

YOGA

INCIDENTS/ACCIDENTS

AND

FIRST AID

RESPONSES

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## I. ACKNOWLEDGEMENTS

I would like to thank the many wonderful yoga teachers who provided me with the information regarding incidents, accidents or injuries that they are familiar with either as a student or as a teacher in a yoga class. They acted in the best of yogic tradition by their courage, caring and trust in providing the information for this work. I truly appreciate you taking the trouble to respond.

Many thanks also to Dr. Paula Fayerman who has the rare combination of being a medical doctor as well as a yoga instructor. She has helped to clarify my thoughts on this document with insightful comments.

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Thanks to David McAmmond, my yoga teacher, for his encouragement and inspiration.

Thanks to Susan Jensen for organizing and managing The Advanced Studies Program at The Yoga Gateway, Calgary, Alberta. The main purpose of this report is to partially fulfill the requirements of this program between September, 2003 and December, 2004.

I would like to point out that many people contributed to this work, but any errors are mine.

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## II. INTRODUCTION

Hatha yoga literature states much about how to prevent injuries in a yoga class during asana practice. This is as it should be of course since it is much better to prevent injuries than to have to deal with them after the fact. However injuries and incidents occasionally do take place in the yoga room and there is very little discussion of these in the yoga literature. Consequently there is not much to guide yoga teachers on what steps to take should something unfortunate happen.

Nothing in the above is to imply either that yoga is dangerous or that these incidents occur frequently. In fact they occur very rarely but they can and do occur on occasion.

This document is not intended as a comprehensive discussion of each type of injury and its first aid response. Nor is it a summation of yoga therapy techniques for dealing with certain situations arising in class. But knowing the type of incidents which can occur in a yoga class and having some guidelines for dealing with them may be useful for a yoga teacher who is alone in a building, with students, when something unexpected happens. It may also motivate yoga teachers to learn more about dealing with such incidents.

The body of the report lists the incidents or accidents that have actually occurred in a yoga class as reported back by yoga teachers in response to a questionnaire that was sent to them. These problems are listed alphabetically followed by brief first aid suggestions for dealing with them.

The programme to develop the information was as follows;

1. The type and frequency of incidents which have occurred in yoga classes was determined by sending out a letter and a questionnaire to yoga instructors explaining the study and requesting their input. A copy of the letter and questionnaire appears in Appendix I. About 100 instructors, primarily in Alberta, but also B.C., Manitoba, Ontario and the U.S were contacted. Approximately 35% responded by filling out the questionnaire and returning it to me. Many added comments to clarify their philosophy of teaching yoga. Their comments are included in Appendix II.

These 35 or so teachers reported some 95 incidents, or injuries that took place during a yoga class. These responses, which I have detailed in the body of this report, are the heart of the work.

[It was also thought that physiotherapy clinics might provide input since they may treat, on occasion, clients who had injuries suffered in yoga. However, they appeared not to be interested since, of the 25 clinics contacted, only one responded.]

2. Based on the information from the above, first aid responses for use by yoga instructors for dealing specifically with injuries, illnesses, incidents etc. that have occurred in a yoga class, were developed.

3. Input from a medical professional on the first aid responses was incorporated

### III. SUMMARY OF RESPONSES

The frequency of the incidents /accidents is as follows:

- Back injuries, spasms -13
- Neck injuries -11
- Knee injuries -8
- Anxiety Attack/ Emotional Release -8
- Headaches -7
- Fainting, Dizziness, Loss of Balance -7
- Nausea -5
- Cuts -5
- Swelling of Hands -4
- Blood vessel rupture -4
- Cramps -3
- Achilles tendon rupture -2
- Broken Toe -2
- Choking -2
- Bursitis -2
- Diabetic Shock -2
- Nosebleed -2
- Rib Injury -2
- Sacroiliac Joint Injury -2
- Asthma Attack -1
- Heart Attack -1
- Shoulder Injury -1
- Hernia – 1

Looking at the data from another viewpoint there were

- 13 incidents when being adjusted by a teacher or partner
- 6 headaches or broken blood vessels around the eye area when in Headstand [Sirsasana] with shoulders supported by chairs
- 6 accidents in Shoulderstand [Sarvangasana], 3 when being adjusted and 3 when doing the pose alone.
- 6 accidents in Uttanasana [Standing Forward Bend]
- 5 incidents in Downward Facing Dog [Adho Mukha Svanasana].
- 3 accidents in Plow Pose [Halasana].
- 2 incidents with over aggressive use of props

In going through the information and comments, the following Observations and Recommendations can be made:

#### IV. OBSERVATIONS

1. Yoga is a safe practice if done properly and with awareness.
2. Inappropriate overly aggressive adjustments, primarily by teachers, and occasionally by partners were the singlemost cause of the injuries.
3. The greatest single part of the body suffering injury was the back, then neck, then knee.
4. The poses most frequently mentioned in discussion of injuries were Shoulderstand and Plow. It should be noted that these poses can be and are usually done safely and without incident if done properly.
5. There is a certain percentage of students who have suffered broken blood vessels around the eyes (possibly due to increased blood pressure in the head) and headaches when doing Headstand with shoulders supported on two chairs. This is a pose that is often used to introduce students to inversions.
6. Often the teacher doesn't know that a student has suffered an injury, because it's not mentioned in class or the severity of the injury doesn't appear until the next day. These students may just not return to class.
7. Many of the incidents were caused by inattention of the student, miscommunication between the teacher and the student or by over aggressiveness in doing the pose.

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## V. RECOMMENDATIONS

1. The students should fill out a written medical information sheet before the session starts so the teacher knows of any medical conditions. [See Appendix III for example]. Should a student have any changes to this information during the session they should revise the information sheet.
2. If possible, there should be someone available in the building, during classes, with a current First Aid Course certificate including Cardio Pulmonary Resuscitation [CPR] and abdominal thrust knowledge. This may be the yoga teacher or it may be someone else who is available.
3. There should be a First Aid Kit easily accessible.
4. Partner work should be done with caution and only by experienced students.
5. Any physical adjustments by teachers should be done gently, with care.
6. Props should be used for support and to facilitate the pose, not used for leverage to enter the pose further.
7. Caution should be used in Headstand with shoulders supported on chairs. For a certain percentage of students this may result in increased pressure in the head causing headaches and/or blood vessel rupture in the face, especially around the eyes. I, personally, have discontinued teaching this pose.
8. For any students prone to losing balance, falling, getting dizzy etc., including the elderly and pregnant, keep a chair close by them and/or have them do the pose in a corner of the room.
9. Be aware that semi inversions such as Downward Facing Dog or Uttanasana may cause difficulty such as potential fainting for students with low blood pressure. They should enter and exit the pose slowly.
10. Allow and even encourage students to question the poses and let them come out of the pose or just not do it if it doesn't feel right to them.

