

Perspective

Implementation of Yoga Therapy into U.S. Healthcare Systems

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Our colleagues in this issue are addressing the research aspects of evidence-based medicine and yoga therapy. From this perspective, we will be exploring the programming and delivery models that utilize an evidence-informed foundation when available and the many other ways yoga therapy is implemented in the United States.

We appreciate that some people have a strict definition of what does and does not constitute yoga therapy. For the purposes of this discussion, however, we will include practices which have some basis in yoga, or similarity to yoga techniques, even if they are not labeled as being yoga. This piece will describe: different models of yoga therapy; differences in how yoga is practiced; efforts at incorporating yoga therapy into modern healthcare; and what is happening at a grassroots level. Finally, we look at future directions for bringing yoga therapy into hospitals, clinics and other venues and the role this journal will play in that process.

Different Models of Yoga Therapy

Individual differences between yoga therapists may be as great as their similarities. They come from a variety of sometimes very different styles of yoga, and many have mixed influences from a wide spectrum of teachers and traditions. Some follow what they've learned from their teachers without amendment. Others adapt their yoga therapy in response to what they learn in their personal practices, ongoing trainings, and from their clients over the years. Some bring expertise from other fields like medicine, physical therapy, Ayurveda, Traditional Chinese medicine, psychology, Buddhist meditation, and a wide variety of schools of bodywork and postural education. Many use a broad array of yogic tools depending on students' willingness and interest, including: chanting, visualization, intention (*sankalpa*) and philosophical ideas about the causes of suffering and its relief. Other yoga therapists primarily or exclusively employ asana as their therapeutic tool of choice,

and work largely with orthopedic complaints or physical limitations.

Yoga therapists vary in terms of the settings they practice in and how they practice. Some, particularly in private practice, begin their assessment of each new client with a comprehensive evaluation that considers all aspects of body, mind, spirit and environment, and allows the therapist time to craft a practice plan to specifically address each student's unique constellation of findings. Other yoga therapists focus primarily on teaching small, therapeutically-minded classes. In some settings, clients are taught a particular set sequence of practices. Finally, various yogic tools are now widely available and are taught by all manner of individuals, who may have no training in yoga. Below we'll discuss the pros and cons of these various approaches.

One-on-One Yoga Therapy

Private yoga therapy has the advantage of tailoring a practice specifically for the student. This allows for a recursive process of trial and modification via feedback to refine the practice. Crucial to the process of individual yoga therapy is teaching the practice the therapist has designed and observing how the client responds. Often, it is only after the therapist sees the student attempt the practice that they realize that some elements of the plan may not work. The student, for example, may not be able to do the practices well enough to gain much benefit. Or the therapist may notice that when attempting the practice, a deep habit pattern, e.g. torquing the knee or holding the breath, makes it unlikely the student will be able to do the practice safely.

With this feedback from observing the student, along with the student's report, yoga therapists can refine the practice, replace some elements, and or discover they need to craft an entirely different practice. Similarly, over time, as the student's situation changes, the therapist can adjust the practice or design a new one. In deciding whether the practice suits the student or needs to be modified, the yoga therapist relies on the tools of yoga including the careful obser-

vation of such factors as the student's subjective report, breath, postural alignment, and the balance of effort and ease in carrying out the practice. There are also programs that teach conventional assessments such as blood pressure, pulse rate, and range of motion via goniometer.

A central goal of practice in any setting is the concept of adherence, where a student practices regularly, traditionally daily, as this is thought to lead to the greatest therapeutic gains. In behavioral science, such a goal is key to new habit pattern formation. As a profession, questions of dosage, frequency and adherence remain areas in need of further exploration and documentation.

