



YA- Yoga Alliance TBI

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STEPHANIE WINSOR:
Hello everybody --

DR CHRISTA KUBERRY:
Thank you for joining us for this third part of the series dramatic brain injuries, we have Steph Windsor with us today, if you do not know her it helps with continuing education credits with yoga alliance you may see a pole has popped up we are wondering where you are joining us from... We are very excited to have her here for this series, and for this last part of this particular series... Staff joins us as a certified

Yoga teacher -- she has her Masters in psychology and education, from teachers College, and she leads programs and trainings that highlight the power of yoga and psychoeducation full stop staff specifically works with love your brain foundation to share yoga with those who've been affected by two medic brain injuries. There in person and online yoga and mindset programming. Wonderful to have you, ready to learn again today. Thank you for being here.

STEPHANIE WINSOR:
Thank you Dr it is a pleasure to be here with you. I really enjoyed the last two weeks and I note today will only serve as more of a cherry on top of our time together.

As always, I want to expect that the information I share in the instincts that I have from teaching really come from much more than what we can discuss in an hours time full topic so this is really just the beginning, so I hope I can inspire any of you who are out there give you a bit of confidence to continue teaching. And share some wonderful information to support those we love who are healing from traumatic brain gin injuries. I'm in a start to share my screen...

As I have in the last few weeks... I've got some slides for us. I will take us back to the beginning. Alright, we are journeying into some of the more restorative asana practices today. We will continue discussed how to adjust them to dramatic brain injury and I also just want to note, all of the program we do with the brain foundation also includes caregivers. So if you are really inclined to support those you know who've been affected by TBI, you might encourage those who have personally experienced TBI to engage with our programming but also those so those were caregiving because we know they do so much and give so much to those they support.

So again, Dr has given me an awesome introduction and we've gotten to know each other over the last few weeks if you're out thin and then to webs. But please reach out if you have any

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questions how to use research in an exciting and palpable way. If you would like to be involved in clinical research or thinking of going back to school, I would love those kinds of conversations and I truly believe that our profession is continued to really evolve with self into a substantial and educated canon of work.

By using academic process and the lived community experience of teaching public yoga. And I think these two eggs are great together for their personal insight so beautifully so if you're curious about more education, go for it. You are rarely regret what you learn. Last week we talked a little bit about term at a brain injury and the benefits of yoga.

We included this light again, so if you download the slides at the end of these webinars you will have these resources and small jumping off points. But today, I want to talk a little bit about some of the sort of practices like meditation and how they specific help those healing from TBI. Some of the things I want to talk about her ways in which training the brain, a nice way to think about it, it is a brain training activity... Really is a practice just like yoga... And continue to polish our skills, and the use of meditation is really powerful to folks who are working to build resilience.

In TBI rehab. So specific thinking of... He can be very easy to think of wanting to return to a place that you are before the injury. In one of the true core tenants of love your brain program is that we focus a lot on resiliency training. So this idea of going forward in -- in time. And I feel that this positive outlook of what we can do, not from today versus yesterday, but today looking forward to tomorrow. And accepting where we are right now. Is such a tenant of yoga. And mindfulness. In the ancient practices (inaudible).

To some way manipulate time to ourselves full top I love this about the yogic practice. But we allow her memories to be insightful, but we are really looking forward in our evolution. So meditation specifically, can help interrupt negative thought patterns pot. We talked a little bit about our first neuroanatomy -- anatomy course and how the brain is sort of hardware to hold onto negative information it and his power to keep us safe. In this case we can use yoga to override that natural circuitry to improve more positive thinking.

We use meditation to decrease anxiety and stress, that comes from some of these physiological triggers. It also these, you know, the term attic aspects of memory, or stress or anxiety, and how they are both driven in our mind. But also in our body.

Meditation has been shown to improve memory and learning which are cognitive tasks if you want to dive into this material, there is so much out there in this body of work about memory as a way to improve learning and recall of information. Which is so helpful. Many populations. It especially our friends are affected by TBI.

Meditation has been shown to enhance self-awareness, and increase empathy, is sort of lovingkindness and positive regard towards oneself.

Meditation has been shown to improve sleep, both falling asleep staying asleep, and the consolidation of all all the neurological processes that occur during sleep. Some of my favourite sections of research, are all about the lymphatic system in the brain and sort of the clearing of metabolic waste that happens at night.

So if you're interested in neuro- rehab perspectives, more for those with the degenerative diseases like Alzheimer's, dementia, Parkinson's... You probably know about some of these processes. That included Molly Bolick raced in the clearing during sleep. And how meditation can support those practices.