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## VI. FIRST AID

### ETHICAL and LEGAL CONSIDERATIONS

- Duty to Act  
No one is required to render first aid under normal circumstances. However there is a very clear responsibility to continue care once you start. You cannot start first aid and then stop unless the victim no longer needs your attention, other first aiders take over the responsibility from you or you are physically unable to continue.
- Need for Consent  
In every instance where first aid is to be provided, the victim's consent is required. A victim has the right to refuse first aid care and this decision must be respected, regardless of their condition. The consent may be verbal. Permission to render first aid to an unconscious victim is implied and a first aider should not hesitate to treat an unconscious victim.
- Legal Concerns  
Most jurisdictions have passed Good Samaritan Laws that are intended to protect first aiders. Generally they are similar and provide two basic requirements that must be met in order for the first aider to be protected by their provisions.
  1. The first aider must not deliberately cause harm to the victim.
  2. The first aider must provide the level and type of care expected of a reasonable person with the same amount of training and in similar circumstances.

In summary there should be little, if any, concern about legal consequences inherent in providing first aid. You need only have the victim's consent and then offer the level of care for which you are qualified.

### GENERAL CARE

The most valuable item in a first aid kit is the teacher's brain and common sense. If an unfortunate incident arises it is important to remain calm and to assess the situation.

Some conditions are best investigated immediately by medical professionals. To the best of their ability the teacher should decide if it is an emergency situation that requires an ambulance transfer, for example, in the case of a heart attack, stroke or severe asthma attack.

Or is it like most problems which arise in yoga classes, which can be attended to by allowing the student to assume a comfortable position while calming them. They may need to be driven home by someone later and encouraged to seek medical attention.

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## VII. DETAILS OF RESPONSES AND FIRST AID PROPOSALS

### 1. ACHILLES TENDON RUPTURE

#### INCIDENTS

There were 2 incidents of Achilles tendon rupture.

1. The first student was in Downward Facing Dog.
2. The second student was in a similar position, on hands and feet, with legs and arms straight and moving forward, sometimes called Elephant Walk.

#### RISK FACTORS

In a yoga class, prior injury or pain in the tendon area [prior tendonitis] should be viewed with caution. People with very tight calf muscles should be cautious. Also never over-exert or bounce in poses that stretch the calf muscles [or any other muscles].

Gently stretching calf muscles will help to prevent the problem. These are not glamorous stretches but probably should be done more often than they are.

#### SYMPTOMS

An Achilles tendon rupture is recognized by the sensation of a sudden snap in the back of the calf or heel that is associated with some pain. [Sharp kick in the back of the leg].

Following the injury, the victim walks flatfooted and is unable to stand on the ball of the foot.

A word of caution. Achilles tendon rupture can be misdiagnosed as a strain or minor tendon injury.

#### FIRST AID

The student should be assisted to prompt medical attention. Early treatment results in a better outcome.

## 2. ANXIETY ATTACK

### INCIDENT

The student was in Supta Baddha Konasana [Supported Bound Angle Pose] and suffered an anxiety attack. She was known to suffer from anxiety attacks previously.

The teacher asked her to slow her breathing down, taking long, slow deep breaths and put a couple of long, folded blankets on top of her torso to give her the feeling of being protected and not being so vulnerable and open.

The student settled down and really liked having the blankets put on top of her and also the weight of them.

The theory is that Supta Baddha Konasana is a pose that opens up the front of the body, which could give a feeling of vulnerability.

### Risk factors

People who have previously had anxiety attacks or are known to be anxious.

### Symptoms

The symptoms of anxiety may include some of the following:

Shortness of breath

Rapid, pounding heart rate. Palpitations.

Chest aching.

Chest pain.

Sense of choking.

Sweating, trembling, shaky, feeling of choking.

Nausea, dizziness.

Numbness or tingling.

Chills or hot flashes.

Rapidly escalating overwhelming feeling of anxiety.

Possibly pain radiating out left arm.

Symptoms of anxiety may mimic symptoms of heart attacks.

### FIRST AID

The student may be aware they are experiencing an anxiety or panic attack and may have effective ways of coping with them. Ask them what works best for them.

If the person has a heart condition or if it is the first attack seeking medical attention is appropriate.

Hyperventilation often accompanies anxiety. Tell them to relax and breathe slowly.

Reassurance is often enough to correct hyperventilation

Work with the student to perform deep, relaxed, controlled, continuous breathing.

Be warm, reassuring but firm.

Have them lie down in fetal position or come into Child's Resting Pose.

A bolster to hold may provide comfort.

Darkening the room may be beneficial.

### 3. ASTHMA ATTACK

#### INCIDENT

Student suffered asthma attack during class.

#### Risk factors

People who are suffering from asthma

#### Symptoms

Usually full-blown asthma attacks are anticipated by milder symptoms. Watching for earlier signs and treating earlier is better than waiting for a more serious asthma attack. Early signs may be mild shortness of breath; breathing might become shallow, and fast. Wheezing may be heard.

Should the attack continue, there could be a sense of suffocating, gasping for air, unable to catch their breath.

The person may cry or scream.

Panic could set in, and a feeling of terror.

#### FIRST AID

Asthma can be confused with anxiety. Usually the student will have a history of asthma. Assess whether the person is asthmatic.

Be calm and reassuring.

Sit the person in a comfortable position.

People with asthma often carry inhalers with medication to relieve symptoms. Ask the person to use their inhaler.

If there's no quick improvement call 911 and state that the person is having an asthma attack.

#### 4. BACK INJURY

##### a] SEVERE

#### INCIDENTS

1. A Student's back was injured doing partner work. The student was in Child's Pose and an inexperienced partner was lying over the student in a backward bend. The injury occurred when the partner put all her weight on one side of student's body. It required several chiropractic treatments and massages until it healed.
2. A student was hurt while doing Reverse Triangle [Parivrita Trikonasana]. Over-zealous teacher was making adjustments by pushing student with her hands and as a result injured student's back. Several weeks were spent getting over the injury.
3. A student suffered a severe back injury while undergoing an adjustment by the instructor. It took 3 years to heal and countless visits to chiropractors, physio and other healers.
4. A student was in seated forward bend with belt around foot of straight leg, pulling on strap to enter forward bend further. Severe back strain occurred and walking was very difficult. It required 10 physio sessions and 3 months to heal.
5. A student was hanging from wall ropes while lifting both legs. Student did not have enough core strength to lift legs and as a result suffered back strain.
6. A student incurred upper/mid back strain while doing cobra and upward facing dog incorrectly. She was asked to work with eagle pose [counter pose] over the coming days.
7. A student hurt her back doing advanced backbends.
8. A student tore or strained her lower back muscles going into Viparita Karani.
9. A student strained her lower back in Warrior I.

