



National
Multiple Sclerosis
Society



Yoga Programming for People with MS

A Focus on People with
Mild Symptoms of MS

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The National Multiple Sclerosis Society is proud to be a source of information about multiple sclerosis. Our comments are based on professional advice, published experience and expert opinion, but do not represent individual therapeutic recommendation or prescription.

Overview and Objectives

This resource is intended for experienced yoga instructors and others who are interested learning more about multiple sclerosis. This particular resource addresses the abilities and needs of yoga students who experience mild symptoms of MS and are able to participate in mat yoga classes (i.e., they can get up and down from the floor without assistance).

Because MS is a progressive neurological condition, an exacerbation or relapse may present a challenge: practice may need to be altered to accommodate for the change in condition. Nevertheless, it is well documented that the benefits of exercise are still important; therefore people should be encouraged to resume yoga or other forms of exercise as soon as possible and after consulting their physician.

After a thorough review of this resource, readers will be able to:

- Identify and apply appropriate modifications, pacing adaptations, and use of props to help people with mild MS symptoms set realistic goals
- List ways to reach and serve this adaptive needs population



About Poses and Props

How Were the Poses Selected?

The National MS Society recognizes that yoga instructors come from a variety of yoga traditions. The ten poses described here were selected because they are common to most traditions and because they cover a range of motion for almost every joint in the body. Through poses that include narrow and wide bases of support, weight-bearing challenges on bones through the hip joint are facilitated. Balance is also challenged by some of these poses, when narrow and wide bases of support are used.

This resource shows how these poses can be modified to meet the needs and limitations of yoga students with MS: yoga instructors can use knowledge gained here to adapt other poses as well.

Possible Limiting Factors

As detailed in the accompanying resource, *Physical Activity for People with Multiple Sclerosis*, people with MS experience a variety of symptoms that may present challenges to performance of these poses. For example, a person with mild symptoms of MS may have difficulty performing a Triangle Pose because they may have difficulty with strength of lower extremities and balance. Or another person may have difficulty performing the Staff Pose because of inflexibility of lower extremity muscles (due to mild symptoms of spasticity). Be sensitive to fatigue and balance issues in all poses.

As also mentioned, remember that for some people with MS, twisting or turning of the head may elicit Lhermitte's sign: an electric buzzing sensation in the limbs or body brought on by movement of the neck. This is most often triggered by the chin touching the chest.

Pose Modification

The modifications listed in the following pages serve as a guide for addressing factors that may limit participation. Yoga has been shown to help reduce fatigue (Oken et al., 2004), and there are anecdotal reports that the impact of some limiting factors or impairments may be reduced through a regular practice of yoga.

Use of props for support and modification is recommended as needed. For some students, some of the modifications may be altered or at times removed.

Yoga Props

Use of yoga props, as pioneered by Yogacharya B.K.S. Iyengar, can enable an individual to complete a posture when limited range of motion, weakness or individual condition would otherwise prohibit it. In this way, full benefits of the posture may be achieved without stress, strain or overheating. This can provide a feeling of accomplishment and success.

Before selecting a prop, determine the ability level of the student. (See the accompanying resource, *Physical Activity for People with Multiple Sclerosis*.) Choose a posture and identify the desired action or benefit you wish to impart. Then select a prop that will assist in attaining this desired action or benefit.

Yoga Strap

- **Purpose:** Aids reach, extension and elongation in seated and supine postures.
- **Substitute:** Bathrobe ties, men's neckties (two tied together), martial arts belts. These should be at least 6 feet long and approximately 2 inches wide.

Yoga Blocks

- **Purpose:** Stabilizes and supports the student in standing and seated postures.
- **Substitute:** Old phone books or hard cover books tied or taped for stability.

Sticky Mat

- **Purpose:** Provides traction under feet and hands in standing and seated postures.
- **Substitute:** Camping mats, bath mats with sticky side out.

Blankets

- **Description:** Mexican yoga blankets or any blanket made of at least 75% rag cotton or wool are most desirable for use. Size should not exceed 4 feet × 8 feet.
- **Purpose:** Provides comfort and support under body and spine.
- **Substitute:** Any firm blanket, firm chair or couch pillow, bath towels.

