

How to Modify a Developmental Practice
Annamaya Practice from Gary Kraftsow's Yoga for Transformation

1. Tadasana
 - a. Emphasis - To encourage balance, extend spine strengthen calves & feet
 - b. Technique – On inhale raise up on toes while raising arms up, fingers locked palms up; stay one breath longer with each successive repeat up to 4 breaths.
 - c. Modifications
 - i. Feet hip width apart to respect the width of pregnant woman's pelvis
 - ii. Refrain from staying on toes
 - d. Adaptations
 - i. Postural education
 - ii. Grounding through the feet for energetic stabilization
 - iii. Incorporate pelvic abdominal rhythm to enhance body awareness
 - iv. Mobilize shoulders & open upper chest for therapeutic affects
2. Parsvottanasana
 - a. Emphasis – To stretch & strengthen back & legs
 - b. Technique – On exhale with arms extended bend forward, flexing forward knee, bringing chest to thigh, hands to foot. Stay in position one breath longer with each repetition up to 4 breaths.
 - c. Modifications
 - i. Bend forward to chair or wall
 - ii. Bend forward with back heel to wall with hands on hips
3. Utthita Trikonasana
 - a. Emphasis – To laterally stretch torso & rib cage
 - b. Technique – On exhale bend laterally lowering left shoulder bringing left hand below knee while turning head up toward right hand, repeat 4 times; Stay and on inhale bring right arm up & forward; on exhale right arm back to starting position while rotating head to right hand.
 - c. Modifications
 - i. Allow hips to displace laterally
 - ii. Use block, chair or wall
 - d. Adaptations
 - i. Consider substituting parsvakonasana
4. Uttanasana
 - a. Emphasis – To stretch back symmetrically
 - b. Technique – Bend forward with arms extended, bending knees slightly, chest to thighs, hands to feet, repeat 4 times. Stay, on inhale lift chest up half way flattening upper back, repeat 4 times.
 - c. Modifications

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- i. Feet hip width apart to respect the width of pregnant woman's pelvis
 - ii. Refrain from compressing abdomen
 - iii. Bend forward to chair or wall
 - iv. Keep hands on hips
5. Cakravakasana/Adho Mukha Svanasana Vinyasa
 - a. Emphasis – To extend upper back, transition from standing to supine position, prepare for inversion.
 - b. Technique – From hands & knees on exhale push buttocks up, lifting knees and chest toward feet. Stay in position one breath longer with each repetition up to 4 breaths.
 - c. Modifications
 - i. Incorporate pauses in balasana (child's pose)
 - ii. Walk legs out to enhance circulation
6. Dvipada Pitham
 - a. Emphasis – To stretch upper back and neck in preparation for headstand
 - b. Technique – On inhale pressing into feet raising pelvis until neck is gently flattened while raising arms overhead to floor behind. Stay in position one breath longer with each repetition up to 4 breaths.
 - c. Modifications
 - i. Lift pelvis on to bolster. On inhale raise arms perpendicular to the floor, feel lumbar spine and upper chest naturally rise; on exhale tilt pelvis posteriorly, draw chin to chest, press upper back into floor while lowering arms.
 - d. Adaptations
 - i. Allow arms to rest and repeat pelvic tilt with pelvic floor strengthening movements.
7. Urdhva Prasarita Padasana
 - a. Emphasis – To extend spine and flatten it onto floor, stretch legs & prepare for inversion.
 - b. Technique – Lie on back, knees to chest. On inhale arms raised up to floor along head while extending legs to ceiling. Stay in position one breath longer with each repetition up to 4 breaths.
 - c. Modifications
 - i. Come to side-lying position with support for neck & head. Lower leg flexed at hip & knee. Upper leg extended. On inhale raise upper leg just above hip pressing out strongly through the heel, on exhale contract leg muscles while pressing down to floor.
 - ii. Flex upper leg at hip & knee; support knee, leg & foot with bolster. Extend lower leg. On inhale raise lower leg pressing out strongly through the heel, on exhale lightly touch down. Change sides & repeat.
8. Sirsasana¹