Really fun big words you can take into small things like housekeeping and filtering, so don't be scared if you are interesting in -- interested in sleep research for stop it can be fun. Supports mind-body connection, and of course one thing that my educational experiences is really developed an appreciation to a spiritual beliefs and the phenomenon that occurs over having a spiritual concept.

So we are going to dive into these passes is and many part – like many parts of the process. So if you're trying to adjust to your classes to make them friendly to those who are affected by TBI or you're working with a special population, that you think might benefit from these changes in how you teach, we are to go to meditation, to a little mini practice, go into pranayama, do many practice and then talk a little bit about restorative asana and do a mini practice again, and then open it back up for about 20 minutes of Q&A. Because I am interested in the Q&A it is so vibrant and fun. And it allows the doctor and I to speak and engage with you in such an educational way.

's when you think about meditation, we are often talking about yoga for the brain. And there are so many different types of ways that are -- discussed language in the lexicon of meditation full when we work with those with TBI it is really helpful to use English words, if you are an English speaker and an English culture, and to try and be really simple but the words that we use.

Trying to minimize any abstract dialogue or imagery. And to keep it nice and simple. And then just like our yoga practices over time, it is really supportive for folks with TBI to repeat the practice. To really use a petition as a way to glean more information over time and the Dallas theories of yoga really love repetition. So, you can really feel you are not stripping down your creativity, but you are focusing on consistency when you teach. So encourage neutral awareness our kindness and the types of meditations that you teach.

And I live to encourage you to teach meditation in an accessible posture. So folks can sit, they can stand, they can lay down, if you're teaching in the online world it is nice to allow a seated variation on the floor, on the chair, on the couch, whatever you've got will work. Don't be too picky about it.

(Laughs) The big key focus that I love to give you is that we try to focus attention dead of... Open monitoring is one of those meditation practices where you might sit and just listen. Big examples of this are types of up asana where you might sit in silence and allow the sort of flow to come up over time. And there is a wonderful practices, just for this population, a more focused practice, can be a bit more supportive for our goals here.

I want you to know, you should really vary your practice with these groups. In the love your brain six-week program, both online and in mindset and the mindset yoga, as well as retreat activities and things like that, we really try to use lots of different types of practices. Because just like

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yoga, every type of practice is a different goal. So standing backbend, twist, and then of course over time you sort of knit those together. And meditation...

So the three types of practices we like to break it into positivity, love and kindness, visualizations, these affect great neural circuits in the brain that increase our positivity. Focused and acceptance practice. So seeing what is, allowing that to be something more comfortable with accepting, practices of mindfulness that might include an activity like seeing a raisin, feeling a raising, tasting a raisin. Sort of that process that extends our attention over time.

And trains cognitive attention over time. And then the use of our mantra is a great way to focus attention as well. And then of big group of practices that have been both researched clinically but also practised very widespread with this population is relaxation practices like Nedra and perfect aggressive relaxations. And Dr if you don't mind we are going to do a small practice. Does that sound alright?

DR CHRISTA KUBERRY:
That's as amazing I'm here for it.

STEPHANIE WINSOR:
If you would, if you can find a position that is comfortable for you. If you are at home and watching this webinar want you to know that you are welcome to stay seated where you are, you are welcome to lie down, take a stretch and stand up... And we are going to use a practice that we used as an opening in the last two practices, or times that we have met together, and I will just give you a small intro to the practice.

An easy way to engage this in your own way is to remember, the acronym of calm. And we will go into that a bit more, but it is really awareness to the brass, sort of consolidating your awareness, and attention to the arms, to the leg, and a bit of mindfulness at the end in some way. So there are lots to this but I'm going to lead you through my favourite simple way. Go ahead and find a seat...

Stand on your own 2 feet or lie down comfortably. And first, find a way you take any small movements that make you feel cozy, and allow cozy to turn to comfortable, knowing that at any time, if you are discomfort you always have the power to make a mini adjustment to suit yourself. Once you find yourself here, let whatever touches the ground below you feel steady and stable... And let whatever part of you extends towards the sky to feel a little bit lighter... Then gently start to take your attention towards the breath. Collecting your attention, noticing an inhale, that expands... And the exhale Try to extend the breath even a little bit longer filling up with a little bit more air. In letting the breath flow outward, softening your efforts on the exhale.

Turn your attention to your arms. Notice if your shoulders try to reach up and protect around your heart... Do whatever you can to soften your shoulders, your arms, and your elbows. And then turn your attention to your hands. Without moving your palms, can you really feel the edges of your fingers and really noticing the temperature of your skin. Take a full breath in and on a full breath out, soften your arms just 5% more. While you are here, start to turn your attention inside to your legs. Feel the gentle heaviness of your pelvis. Feel the bones of your body in your legs feel a little heavy.