Bolsters

- **Purpose:** Gives support under spine or legs.
- **Substitute:** Pillow, couch or chair cushion, or sticky mat rolled around two blankets or towels.

Sandbag

- **Description:** Any 10 pound weight, measuring about 4–5 inches wide × 10–12 inches long.
- **Purpose:** Placed on legs, thighs or arms to ground body; encourages relaxation and release.
- **Substitute:** Bags of flour, rice, or beans wrapped securely so they don't break open.

Chairs

- **Description:** Any standard folding chair or office chair without arms or wheels.
- **Purpose:** Provides support when balance, fatigue or range of motion is an issue with any posture.
- **Substitute:** Chair with firm seat, with or without arms.

Notes

Including People with Mild Symptoms of MS in a Community Yoga Program

A successful yoga class that includes people with MS is founded on the same basics as any yoga class: personally greeting each student, asking about physical conditions they may have, modifying poses and using props for various abilities, and incorporating new students into an established class.

An emphasis should be placed on the safety of the student with special needs—especially by encouraging them to rest frequently and not “over do.” Teachers should consider that when one student needs to have a pose modified, other students can practice the pose with the same modification.



Before You Start

- If possible, encourage students to share with you any issues they have related to their MS. This should be done one-on-one to respect their privacy, before they begin their first yoga class. If the session has already commenced and you are meeting new people, take a moment to generally review the participants’ issues.
- It is important to have the correct surroundings (comfortable, friendly, noncompetitive and safe). Maintain a neutral room temperature (72–76 degrees) to help provide a cool exercise environment that aids in regulation of core body temperature. Students who experience a heightening of MS symptoms due to heat intolerance may benefit from utilizing ice/cooling vests for heat dissipation. Fans and air conditioning can also be used to maintain appropriate room temperature.

Greeting

- A positive mental attitude is important when leading a class. Whether students are new or returning, welcome each one of them with a smile. This sets the tone for how they interact with you and each other.
- This is also the time to learn about the student’s symptoms. If it is the start of a new session, assemble everybody in a circle for a group introduction. This helps with breaking the ice.
- Familiarize students with the facility and the format of your class.

Themes

- MS symptoms may change daily or weekly. Therefore, allow for flexibility in lesson plans. Note any physical changes with students from class to class.
- Introduce general themes for each class, such as calming the mind, loosening the hips or opening the chest, and use a variety of poses to accomplish the theme.
- Explain the goal/focus of each pose as demonstrated.

Pointers

- Use instructions that are calming and centering.
- Consider starting a class with the standing poses: this may benefit people with MS because they may have more energy at the beginning of the class.
- Include all participants in activities. If they cannot do a particular pose, give them an alternative, perhaps repeating a previous posture. Make them feel like part of the group.
- Encourage participants to exercise at their own pace and “listen to their body,” being aware of their body’s response to a pose. Remind them to reduce intensity as needed. Work-rest intervals are an effective strategy for energy management.
- Include breathing practice in the class.
- Recommend the Reclined Pose, an excellent posture for resting, if a student feels tired.
- Remind students not to force any movement or pose that require extreme effort.
- Provide encouragement and support if students become discouraged: point out progress.
- Cultivate the desire for students to practice at home.
- Foster a sense of discovery, curiosity and observation.

Points to Review

Please make sure to review the following points with new students or a new class.

- Practice on an empty stomach when possible. A small glass of juice in the morning may be taken before practice. Also, wait 1–2 hours after a light meal, 3–4 hours after a heavy meal before starting a practice.
- Wear loose fitting, comfortable clothing. Exercise wear is appropriate as well. Bare feet are ideal.
- Teaching and practice should be out of direct sunlight, and free from direct drafts.

Concluding the Class

- Be sure to end each class with relaxation in the Corpse pose or another relaxing pose.
- Make yourself available to students and their questions.
- Avoid making any promises as to results.

