**1.1a Posture Profile (Student Template) Example of Uttanasana**

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| **Name of Student Teacher:** | | **Date of submission of profile:** |
| **Asana Sanskrit Name:** | **Uttanasana** Pronounced oo-taahn-aah-suh-nah | |
| **Common English Name:** | The Intense Pose or Standing Forward bend  [The Intense Pose: the word ‘ut’ means intensity and the word ’tan’ to lengthen or strengthen in Sanskrit] | |
| **Diagram or Picture** | | |
| (own photo) ***Note: you will need to give a source for any image copied and pasted from the internet as shown in the final box of this profile, for example:***    ***Lee, Cyndi (8th December 2010) More than a Toe Touch: Standing Forward bend*** [***www.yogajournal.com/practice/standing-forward-bend***](http://www.yogajournal.com/practice/standing-forward-bend) ***(accessed on 16th January 2018)***    utt  ***Note: Please check with me as to your choice of the peak asana as there are often different versions.*** | | |
| **Starting Point** | | |
| * Centre in Tadasana, Mountain Pose, with feet hip width apart, feet aligned forwards. * Find Pada Bandha, the foot lock, by balancing the weight of the body equally through all four corners of the feet * Let there be a gentle firming of the thigh muscles, ensuring the pelvis stays in a neutral position. * Adopt a gentle Mula Bandha becoming aware of rooting downwards as you lift upwards through the crown. * Attune to the breath. | | |
| **Key Joints & their action moving in to this pose :** | | |
| ***Choose the key joints only. Give the movement and the articulation using your handouts & notes on The Anatomical Terms of Movement and The Major Joints of the Body***   * Flexion through elevation or abduction of arms at shoulders i.e. arms raised up forwards or out to sides respectively * Flexion of torso at hips (the head of the femur articulating with the acetabulum of the hips) * Extension of whole length of the spine with small amounts of flexion between vertebrae (vertebrae articulating with one another) * Extension of the lower legs at the knees (femur articulates with the tibia), may need to have some flexion at this joint | | |
| **Key muscles and their actions in this pose – consider what is stretching, contracting, fixators and synergists** | | |
| ***Here describe the main key muscles only using a box for each area; remember fixators are muscles that help to stabilise another part of the body as it moves or is held & synergists are muscles that assist the prime mover (agonist) or neutralise undesired movement.***  **1) Extension of legs at the knees**  **Key muscles contracting:** Quadriceps  **Key muscles stretching:** Hamstrings (& also adductors attached to sitting bones)  **Fixators & Synergists:** When in the asana the muscles of legs and feet will generally contract and relax as needed to maintain balance, to include the gastrocnemius, and anterior & posterior tibialis of the lower legs. The lower leg calf muscles, especially the gastrocnemius must also be stretched if tight.  Also the adductors help to stabilise the pose, as do the hamstrings and iliopsoas.  **Controlling movement (eccentric contraction):** Gravity does most of the work where the posterior lower body muscles must simply relax to enter the pose, with muscles at the back of the body (i.e. the hamstrings and gastrocnemius) acting as brakes to slow the movement against gravity as needed i.e. eccentric contraction where some muscle fibres stay partially contracted as the muscle lengthens slowly. | | |
| **2) Flexion of torso at hips**  **Key muscles contracting:** the Iliopsoas, rectus femoris (the quadriceps muscle that crossing both the knee & hip joints) & rectus abdominis create the movement of flexion andgravity plays the main role of lowering the body  **Key muscles stretching:** Spinal muscles especially the erector spinae, the spinal extensors; also the gluteus muscles, especially the gluteus medius and minimus and the deep external hip rotators  **Controlling movement (eccentric contraction):** Gravity does most of the work where the posterior upper body muscles must simply relax to enter the pose, with muscles at the back of the body (i.e. the erector spinae, gluteus muscles and external hip rotators) acting as brakes to slow the movement against gravity as needed i.e. eccentric contraction where some muscle fibres stay partially contracted as the muscle lengthens slowly. | | |
| ***Use extra boxes for more key muscles if needed*** | | |
| **Other physical factors: such as Breath, Core/Bandha, Strength, Fascia** | | |