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And even in your imagination, can you feel for your hips, your knees, your ankles, all the way down to the soles of your feet. Again, feeling if the soles of your feet may contact with anything. Noticing the pressure of whatever touches the floor and how the floor presses back. And slowly turn your attention to your thoughts. Are they quick? Are they focused? Are they may be even a little tired, as they wander? And pull your attention back into yourself by taking a full breath in and a full breath out. Accepting wherever you come from today, knowing that you bring your care and your effort with you. Closing the practice by once again taking a full breath and a slow breath out.

Gently blink your eyes open as they have closed, slowly returning back to the room to meet with us all. So, meditation can be taught so many ways, this meditation was taught as an opening, often you can teach meditation at the end of your classes, this population is affected by Traumatic Brain Injury will really appreciate a 10 to 15 minute meditation that might be given inch of us and when the body can be fully relaxed, you could use a meta-practice for you use attention to love and kindness were you find something you love about someone else. You see that feeling in the body, you turn it towards yourself, and you feel that feeling of love and joy and then you let go of pairing it with anything and just feel it's feeling.

Another good example might be a mountain meditation where you visualize a place that you have been in the world before or picture that you have seen, and you can invite the qualities of that element of nature into the body as a steadiness or as an invitation to sort of engage a regulation or type of well-being that you would like to encourage and your students. The sample, even when you are creative. Sometimes the best idea with this group. From there, and please continue to add things into the chat, if you would like, we will come back to these topics at the end. From here, we are going talk a little bit about pranayama, pranayama is a breath practice. There so much you can learn about pranayama, you can do a 20 hour course on pranayama and YogaAlliance has many wonderful webinars about material that is related to those practices but today, I'm going to focus on to sort of important things that will help you guide successful pranayama practices for these individuals who are affected by Traumatic Brain Injury and also they sort of pair with some of the places that I want you to be mindful of or consider some indications. Pranayama, without breaking it down, little more important sound script parts of the words.

I want you to remember that all of these practices are really about controlling and manipulating or modulating oxygenation. And so, again, this is another system, just like my love of the brain, you can go to deep into the lungs and the cardiac system, and how an increase in blood pressure and oxygenation in the body the pulsed increase or decrease and you might want to dive into this and understand how the inhales and the exhales even our oscillation of how the body is maintaining both oxygen in the blood and blood pressure to move that oxygen and blood throughout the body. But without being too specific, it is fun to know that even though the brain is only that 2% of your body's weight, it uses about 20% of your body's oxygen.

It's like the supercomputer up in the top floor of your bodies and it is working all the time, and so, oxygen maybe your body is really important for folks traumatic brain injury because at this regulated depth can really drive a dis-regulated oxygen level in the brain.

We talked a little bit about it first lecture but I want you to be mindful of here with teaching breath practices is that holding the breath or using a type of hyperventilation like colour body Orbis

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tricot practices can have an effect on intracranial pressure. Folks with Traumatic Brain Injury to have a sensitivity to these changes and intracranial pressures similar to the way that you are sensitive to the changes in putting the head below the heart, consider lifting the head too quickly can drive some or exacerbate some of the negative symptoms of TBI. So, we really want to emphasize the use of an equal breath or even increase in exhalation on the breath to really increase the flow of oxygen through the body, because similar to decrease blood pressure, or increased blood pressure too quickly, how can irritate the brain and cause headaches or a feeling of dizziness or just an increase of stress and dysregulation of feelings.

One other thing to consider is that pranayama practices a really powerful way to regulate the nervous system. And so, breathing is a part of the autonomic nervous system when it is unconscious, but when it is conscious, we have this ability to really innervate certain nerves in the body but also to drive relaxation response. And so, consider the goal of the practice. If you study pranayama you will start to learn that lots of great special needs for certain things, we tend to name the practices types by how the breath is manipulated. So inhaling longer than the exhale or they are the same length, or the exhale is longer than the inhale, we start to kind of pair up these breath categories because they have different effects on the body.

If you want a really excitatory breath, this is the place where you might use your history got in the normal population that is not affected by Traumatic Brain Injury. But in this case, there will be excitatory practices that might not be so disruptive to blood flow in the body. And so, we really want to encourage, someone just asked about alternate nostril breathing which brings me into this fact of like how you can use things you already know about and maybe adjust them for this population. So, an example of how to regulate the nervous system would be using a tactile queue for breathing, like breathing with hands on the chest in the belly, a heart breath as some people call this. But let's say you wanted to regulate a relaxation response and you want to use a practice like alternate nostril breathing and sometimes known, I would use alternate nostril breathing.