## b] SPASMS:

### INCIDENTS

There were quite a few minor back injuries or spasms reported. In most of the cases the students were in classes for back care and the spasms occurred while doing simple moves or warm-ups. Back spasms also occurred with students in Downward Facing Dog [Adho Mukha Svanasana] as well as Triangle Pose [Trikonasana].

"I believe that most of the spasms had a fear component involved. A lot of students who come to back classes are willing to try but are also a little afraid that they may hurt themselves and so continue to hold [tighten] a little."

### Risk factors

Students who are known to have back problems or are stressed or tight. Often people get involved in yoga because they have back problems. The severity of these problems can range from muscle spasm to prolapsed disc.

### Symptoms

Students who feel twinges or any discomfort in their back.

### FIRST AID

To deal with severe back injuries in the yoga room where the student is not able to move at all, place your hands on the student's back and have them breathe into your hands. Focussing on their breath will help to take their attention away from the pain and will help to ease the sense of panic. Have them follow the gentle inhalations and exhalations of their breath with very gentle movements of their back.

To relieve the spasms try simply rocking on the back with knees bent. Do gentle pelvic tilts and tucks. Flattening the lower back gently against the ground and releasing may be beneficial.

An alternative treatment is:

Student lies on their back on floor with knees bent, feet flat on floor. Bring one foot at a time on to the teacher's thighs so that their legs form a right angle to their body. There is a slight resistance between the student's feet and the teacher's thighs. Students press at about 50% of their strength against the thighs and hold for 30 seconds. Then release and bring knees back toward their chest. Repeat at least 3 times.

Once the spasm has gone students can return to class if they want to or they can rest in a supported relaxation pose.

## 5. BLOOD VESSEL RUPTURE

### INCIDENTS

A pose that is used to introduce students to inversions without any weight on the head or neck is the Headstand whereby each of the student's shoulders are supported on a chair [2 chairs with the head hanging freely between the chairs], padded with blankets, mats etc.

There were several instances where the student developed broken blood vessels around the face and in the eyes while doing this pose and some students also reported headaches.

It is theorized that, in certain cases, there is partial blockage of the veins returning from the head caused by the weight of the shoulders on the chairs. Blood pressure builds up in the face thereby causing the damage.

### Risk factors

If there is any pressure felt in the head or face while doing this pose or any headache developing come out of the pose immediately.

### Symptoms

Increased pressure around eyes, face or head.

### FIRST AID

Come out of the pose immediately. Rest until the pressure is felt to be normal or until the headache passes.

## 6. BROKEN TOE

There were two accidents resulting in broken toes.

1. The first happened when the student came out of Headstand and landed directly on the big toe, breaking it.
2. The second occurred when the student went from Downward Facing Dog to Lunge while doing Sun Salutations. They caught their big toe on the mat, breaking it.

### SYMPTOMS

There will be pain, swelling or stiffness. The toe may look normal or it may be bent or deformed. There may also be bruising of the skin. It may be difficult to walk because of the pain, especially if the big toe is fractured. Shoes may be painful to wear or feel too tight.

### MEDICAL CARE

#### FIRST AID

1. Elevate the foot above the level of the heart as much as possible.
2. Put ice in a plastic bag and apply to the injury for 15-20 minutes. Make sure to place a towel between the skin and the bag of ice to protect the skin.
3. Avoid any strenuous exercise, prolonged standing or walking.

A doctor should examine the toe if the pain becomes worse in the following days.

## 7, BURSITIS

### INCIDENTS

Two students aggravated their shoulder bursitis while hanging from ropes in a back class.

### Risk factors

If there's a history of bursitis repetitive movements should be avoided.

In a yoga class bursitis can be caused or aggravated by overuse or trauma.

Pre-warming the area before yoga will help avoid aggravation of the bursitis.

### Bursitis

Bursitis is inflammation of the fluid-filled sac [bursa] that lies between a tendon and skin, or between a tendon and bone. They are near joints where tendons or muscles pass over bony projections. They assist movement and reduce friction between moving parts.

### Symptoms

Symptoms are joint pain and tenderness, swelling, warmth over the affected part.

### FIRST AID

Ice and topical pain relievers can be beneficial for relieving pain and inflammation.

The student may want to seek medical attention.

## 8. CHOKING

### INCIDENTS

1. A student choked in Bridge Pose.
2. Another student choked on her own saliva.

### Risk factors

No one doing yoga should have anything foreign in his or her mouth [gum, candy, etc].

### FIRST AID

If something solid, say a piece of gum gets lodged in the airway resulting in choking, ask the victim, "Are you choking?" A person who can cough or speak is getting enough air to breathe.

For a victim with a partial airway obstruction such as this, do not interfere with attempts to cough up the object. Stay with them and encourage continued coughing. If coughing persists call 911 for help.

If the person is barely able to breathe, the cough is very weak, or they cannot speak at all, treat this as a complete airway obstruction.

When someone is choking on a foreign object, the goal is to open the airway as quickly as possible. First aid is based on abdominal thrusts, also called the Heimlich manoeuvre, which forces air from the lungs to push the object out. The method that is used depends on whether the victim is conscious or unconscious, with variations for adults, children, and pregnant women.

Teachers should make themselves knowledgeable in these techniques by consulting a First Aid manual or by taking a first aid course. They discuss the various abdominal thrust techniques, the head tilt/chin lift, finger sweeps, jaw thrust, recovery position etc.

In summary:

1. Conscious casualty, partial obstruction; Indicated by coughing forcefully, can speak and breathe, First Aid - Encourage person to continue coughing. Call 911 if coughing persists.
2. Conscious casualty; Indicated by coughing weakly, cannot speak or breathe, First Aid - Begin abdominal thrusts.
3. Unconscious casualty: Indicated by no breathing, breaths won't go in, First Aid - Call 911. Begin cycles of abdominal thrusts, finger sweep and rescue breaths.

Since abdominal thrusts and chest thrusts may cause internal injuries, the personal should be taken to hospital emergency for follow-up care, even if they seem to be breathing without difficulty.

## 9. CRAMPS

### INCIDENTS

There were several incidents of leg and foot cramps as well as cramping in the back.

### GENERAL

Muscle cramps are involuntary and can be very painful. They occur when the muscle contracts [tightens] and shortens beyond its normal limit producing a hard, bulging muscle.

Muscle cramps generally result from insufficient blood supply to the muscle, overexertion, muscle fatigue, mineral depletion and dehydration.

Most often people get cramps in their calves or feet. However you can get them in almost any muscle.