| * The breath can be used to enter and leave the pose, exhaling to lower into the pose and inhaling to lift out of the pose, and when in the pose the breath will inevitably move us so that we can utilise the inhale to renew the length within the spine and the exhale to gradually relax into the posture; if we stay in the pose however we can expect the breath to become slower and finer, which will help to relax the nervous system. * Mula bandha helps to keep length in the spine and raise awareness of the need to engage the core muscles when entering and exiting the pose * Strength is required to control the lowering into and lifting out of the pose, especially of the back muscles and abdominal muscles so longer term preparation is required for these muscles. | | |
| **Limiting Factors Including Muscles, Joints and Common Conditions Affecting this Posture (Areas for Caution)** | | |
| ***For areas of cautions refer to our handouts on Principles of Forward Bending, twisting etc. and also to handouts on Cautions which will be given soon. Many of the same cautions apply for different asana so other profiles may also be useful.***  **Key Limitations:-**  Tight hamstrings, tight back muscles and tight hips rotators. Also possibly tight gluteal muscles.  Some students may find there is a structural limitation for forward flexion and where this is experienced at the front of the body, e.g. at the front area of the hips then this will be a natural limitation, when it is experienced at the back of the body then overtime students will be able to flex more deeply as their muscles relax and lengthen. Also some students may find their legs are proportionately long relative to the torso and/or arms and this may mean they will not be able to easily touch the floor or work by binding hands to feet.  **Areas for Caution:-**  **Hamstring injury or stiffness:** Bend knees or can practice halfway (Ardha Uttanasana) with straight/bent legs  **Heart conditions, Hypertension & Mature Diabetic,** **Eye and Ear ailments:** Do not keep the head down below the heart; can stay in Ardha Uttanasana, half forward bend.  **Herniated discs:** Avoid forward bends for at least 3 to 6 months, take an alternative pose  **Hiatus Hernia:** Practice half way only (acid reflux), can use a chair as support for hands  **Hyperextension of knee**: Keep a micro bend in the knee and keep weight distributed through whole foot.  **Low Back conditions, Sciatica & General Discomfort**: Bend knees or can practice half forward bend; hands to chair if needed for support  **Low blood pressure:** Take care moving between different heights, may need to take several breaths working downwards and upwards or stay at half forward bend  **Osteoporosis:** Practice cautiously with knees bent as can overly compress spinal vertebrae  **Posterior hip replacement:** Practice to half way only, can use a chair for support for hands  **Pregnancy:** Practice with caution, half way with hands to chair can be helpful – no prolonged stay  **Sacro-iliac strain:** Limit flexion, practicing with bent knees  **Vertigo:** Take care moving between different heights, may need to take several breaths working downwards and upwards or stay at half forward bend  So main modifications will include:   * Bent knees * Stay Half way * Support for hands * Different arm placements i.e. hands to hips/arms to sides/hands clasped behind/arms forward * Not staying statically in pose ‘just visiting’ * Taking time to lift and lower | | |
| **Specific Preparation Practices for the Posture – preparing muscles and joints** | | |
| ***Here you will need to explore preparation for mobilising joints, stretching specific muscles or muscle groups and strengthening specific muscles or muscle groups; note that sometimes muscles will need longer term preparation and in the shorter term we are simply raising an awareness of them.***  **Hamstring & Gastrocnemius stretches:** such as Supta Padangusthasana (lying hand to big toe pose) or Adho Mukha Svanasana (Down facing Dog Pose)  **Mobilise hip joints:** hip opening exercises such as Supine hip circling, Baddha Konasana (cobblers pose) and Chakki Chalana (stirring the pot pose), also poses showng forward pelvic tilt at hips such as cat pose  **Gluteus stretches:** such as Gomukhasana (cow’s head pose) & Jathara Parivritti (revolving stomach pose)  **Adductor stretches:** such as Upavistha konasana (wide angle pose) and Anantasana (pose of bliss)  **Adductor strengtheners:** Dwi Pada Pitham (Two Foot Support) or Uktasana (squat) with blocks between knees  **Quadriceps strengtheners**: Utkatasana (squat), Uthitta Anjaneyasana (intense lunge pose)  **Mobilise spine:** Majrasana (cat pose), Jathara Parivritti (revolving stomach pose)  **Core strengtheners:** such as