

Trikonasana (Triangle Pose)



Controversial aspects

There are in essence two main variations of Trikonasana: -

- 1) We can go deeply into the pose taking the lower hand to the floor, or a support, involving some forwards flexion at the hips and rotation within the spine as we rotate the torso away from the front leg.
- 2) We can keep the lower hand higher up the front leg and concentrate upon side bending where there is much more lateral flexion of the spinal vertebrae with just a little rotation and forwards flexion, if any.

Neither variation is wrong per se, but we need to know what it is we are teaching.

For both poses we must ensure that there is a firm foundation of legs and feet, with a stable pelvis to support the weight of the upper body. To accomplish this there are a few issues involved:

- The front heel is aligned to the back arch and ensure the weight is equally distributed within both feet, in particular lift up through arches. A good pada bandha (foot lock) is essential.
- We can turn the back foot inwards a few degrees and front foot outwards for around 80 to 90° (for most people around 80° is about right). Check the alignment of the front knee to foot by bending the front knee to check it is aligned with the front foot, if not then turn the front foot inwards until there is alignment between the knee and the middle toes.
Otherwise:
 - If the front knee is twisted the collateral ligaments are under undue strain and any twisting at the front knee will also create a twisting action at the pelvis exerting unnecessary strain on the sacroiliac joints and the lumbar spine.
- Do not attempt to overly concentrate on squaring the hips to the long side of the mat by drawing the rear hip backwards if the front knee and thigh start to drop inwards then we have gone too far & can allow the rear hip to stay forwards as needed. **Indeed, we always need to negotiate between the positioning of the front foot and rear hip.**
- When entering the pose we must not first reach out over the front leg as this shears the link between the pelvis and the spine

Additional points:

- Do not allow the front knee to become hyperextended, if there is a tendency towards hyperextension we can engage the quadriceps to lift the knee & keep the weight equally distributed within the sole of the foot, but we may need to soften or slightly bend the knee focusing upon utilizing the hamstrings instead
- Avoid placing the lower hand directly upon the knee joint, instead placing it either above or below the knee
- Keep shoulder blades depressed and retracted (i.e. down and inwards) so shoulders are away from ears and chest is open
- Engage the core muscles, mula bandha, and adductors to help support the trunk
- Activate 5 lines of effort radiating out from the navel, down through both legs, into both arms and up to the crown of the head; remembering not to exert pressure downwards with the lower hand rather focusing on the lift upwards into the upper hand; work to increase the

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distance between the top shoulder and top hip and the lower ribcage and lower hip as you extend the whole spine, It is useful to bring attention to the lower side of the body.

- If possible, turn the head to look up towards the upper hand, or look forwards or downwards.
- To release from the pose, activate the feet, engage the legs muscles and core muscles, turn the head forwards - as inhaling raise the torso to vertical and exhaling lower arms to sides. We can bend the front knee if we wish, to help the lift from the pose.
- If a student takes the lower arm to the floor then flexion and twisting are most likely to be present and if this is done the rear hip must be allowed to fall forwards if needed.

Stages:

1) Work with feet facing forwards so external rotation at hips is impossible, do not place lower arm on leg use muscular effort only, possibly hands to hips. This will give the experience of a true lateral stretch and strengthen muscles of the torso.

2) Turn back foot inwards a few degrees and front foot outwards from 80 to 90°. Abduct arms to shoulder height and laterally flex torso to lead foot, keeping lower hand to thigh, top arm wrapped behind the lower back. Look forwards or upwards across the back shoulder experiencing the side stretch along upper body, positioning of the pelvis and strength of the legs. Bend knee to help lift from pose.

3) Repeat 2) but move more deeply to the edge of lateral flexion, without flexing forwards or rotating the spine and can lift the upper arm vertically, or over the ear, connecting the top side of the body.

Preparation:

- Neck mobilization (esp. sternocleidomastoid stretch)
- Shoulder mobilization & chest openers (pectoralis stretch)
- Hip mobilization (both internal & external rotators)
- Adductor and hamstring stretches
- Calf stretches (gastrocnemius & soleus)
- Strengthen & release back muscles (erector spinae)
- Strengthen abdominal muscles (obliques, transversus abdominis, rectus abdominis)

*Note: to move into the pose we are working some muscles eccentrically, primarily the rear hip extensors (hamstrings & gluteus maximus), the tensor fascia latae and those which laterally flex and rotate the trunk (obliques, erector spinae & quadratus lumborum) once in the pose we are primarily contracting stretched muscles i.e. **working isometrically** so most muscles involved, of which there are many, need to be both stretched and strengthened.*

Modifications:

Balance difficulties, general stiffness and/or weakness: can bring feet closer, bend front knee, place lower hand to thigh or upon blocks or chair

Hypertension, heart disease or mature diabetic: keep upper arm to top hip if staying, rest as needed

Neck problems: keep head facing forwards or downwards

Pregnancy: support with lower hand to chair, can bend front knee

Hyperextension of knees: soften front knee, bending slightly if needed

Hip replacement: keep feet facing forwards

Bibliography: Kappmeier KL & Ambrosini DM (2006), Hatha Yoga, Champaign, IL: Human Kinetics, p81-84

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