Questions are also unanswered as to the role of medical diagnosis and how it affects practice recommendations, as it is typically only one of many factors that therapists weigh in making therapeutic decisions. Other factors under consideration include: concurrent illnesses or symptoms; the client's yoga experience; practice preferences; overall level of fitness; time available; treatment goals; and findings from the therapist's holistic evaluation of the client. For students who continue with one-on-one yoga therapy after the initial evaluation and practice plan, there is further benefit to modifying their home practice over time to fit the student's evolving needs and/or aptitudes. Yoga therapy settings also vary: private practitioners' offices; yoga studios; clinics; private home visits; etc. Such variables are known to affect treatment outcomes in conventional healthcare, but have not been studied in yoga therapy.

The observed difficulties in accessing private yoga therapy include: relative high cost; social isolation; and limited availability of qualified practitioners. Over time, as more therapists are trained and the field becomes more broadly accepted, the latter should improve. Studies regarding cost of services and efficacy within a variety of settings will inform the Triple Aim of improving the health of populations, reducing costs, and improving patient experience of care.¹

Group Yoga Therapy

Another common option is to have students work in a group setting, often with other students of similar abilities or facing similar health challenges. This can be led by yoga teachers or therapists. Some advantages of group yoga therapy in comparison to private sessions are: lower cost, students learning from one another, and the potential for students to forge social and emotional connections in communal practice. The community (*sangha*) of an ongoing class can grow and deepen over time, and may itself be a profoundly healing element of the practice.

While most class situations do not allow for the in-depth evaluation found in one-on-one work, if the same group of students works with the same teacher over time,

there are opportunities to adapt the routines to better fit both group and individual needs. Teachers may be able to anticipate when certain planned practices may not be right for everyone in the group and plan alternatives. Teachers may suggest that a particular practice taught in class would also be suitable for a specific student's home practice. Group practices are taught in a wide variety of settings, including: yoga studios; schools; community centers; hospitals; or other clinical environments. The role of *sangha* in group settings—to encourage social and emotional connections and learn from one another—is a positive factor in other healthcare settings, but has not been studied in yoga therapy. Presently IAYT guidelines for group classes include individual evaluation of each student prior to attending a group class, but there's been no inquiry to determine if that is occurring as standard practice.

Yoga Therapy As Fixed Routines

In some cases, specific sequences of practices are designed to address a specific health condition, while in other instances the focus is on a broader wellness goal. The classes may be taught by yoga therapists or yoga teachers, but perhaps more often the latter. Settings are like the group classes discussed above. Some drawbacks with set routines are: lack of personalization to the individual; inability to change the sequence if it isn't right for a student or if that student's needs evolve over time; and the potential for a student who can't participate fully to feel left out or inadequate.

Due to the need to create yoga interventions that can be replicated in other studies, almost all yoga research uses "standardized protocols": fixed, controlled sequences that are taught to all subjects. One significant advantage of set routines is the ease of replicating the intervention in other settings and populations. The controlled sequences are easier to mass market, via videos and written materials, which decreases the costs to the student but sacrifices teacher feedback and individual modification in the trade-off.

A teacher or therapist using a protocol forfeits the presumed advantage of being able to examine the student or watch them attempt the practice before they commit to the protocol. Some subjects will inevitably be assigned practices that do not align well with their specific needs. Further, studies generally do not allow teachers to significantly modify practices; substitute other practices that might be more beneficial; or change the practice due to changing circumstances over the course of the study.

Many yoga therapists believe that prefabricated sequences based solely on a medical diagnosis (or in the case of multiple diagnoses, one of them) are systematically less effective than tailored approaches. Thus, the standardized sequences used in medical studies of yoga may also be less

effective than real world yoga therapy, group or individual, and could lead to systematic undervaluing by research scientists who are not evaluating actual practice patterns in the field. The assumption that individual evaluation and prescription is more effective than a protocol will be an important future area of inquiry.

Therapeutic Perhaps, But Is It Yoga Therapy?