### FIRST AID

Cramps can be eased by a few simple methods. First raise the tightened area. Then gently massage the cramped muscle. Stretch the muscle out slowly and gently as long as there's no pain.

Make sure to drink plenty of liquids.

## 10. CUTS

### INCIDENTS

1. Two students suffered cuts to their faces when they pivoted from rope hanging sirsasana into rope hanging Uttanasana while hanging on rings.
2. A student had a facial cut when they were acting as a partner for a student kicking into Headstand between chairs and as they kicked up they kicked the assisting partner in the face.
3. A student cut her face when she was stretching up the wall with her hand and knocked a clock down. The clock had a plastic rim with a jagged piece broken out of it. The jagged edge of the clock hit the student on the face, cutting her.
4. A student fainted and cut her nose externally and internally in Half Moon Pose [Ardha Chandrasana]. See Fainting section for details.

### FIRST AID

Most cuts suffered in yoga classes will be minor open wounds. To care for these:

1. Wash the wound with soap and water.
2. Place a sterile dressing or bandage over the wound and bandage it.

If you consider the wound is serious enough that it may need stitching recommend that the student see a doctor as soon as possible after the injury. Stitching speeds healing, decreases chance of infection, and helps prevent scarring.

## 11. DIABETIC SHOCK

### INCIDENTS

1. A student went into diabetic convulsions while in Gomukhasana legs [Cow Face Pose]. She had taken too much insulin. The teacher poured juice down her throat as she started to calm down. No further treatment was required but she was very emotional.

2. A second incident was averted when the teacher noticed that the student was perspiring on her face, trembling and her speech was a little slurred. She had just completed a beginner's yoga class. She was a Type 1 insulin dependent hypoglycemic and very overweight. The teacher gave her a carton of orange juice and a granola bar, which she consumed and then rested 20 minutes before driving home.

### GENERAL

Diabetic emergencies are caused by an imbalance in the person's sugar and insulin levels.

When the insulin level in the body is too low, the sugar level in the blood will become too high. This condition is called hyperglycaemia.

If the insulin is too high, the person will develop a low sugar level. This condition is called hypoglycaemia.

### SYMPTOMS

The symptoms of hyperglycaemia and hypoglycaemia differ somewhat, but the major signs are similar:

- Changes in the level of consciousness, including dizziness, drowsiness, and confusion, sometimes leading to coma.
- Rapid breathing.
- Rapid pulse
- Feeling and looking ill.

### FIRST AID

You do not need to know, initially, if the person is suffering from hyperglycaemia or hypoglycaemia.

Give the person something with sugar in it. Most candy, fruit juices, and nondiet soft drinks are effective. Common table sugar, dry or dissolved in a glass of water, also works well.

If the person's problem is low sugar, the sugar will help quickly. If they already have too much sugar the extra sugar will not cause harm over a short period of time.

If the victim is unconscious or is conscious but does not feel better within 5 minutes after taking sugar, call 911.

See Convulsions under Epilepsy

## 12. DIZZINESS

### INCIDENTS

1. A person with medically controlled high blood pressure became dizzy doing Downward Facing Dog from a strap at the wall with her head resting on a bolster. She had done the pose before without any problems. She may have entered the pose too quickly. After she felt dizzy she came out of the pose and went into supported child's resting pose on a bolster.
2. A person fell asleep in Viparita Karani [on back, legs up the wall] and became dizzy when they came out of it.

### GENERAL

The word dizzy is used to describe everything from feeling faint or lightheaded to feeling weak or unsteady. Dizziness that creates the sense that the surroundings are spinning or moving is called vertigo.

Dizziness is a fairly common sensation that happens in a yoga class. It may be accompanied by nausea.

### FIRST AID

Find a position that the student feels comfortable in. It may be Child's Resting Pose, or a supported seated position at the wall. Generally it is better to have the head lower than the heart.

Reassure the person if they feel anxious.

If the dizziness persists do not allow the person to drive home.

### 13. EMOTIONAL RELEASE

#### INCIDENTS

Several incidents were mentioned whereby students broke down and had emotional releases while doing yoga, primarily backbends.

These included:

1. A student broke down while in Rope Jacket. Their front torso was very tight and their back was hunched. She was put into Child Resting Pose, hugging a bolster, and made comfortable by covering her with a blanket.
2. A student was crying after a class of backbends, working with partners.
3. A teacher trainee broke down after doing a class of backbends.
4. Several students felt some fear during Relaxation [Savasana], when they realized they are not their thoughts. The teacher felt that the spirituality of the students was shifting, changing and evolving, and after class she talked at length with the students about the process of growth.

#### CAUSES

Releases of patterns of tension in the body are occasionally accompanied by a release of emotions.

#### FIRST AID

The person should be comforted and reassured without analysis or judgement.

It may be helpful to allow the person to lie on the mat in child's resting pose and hold a bolster while being covered with a blanket.

## 14. EPILEPSY

### INCIDENTS

There were no incidents of epilepsy mentioned but it is included because of its importance and for completeness.

### GENERAL

Epilepsy is a condition that can cause convulsions or seizures that may or may not result in unconsciousness. Following are guidelines for convulsions.

### SYMPTOMS

Before a convulsion occurs the person may hallucinate and see, hear, taste or smell something not present or may feel an urgent need to get to safety.

Convulsions range from mild blackouts that to others may seem like daydreaming, to sudden and uncontrolled shaking with unconsciousness lasting several minutes.

### FIRST AID

Although a convulsion may look frightening, the person can be easily helped. The goal of first aid for convulsions is to protect the victim from injury and manage the airway, following these steps:

1. Move away nearby objects and furniture that might cause injury.
2. Protect their head by placing a cushion, such as a folded blanket, beneath it.
3. Roll the student gently onto their side so that any fluids in the mouth can run out safely.
4. Calmly reassure the person.
5. Stay with the person until recovery is complete.
6. Allow the student to rest or sleep if desired.
7. Arrange for someone to take them home.

### DON'T

1. Restrain the person.
2. Put anything in the person's mouth.
3. Try to move the person unless they are in danger.
4. Give the person anything to eat or drink until they are full recovered.
5. Attempt to bring them around.

### CALL 911 [EMERGENCY] IF

1. You believe it is the person's first seizure.
2. The seizure continues for more than 5 minutes.
3. The student is injured during the seizure.
4. You believe the student needs medical attention.
5. One seizure follows another without the student regaining consciousness between seizures.

## 15. FAINTING

### INCIDENTS

1. An elderly student suddenly felt lightheaded in Half Moon Pose. She started to come out of the posture but passed out and fell forwards landing on her face, hitting her nose on the floor. She came to immediately but was bleeding profusely from the nose - an external cut as well as nosebleed.  
She was working with a partner whose role was to observe, not to adjust or touch.