The use of the hands and fingers can be a little bit too much to coordinate for some people, it can be a little bit distracting or disruptive and so, one way you can do this is to increase visualizations, which encourage parts of the brain to light up. But specifically, to maybe imagine that when you are breathing, you see the breath coming in the left nostril and flowing up to the 4 head and on the exhale, it goes out the right nostril. I just use my hands to encourage that, but maybe when you leave it for folks who might encourage just hands on your lap or hands on your belly or wherever they feel comfortable, first starting to bring attention to the breath and then bringing the visualization of the breath coming in the left nostril flowing up to the 4 head, exhale moving out of the right nostril. And then again, inhale coming through the right nostril flowing up to the 4 head and exhaling at the left nostril.

You can simplify these things using the same ideas that make them more accessible. The big thing here that you can really use is an increase, there is lots of grey research out there and also in some of the more public blog that you can learn a lot about poly vagal theory. And in this case, one of my favourite ways to increase rebel tone and, I believe the vagus nerve is the 12th nerve of the brain that really innovates not just the brain in the brainstem but also the major organ systems throughout the body, and can help modulate stress so it is not so disruptive would be to use sound, you can use similar to like breath or an oceanic breath you can inhale nice and slow and have a comma or a sound that you like because that sound and making that

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sound really increases or really excites the vagus nerve which then calms the body.

Overall, you want to encourage awareness and choice to the way you want from me our practices are more simple giving options and layering one step on top of the other for simplicity. Today we are going to do a simple best practice here, we have done omh circles, the first 10 minutes of last week practice used circles where the inhale the arms out and thought about ahh sound, 2nd time they said oh, and the cranial nerve, thank you, I love that. No quizzes here but lots of inquiry which is fabulous, yes.

The practice I would love to lead today is a little bit more simple so if you are dealing with folks who are been more affected by neural rehab this will be a good one for you. You can take this, I love to lead it just on your back, we do this in about 2 minutes, you can make this into a 6 minute practice or even a bit longer. But let one hand come to your belly and one hand come to your heart. In any way that makes you feel comfortable and again, if you are teaching a class it might take some more time to set this up.

First start to notice your breath. Allow the breath to really engage the belly and inhales open, and exhales over the belly slightly in. Let the cadence or length of the breath be natural... Letting your attention focus on the movement of your lower hand on your belly. Here we will start to build the breath into a slightly bigger practice by using the attention of both hands... On the inhale bring the attention to the top hand as it lifts, and then the bottom hand as it opens... Exhale, pull the belly towards the spine and then let the chest hand soften.

So inhale through the nose, the chest, and the belly, exhale the belly softens... The chest softens, the breath comes out the mouth or nose. Again building the breath, up to down in the belly... Exhaling from the bottom of the belly, rising back to the chest, and out of the body.

Good, you can soften your eyes have come to close start to open them... And we will spend our last 10 minutes together, talking about a bit more about the restorative practices of asana. So I have left a lot of the same language that was up last time but with some different's ideas to focus on here. Again, you are going to really focus on making transitions, transitions... Important to folks who are affected by TBI. And of course, clear and simple is best. And one of the things you like to say, I love your brain, that revolutionized how I would respond to others, especially when they are listening, almost more than speaking, is better to be interested then interesting.

People you much more seen when they feel that you are invested in them. Then when you respond with some wild and impressive response. So in the same way I've taking this notion towards asana, it is important to be consistent over creative. These folks will really love the ability to feel that they are grasping it and getting it over time. And you are provide them so much more confidence by doing so.

I love this. Carol just asked "what you suggest for people who get lightheaded when doing deep breathing?" And I think what you mean is, sort of moving from these practices in meditation and pranayama into asana, and it is really important that we always offer opportunities for folks to ground themselves. So when you are teaching asana, always provide opportunities to check in with your body, this might be coming back to a modified child's pose, pose that we left to call crocodile where you lie on your belly and rest are hands together and stuck your forehead on top of your hands. (foreign word) you could also be coming to the wall and using the wall for

support if you're standing full stop any way that makes you feel safe and comfortable the body will just really love and support it.

Mirroring can be very helpful, it is very good to face students in the same direction when you said of the class, instead of being in a circle or or facing in towards each other, facing in one direction can be helpful.

Is always great to say what to do, not what not to do. So focus on one thing being a clear directive. Specifically I want to spend a few minutes talking about chair asana, and I'm to give you a few simple things that you can use in chair us now that specific to these populations. And we will kind of give you some more room to jump off of.