Notes

Safe Transfers

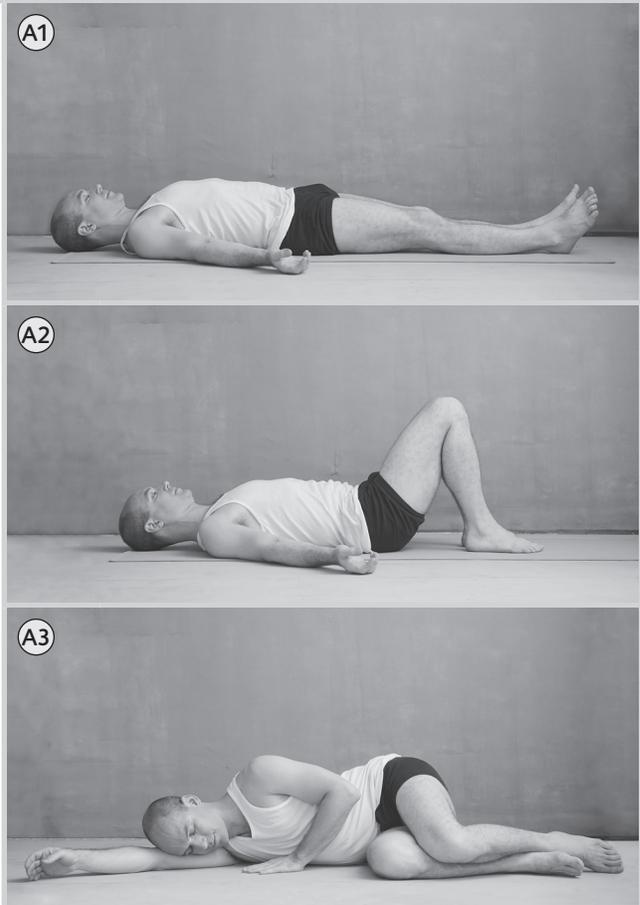
- A. Moving from Lying Down to Sitting 14
- B. Moving from Lying Down to Standing,
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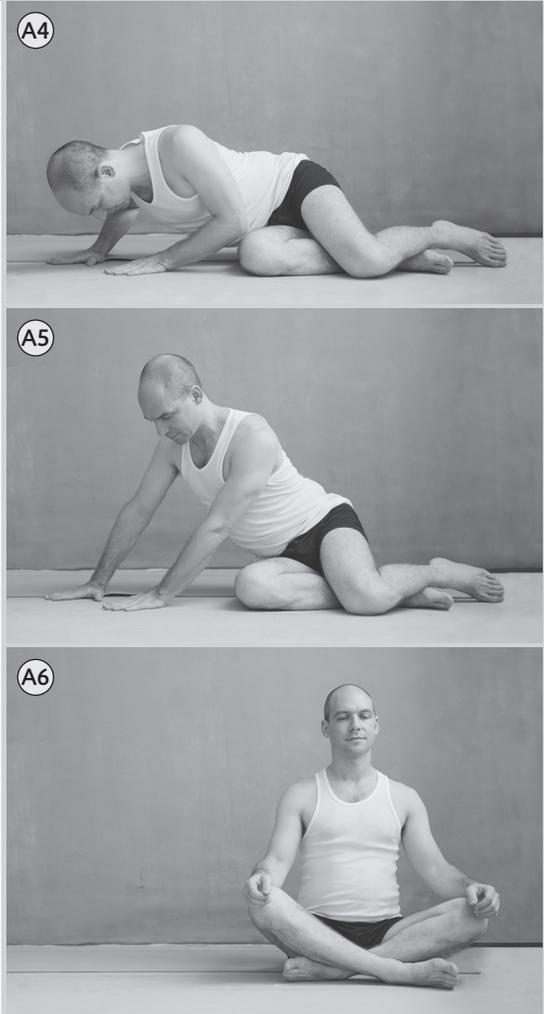
A. Moving from Lying Down to Sitting

Starting from *Savasana* (A1),

1. Slowly bend the knees by sliding one leg at a time till both feet are placed flat on the mat. (A2)
2. With your right palm facing the ceiling, slowly slide a straightened, extended right arm close to your right ear.
3. Next slowly begin to rotate the whole body into a right side lying position, with the right knee leading the rotation, left knee leaning and following the right. Right knee should be flexed and brought closer to the body while the left knee is placed on the mid shin of the right leg.
4. The left knee should lean on the mid shin of the right leg while the left foot should stay on the floor.
5. Left shoulder and arm follows the lower body in rotation onto a right side lying position.
6. Left hand reaching the floor in front at the right shoulder level with the palm on the floor weight is over the wrist or the heel of the left hand.
7. Then both knees should be moved closer to your chest into curled (fetal) position while relaxing your head on your outstretched right arm. (A3)
8. Rest with your body in this position.



