

## The Process of Creating an Adaptive Class

### Partnering with Allied Health Professionals and Forging Community Alliances

By Cyndi Kershner

As the students wheeled in one at a time, my co-teacher and I looked nervously at each other and checked our notes for the last time to make sure we were in agreement about what each of us would be teaching. The group of volunteers hovered, anxious to begin assisting. Caregivers came in as well, curious to see how exactly we were going to do yoga with this group of students, all of whom had profound movement differences and some of whom had little conscious movement or sensation in their entire physical bodies. We had five students with wheelchairs, four volunteers, two teachers, one caregiver, and a bunch of props in Beth's conference room, which was about 120 square feet. We started with a body scan and breath awareness practices. As the students began to settle into the yoga practice, we felt the energy in the room begin to shift the way it always does in a yoga class when the students settle into the experience of their bodies in the present moment. We were thrilled that we had finally reached our goal and created this healing community.

This class had been two years in the making. My co-teacher Beth Reite, OTR/L, and I had met because she saw a previous *Yoga Therapy Today* article I had written about developing a hospital-based class for students with MS, and then contacted me to see if we could co-develop a class for students with spinal cord injuries. Both of us were interested in adapting yoga practice to make it safe and accessible for people with movement differences, including paralysis. This process of modifying activities for people who can't perform them in the usual manner has come to be known in the disabilities community as "adapting," and it is common to hear people in these communities speak of "adaptive skiing" or "adaptive rugby." After meeting, Beth and I decided to explore developing an adaptive yoga class together.

At that time, Beth was an occupational therapist working with people with new spinal cord injuries at the local trauma hospital, Harborview Medical Center, and was also training to be a yoga teacher because she felt there was something missing in traditional rehabilitation prac-



Teachers and assistants press on the knees to provide an experience of grounding through the sitting bones and a sense of reference to where the body is in space. This is a helpful practice for students who have limited or no sensation in their legs.

tices. Traditional rehabilitation for spinal cord injuries teaches the injured person practical compensatory skills but does not include mind-body integration as part of the rehabilitation process. Beth had observed and been inspired by Matthew Sanford's yoga classes for people with spinal cord injuries, and she wanted to create something similar in the Seattle area. From studying and practicing yoga herself, Beth believed that yoga could provide her patients with the mind-body integration that was currently lacking in the dominant rehabilitation paradigm and offer them a level of healing that would be unavailable to them in traditional rehab, which only emphasizes the physical levels of healing.

Meeting regularly to get to know each other, we began dreaming about creating an adaptive yoga class together. We observed each other's classes to see if our styles were compatible and gave each other feedback. We agreed we wanted to work together and create a class, yet had no idea where to start. Beth initially wanted to start the class at Harborview, but soon after decided she wanted to leave the stressful pace of hospital work and start a private practice. In the meantime, I went to Minnesota to train with Matthew Sanford, a pioneer in adaptive yoga, whose book *Waking* had deeply inspired

me during my own teacher training at the Samarya Center. Matthew's training turned all of my notions of adapting yoga on their head; before this training I had thought teaching an adaptive class was simply a process of modifying poses to be accessible to student's bodies. Matthew taught me to go much deeper by helping me to experience in my body—both in movement and in stasis—the subtle flow of prana and how prana is not limited by the physical form. This experience of subtle energy and inner awareness is how it is possible for a paralyzed person with very little sensation in their physical body to experience yoga asana.

#### Seeking Allies

To begin the process of developing the class, we scouted locations and spread the word in the rehab and yoga communities that we were starting a class and were trying to find students and volunteers to help. In modeling our class after Matthew Sanford's, we wanted to be able to transfer people from wheelchairs onto the floor, which can require several people per student to complete the transfer, so we knew we were going to need lots of volunteers. We talked to everyone we knew and even reached out to many people and organizations where we had no connections. I did the majority of outreach

Photo credit: Chris Wade

in the yoga community while Beth focused her energy on the local rehab community. I emailed and called yoga studios; if I didn't have any connections there, I just used the general email or phone contact for the studio. I talked to students, teachers, and the local yoga therapy training programs; I also posted frequently on social media outlets, particularly Facebook, to groups run by yoga teachers.

Nothing much came back at first and we were discouraged. Both of us were very busy with our regular schedules, and putting a class together from scratch with no real support or encouragement from existing yoga or rehab communities was difficult! Beth had originally hoped that her old employer, Harborview, might be interested in hosting the class, but after reaching out to staff she knew, she did not hear anything back. In our naiveté we had expected that because of the nature of what we were doing and the current popularity of yoga outreach to underserved communities, yoga studios would be excited about the work and eager to participate by hosting the class or spreading the word for volunteers. This was not the case, however, and all of the people who joined

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us as volunteers were people that we had some personal connection to; the cold calling and emailing did not end up being an effective mode of outreach. Our most effective marketing for the class was sharing, in person, what we wanted to do with all the people we knew, and asking them to help, either as a volunteer or by spreading the word to help us find a space.

