feelings (such as alertness and enthusiasm), fewer negative feelings (reduced excitability, anxiety, aggressiveness) and somatic complaints. In summary, yoga is associated with a wide range of physical and psychological benefits that may be especially helpful for persons living with a chronic illness. **Additionally, physical activity is an essential part of the effective treatment of osteoarthritis (OA) and rheumatoid arthritis (RA), according to treatment guidelines published by the American College of Rheumatology.** In persons with arthritis, exercise is safe and does not exacerbate pain or worsen disease. In fact, exercise may play a key role in promoting joint health, since those who do not exercise often suffer more joint discomfort than those who do. The health and psychological benefits of exercise are widely recognized. However, regular physical activity is **especially** important for people with arthritis, who often have decreased muscle strength, physical energy, and endurance, in part due to their arthritis and the tendency to be sedentary. Being sedentary can began a downward spiral where pain increases, leading to more inactivity which leads to greater pain and disability. The psychological benefits of exercise such as stress reduction, fewer depressive symptoms, improved coping and well-being and enhanced immune functioning also contribute to greater overall health.

What is the best way to try yoga?

Yoga can be a safe and effective form of physical activity, but as with any new activity, it is important to take proper precautions. **Talk with your doctor and ask specifically if there should be any limitations or restrictions your doctor wants you to observe.** (If your doctor has specific recommendations, ask for them in writing and give this to the yoga instructor.) The best introduction to yoga is generally a beginner class, led by a qualified teacher who can guide you in the safe and healthy execution of modified poses.

How do I find a qualified yoga instructor and yoga classes?

Some yoga studios may offer specialized classes for older individuals or people with arthritis or other mobility challenges. **Beginning or Gentle Yoga** classes also are widely available in YMCAs, health clubs, community and seniors centers. Always ask about the credentials of instructors at these locations. **When attending your first class, be sure to arrive a few minutes early and take time to introduce yourself to the instructor and explain your condition.** If your doctor has placed any specific restrictions or limitations on physical activity, tell the instructor about these before the class begins.

Questions you should ask when selecting a class

1. What is the style of yoga offered in the class?

The combination of asanas (poses) and pranyama (breathing practices) is generically called “Hatha Yoga.” Because yoga has been passed down through many teachers to many students, many schools or styles have emerged with different methods of practice. Some of these styles are fairly gentle and safe for students with arthritis. These would include: Anusara, Integral, Iyengar, Kripalu, Sivananda and Viniyoga.

Ashtanga, Bikram, and Kundalini yoga are not recommended for most arthritis patients.

2. Is the instructor certified? How long has the instructor been teaching?

3. Do you offer beginner or gentle yoga classes?

Some classes combine students with varied experience, and provide modifications for each level. Especially when first beginning to practice yoga, it is helpful to be in a class geared toward beginning students.

4. Does the instructor have a medical background or experience teaching students with medical problems?

This is an ideal scenario. Try to find a teacher who is familiar with your condition and can guide you in making the proper adjustments for your body. Short of this, classes offered through hospitals or medical settings are often supervised or overseen by medical staff.

What can I expect to do in a beginning yoga class?

There are three main components to most western yoga classes: poses (asanas), breathing techniques (pranyama), and relaxation. Some classes will also include additional elements such as meditation or chanting.

Where can I find more information?

Listed below are several resources that offer safe and practical information about yoga.

- Yoga Journal, <http://www.yogajournal.com/newtoyoga/index.cfm> - information for those new to yoga.
- Yoga Research and Education Center (YREC), <http://www.yrec.info/>, articles and general information

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Today's Instructor: Melissa Bukosky-Boodjeh, MS, CYT
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Exercise in Chronic Pain

Why Exercise?

Decrease pain

Decrease inflammation

Increase ability to participate in life

Which Conditions Benefit?(All)

Osteoarthritis

Low Back Pain – pelvic stabilization, strengthen multifidus and transversus abdominis

Rheumatoid Arthritis

Fibromyalgia – aerobic exercise most effective

Etc.