Again, we focus on transitions to be clear and simple, and thick consistency over creativity and a promise ever but he will know you are craving kind but focus on being consistent. It really is being revolutionary full if you have done a 40 day practice in kundalini or even some of those power vinyasa practices that repeat. We see how people evolve inside of those methods and materials. When you teach chair asana it is fabulous to sit on the front half of the chair full topped to really try and engage people to use as much of themselves to be awake and available to themselves when they practice asana.

I think it's really important, that we continue to show folks, that chair asana is a progressive practice, it does not mean that you're being lazing in city down and can't stand up... It is really a wonderful way to build confidence stop to build strength over time. A lot of people affected by TBI have vestibular balance challenges and may have been affected by spinal cord injury or a physical disturbance that keeps them from being comfortable on their hands and feet. But it is important to allow chair practices to evolve over time full stop and be a supportive way to build the practice over time.

It is great to really ground the feet to activate the legs. And we will talk a little bit about how to use the fee to really increase (unknown term) even when you're seated in the chair. And it's really fun to be consistent but also allow your creativity to be and how you use the chair, not how many poses you do. So there is great ways to do seated work, standing work, supportive work where you use the chair for book balance and things like that.

I am in a transfer to the simple chair I have behind me, if you want to follow along and you have a chair at home, you are welcome to use it. Otherwise, I'm just in a slide back here and I use a yoga chair that doesn't have a back on it... That is not necessary. It's helpful to use a chair that doesn't have arms on its sides, because there are so many options to move the chair around here.

Sometimes it's helpful to put the chair on a mat, so the chair doesn't move. It has more stability that way. I know that someone wrote in the comment that they thought it was funny that I was practising in socks. I love to practice in socks, I grew up in the Midwest where it's cold, I'm really comfortable in socks, I wear them with grips on the bottom, but I want you to do you.

I show up and really comfortable clothing that makes everybody feel welcome, that's just like how I like to show up, I think it is thoughtful to give appointer... If they have socks on and you notice they are bunching up and slipping, maybe you help adjust that. But otherwise we don't do

a lot of down dogs and things like that in this practice, so I find that socks sometimes just make people feel more comfortable in their own bodies.

Thank you for stopping the screen chair so you could see me. Let's start your practice with the legs in front of you, and a 90° bend in the knees. If someone was a little bit shorter than me, and you wanted to support them by bringing the floor up to them so that they could feel like their legs are falling below, I was stuck two blocks and put your feet on top of the blocks.

So how as we started practice last week, I love to encourage some similar balancing where you might engage rolling or turning, or sort of stirring of the body, playing with balance. If you are seated on the front half, or third of the chair, it's a great way to start to play with weight in your feet... And encouraging the feeling in the feet. Another fabulous way to play with proprioception which really just means noticing and feeling where the body is in space, being able to make unit be like that with their own power and strength, is to always encourage use of the bottom of the feet... And one of the ways I like to do it, and love your brain has taught me to use it is to use a high heel stance. Where you lift the heels of the feet, sorry you can't see perfectly there...

Lift the heels, of the feet, and stand on the balls of the feet, you can kind of feel how that engages your calf and the other muscles of your leg. You might step the feedforward, these are some ways to really still use the warm-up of the pose, and the postures to engage the same way that we did last week an active asana. So you are warming and bring you a bit of core strength and upper body strength, you might take your hands to the edge of the chair, walk your feet out in front of you a bit more, and you could do this as a visualization knowing that engages the same parts of the brain as performing the movement. Or if you would like to perform the movement, use your arms to support you, press into your feet and lift her hips off the chair, like a modified bridge post. Then exhale take your hips back down to the chair.

Good, you can visualize this again, or practice with me. Inhale lift your hips off the chair press into your feet straighten your arms, good, you can always queue the vision in one place to support and minimize stress on the neck and head, or you can start to engage a little bit of it where you might inhale, take the vision up towards the ceiling if it is comfortable, exhale, take your hips down to the chair.

We just have one or two minutes here, so I will show you some very small simple things, if we were to teach a warrior series... It is really nice to keep the chair facing in the same direction, but encourage your students to change the direction they are facing. So you might call out a landmark in the room, like the foot that is farther away from the wall here, turn it and step it out to that direction... And then wiggle your other leg closest to the wall back to you sitting just the edge of your sit bones in the edge of the chair, if you need extra support you could always grab for the chair, and you can make these sort of warrior shapes, by using a chair to support underneath their back.