In scouting potential locations, I got quite an education about what it actually

takes to host a class that is accessible so that people with wheelchairs can safely attend. We had to find a space that was either on the ground level with no stairs or that had an elevator; with doorways and bathrooms designed to accommodate wheelchairs; and with parking that had designated spaces for wheelchair users. We also needed a space that was appropriate for yoga and with storage for lots of props because adaptive yoga is very prop-intensive. We eventually found an accessible space at a yoga studio and negotiated a reduced rate because the studio owner was impressed that we would be meeting the needs of an underserved population and wanted to support that work. After securing the location, we got the class started by Beth inviting a few of her current patients to come. At our very first class, we had only two students. We continued putting out the word to everyone we knew, hopeful that once the program got off the ground, we would get a big break, as I had gotten when Swedish Hospital approached me to lead a class for students with MS. We were hopeful that a larger organization such as a University of Washington healthcare training program, the local spinal cord



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injury patient network, or a yoga therapy training program would take an interest in us and provide support with student or volunteer referrals. At this point in the program, we were actively recruiting students, volunteers, and teaching the classes.

Soon after starting the class, we held a training for our volunteers. The type of yoga we were teaching required holding and supporting students' limbs in different positions. The first training yielded a few volunteers, but it was difficult to keep them engaged with such a small group of students. We continued on in this manner for three months with no more than two students per class, at which point we decided to take a break to regroup because we weren't attracting anyone new. Even though the students were paying for class, we still didn't make enough to cover our expenses and were financially subsidizing the class.

## Moving Ahead

Two months after our hiatus from teaching, we got our big break. One of the people Beth had previously reached out to in our marketing efforts, a former colleague and recreation therapist at Harborview, contacted her and expressed interest in sponsoring a class as part of Harborview's Transitions program. The purpose of the Transitions program is to encourage newly injured patients to re-integrate back into community classes and activities after extensive inpatient rehab. This was exactly the kind of opportunity we had been hoping for! The Transitions program was seeking new community-based activities for patients to become involved with and yoga was a program that they wanted to try. This program is coordinated through Harborview Hospital and is funded through a combination of private donations and foundation grants. Beth met with the recreation therapist and presented a proposal for regular yoga classes, including reimbursement of \$75 per class, which was accepted. Harborview would refer patients to us and would pay for the program, which included three six-week series of classes. Students would be able to attend the classes for free.

We gave ourselves three months to find a larger space and recruit volunteers. After much discussion and weighing of options, we decided to temporarily hold the class in the conference room at Beth's new office. The space was ADA accessible, which is very hard to find in Seattle, and free. We decided we would continue to look for more optimal situations without any time pressure.



Photo credit: Chris Wade

A teacher and an assistant help a student to come into a forward fold with the use of a prop and then give the student an experience of reference into his back body. This provides the student with a sense of stability in the pose and guidance as to where his body is in space.

Each class series would have five students, and we wanted to have enough volunteers so that each student could get lots of support and assistance while we focused our attention on teaching the class. We began recruiting volunteers in earnest, reaching out to the local yoga and rehab communities, as well as the University of Washington. We got more interest this time around, most of it coming from yoga students who were looking for service opportunities in the local yoga community; some interest also came from students of a local yoga therapy training program that wanted to get some hands-on experience. We led a free orientation to adaptive yoga, which included training on how to transfer students from wheelchair to floor, a technique that we had both learned from Matthew Sanford's work and was an important part of our class plan. Being on the floor is an especially healing activity for those who spend the majority of their time in wheelchairs, and we were both excited to give the students this opportunity.

In training the volunteers in transfer skills, Beth patiently guided the group for over two hours and gave everyone a chance to experience the roles of both student and volunteer so they could understand the mechanics of the transfer from all angles. The volunteers were enthusiastic and excited to practice their new skills on actual students under our supervision. At the end of this training session, we felt we were ready to start the class.

## A Community of Healing

The first class came together seamlessly. Although we had prepared, planned, and strategized ad infinitum, we were still unsure how the students would receive our work and how the class itself would unfold. In adaptive classes, a certain level of chaos is a given: bodies with disabilities are unpredictable, unexpected things often happen, and chair-to-floor transfers don't always follow a script. It's absolutely vital to bring your complete presence to the human being right in front of you because their safety—and yours—depends on it. In this particular class, the student group was harmonious, the volunteers were spot-on, Beth and I hit our marks with teaching, and, most importantly, the students all left with smiles on their faces and an intention to continue with yoga classes.

After two years of hard work, Beth and I had created a valuable working partnership and an alliance with Harborview that was beneficial for their patients and their rehabilitation program. We currently have an agreement with the medical center to continue classes through 2014. Now that we have successfully completed our first session, we are in the midst of starting an additional community-based class that will be open both to graduates of the Transitions class and to other people from the larger community who have movement differences.

One additional thing that has come out of this work that was unexpected for me was the start of a small community of dedicated volunteers who love and are inspired by this work. In my connection with the adaptive students, I have experienced deep and profound healing, and I see the same thing happening with the volunteers. I am so grateful to be able to provide opportunities for service within the local yoga community and to keep expanding the circle of healing. **YTT**



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