General Guidelines for Safe Exercise in People with Chronic Pain

Stretch before and after exercise - Gentle stretches – no bouncing!

Start Low, Go Slow

Emphasize Concentric Exercise, avoid Eccentric Exercise

Concentric – muscle contraction as muscle is shortening

Eccentric – muscle contraction as muscle is lengthening, such as slowing yourself down coming down a hill

Delayed Pain After Exercise

Deconditioning

Improper body mechanics

Post-Exertional Fatigue in CFS and Fibromyalgia

Exacerbations of fatigue lasting a day or more after exercise may indicate:

Neurally Mediated Hypotension

Adrenal Insufficiency

Mitochondrial dysfunction

If these conditions are treated, exercise tolerance will improve

Motivation and Adherence

Solitary vs. Group vs. “Buddy”

Keeping it interesting: Conversation, Books on tape, Moving meditation, Exercise equipment and TV/VCR

Specific Forms of Exercise

Water Exercise

Walking

Low-impact - Elliptical Trainers, Nordic Track

Yoga and Tai chi

Guidelines for Walking

Stretch before you begin your walk

During the first three minutes, go about half the speed you will be walking

Tell someone where you are going and when you expect to return

Consider safety if you will be away from populated areas

Wear at least one brightly colored article of clothing

Always carry water with you

Walk during daylight and check weather forecast before you start

Carry a police whistle

Breathe as normally as possible when you walk

After your walk, stretch again

Exercise Log

Name _____

	Date	Type of Exercise	Length of Exercise	Time of exercise	Comments
EXAMPLE	3/10/2005	Walking	5 min	12:00 p.m.	more energy after
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

TMS Diagnostic Questionnaire

Q.1) Have you noticed a connection between timing of flares of your pain and your emotional state/stress level just prior to the onset/flareup of pain?

- Definitely (2)
- Yes, have noticed this, at times (1)
- Not really

Q.2) Would you describe yourself as in general, "very hard on yourself", "highly responsible for others", or "very thorough, orderly, or perfectionistic"?

- Definitely (2)
- Yes, have noticed that I have some of these characteristics (1)
- Not really

Q.3) Have you suffered from other tension-related illnesses such as"

- hives, eczema, rashes brought on by tension
- spastic colon, irritable bowel, gastritis, reflux/heartburn
- tension or migraine headaches
- unexplained prostate trouble or pelvic pain

- Definitely, two or more categories (2)
- Yes, at least one (1)
- No

Q.4) Have you been told regarding the cause of your pain that "there's nothing that can be done surgically", "there's nothing wrong", "it's a soft tissue problem", or "the cause is degenerative changes"?

- Yes (1)
- No

Q.5) Do you spend a fair amount time during the day thinking and worrying about your pain, researching an answer, or obsessing about its cause?

- Yes (1)
- No

Q.6) Have you tried several different treatments or approaches for your pain and received only temporary or limited relief from each of them?

- Yes (1)
- No

Q.7) Do you find that massage helps your pain significantly OR that you are quite sensitive to massage in several parts of our back or neck?

Yes (1)
 No

The scoring system is two points for any Definitely answer, one point for each Yes answer and zero points for any no answers. Total the points:

_____ Your Total

Based on preliminary data, the following scoring system has been developed:

7-10 points--probable TMS

4-6 points--possible TMS

0-3 points--unlikely to be TMS

Additional questions (don't score these):

Q.8) Does the pain ever move to another location or jump around?

Yes _____
No _____

Q.9) Have you noticed the pain improve when you have another tension-related illness?

Yes _____
No _____

Q.10) Has the pain significantly changed or gone away while on vacation, away from home, or while distracted?

Yes _____
No _____

Q.11) Do you find that the short-acting pain medicines or shots work much better for controlling your pain than the long-acting medications?

Yes _____
No _____

Q.12) Do sedating medicines (like soma and klonopin) work better for controlling your pain than the less sedating muscle relaxants (like baclofen, skelaxin, and flexeril)?