The incident happened very suddenly with no warning. The partner was unable to react quickly enough to catch her.

The teacher and another student, a nurse, brought her tissue and a bag of snow, which the injured person pressed, against the bridge of her nose. After the bleeding stopped she was escorted next door to a medical clinic.

Later the student told the teacher she had low blood pressure. However she had not mentioned the low blood pressure previously even though the teacher had asked in the first class if there were any medical problems. She had not experienced fainting problems before.

2. A student fainted after doing the semi-inversion standing forward bend [Uttanasana]. She was put into child's resting pose and given water.
3. An older student lost her balance in Spread Leg Standing Forward Bend [Prasarita Padottanasana] and fell.
4. A student with low blood pressure suffered lightheadedness and was on the verge of fainting while in the semi-inversion Downward Facing Dog. She was put into Child's Resting Pose with her head grounded.
5. In a senior's yoga class a student suffered vertigo, and fainted while in a standing forward bend.

She didn't have any liquids or any breakfast before the class. She didn't feel well before class and only came to class to support her friend.  
She was being treated for vertigo and claimed that yoga was helping her. She had stopped taking her medicine for a few days.

The teacher felt she was competing too hard with others and was holding her breath in certain poses. Apparently she observed other students and felt she had not entered the pose as much as they had and pushed herself further.  
She quickly came to and the teacher, with the help of another student, who is a first aid instructor, got the student onto a chair with her head between her legs. When she recovered enough she was driven home.

### SYMPTOMS

Fainting may be preceded by dizziness.

Predisposing conditions include low blood sugar [not eating before a morning class for example], dehydration, blood pressure problems, viral illnesses, and pregnancy.

### CAUSE

Fainting occurs when the blood supply to the brain is momentarily inadequate, causing loss of consciousness. The loss of consciousness is usually brief.

Fainting can have no significance, or the cause can be a serious disorder. Therefore it should be treated as a medical emergency until the signs and symptoms are relieved and the cause is known.

### FIRST AID

If someone faints;

1. Position the person on their back. Make sure the legs are elevated above the heart level with the head lower than the heart to restore blood flow to the brain.
2. Watch the airway carefully. People who lose consciousness may vomit.
3. Check for breathing. If breathing has stopped, the problem is more than a fainting spell. Initiate cardiopulmonary resuscitation [CPR]. Get emergency medical care. Call 911.
4. Loosen belts, collars, or other constrictive clothing. The person should revive quickly. If the person doesn't regain consciousness in 1-2 minutes call for emergency medical assistance.

## 16. HEADACHE

### INCIDENTS

1. When assisting partner in kicking up into Handstand, student was kicked in head resulting in headache and possible minor concussion.

### CAUSE

Poor communication between partners and lack of attention [mindfulness].

2. A sharp headache occurred with tingling over the right eye while doing Headstand with shoulders supported on two chairs. The student came out of the posture and was put into Child's Resting Pose.

### CAUSE

Increased pressure in the head was reported numerous times while doing this pose, as well as headaches. It is theorized that the weight of the shoulders on the chairs may partially block a return vein from the head to the heart. Thus blood is being pumped to the head but has difficulty returning to the heart thereby causing a build up of pressure in the head and headaches.

3. A student, starting to learn inversions, suffered a headache while in Headstand. They were put into Child's Resting Pose.

4. One student invariably gets headaches as soon as entering shoulder stand or bridge pose. There were several cases of students getting headaches while learning inversions.

### FIRST AID

Don't do the poses that are known to cause these conditions.

It may be useful to have some type of over-the-counter analgesic available in the First Aid Kit, should it be required.

## 17. HERNIA

### INCIDENT

A student suffered a hernia of the upper abdominal muscles. He was in Uttanasana, with hands interlocked behind his back, trying to bring his arms over his head to touch the back of a chair, which was standing in front of him. He was very fit but had tight musculature.

He was pushing much too hard to achieve the end result.

After the incident he lay flat on the floor and the hernia was restored. He visited his family doctor. No treatment was required.

## 18. HEART ATTACK

### INCIDENT

A student developed back pain while in a very basic yoga class. Her doctor suspected the pain was due to a minor heart attack. The teacher reviewed the class plan to identify what may have initiated strain to the heart. The only pose identified was Warrior I arm overhead position which requires exertion.

### CARDIOVASCULAR EMERGENCIES

#### 1. ANGINA

Angina is a temporary chest pain that is caused by not enough blood getting to the heart.

Angina is not a heart attack. In a heart attack a portion of the heart receives little or no oxygen for a longer period of time. If angina is untreated a heart attack could happen.

### SYMPTOMS

- Chest pain that is often described as being tight, heavy or a pressure and may spread to the neck, jaws, and arms.
- Pain usually lasts less than 10 minutes.
- Pain usually relieved by rest. Sometimes breathing difficulty, sweating, nausea or dizziness.

### FIRST AID

Victims who know that they have angina usually have prescribed medication with them such as nitroglycerin. If the person asks you, help them in taking the medication.

If the pain does not go away within 10 minutes, then emergency medical should be contacted [Call 911].

If the person does not have a history of angina do not ignore the pain, as it may be a heart attack. Call 911 immediately and help them rest comfortably.

In any case.

- Have the person sit on the floor with their torso and head propped up at a 40-45 degree angle by support with foamy blocks, blankets or bolsters.
- Loosen tight clothing at the neck, chest and waist.
- Cover the person to preserve body heat.

Reassure the person.

## 2. HEART ATTACK

A heart attack occurs when one or more arteries supplying the heart with blood and oxygen become blocked. This loss of blood flow injures the heart.

### SYMPTOMS

The main symptom of a heart attack is chest pain or discomfort that persists. It can range from discomfort to an unbearable crushing feeling in the chest. It is usually felt in the center of the chest behind the sternum. It may spread to the shoulder, arm, neck or jaw.

Other symptoms signally a heart attack includes:

- Breathing difficulty such as noisy breathing, shortness of breath, or breathing faster than normal.
- Pulse may be faster or slower than normal or irregular.
- The skin may be pale or bluish in colour.
- Nausea and vomiting.
- The face may be moist, or the victim may be sweating profusely.

### FIRST AID

The most important step is to recognize any of the heart attack symptoms and take immediate action.

If the chest pain is severe or chest discomfort does not cease within 10 minutes call 911 immediately.

- Have the student sit on the floor with the torso and head propped up at a 40-45 degree angle by support with foamy blocks, blankets or bolsters. Nausea and vomiting often accompany a heart attack and lying on the back might cause choking.
- Loosen tight clothing at the neck, chest and waist.
- Cover the person to preserve body heat.
- Remain calm and reassure the person.
- Assist the person to take prescribed medication if requested.
- Do not try to drive the victim to the hospital yourself because cardiac arrest can occur at any time.