9. Then continue the turn, moving the left shoulder over the right, bending both right and left elbows. Maintain a downward gaze. (A4)
10. Start straightening the arms while getting into a more erect seated position. (A5)
11. Rotate the left arm and left hip to the left to get into a cross legged position. (A6)
12. Remain in a seated cross-legged position. (A6)



B. Moving from Lying Down to Standing, Using a Chair for Support

Follow the steps (1–10) from the previous section (A, pages 14–15).

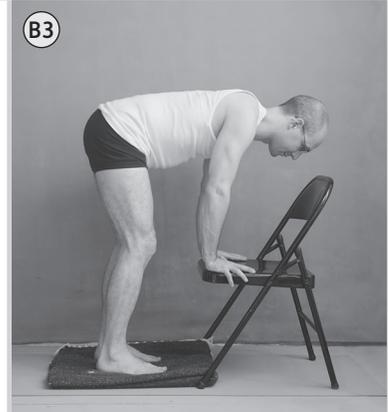
1. Rotate your pelvis as you begin to come up on your knees in a hands and knees position on “all fours”. Maintain a downward gaze and keep your back straight (prevent lumbar lordosis). Put hands on the chair. (B1)



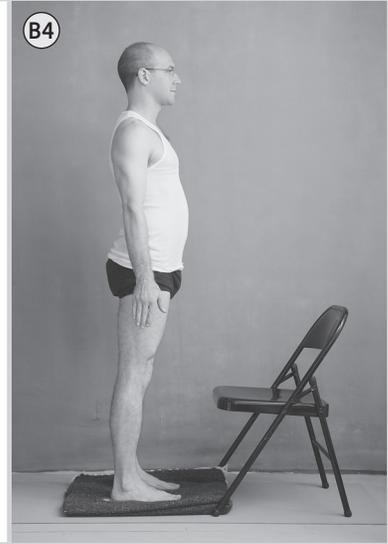
2. From your knees pull your right or left leg forward and place the foot on the ground. (B2) Your front leg should be bent 90 degrees at the knee.



3. Shift weight to the front leg and push up through your right and left leg, using arms as well. (B3)



4. Stay with your upper body supported by the arms on the chair and then slowly straighten yourself up into a standing position. (B4)



Note: These instructions are also useful training in case someone is at home, and the nearest chair or sofa is across the room: people can crawl on all fours to reach the chair or sofa. People may also raise themselves up by using a wall for support.

Notes

Poses and Modifications for People with Mild Symptoms of MS



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Standing Poses

Standing poses can be done both seated and standing. All standing poses should be done with consideration of fatigue and balance issues.

1. Mountain—*Tadasana*

Possible Factors Limiting Performance

- Balance issues
- Fatigue
- Muscle weakness
- Spasticity

Comments

- Instruct to student to start with drawing their attention to their feet. Instruction should be from the base (feet) to legs, lower trunk, upper trunk, arms neck and head.
- This pose lends itself to practicing at a variety of times; encourage students to practice it safely when waiting in line, sitting at the theatre, etc.

1.1 Classic pose with yoga block between feet. The Classic pose is practiced without a yoga block between feet. However, a yoga block placed between the student's feet widens the base of support and therefore may help with balance issues.



1.2 Classic pose with yoga block between feet and arms up, palms held together with the thumbs interlocked or without thumbs interlocked (shown). If stiffness of the shoulders is present, this can be done with arms raised and hands held a shoulder's width apart. However, this raises the center of gravity and may be more difficult for some students. For some students, balance may be easier if arms are kept down (1.1).



1.3 Back to wall, with chair in front. For some students, having their back to the wall may provide a sense of security; adding a chair in front may also provide extra support.



1.4 Seated upright in a chair, hands resting on thighs. Students should keep feet planted firmly on the floor, knees over the ankles and knees in line with hips. Knees and feet should be about a hip width apart.

Alternatively, the student may be seated facing forward in the chair. Head, spine and neck should be in a straight line, not leaning against the chair back. Shoulders should be back and straight, with arms and fingers extended toward the floor ("active hands").