Yes _____
No _____

I have not taken those medicines _____

Symptom Diary

Name _____

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	Describe situation	Physical Sensation (0-10) before meds	Physical Sensation (0-10) 45 min. after meds	Describe physical sensation	Emotional response (0-10)	Describe emotional response/thought	Action taken, including medications
Monday							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours _____
Average:							Quality: _____
Tuesday							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours _____
Average:							Quality: _____
Wednesday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours _____
Average:							Quality: _____

	Describe situation	Physical Sensation (0-10)	Physical Sensation (0-10)	Describe physical sensation	Emotional response (0-10)	Describe emotional response/thought	Action taken, including medications
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Friday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Saturday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Sunday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____



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FEEDBACK SHEET FOR HEALING GROUP

Name: _____ Date: ____/____/____

1) Please review your medication list and indicate any changes you have made in your medications, supplements, or over the counter meds since the last group (i.e. stopped any, increased any, decreased any, added new ones).

What refills do you need today? _____

2) Have you had any injuries, events in your personal life, any nerve blocks, physical therapy, other treatments, exercise, etc. since our last group that made your pain worse or better? Yes No
If yes, please give details. _____

3) Over the past 2 weeks has your pain level:
 Decreased Stayed the Same Increased All over the place
What changes have you noticed? Please be as specific as you can: _____

4) Rate your average pain score for the past 2 weeks:
NO PAIN 1 2 3 4 5 6 7 8 9 10 VERY SEVERE PAIN

5) Rate your pain score today:
NO PAIN 1 2 3 4 5 6 7 8 9 10 VERY SEVERE PAIN

6) Over the past 2 weeks has your emotional state:
 Decreased Stayed the Same Increased All over the place
What changes have you noticed? Please be as specific as you can: _____

7) Rate your average mood for the past 2 weeks:
VERY SAD 1 2 3 4 5 6 7 8 9 10 VERY HAPPY

8) Do you address special nutritional needs as part of your healing plan? Yes No If yes, what nutritional goals are you addressing? _____

9) For how long and how often did you do physical exercise in the past 2 weeks?

- Aerobic Time _____ How often? _____
- Stretching Time _____ How often? _____
- Strengthening Time _____ How often? _____

10) Did you meditate? Yes No How long? _____ How often? _____

11) Did you use other relaxation techniques or mini relaxation response exercises? Yes No
What did you do? _____ How often? _____

12) What goal did you set last time? _____

Did you accomplish it? Yes No If no, can you come up with a plan to help you succeed by identifying the obstacle and a solution to the obstacle?

Obstacle

Solution

FUNCTIONAL IMPACT OF PAIN

13) Did you miss social events, work, or other appointments this month because of your health?
 Yes No What did you miss and why? _____

14) Indicate the word that describes how, during the past 24 hours, pain has interfered with your:

General activity	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Mood	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Ability to work (in or out of home)	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Interactions with other people	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Sleep	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Enjoyment of life	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely

15) What did you do for fun or pleasure this month? Or what gave you pleasure this month? _____

16) Have you used any recreational drugs this month? _____

17) How many drinks of alcohol did you drink this week? _____ What kind? _____

18) How many cigarettes did you smoke this week? _____

19) How much caffeine did you drink this past week? _____ What kind? _____

20) How much candy, soda, or other sweets did you eat this past week? _____

21) The following could be medication side effects or from your underlying condition. Are you feeling/experiencing:

Symptom(s): Check box if present	Medication(s) or other condition(s) you think caused it:	How did you deal with it:	Do you want suggestions?
<input type="checkbox"/> Constipation:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty sleeping:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dizzy, dopey:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Nausea/vomiting:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty waking in the morning:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Loss of libido:			<input type="checkbox"/> Yes <input type="checkbox"/> No

22) Any other physical complaints or questions you'd like your physician to respond to _____

Can this be discussed in group? Yes No *If no, please ask physician if you should make an appointment.*

23) Any feedback or suggestions you would like to share with the staff? _____