Should the person become unconscious lay them on their back.

- Assess breathing. If breathing fails began AR [Artificial Respiration] immediately.
- Assess circulation [pulse]. If there are no signs of circulation begin CPR [Cardiopulmonary Resuscitation]. CPR is a combination of two life support techniques; artificial respiration and artificial circulation. It is advisable for yoga teachers to become familiar with CPR by taking a first aid course.
- If you're not trained in emergency procedures, it is recommended that you skip mouth-to-mouth rescue breathing and proceed directly to chest compression, so that valuable lifesaving minutes are not lost. The most important thing you can do is to proceed directly to chest compression to move blood to vital organs, particularly the brain and heart. If you're trained in emergency procedures, it's important to do both mouth-to-mouth rescue breathing and chest compression.

### 3. CARDIAC ARREST

Cardiac arrest occurs when the heart stops beating or beats too irregularly or too weakly to circulate blood efficiently. Breathing soon stops.

#### SYMPTOMS

- Unconsciousness
- Absence of breathing
- Absence of pulse.

#### FIRST AID

Call 911 and start CPR

## 19. NAUSEA

### INCIDENTS

1. Student became nauseous while doing backbends during a beginner's class. The student was put into Child's Resting Pose.

The theory is that backbends stimulate the liver and release toxins into the blood stream.

2. In a senior's class, a student was lying over a bolster to open the chest. They became nauseous and were taken to emergency. Doctor's opinion was that there was partial occlusion of a neck artery. There should have been more support under the head and neck.

3. There were several incidents of forward bends bringing on nausea in Prenatal Classes.

### SYMPTOMS

Predisposing factors for nausea include flu-like illness, blood pressure problems, pregnancy etc.

### FIRST AID

Have the student rest in the position most comfortable for them whether sitting or a propped lying position or on their side or in Child's Resting Pose.

Nausea will usually subside in a matter of minutes, especially if it's caused by a release of toxins into the system while doing yoga. Nausea due to this cause will lessen as the student develops their practice.

Sometimes drinking water or juice is helpful.

If nausea is ongoing seek medical attention.

## 20. NOSEBLEED

### INCIDENT

1. Student's nose began to bleed during yoga class.
2. Student fainted and fell on face causing external and internal bleeding [See FAINTING]

### FIRST AID

1. Sit, with the head leaning forward
2. Pinch the nostrils shut using your thumb and forefinger in such a way that the nasal septum [the nose's midsection] is being gently squeezed.
3. Hold for 10- 15 uninterrupted minutes, breathing through the mouth
4. At the same time apply cold compresses [such as ice in a soft cloth] to the area around the nose.

## 21. SOFT TISSUE INJURIES

### A. GENERAL

It is usually difficult to tell if an injury at a joint is a SPRAIN, STRAIN, or a DISLOCATION. However dislocations would be very rare in a yoga class. The treatment of soft tissue injuries is based on resting the injured joint; applying ice packs to limit swelling and reduce pain; the application of a firm compression bandage as support and elevation of the limb. Refer to RICE [See Definition, page 34.]

#### SPRAIN

A sprain involves the over-extension of a joint, usually with partial rupture of the ligaments. There may also be blood vessel, nerve and tendon damage.

#### Signs and Symptoms

Sudden pain in the joint.

Loss of power and ability to bear weight.

Bruising.

Swelling.

Site becomes tender and painful to touch.

#### Care and Treatment

RICE.

Seek medical aid for assessment of ligament damage.

#### STRAIN

Strains involve over-stretching and tearing of a muscle or tendon. Muscles are attached to bones by tendons, which tear, if a muscle is forced to stretch excessively. This injury is usually less severe than a sprain, but can still have complications if not managed properly.

#### Signs and Symptoms

Pain, increasing on movement.

There may be a discernible gap between muscle and bone.

Tenderness, discomfort when weight bearing.

Swelling if near joint.

#### Care and Treatment

RICE

Avoid stretching the injured muscle.

Avoid massaging the injured muscle.

If pain persists seek medical aid.

## RICE Definition

### REST

Rest reduces further damage - stop activity as soon as the injury occurs.  
Avoid as much movement of the injured part as possible to limit further injury.  
Don't put any weight on the injured part of the body.

### ICE

Ice cools the tissue and reduces pain, swelling and bleeding.  
Place ice wrapped in a damp towel onto the injured area - don't put ice directly onto bare skin.  
Hold the ice pack firmly in place with a bandage.  
Keep ice on the injury for 20 minutes every 2 hours for the first 48 hours.

### COMPRESSION

Firm bandaging helps to reduce bleeding and swelling.  
Ensure that bandaging is not so tight that it cuts off circulation or causes tingling or pain past the bandage.  
Bandage the injury between ice treatments.

### ELEVATION

Elevation helps to stop bleeding and reduce swelling.  
Raise the injured area on a pillow for comfort and support.  
Keep the injured area raised as much as possible.

## B. DETAILS

### KNEE SOFT TISSUE INJURY

#### INCIDENTS

1. A student injured her knee while lying on her back with her legs up the wall and knees turned out with soles of feet together. She had had surgery on her knee 6 months previously. Prior to the incident she had done extensive hip openers which may have interfered with the knee injury.
2. Student injured her knee in Eagle Pose. She had previous problems with bad knees, which were probably weak
3. An elderly student sprained her knee while being adjusted by the teacher in Cow Face Pose.
4. A student injured her knee while doing standing swinging twists. The torso was twisting to the side before the knee and foot did.
5. Several students suffered knee problems going into Lotus, caused by not paying attention and over-enthusiasm.

#### FIRST AID

Apply the RICE treatment.

## NECK STRAIN

### INCIDENTS

Neck strain was the second most frequent incident mentioned with 11 instances. There were four shoulderstand mishaps whereby the neck was strained when inappropriate adjustments were made by the teacher or partner.

1. In one of these, the student was being taught to give the following type of adjustment in various postures. In this case she was supported with styro foam risers while in Shoulderstand. She was being adjusted by the teacher. A rolled up tensor bandage was used to give cervical traction while in the posture. The severity of the neck strain didn't appear until the next day. A doctor assessed the injury. Rehab exercises and rehab treatment followed.
2. In another incident the student was being adjusted in Shoulderstand. She was picked up by the feet and dropped on her neck by the instructor.
3. Another two neck injuries occurred in Plow Pose during partner adjustments.
4. Another neck injury happened when miscommunication occurred between the student and teacher while the student was in Plow Pose with her legs on the seat of a chair. The student said she wanted to come down so the teacher removed the chair, thinking she wanted to come into full plow pose with feet on the floor. The student wanted to come out of the pose entirely. Up and down direction should always be relative to the floor, whether in inversions or other. Down means toward the floor and up means away from the floor.
5. There was a Shoulderstand incident when a student lost their balance, by themselves, falling off the supporting blankets and injuring their neck. Months of physio were required
6. A neck injury occurred when the student was in Reverse Table [Purvottanasana], moving her head back and lifting her torso. The instructor found out later that the student was being treated for neck injuries. The student saw a chiropractor for adjustment.
7. Other neck injuries occurred in Warrior III, and partner assisted backbend dropover.