2. Triangle—*Utthita Trikonasana*

Possible Factors Limiting Performance

- Balance issues
- Fatigue
- Inflexibility
- Motor impairments
- Muscle weakness
- Spasticity with tendency to “lock” the knee (use modification to protect the knee)

Comments

- Instruct student to start by drawing their attention to their feet. Instruction should be from the base (feet) to legs, lower trunk, upper trunk, arms, neck, and head. Initially, the head and head should be straight forward (not turned).
- Turning movement of the head should be done with caution—even if people do not necessarily experience Lhermitte’s sign. For those who do experience Lhermitte’s sign, keep the head straight, nose in line with the heart, and look straight ahead to avoid the stimulus that elicits this uncomfortable, electrical sensation.

2.1 Classic pose



2.2 Modification of the classic pose with a yoga block. By using a yoga block, a student does not need to bend as far. This is especially important when students lack the flexibility that is required to perform this pose: the pelvis rotates in side flexion over the hip, while keeping the whole upper body aligned in one plane. The yoga block allows the student to press the palm firmly towards the floor so that the extension throughout the body can take place.



2.3–2.5 Modifications using a chair back and wall as props

2.3 Back to the wall and a chair to the side can support the reaching lower hand. If possible, have the buttock against a wall and then press the shoulders and arms to the wall. The use of a tressler (an Iyengar yoga prop), a countertop or high tabletop can alternatively add stability to the pose.

2.4 Upper arm can stay on the hip (see 2.3 for other placement details).

2.5 Hand may be placed against the wall (see 2.3 for other placement details).



2.6–2.8 Alternate modifications using a chair seat and wall as props. In these modifications, the student's hand placed on the chair seat may be appropriate for those whose reach can extend to the chair seat.



2.9 Gate—*Parighasana* (substitute pose). Yoga blocks placed above the calf and at the arch of the foot may provide additional support.



3. Downward Facing Dog—*Adho Mukha Svanasana*

Possible Factors Limiting Performance

- Balance issues
- Fatigue
- Inflexibility
- Weakness

Comments

- Weak or stiff back muscles, hamstrings, sciatica or knee problems: Practice with the knees bent and back straight.
- Use seated version as an alternative to stretch and strengthen the back, shoulders and arms.
- Consider advising people to start practicing this pose with the knees bent if they have back or knee issues. Or use a seated version of the pose.
- If the student has a recent injury or chronic inflammation to wrists (including carpal tunnel syndrome), arms, shoulders, back, legs, knees, ankles, use chair modifications.
- General contraindications for inverted poses: Uncontrolled high blood pressure, detached retina, weak eye capillaries, any infection of the eyes or ears, menstruation.

3.1 Classic pose



3.2 Modification—heels slightly raised



3.3 Modification—hands on back of chair



3.4 Modification—hands on seat of chair



3.5 Modification—seated on floor, hands on wall, rolled blanket under buttocks



3.6 Modification—seated on chair, hands on wall



Supine Pose

Note: also see 10. Corpse: Reclined Posture Supported—Shavasana

4. Reclining Big Toe—*Supta Padangusthasana*

Possible Factors Limiting Performance

- Fatigue
- Inflexibility
- Muscle weakness
- Spasticity

Comments

- This pose is done lying down supine starting with knee/knees bent. Pay attention to lengthening the lumbar and sacral region. The lower straight leg (4.1) or bent leg (4.2) should be kept firm on the floor. Its role is to keep the pelvis stable.
- When inflexibility or weakness is present, the raised leg can be supported with a belt. Instruct people in the correct way to hold the belt so they do not pull the raised leg in an incorrect direction. Use of a belt is suggested for people with inflexibility. It enables them to perform this asana accurately.

4.1 Classic pose



4.2 Modification—one leg bent, the other straight



4.3 Modification—foot against wall. As in 4.1, with straight leg touching the wall, with the lower leg thigh held firm and the heel pressed against the wall. This will help engage the quads (the inner knee pressed against the floor).