The lack of standardization of yoga practices, and the fact that many yoga tools have filtered out into the broader world begs the important question of what constitutes yoga therapy? There are many watered-down and non-traditional versions of yoga and yoga therapy delivered by trained healthcare professionals and laypeople, and often by yoga teachers with marginal training and experience. Likewise, across disciplines new adaptations in the evolution of yoga therapy are being developed and, though not traditional, may represent the emergence of the next expression of the field. This dynamic process of practice adaptations has the advantage of accessibility, while helping bring yoga-like practices into mainstream venues that might not otherwise engage with the discipline. The disadvantages include variable quality and the possibility of an inappropriate prescription of some practices for certain students. Sorting out the effectiveness of yoga therapy practice, per the profession's standards and scope of practice, will require a rigorous process of inquiry, communication and development by the association, its members in the field, and this journal. What follows is what has been observed regarding how and where yoga therapy is being delivered.

Yoga Therapy in Conventional US Healthcare

One way that yoga therapists have long been working in the healthcare system is with clients who are undergoing conventional treatments for a wide variety of conditions. In some cases, the primary care provider is open to communication and coordination of care via reports, email or phone. In many instances, however, the therapists speak only with clients who then pass information to and from the primary care providers. As is common in the world of integrative medicine, some patients access yoga therapy without informing their physicians, for reasons that range from a perception that their conventional provider is close-minded to a poor understanding of the importance of communication. Currently, most physicians are not knowledgeable enough about yoga therapy to play much of a role in guiding the therapeutic approach, though they may provide useful information on contraindications and comorbidities. Ideally, clients who are seeing rehabilitation professionals who prescribe movement activities that overlap with yoga practices (e.g. physical therapists) are informing their yoga

therapist of these therapeutic interventions, and their level of adherence, to avoid crossovers that may potentially conflict or exacerbate conditions.

The expansion of yoga therapy into conventional US healthcare has grown exponentially in the past decade. Consider that your dentist might have you do breathing exercises and listen to guided imagery during your procedure. Kaiser Permanente has guided imagery (*bhavana*) pre-operative audio files with demonstrated efficacy in reducing pain medication use. Your mental health professional might start a session with some centering breath work, a somatic scan, or an in-session mindfulness pause. You can hardly access a therapeutic service without encountering a “breathe and relax” supportive message. Physical, occupational, psychological and substance abuse centers now have full menus of yoga “consumables” as part of their service offerings. Major news magazines seem to have annual features on mind-body medicine with sometimes overblown claims of imaging and genetic studies. While these media raise public awareness and acceptance, they also escalate the need for proper vetting of these services and their outcomes. The International Classification of Diseases (ICD), is a system used by healthcare providers to classify and code all diagnoses, symptoms and procedures and there is now an ICD-10 procedure code for yoga therapy²: 8E0ZXY4.d

Here's a list of interesting examples of how yoga is being referenced in conventional healthcare:

- Numerous consumer programs at large institutions such as MD Anderson, Cleveland Clinic, Kaiser, and Duke University.
- Rehabilitation clinics (PT/OT) utilizing only yoga equipment such as yoga blocks, straps, and mats.
- Yoga on lung transplantation units.
- Conventional medical textbook publishers publishing entire books with yoga techniques.
- Pain and substance abuse programs in both residential and outpatient settings.
- Menu items at university integrative medicine centers.
- Growing use of the Dean Ornish lifestyle medicine program as intensive cardiac rehabilitation.
- Programming at the largest support/research centers for Parkinson's, MS, cancer, etc.
- Services at hospice centers for patients and families.
- A part of pre- and post-partum care, as well as life spectrum services in women's healthcare.
- Sports medicine and world class athletic performance enhancement.

Who will report, evaluate and communicate this expanding sea of yoga therapy experience? And, how?

Self-care for Health Professionals

If you want to observe examples of poor health behaviors, unfortunately it is often no further away than employees of a healthcare system. The good news is that yoga therapy is also creeping into their self-care and clinical mastery development. For instance, the Cleveland Clinic has instituted “Code Lavender” to allow employees to communicate a need for some self-care, including yoga-based techniques. Burnout and compassion fatigue for care providers are rampant, and many of the new self-care strategies are yogic in nature. They are framed as non-harming (*ahimsa*) practices that are adopted to address provider burnout and include: stress relieving techniques; re-writing personal and professional narratives (*svadhyaya*); rituals in care; dedicated vacations/rest; and even a form of symbolic death (*savasana*) in the development and focus on bucket-lists and deathbed considerations as part of human resource programs.