### CAUSES AND SYMPTOMS

Neck strains result from acute injury to the neck. In a yoga class it can result from inappropriate weight bearing, hyperextension or hyperflexion, and/or excessive rotation. The main symptom of neck strain is pain. Be concerned about symptoms suggesting nerve problems such as weakness, numbness, tingling, uncoordination, or dizziness.

### FIRST AID

Consider seeking medical attention following any neck injury.

## RIB SOFT TISSUE INJURY

### INCIDENTS

1. Student was in shoulderstand when one of her lower right ribs came out of place. She cried out in severe pain, holding her side. Four blocks were placed under her sacrum, more breathing was done, and the student calmed down. Teacher slowly began removing one block at a time until student was down to the floor. Student put rib back in place by breathing and pressure.

Her ribs go out of place often, even when doing housework, playing sports, etc.

2. Another student's rib was displaced in tripod headstand

### FIRST AID

#### RICE

Doctor should be seen as soon as possible. Especially if the skin of the chest wall becomes numb, pale or cold, if nausea, vomiting is experienced, or if there's a shortness of breath, or extreme air hunger.

## SACROILIAC JOINT MISALIGNMENT

### INCIDENTS

1. Student was doing a forward bend while facing a wall and using the wall as a prop to assist in getting closer to her legs. Instructor was pushing students too hard in order to extend further into the stretch resulting in the SI joints going out of alignment and a sore lower back for two months. Required 2 months of chiropractic treatment.
2. Student developed chronic SI joint instability as a result of a weekend workshop teacher doing an adjustment by using a strap to demonstrate a correction on her body.

## SHOULDER SOFT TISSUE INJURY

### INCIDENT

1. A student's shoulder was dislocated while in Cow Face Pose because of an aggressive adjustment by the instructor.

### 1. DISLOCATION

A shoulder dislocation occurs when the top part of the arm bone [humeral head] slips out of its socket [glenoid]. Forward [anterior] dislocations are most common, although they can also occur backward [posterior] and downward [inferior].

Falling is the most common cause of a new shoulder dislocation. A dislocation can also occur when the arm is forcibly moved into an awkward position.

If a dislocation or partial dislocation [subluxation] occurs with only minor force, shoulder instability must be considered.

### RISK FACTORS

People with a history of shoulder dislocations and instability.

### SYMPTOMS

Typically a visible deformity is seen in front of the shoulder. It will be difficult to move the arm due to pain.

### FIRST AID

Immobilize the arm in a sling. Get medical attention.

## 22. SPLINTER

### INCIDENT

1. A student picked up a splinter in her buttock doing Uttanasana against a rough cedar wall. The splinter was removed and the skin disinfected to avoid infection.

### FIRST AID

Sterilize a needle or tweezers over a flame and then let it cool.

If the splinter is sticking out from the skin, grasp the protruding end and pull it out at the same angle that it entered. If it is just under the skin, gently loosen the skin around the splinter with the sterile needle and remove it with the tweezers.

Wash area with soap and water.

Consult a doctor if the splinter went deeply into the skin, or if signs of infection develop [redness, swelling, discharge].

## 23. STROKE

### INCIDENTS

There were no stroke incidents mentioned, but stroke is included because of its importance and for completeness.

### GENERAL

A stroke is a disruption of blood flow to a part of the brain that is serious enough to damage brain tissue.

Signs and symptoms of a stroke include:

- Weakness, numbness or paralysis of the face, arm or leg on one side of the body.
- Vision blurred or decreased, especially in one eye.
- Pupils of unequal size.
- Problems speaking or understanding.
- Mental confusion.
- Severe, sudden and unexplainable headache.
- Unexplained dizziness, unsteadiness or a sudden fall, especially if accompanied by any of the other symptoms.

### FIRST RESPONSE SUGGESTIONS

- Call 911 immediately. This is a true emergency. Every moment counts. The faster treatment is given the more likely damage can be minimized.

### IF THE PERSON IS CONSCIOUS

- Reassure the person with a calming presence.
- Lay the victim down in a semi sitting position with their head and shoulders slightly elevated. This will reduce blood pressure on the brain.
- Do not offer ASA because of possible bleeding in the brain
- Moisten lips and tongue with a wet cloth if they complain of thirst.

### IF THE PERSON IS UNCONSCIOUS

- Place the person on the paralyzed or weakened side to ease breathing.
- Give nothing by mouth.
- If breathing stops began artificial respiration [AR].

If circulation stops [no pulse] began cardiopulmonary resuscitation [CPR].

## 24. SWELLING

### INCIDENTS

1. A woman with medically controlled high blood pressure had sudden swelling in her hands. She was doing Utthita Trikonasana [Extended Triangle Pose] and she did not have her top arm raised up.

The teacher had her go into supported Child's Resting Pose on a bolster and rest her hands on the bolster above her head

The swelling went down fairly quickly and didn't return.

2. Several students' hands swelled while in meditation because of blood pooling from not moving them.

## VIII. DISCLAIMER

The First Aid suggested in this report is based upon responsible medical sources. However neither the author nor anyone else mentioned in the report assumes responsibility for any adverse consequences resulting from the Proposals. No one who has contributed to the Work, or has been involved in its preparation warrants that the information contained herein is in every respect accurate or complete and they are not responsible or liable for any errors or omissions or for the results obtained from the use of such information.

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Bud Agnew

APPENDIX I

## Letter and Questionnaire

The Yoga Gateway  
#530, 3630 Brentwood Rd. NW  
Calgary, Alberta  
T2L 1K8  
November 28, 2003

Re: First Aid Guide for Yoga Teachers

Dear

As part of my participation in the Advanced Yoga Studies Program at The Yoga Gateway, I am conducting a survey of accidents and health related incidents that have occurred in past yoga classes. My objective is to prepare a first-aid course and guidebook for yoga teachers to help them better handle these events should similar events occur in their classes. This study is being conducted with the help of David McAmmond and the Yoga Gateway.

I would greatly appreciate your assistance in developing this information by filling out the attached information sheet. In return for providing useful input to this study you will receive a copy of the guidebook.