4.4 Modification—using a column, one leg up on wall, the other straight



4.5 Modification—using a column, same as 4.4, using strap to help support the leg



4.6 Modification—using a column, same as 4.5, with buttocks about 6 inches from the column



Seated Poses

5. Staff—*Dandasana*

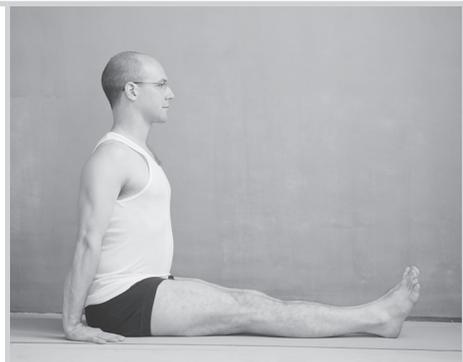
Possible Factors Limiting Performance

- Fatigue
- Inflexibility
- Muscle weakness
- Spasticity

Comments

- Students have a tendency to go into a posterior pelvic tilting unless hips are adequately supported to be higher than the knees. A prop may be needed.
- Students should press the palms down and extend the spine up, lifting the front of the body, the sternum and upper ribs, and move shoulders back and down

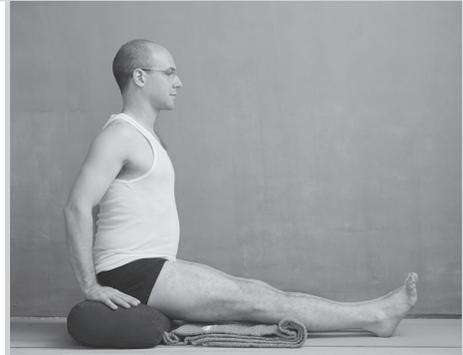
5.1 Classic pose



5.2 Modification—buttocks raised using bolster (shown) or rolled blanket



5.3 Modification—buttocks raised as in 5.2, but with additional support of rolled sticky mat (shown) under knees



5.4 Modification—using a wall for support. Extend the sides and sit with length of the spine and back supported by the wall.



5.5 Modification—rolled sticky mat (shown), blanket or bolster may provide support. Feet against wall (shown) is another or additional modification.



6. Hamstring Stretch/Forward Bend—*Paschimottanasana*

Possible Factors Limiting Performance

- Lack of flexibility in joints and muscles, particularly the hamstrings and the lumbar region muscles and ligaments
- Muscle weakness

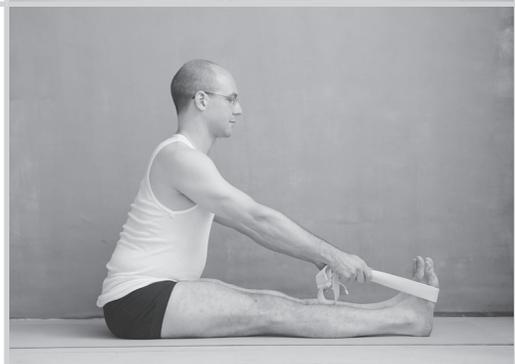
Comments

- During this pose active extension of the legs at the knees should be maintained. Keep the legs from rotating and project the heels forward.
- Instruct as a hip hinge instead of forward bend where students often bend from the waist rather than fold from the hips.
- Do not extend the arms overhead until the student is strong enough to do this. For muscle weakness in the arms, do not raise the arms.
- For muscle weakness or spasticity in the legs, support the knees with a rolled blanket.

6.1 Classic pose



6.2 Modification—using a strap to help achieve maximum bend, while the front, sides, and back of the body extend towards the feet



6.3 Modification—buttocks raised on bolster using strap to achieve maximum bend



6.4 Modification—buttocks raised on rolled blanket, reaching to back of chair



6.5 Modification—buttocks raised on rolled blanket, reaching to side of chair, head in line with arms



7. Spinal Twist—*Bharadvajasana*

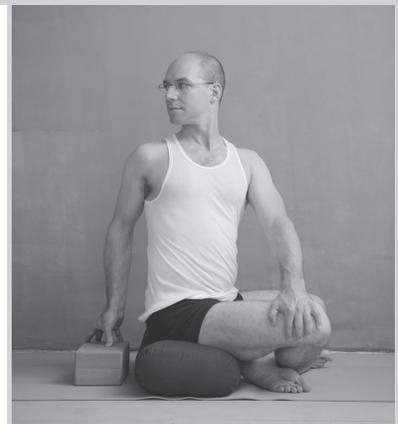
Possible Factors Limiting Performance

- Dizziness
- Inflexibility in the spine
- Poor posture
- Osteoporosis
- Recent or chronic back or shoulder injury or inflammation