You can always change the direction of the torso, and over time, if you have students who are more chair bound than others, you can always adjust the poses, where you might use the chair, but if folks want to come to standing, you might have the chair off to the side as a support for the upper body. Stand next to the chair, pour your weight into the lake closest to the chair, using the chair for support, step the opposite leg to the back of your mat, and you set up oppose very similar here.

So there are thousand 10 one amazing ways to use chairs and yoga, there is incredible trainings out there, this is really just an invitation to more education, again I want to mention that love your brain is a group I work with... And love horror heartedly, and they do wonderful training for TBI specific yoga.

The last mention I will make about the chair is there is a wonderful way to use a savasana like moment at the end of your chair practice. Where you might scoot towards the back of the chair, use whatever back of the chair has an sort of rest yourself on that. You can even scoot down, to maybe let the back of the chair sort of graze the neck or back of the head, if that is comfortable.

And if you are folks are comfortable more ambulatory where they might go from seated to standing, you can always use the chair for the first part of class, and then maybe do the second part of class on the ground as a restorative relaxation, or in Nedra practice. Those are some really wonderful ideas that I hope get you started. And I want again safe you would like to reach out to me specifically, you can always DME on Instagram, it is a fun way to stay in touch full top and exchange resources or images or conversation... Here in the chat we have a lot going on for resources as well, and I would love to hear from you. And so I thick I will try turn it back over to Dr to get a little more engage in conversation.

DR CHRISTA KUBERRY:

Thank you for the information and tools to integrate set information. So we have amazing questions, as per always. First one is from Martel she says "last week he mentioned that visualizing the asana movement can create a new pathway in the brain. One of the PDU with TBI who practices with me asked if just visualizing is an effort doesn't need to be accompanied by some sort of attempt of movement?"

STEPHANIE WINSOR:

That is a great question for I think you're doing a fabless job verity sharing this information with students, and it is clearly starting to percolate or create their own sort of ideas of what could happen, what might be happening, how could they engage themselves most efficiently. And that is really the beginning of the journey of the practice.

These are great questions full stops so, a visualization engages the same part of the brain, but the challenge is that the performance of the movement, over time, will help consolidate the movement into a more learned, or more fluid, and more synchronize practice.

Imagine this in your own life. Because this is actually happening for you all the time. When you stop in a yoga class and you watch someone demo a part of the practice, maybe this is, I always stop and watch the inversions... Because I am not so good at (inaudible)... So that is part of the practice that I always watch and I visualize and I'm considering... Before attempting, and part of that consideration begins the neural processes of learning and performance. And it engages very similar neural circuits.

But, it doesn't of course it doesn't engage the physical practice the same way. So it will actually engage the narrow practice very similarly, but it won't have the feedback and the opportunity to consolidate that learning and synchronize that learning with the physical manoeuvre.

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So what is fun, is that is what light truck the visualization can start to build 70s curiosity and over time, maybe play with it just a little bit. So just like in the chair practice, where I attempted to encourage visualization of maybe lifting the hips or keeping them on the chair, you can always think about it the first round, then maybe you make your but 5% lighter, and your hand 5% heavier. And then over time, you kind of engage that process more towards the performance of the full move. I don't know if that was enough

DR CHRISTA KUBERRY:

, Yeah, that was great, and also when my teachers, was paralyzed, he also speaks about the necessity of bringing your brain and your body and he talks about is a transfer of consciousness. You know, the idea that you can feel something without having a feeling there, is a sort of I think it is sort of magical.

STEPH WINSOR:

And he is such a great advocate to speaking to the fact that there is so much to do in the practice, like consciously and cognitively, even if you don't perform it physically. In that there is so much to gain by that effort. In that experiment, yeah.

DR CHRISTA KUBERRY:

He is a great resource for those of you who do not know him or want more information especially accessible yoga or thinking about how neural pathways transfer antibodies, etc. We have another question for you from Christina. I continue to be amazed how many correlations can you name between teaching to TBI patients and other cognitively impaired patients or clients. The aging population also benefit from some of the tenants discuss simplicity, accessibility and the power to choose. How do you feel about that transference of this practice to those different demographics?

STEPH WINSOR:

I totally agree that if you learn some of the sort of key tenants, the overlap in a very beautiful way and I would even say that I love using these processes in my public classes that are love your brain friendly or not.

And I really appreciate that the aging population can benefit from really similar adjustments to the practice. What I would say is, and I would actually say, I don't try to write our elders out of this either. But sometimes I think that these practices can be learned about their adjustments and then sometimes people think that these folks can only do really restorative practices, and that is why when I was building these 3 part series out, I want to be clear, they are really active that these folks can do that we don't have to baby and minimize their effort and they are still incredibly powerful bodies and minds, and building the connection between them is incredibly wonderful.