BACKGROUND

There is much in the yoga literature about how to prevent injuries in a yoga class during asana practice. This is as it should be, of course, since it is much better to prevent injuries than to have to deal with them after the fact. However, injuries and incidents occasionally do take place, and there is virtually nothing in the yoga literature to guide yoga teachers on what steps to take should something unfortunate happen. The teacher is often alone in the room or building with the students and has no one else around to help. There is not much information to aid the teacher should a student faint, suffer a back spasm, neck strain etc. It's not that yoga is dangerous or that these incidents occur frequently. But they can and do occur, if only rarely. Sometimes problems are brought to the attention of the teacher only at a later date when the student happens to mention them. The goal of this project is to gather the information needed to help make yoga an even safer practice.

PROCEDURE

1. Determine the type and frequency of incidents which have occurred in yoga classes by sending out a questionnaire to senior yoga instructors.

2. Based on the information returned in the questionnaires, design a first response or first aid course for use by yoga instructors for dealing with injuries, illnesses, incidents, that have and could possibly occur again in a yoga class. Examples of these could include, but are not limited to neck strain, diabetic shock, Achilles tendon injury, asthma attack nausea, headache, light headedness, fainting, back spasm, concussion, broken toe or finger, emotional upset.
3. All the information gathered will be combined and compiled. No individual questionnaire will be mentioned. Furthermore, no teacher or facility will be identified with any incident, nor do we need to know the name of the person it happened to.
4. Get input from medical professionals on the first response or first aid recommendations.
5. Issue final report.
6. Again, as an incentive to completing the questionnaire each respondent will be sent a copy of the final report.

We hope you take advantage of this opportunity to assist present and future teachers by sharing your experience with them, so we may be better prepared should an incident occur sometime in our classes.

Please feel free to suggest any other situations, incidents, or information that you recommend be included in this study.

Please return the attached questionnaire by [one month's time] to Bud Agnew c/o The Yoga Gateway or email to bobflo@shaw.ca

Thanking you in advance for your help.

Yours very truly

Bud Agnew.

## QUESTIONNAIRE - YOGA CLASS INCIDENT SURVEY

1. Describe the nature of the accident, incident, injury, or illness that occurred.

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2. Describe the type of yoga and the pose the person was doing who had the incident.

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3. Were they doing partner work or being adjusted or assisted at the time? Please describe.

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4. What was the reason for the incident?

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5. What was done in the yoga class to deal with the incident?

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6. What further treatment was required in the following days?

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7. Please give any ideas on how the incident could have been better handled.

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8. Would you like your name to be listed as a respondent to this study?

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Please add more pages if required and return them by [date] to

Bud Agnew  
c/o The Yoga Gateway  
#530, 3630 Brentwood Rd. NW  
Calgary, Alberta T2L 1K8

Or if more convenient email them to  
bobflo@shaw.ca

## APPENDIX II COMMENTS BY RESPONDENTS

As well as detailing the incidents or accidents some yoga instructors also added valuable comments which I have included below.

1. "I do not adjust students, nor do I do partner work.

I place a great deal of emphasis on self-listening and self-responsibility. I have personally understood the philosophy and teaching of yoga to be about gentle, loving attention, which then allows the seed of the soul to grow and flower and change naturally, organically. Patience, allowing and undoing is important. Striving, competing, and spiritual ambition seems to be injurious and violent to the soul, yet so valued in this culture. " Teacher of 20 years.

2. "When the partner work or assistance from the teacher is gentle, accepting, and supportive, any suppressed emotions connected with the body's holding patterns are also allowed to emerge and release. Emotions are part of the subtle body-energy- and are the expression of psychologically meaningful physical tension patterns, habits, postures, symptoms etc.

The yoga practice was always mindfulness-based, slow, gentle and therapeutic. Emotional release could be evoked or supported during this type of yoga class as the focus was always on quietly tuning to the usually unconscious layers of the person's experience and on creating an atmosphere of safety and support based on nonjudgmental witnessing, compassion and acceptance.

In a loving and gentle space where students are invited and encouraged to be in touch with themselves and with each other, to honour and appreciate the inner wisdom of the body, and to open to the experience unfolding in the present moment, releases of patterns of tension in the body are often accompanied by a release of the emotions that have not been felt or expressed in the person's life.

As a yoga teacher with a mind-body focus my interest in the psychological and emotional significance of the bodily experience created an invitation for such emotional releases to be part of the experience of opening without pushing for intensity or catharsis. Emotions are not intrinsically healing. Overwhelm is unhelpful. Emotions need to be felt just enough for the need they point at to be discovered and met. This is usually a need for acknowledgement, for comfort or reassurance, for a release of energy, without analysis or judgement."

Teacher of over 30 years.

3. "I am always cautious about partner work, yet when done well it is very effective. Always stress Ahimsa"

4. "Always have students tell the teacher if they have a medical problem before the session starts."

5. "I always warn beginning students that backbends stimulate the liver [the cesspool of the body]. The toxins released with backbends will ease with practice."

6."I am definitely aware of injuries I myself have incurred through practice. As I track the source I find that partner work has not been ideal for me.

I have a chronic S-I instability as a result of an adjustment by a weekend workshop teacher. She was using a strap to demonstrate a correction on my body. So, I think straps and partners are sometimes not terribly sensitive."

7."Let student decide how far to push themselves and find their own edge. [not teacher]. Don't do shoulderstand adjustments.

Hands off students, use verbal corrections only."

8."Since I have been offering yoga classes that are gentler and of a more restorative type than had been previously been offered I have been hearing many stories of previous problems. As a one-time participant in those classes myself with my own list of minor problems and aggravated injuries I've come to a few conclusions.

- The problems seem to happen with teachers who can do postures easily themselves and have little training or inclination to modify or even recognize possible restrictions.
- Some specific examples
  - ❑ Partner work with too diverse a class, eg.back to back triangles with partners of varying flexibility and awareness.
  - ❑ Shoulderstands done without any props, cautions, alternatives.
  - ❑ Adjustments like pulling someone deeper into a forward bend.
  - ❑ Aggravations of knee injuries in pigeon pose and lunge.
- Some people will get hurt no matter what--whether it is low body awareness, an athletic competitive attitude, ego, --despite instruction, cautions, philosophy, some people will go too far and in a large class it is harder to catch these people in time.
- If I have any conclusions they are in respect to my own teaching
  - A] Classes work best and safest if they are small and suited to one particular group and the teacher can get to know the students.
  - B] In the large free for all drop-ins, err on the side of caution staying away from potential problem areas such as inversions, partner work and reversed standing poses.
  - C] Teach only what can be explained and demonstrated clearly."

9."As a teacher I use my hands to provide reference points and light direction."

10." I use a maximum force of two fingers to adjust students."

11."Always have students tell teacher if they have a medical problem before session starts."

12."As a teacher, I use my hands to provide reference points and light direction."