Comments

- Instruct to student to start by focusing on turning the hips, waist and shoulders.
- The head can stay straight; movement of the head should be done with caution even if people do not necessarily experience Lhermitte's sign. Keep the head straight, nose in line with the heart, look straight ahead to avoid stimulus that elicits Lhermitte's sign.
- Turn while synchronizing the movement of the right and left sides. Try not to disturb the position of the legs.

7.1 Classic pose with bolster and block



7.2 Modification—seated in chair, one hand grasps back of chair; other hand on knee



7.3 Modification—as above, except both hands on chair



7.4 Modification—in this variation, a hand on the wall helps provide support; other hand on knee



8. Legs Up the Wall/Inverted Lake Pose—*Viparita Karani*

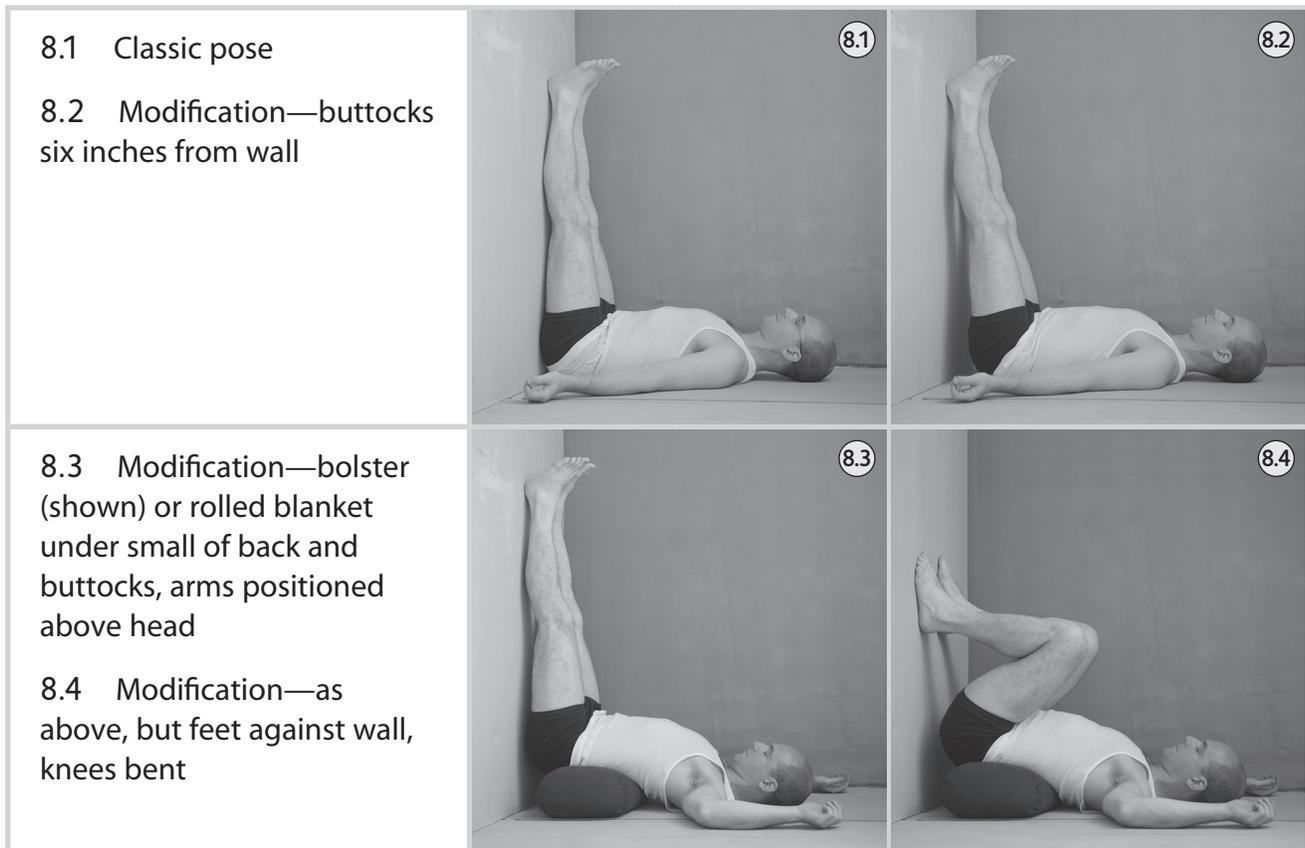
Note: Without supported pelvis, this is called *Urdhva Prasarita Padasana*