My grandfather had Parkinson's and Alzheimer's and he practised Pilates and yoga in a program called silver speakers every day of his life until he was in a memory care unit and I can tell you, the 15 years from diagnosis to death was incredibly supported by his physical movement and believing he could move as long as he wanted to. And so, I want you to just know that the aging population is also tenacious and powerful and able to move and so they don't want to just lay down and imagine things. It is really good to use our bodies and playfully in them. You know?

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DR CHRISTA KUBERRY:

Yes, thank you. We'll have another question, what stability on the chair in bridge, for example, if a person is overweight, what modification would you make in that case?

STEPH WINSOR:

That is a great question. I would not make too many modifications, I think that you know, we talk about this a lot, when you are overweight, you are actually really strong, that your bones are really strong your body is really strong carrying around a lot of weight all the time. And so in so many ways, don't feel that you have to make a crazy adjustment, that there will be options. And so I would encourage these folks to again use visualization to build up the confidence and curiosity in their practice to maybe just to their toe into lifting their hips off of the chair and to trust the support that they have with their feet in their hands, really the same way that I would with folks who have Traumatic Brain Injury.

And again, to just have support there, that things are going to happen, that if you try and try and try, progress is going to be made. Even the same way yoga text say that magic is really in the practice. And so, showing up to practice is a fabulous way. A nice modification of someone is having a real fear of response and they can't even fathom the movement of bringing it to the floor, might be a lovely way or bringing it to standing and changing the way that you use your balance or your strength to build up that perceived confidence so that it matches their physical abilities. Because sometimes fear is just getting in the way there.

You could use a strap, maybe not right now in our current COVID era, it may not be to make as much contact physically, you might be able to use a strap or even put it around their lower back and use like a 10 foot strap where you can backpack the strap underneath the armpits and over-the-top you got a good grip on and using your own body weight they would lift their butt and be a little bit teeter totter to help support them. But again, over time progressed the movement so go for it.

DR CHRISTA KUBERRY:

Wonderful. We have Gina, I notice use visualization and imagery in words.-- Imagination is been impaired in TBI for some individuals, to movement breath and using props to make neurological connections?

STEPH WINSOR:

Yes, I love this question. Gina this is exactly why we are practising it. When visualization and imagination have been somewhat disrupted or diluted, maybe, we can use that word where it is still somewhat possible because folks are always imagining and sorta visualizing some aspect of their lives, whether it is even a concern or an outcome, it is a bit of a mental projection, and so in some ways the brain is a magician of visualization and imagination, the best and worst ways possible. But specifically, after TBI, relating to an image or -- imagine of process is really hard, it can be nice to simplify the process and simplify the image. And 2, just like you said, using more sensory input. If the imagination isn't so vibrant, starting with a practice that uses the hands like they did in pranayama or using a block on the belly or even just a blanket over the valley, then noticing the movement of the blanket back into their belly or hands.

Any sort of contact that allows you to get feedback to the systems of the body is really, really

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helpful. And then allowing that practice to be repeated over time. If a practice is really challenging, simplified and repeated. Maybe you did at the beginning and the end of the practice, you do it this week, next week, and the week after the exact same way. And that petition can really really help in the sensory input, it is really helpful if it comes from the body, but it can come from a prop on the body too.

DR CHRISTA KUBERRY:

Yeah, like sandbags, to be effective--

STEPH WINSOR:

back against the wall feeling that, any of that kind of stuff-- back to back healing is so fun, it even the only circles where you are maybe not asking for direct feedback, or do you feel your breath in your body or maybe inhaling and moving this part of the body, move that part of the body, that can even be a good feedback to start to link up movement and breath.

DR CHRISTA KUBERRY:

Wonderful. We have another question. I work with brain tumors patients, are there any process to avoid for those who are at risk with seizures?

STEPH WINSOR:

Yet, this is a place where I go yes and learn way more. Seizures are common folks with genetic brain injury and those who have certain types of brain tumors. It is important to know potentially where the Toomer is and if there are any prescribed indications by their health professionals and to use those clear directions to support the way that you are working with them in yoga because again, we are in our lane, we are yoga professionals, we are not health professionals at this time. And so, it is thoughtful to know what the student has been given and then it is really thoughtful to know certain things that might increase chance of seizure. We don't know as much about certain physical accounts are indications that increase seizure other than just if you just regulate the nervous system and you are excited all too much whether you freak it out or make a really scared, you fear yourself into something, you just feel really sort of discombobulated and out of touch. That can really sort of, sort of implicitly dry a high risk for seizures. I think as a yoga teacher, the thing is to be thoughtful, simple, and slow. But still provide a hard enough effort that people feel like they are using their body and really recovering and gaining resiliency.

