

# Considerations for Integrating Postural Restoration® and Yoga: General Overview and Recommendations

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Yoga and Postural Restoration® are both vast and thorough systems of healing. The fundamental principles of each have the potential to strengthen one another and provide profound benefits that may be missed without their dual integration. This is the first article to illuminate the integrative opportunities of yoga and Postural Restoration®. It is the first in a series of installments that will first highlight key areas of complementary overlap and then provide general recommendations for blending Postural Restoration® into a yoga setting.

Postural Restoration® and yoga are more similar than they may first appear. They both appreciate and work with alignment, balance, neurology, respiration, and biomechanics. They both respect and teach neutrality, self-awareness, full-body integration, and healthy lifestyle choices. Both systems have empowered countless individuals to connect with their own healing potential.

Yoga originated over 5,000 years ago in India and was introduced to America in the late 1800's. Present day yoga enthusiasts practice a variety of styles, so this article will use the term yoga to refer to the physical (*hatha*) limb that consists of postures (*asanas*) and breathing techniques (*pranayamas*). The word yoga is translated as "union" from its Sanskrit root *yug* "to join." Yoga's continued growth, much of it supported by medical and research communities, requires that healthcare professionals and yoga teachers be able to work together to optimize the physical, mental, and emotional wellness of their mutual clients. With its increasing popularity, yoga has significant potential for many positive effects. However, as with any form of exercise, there is also the potential for negative outcomes. This risk increases if the yoga instruction does not appreciate the inherent pattern of asymmetry found in the human body.

The Postural Restoration Institute (PRI)® has identified, and offered treatment protocols for, the predictable patterns of asymmetry in the human body. The two primary patterns are the left anterior interior chain (L AIC) and the right brachial chain (R BC). PRI identifies the L AIC and R BC as poly-articular chains of muscles that result from the asymmetrical anatomy, physiology, and neurology of the human body. Since these muscle chains are easily facilitated, they can lead to imbalanced positions and faulty movement patterns. These become prime sources of impairments and pain, even in the absence of injury.

Yoga has the potential to inadvertently compromise the delicately balanced asymmetry of the patterned human being. Treating the body as though it were symmetrical, overemphasizing flexibility, cueing for abnormal breathing

patterns, and teaching repetitive movement sequences are examples of ways that yoga can create or worsen conditions such as joint instability, tendonitis, breathing discord, and chronic muscle strains. However, teaching PRI principles to yoga enthusiasts and integrating them into a yoga class setting will minimize these concerns while maximizing the many benefits inherent in yoga.

Some practical recommendations for blending PRI and yoga include considering PRI muscles in pose selection and sequencing, teaching PRI's non-manual techniques, and using complementary yoga techniques and verbal cues.

A great resource for yoga teachers is the Composite of Courses at the beginning of each PRI course manual. This Composite lists the primary muscles to focus on working (facilitating) or relaxing (inhibiting) so that teachers can skillfully select yoga poses and create a class sequence. For example, the Postural Respiration course recommends facilitating the left abdominals to improve the ability to breathe into the left upper back. Practical examples of this include performing the right side plank (*vasisthasana* from yoga and Right Hip Lift from PRI) before the left side plank (Left Trunk Lift), and to finish a twisting pose series with the pelvis and lower ribs turned to the left while the upper trunk turns right. *Bharadvajasana* (photo at end of article) embodies this with the addition of left neck rotation and it demonstrates tri-planar balance.

Conscious, balanced movement in all three planes is something that both PRI and yoga practitioners consider highly important. The general treatment progression in PRI first secures the sagittal plane, prior to frontal and then transverse plane activities. This rehabilitation concept closely matches a typical yoga class flow that starts with standing or floor-based warm-ups (sagittal), moves to side-body work (frontal) and twists (transverse), and finishes with a restorative pose (integration) to close the class.

To strengthen yoga teachers PRI knowledge, they need to immerse themselves in the PRI non-manual techniques (NMT) with particular emphasis on the Repositioning and Integration activities. By experiencing the NMTs in their own body, teachers will understand how many of the NMTs share similar shapes, duration, and qualities as yoga poses. Teachers will also find safer ways to move into common yoga postures, such as avoiding the hip hinge (sometimes called swan dive) while moving into a standing forward bend. Teach NMTs early in the class to instill a felt-sense in the students' bodies, and invite them to keep their awareness of these muscles, actions, and sensations throughout the class. For example, the All Four Left Posterior Mediastinum Expansion in Left AF IR NMT is cat pose (*marjaryasana*) with a 1-inch folded blanket under the left knee. The NMTs intention is to facilitate the left inner thigh muscles while inhibiting the left upper back. Ask the students to feel the work of the left inner thigh, the inhale

expanding the space between the spine and left scapula, and the abdominals working to support the shape. Then, reinforce these sensations in yoga poses like gate (*parighasana*) or seated twist (*Ardha Matsyendrasana*) later in class.

Another practical recommendation for engaging PRI concepts in a yoga setting is to incorporate such ancient practices as breathing techniques (*pranayama*), visualizations (such as a simple body scan), meditation, visual exercises (*drishti*, *trataka*), chanting (to encourage exhalation), and subtle pelvic floor contractions (*mulabandha*). These will inspire yoga practitioners to connect with the union of yoga by harmonizing the inter-related systems of the body.

Finally, consider verbal cueing as an efficient way for students to assimilate PRI concepts. Cues that work well include “As you exhale, feel your front ribs moving down,” and “Ground your sit bones towards your heels and sense the work of your hamstrings anchoring this connection.” Clients resonate with imagery such as “Grow roots through your footprints so your arches can exhale up,” and “Magnetize your hip points (ASIS) together and maintain this as you shift your weight to your left foot.” Throughout the class, teachers will find it beneficial to cue PRI Reference Centers (from the Impingement and Instability class). As students move into a pose, encourage them to find and feel their left abdominals, to ground through their left heel, or to expand their breath into the left upper back. Reference centers are a direct path to self-awareness and provide the unstable mind and body a place to rest in neuro-somatic stability.

Many yoga practitioners use the yoga system as a way to recover from injury and improve their overall health. These individuals will be inclined to learn more about the PRI application of muscular stability, tri-planar balance, neutral alignment, and efficient breathing. PRI and yoga practitioners will both have familiarity with diaphragmatic breathing, pausing after exhalation, sensing the body’s internal environment, balancing the left and right sides of the body, and calming the nervous system. In turn, PRI practitioners can appreciate the variety of unique postures and breathing techniques as well as the philosophical roots of yoga including “Posture should be steady and easeful” (*sthira sukham asanam*).

May this article encourage respectful dialogue and fruitful collaboration by practitioners from these phenomenal systems of healing.

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