Possible Factors Limiting Performance

- Inflexibility
- Muscle weakness
- Spasticity in the legs
- General contraindications for inverted poses (see page 24)

Comments

- This is a restful pose: the body is inverted with minimal effort.
- Keep the hip groin region down. Try to keep the buttocks close or touching the wall.
- Suggest that student gets into position first, then places the block or bolster.



8.5 Modification—yoga block (shown) or rolled blanket under buttocks, arms by side



8.6 Modification—as above, but feet against wall, knees bent



8.7 Modification—calves resting on chair seat, bolster under small of back and buttocks, arms positioned above head



8.8 Modification—calves resting on chair seat, yoga block under small of back and buttocks, arms positioned by side



8.9 Modification—feet positioned on chair seat, yoga block (shown) or rolled blanket under buttocks, arms positioned by side



8.10 Modification—calves resting on chair seat, buttocks resting on floor—close to chair base—arms by side



9. Bridge—*Setu Bandhasana*

Possible Factors Limiting Performance

- Muscle weakness
- Spasticity

Comment

- General contraindications for inverted poses (see page 24)
- Recent or chronic shoulder, back, or neck injury or inflammation, use low modification
- To make this pose more stable, a strap can be tied around the middle of the thighs, holding them together.

9.1 Classic pose



9.2a Modification—supported with yoga block (low) under sacrum, with hands clasped behind block



9.2b Modification—same as 9.1, but with arms at side and palms up



9.3 Modification—supported with yoga block (medium) under sacrum, palms up



9.4 Modification—supported with yoga block (high) under sacrum, palms up



Supine Pose

10. Corpse: Reclined Posture Supported—*Savasana*

Possible Factors Limiting Performance

- Fatigue that affects the ability to down and get up from the floor. (Reminder: symptoms can vary from day to day.)

Comments

- Position of the body is important in this pose, and student may need to raise head to see that the body position is symmetrical. Instructor input is important here.
- Students may need assistance in placing some of the props for relaxation.
- Place support under the head and neck to ensure that the forehead and chin do not tilt backward.

10.1 Classic pose



10.2 Modification—rolled sticky mat under knees



10.3 Modification—blanket under head and rolled sticky mat under knees



Yoga Resources and References

This list does not constitute therapeutic recommendation or endorsement by the National Multiple Sclerosis Society. Items are included for your reference and information.

Yoga Resources

Props

- Dynatronics
www.rajala.com
- Yoga Prop Shop
www.toolsforyou.net
- Yoga Props
www.yogaprops.com

Organizations

- International Association of Yoga Therapists
www.iayt.org
- Iyengar Yoga Resources
www.iyengar-yoga.com
- Kripalu Center for Yoga and Health
www.kripalu.org
- White Lotus Foundation
www.whitelotus.org
- Yoga Alliance
www.yoga-alliance.org



Books

- *Multiple Sclerosis: The Questions You Have—The Answers You Need*, 4th edition
Rosalind C. Kalb, PhD
2008, Demos Medical Publishing, New York
- *Multiple Sclerosis for Dummies*
Rosalind Kalb, PhD, Nancy Holland, EdD, and Barbara Geisser, MD
2007, Wiley Publishing, Inc., Hoboken, NJ
- *Yoga and Multiple Sclerosis—A Journey to Health and Healing*
Loren M. Fishman, MD, and Eric L. Small
2007, Demos Medical Publishing, New York
- *Yoga for Fibromyalgia: Move, Breathe & Relax to Improve Your Quality of Life*
Shoosh Lettick Crotzer
2008, Rodmell Press, Berkeley, CA
- *Yogabody: Anatomy, Kinesiology, and Asana*
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National MS Society, Southern California Chapter
Phone: (310) 479-4456

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