Navasana (boat), Majrasana (cat balance)  **Back strengtheners:** such as Shalabasana (locust) & Bhujangasana (cobra pose)  **Mobilise shoulder joints:** Shoulder circles & Universal pose  **Also useful to spend time:**   * **Exploring the anterior pelvic tilt**, possibly in tadasana or in cat, Majrasana. In cat if an anterior tilt is not possible when the hamstrings are relaxed then the student will need to explore whether there is a problem with the hip joints. * **Experiencing pada bandha**, the foot lock, in Tadasana, Mountain Pose so we are aware of keeping weight distribution throughout the whole feet in the full pose. * Placing **blocks between thighs to encourage a slight adduction** whilst relaxing external hip rotators and the gluteus muscles of the buttocks, to help with a small amount of internal rotation of legs as flex at hips | | |
| **Teaching the Posture in Stages using Modifications – link to areas for caution listed earlier** | | |
| ***Provide at least one earlier stage before adopting the main pose that would be good preparation for the main pose and provide a modified version for those who require it. There is no one correct choice for staging but it must be logical. Relate your staging to the cautions noted above.***  **Stage 1.** **Hands to hips lifting & lowering to hip height, knees bent**  **Useful for:** learning to flex at the hips, with an anterior pelvic tilt, without the weight of arms and the need to straighten legs.  **Stage 2.** **Hands to hips lowering to hip height, knees bent, can take hands to a support such as back of chair or take hands to floor; hands to hips to lift out.**  **Useful for:** learning to go a little deeper into the forward bend and staying a little longer; learning to flex at the hips and keep the whole spine extended throughout  **Stay at the halfway stage using support for:** More acute back conditions, HBP, Heart Conditions (CAD), Eye & Ear conditions & Mature Diabetic, Hiatus Hernia (acid reflux,) Hip Replacement or problems, Pregnancy  **Keep knees bent for:** General inflexibility, Lower back conditions, Osteoporosis, Sacro-iliac Strain, Sciatica, Tight hamstrings  **Stage 3.** **Arms lifted and then lowered through abduction (i.e. out to sides), lowering hands to the floor, can bend knees**  **Useful for:** Developing strength, especially in the back and abdominal muscles; many teachers teach this as the main pose as there is less strength needed in the body to lift and lower than for stage 4.  **Keep knees bent & may need to stay at this stage for:** General inflexibility, Lower back conditions, Osteoporosis, Sacro-iliac Strain, Sciatica, Tight hamstrings  **Stage 4. Arms lifted and lowered through elevation (forwards) and lowering hands to the floor**  **Useful for:** Developing more strength and body awareness  **Keep knees bent for:** General inflexibility, Lower back conditions, Osteoporosis, Sacro-iliac Strain, Sciatica, Tight hamstrings. | | |
| **Teaching Points in the pose** | | |
| * Engage the thigh muscles and draw the legs as if together. * Allow the abdomen to rest along the thighs and there is any discomfort in the back or legs, or the torso is away from the thighs, then bend the knees - remember the stretch needs to be experienced in the belly of the muscle not at the points of attachment at the knees or sitting bones. * Imagine the chest is very heavy with every inhalation just allow the body to lift a little away from the thighs encouraging the spine to lengthen, as you draw shoulder blades backwards and with every exhalation let the ‘heavy’ chest draw you deeper into your forward bend. * Let the head be heavy, neck long and relaxed. * Imagine the sitting bones ascending as the crown of the head descends, aligning hips above ankles if legs are straight; maintaining the foot lock where weight is spread evenly throughout the feet, especially if subject to hyperextension at the knee joints. To relax the buttock muscles gently draw your thighs as if together, although the legs remain still. * We can picture the spine to be like a waterfall cascading downwards from the top of the pelvis, alternatively breathing in with awareness flowing up the back of the legs and exhaling down along the spine or simply use the breath to subtly move the body, with each inhalation subtly lifting and lengthening the spine and each exhalation lowering the spine. | | |
| **Variations on the pose** | | |