The expanding role of compassion training and empathy skill development informs not only clinical mastery development for caregiving, but also caring for self, offering health benefits to the providers as well. A two-year study at a rehabilitation center in Minnesota introduced self-care yoga therapy to providers and was found to reduce measures of stress, increase work satisfaction and affect the use of similar techniques in patient services.³ An important question to be explored is the effect of these yoga therapy practices when consumed by providers and how that may then alter patient care and considerations?

Yoga Therapy Generating New Delivery Models and Platforms Beyond Conventional Healthcare

An interesting phenomenon accompanying the expansion of yoga therapy is the addition of health seeking behaviors in unconventional settings. Who would have predicted 30 years ago that consumers would be going to: yoga studios; home-based offices; support centers; halfway houses; schools; safe houses; homeless shelters; military bases; court-houses; college campuses; or prison recreation centers to engage in wellness programs? Corporate board rooms, organizational development gurus, and legal offices are stopping to breathe, sense their bodies, and introspect before and after business activities. Yoga conferences, and IAYT’s own SYTAR conference, showcase a vast array of resources for health improvement. The libraries of DVD’s, online instructional materials, and consultations via tele-health are certainly unconventional as well. Yoga trainings occur in settings as diverse as: ashrams; church centers; retreat houses; and exclusive resorts. Does such consumption lead to safe practices or are there inherent threats to public welfare in doing so? These are all good avenues of inquiry.

Consumers of yoga therapy learn new ways of improving their health in these encounters, often leading to behavioral changes in self-care, but also generating new demands on how they consume conventional care and the expectations of their other healthcare providers. This empowerment, as defined via IAYT’s definition of yoga therapy, is anecdotally driving new patterns of consumption and communication, all of which need to be captured and reported.⁴ In what conventionally would be described as “loose, unsupervised environments,” there is a responsibility on the part of the yoga therapist to report adverse events and effects to the larger healthcare community.

The shift in health insurance to larger deductibles, and more personal financial responsibility for care by an increasingly savvy public, means there will be increased scrutiny by both individuals and media around the efficacy of these unconventional outlets for yoga therapy. Can we train and develop mechanisms for capturing the data and outcomes necessary to evaluate this type of programming? Research literacy, funding opportunities, and health information privacy are but a few challenges that exist and they will expand as we celebrate these new expressions of yoga therapy. To conclude this piece, we consider the future role of yoga therapy in healthcare.

Future Considerations and Implications for IJYT

The diverse manifestations of yoga therapy in the US outlined above, and the ensuing research challenges, place a significant challenge before the IJYT journal. We must meet, and hopefully exceed, the standards of rigor for an indexed journal, while introducing a new therapy that, by its integral nature, requires methodological and research design innovations. IJYT must capture for publication the state-of-the-art research and related best-practices to advance the field of yoga therapy. This is new territory and we do not have the benefit of an existing model to guide our work.

Conclusion

In order to accomplish the objectives outlined above, we would like to extend a charge to our editorial and association board members, the membership of IAYT, the yoga therapy research community, and all practicing yoga therapists to sustain our personal practices. Our personal practices facilitate our individual and collective ability to modulate the affective responses that occur with such changes, communicate with awareness of our personal agendas, and remain open to being different but rigorous in the larger research community. In doing so, IJYT can become a model and leader for healthcare in its quest for true reform and integrative, patient-centric care. Indeed, the profession has

the unique opportunity to bring forward effective traditional yoga therapy, to discover new practices and delivery models, and simultaneously foster the emergence of this dynamic profession as a recognized and respected therapy.

References

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