And then to take a course like a health emergency course or your CPR course can be a nice place ask these questions because there are a few specific things you want to know how to do if a seizure does happen. Staying calm, being down on the floor with them, not trying to move them too much right away, calling 911 if they need it. Those kinds of things are important, it's almost less controllable than you think, that there are great ways to mitigate that.

DR CHRISTA KUBERRY:

Wonderful, we only have 4 minutes left, lots of wonderful questions rolling in. We have a question, can you speak to the connection, nerve agitation in S1 through S5?

STEPH WINSOR:

This is really specific and I would say I am not exactly sure what we are getting at here, so if you want to message me and you want to have a conversation about it, that would be great. There is a lot of nerves that can be agitated, I'm not sure they relate specifically to what we discussed

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today in Traumatic Brain Injury's, if it is okay, we kind of tingle that and I will look at it too, I just want to use that specific information for nerve agitation.

DR CHRISTA KUBERRY:

I found-- it very uncomfortable, could this be due to the location of the brain injury, does location matter in overall determining practice? Also I am a yoga teacher.

STEPH WINSOR:

Awesome, thank you for your question, Shauna. One underlying question that is always forward bends at all difficult before injury, because often they are like implicit or unseen patterns that were there before and exacerbated under the challenge of dealing from Traumatic Brain Injury. What I am guessing is that there are 2 things kind of waiting here. If there is cervical neck injury or spinal injury that is paired with TBI which is very common, especially in women and I'm not sure Shauna-- if she is, there is a common overlap just based on the nature of our bodies and their proportions that can be exacerbated from TBI. And so sometimes just even the forward head posture that can happen unknowingly when a person performs of foreword fold can sometimes irritate this part of the neck and spinal column.

But most of the time, I would think about that it is really the forward bend that lowers the head with the heart and kinda considering how intracranial pressure can change and how irritating it can be to the blood pressure in the body and the brain and the heart rate, and so the first thought here is to slow down the transition. To find out if maybe dropping hands on a chair or blocks could minimize the intensity of the change over time, and if we could reduce the time so allow it to take longer to maybe find the forward fold and see if that alleviated any of the problems. Otherwise, it might be and no go for now, and that is what I say it is a no go for now, really brings you discomfort when you were a kid and you are like dad my arm hurts if I do this, he is a very educated physician and he would just say don't do that.

It's like sometimes it is a no go for now, and I'm not being sarcastic like my father was, but I want you to know that if there is something that is a real clear indication for you meeting it is something that doesn't feel good in your body, the best thing to do is omit it for some time to investigate it, and find out if I move my pelvis like this, does it hurt less? If I keep my head like this doesn't hurt less? And kind of work with that discomfort and sort of find some little nuggets and breadcrumbs that might be hidden there.

DR CHRISTA KUBERRY:

Wonderful, I know we have only one minute left. There is a question that has been uploaded about breath cueing to movement and-- you want in the last minute say anything about the breath in TBI's and just thank you to you for joining us.

STEPH WINSOR:

Awesome, I would say it is not as necessary as we sometimes think it is in our traditional practices. And so many times we actually make the transition take a few breaths. Allow the transition to be slow, to allow our students to breathe however they would like, if it is disruptive or disconnected, that they get to breathe however they want and when you keep things simple, keep things slow, keep them repeated and then also keep it progressive, it may be progressive and tranquil supper might do all those things first and then as you practice more the breath might start to link up with the movements more clearly.

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But breathe whenever you want, kind of want to remind people, breathe, breathe, breathe. And make it simple. And I think folks will really gain a lot from the practice.

DR CHRISTA KUBERRY:

Wonderful, thank you so much for this three-part series. We appreciate your knowledge, your enthusiasm as well as your passion for yoga. I can say that I learned a lot, if you want to send it home with any final parting words, I will pass the mic back over to you but just appreciate you and appreciate our members and the continuation of knowledge.

STEPH WINSOR:

Yet, thank you, Doctor Kuberry such a joy to be with you, I love working with patients with Traumatic Brain Injury, I believe they are with their own special magic afloat any class you teach and I really encourage the idea that if you love this information you want to learn a lot more to become more confident, please learn-- right now our online mindset and mindset and yoga groups are registering, please reach out if you want any extra info on that and I really just hope that you find reasons to be inspired and continuing your own personal education, there is so much that you can do. Thank you.

DR CHRISTA KUBERRY:

Thank you, have a great day.

STEPH WINSOR:

Have a beautiful day. Bye.