| 1. An interesting variation is to lift and lower only one arm. This however needs to be taught only after :attachments_20_10_2009 Folder:30-4-689--692_resized.tifstudents can work symmetrically. It can be very good for scoliosis where students work twice to the weaker side.  :attachments_20_10_2009 Folder:30-4-675---679_resized.tif2.We can clasp hands behind us which helps to lift and lower the upper body with less effort.  :attachments_20_10_2009 Folder:30-4-672-674_resized.tif  3.We can also enter the pose from a different position such as to straighten legs from a low squat with arms around the legs or entering the pose from a squat position with arms overhead.  4. We can also alter the way of staying in the asana by placing hands in various positions. For instance we can hold our wrist around the outside of legs, draw arms overhead, place palms under soles, or hold big toes.  **:attachments_20_10_2009 Folder:30-4-696--678_resized.tif**  **:attachments_20_10_2009 Folder:25-4-0693_resized.tif**5. There are many way of developing the pose for those who require more intensity such as lowering down with hands in reverse namaste or by lifting into eka pada uttanasana (one foot forward bend) | | |
| **Exiting Posture** | | |
| * Establish a stronger connection with the feet and legs, bending knees if wished, firming the muscles of the abdomen, then i) inhaling lift arms out to sides to shoulder height, opening the chest and lifting the upper body to the vertical position, and exhaling lower arms back down to sides ii) inhaling sweeping arms forwards to sides of ears as lengthen spine & lift upper body to the vertical position as one unit, exhaling lowering arms to sides. | | |
| **Counter pose(s) – these should be gentle and not require their own preparation or counter pose** | | |
| * Arms to ceiling in Tadasana, i.e. Urdhva Hastasana, raised arm pose * Balasana, Apanasana | | |
| **Key Evidence-Based on Benefits and Effects – Unproven Yoga “Old Wives’ Tales” should not be taught** | | |
| * Quiets the mind * Calms the systems of the body, especially the cardiovascular and nervous systems * Floods the brain with blood providing a sense of calm and clarity * Rejuvenates the spinal nerves * Tonifies internal viscera, especially the liver, spleen and kidneys * Stimulates the digestive system, eliminating gas, constipation & indigestion * Lengthens hamstrings, tones backs of legs * Gives suppleness to the spine * Alleviates menstrual pain | | |
| **Bibliography/ References** | | |
| **Use the following format for your reference materials as given in your handout ‘Student Writing Assessment Guidelines:**  **For texts:**  The author(s) name (date of publication including edition if not 1st), Title, Publishing House: City of Publication, page numbers  e.g. Stiles M. (2000) Structural Yoga Therapy, Weber: York Beach, p13  **For websites** (note must be a recognised authority):  Author if known (Date of publication if known) Title, (Type of media), Electronic address, date you accessed  e.g. Swami Jnaneshvara Bharati , Yoga Sutras of Patanjali: The 196 Sutras, (Online),  <http://www.swamij.com/yoga-sutras-list.htm> (accessed on 9 Oct 2012)  **For journal or magazine articles:**  The author(s) name (Year of Publication) Title of Article, Title of Journal/Magazine, additional info such as  the volume and issue number, page number(s)  e.g. Clark R. (2012) ‘Warm-Up and Mobilisation: Yoga Warm-ups’, Spectrum, Autumn 2012, pp. 15-19  Brown, Christine (2003) The Yoga Bible, Godsfield Press: Hampshire p310 to 311  Coulter, H. David (2001) Anatomy of Hatha Yoga, Body & Breath Inc: Honesdale,PA p240 to 247  Hately Aldous, Susie (2004) Anatomy and Asana, Eastland Press: Seattle p65 to 72  Kaminoff, Lesley (2007) Yoga Anatomy, Human Kinetics: Leeds p42 to p43  Kappemeir, Kathy Lee & Diane M. Ambrosini (2006) Instructing Hatha Yoga, Human Kinetics: USA p88 to 90  Lasater, Judith Hanson (2009) Yoga Body, Rodmell Press: Berkley p25, p26, p106  Long, Ray (2008) The Key Poses of Yoga, Bandha Yoga Publications p58 to 59  Saraswati, Swami Satyananda (1969)Asana, Pranayama, Mudra, Bandha, Bihar School:Munger p199 to 200  Schiffman, Erich (1996) Yoga: The Spirit and Practice of Moving into Stillness, Pocket Books: New York p107 to 117 | | |
| **Student teacher’s comments on what has been learned from this task**  ***To be completed by you when the profile has been completed. Remember to use your real scanned signature.***  **Student teacher’s signature: Date:** | | |
| **Tutor’s comments:**  **Tutor’s signature: Date:** | | |

**Notes for guidance:** Diagrams may be used for explanation but must be correctly referenced. All areas of the profile must be covered as relevant to the specific posture; some aspects will be more applicable than others, depending on the posture. Tutors may ask for other information to be included. Continue to add boxes as needed for each key joint movement as relevant to posture.