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- a. Emphasis – To strengthen spine, deepen respiratory rhythms, reverse effects of gravity.
 - b. Technique – On inhale lift legs to vertical position. Stay 16 breaths.
 - c. Modifications
 - i. Inversions in pregnancy are controversial. Headstand is not recommended for those with high blood pressure, chronic or acute neck pain, excess weight, osteoporosis, glaucoma, and other eye problems. It is also not recommended for women who are menstruating or pregnant, though some experts believe women who have developed a regular yoga practice that includes inversions can continue doing headstand while pregnant. Others recommend to stop practicing headstand in the second trimester of pregnancy.
 - d. Adaptations
 - i. Substitute Viparita karani - Sit on the edge of a bolster near the wall with left shoulder facing the wall. With an exhalation, roll back and swing legs up the wall and lie back. Pelvis resting on bolster. When learning the pose, stay for 2-3 minutes. Once familiar, try staying up 5 minutes. (Come out if any discomfort experienced including tingling in legs.) To come out, bend knees halfway toward chest and roll to the side, using arms to sit up carefully.
9. Sarvangasana
- a. Emphasis – To stretch upper back & neck, counter effects of headstand, strengthen low back & deepen inversion effect.
 - b. Technique – On exhale flip legs over head, lifting buttocks & lower back, placing palms on middle back. Stay 16 breaths.
 - c. Modifications
 - i. Inexperienced practitioners should not attempt shoulder stand in pregnancy. It is best to do this posture at wall due to the increasing heaviness of body/breasts.
 - ii. Ardha sarvangasana with supporting blankets at the wall. Lie on floor at right angle to wall with one or two firm blankets folded into rectangles supporting shoulders on the blanket - parallel to one of the longer edges, with head on the floor. Bend knees put feet flat on the wall. On exhale lengthen lower back, press feet into wall & slowly lift pelvis so weight shifts to shoulders, upper arms & elbows. Stay for 30-60 seconds, slowly lower vertebra from neck downward. Shift to side lying position and pause.
 - d. Adapation
 - i. Substitute ardha setubhanda
10. Bhujangasana²
- a. Emphasis – To arch upper back & neck as counter pose to shoulder stand.
 - b. Technique – On inhale lift chest sweeping arms wide & forward. Repeat 8 times.
 - c. Modifications

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- i. Back bends in pregnancy are controversial. In general prone postures are contraindicated after the first trimester. Avoid exerting intra-abdominal pressure. You can modify some of these postures by practicing them on hands and knees. When practicing backbends pay attention to how far the back sways with regard to the increased weight on the abdomen and the muscles of the back. Be aware that there is already quite a bit of stretching in the abdomen.
 - d. Adaptations
 - i. Substitute bidhalasana (cat pose) coming to hands and knees; on inhale extend alternate arms, raise head without excessively compressing back of neck.
11. Dhanurasana³
- a. Emphasis – To expand chest, stretch front of torso, flatten upper back, strengthen back & legs.
 - b. Technique – On inhale simultaneously, press feet behind, pull shoulders back lift chest & knees. Repeat 4 times.
 - c. Adaptations
 - i. Substitute chakravakasana sun bird variation with opposite arm & leg extensions. Repeat 4 times alternating sides.
 - ii. Substitute ardha uttanasana at wall hips & shoulders flexed at 90°, legs hip width distance apart
12. Apanasana
- a. Emphasis – To gently stretch lower back
 - b. Technique – On exhale gently draw thighs toward chest. Repeat 8 times.
 - c. Modifications
 - i. Open knees wide; on exhale gently draw thighs toward sides of torso
 - d. Adaptations
 - i. Chakravakasana with knees
 - ii. Baddha konasana, legs extended forward with spinal extension & flexion
13. Paschimottanasana
- a. Emphasis – To stretch back & compensate for back bend
 - b. Technique – On exhale bending knees slightly, bend forward with arms extended chest to thighs palms to feet. Repeat 4 times. Stay, from forward bend on inhale lift chest up flatten upper back. Repeat 4 times.
 - c. Modifications
 - i. Modify sitting posture to widen legs, use knee support as appropriate. Use strap to draw extended spine forward.
 - d. Adaptations

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- i. Substitute janu sirsasana. Draw extended spine forward with one arm extended. Repeat 4 times. Stay using strap to draw extended spine forward.
14. Ardha Matsyendrasana⁴
- a. Emphasis – To twist spine, balance neck & shoulders after headstand.
 - b. Technique – On inhale extend spine. On exhale twist torso & look over shoulder. Repeat 8 times each side.
 - c. Modifications
 - i. Deep twists from the belly compress internal organs, including the uterus. Twist more gently from the shoulders. Avoid stressing ileo-lumbar & sacroiliac ligaments by allowing sacrum & spine to move together.
 - ii. Do the pose from a chair
 - d. Adaptations
 - i. Substitute modified marichyasana
 - ii. Substitute modified bharadvajasana
 - iii. Substitute parivritta siddhasana
15. Vajrasana
- a. Emphasis – To stretch back gently & symmetrically; to counter pose seated twist.
 - b. Technique – On exhale bend forward sweeping extended arms behind back forehead to floor.
 - c. Modifications
 - i. Spinal wave on chair; sit with hips open, hands above the knees. On inhale extend spine on exhale flow forward as spine flexes
 - ii. Stand on knees & perform arm movements while turning head from side to side
 - d. Adaptations
 - i. Substitute bidhalasana with spine extension/flexion
 - ii. Substitute chakravakasana with wide knees
16. Savasana
- a. Emphasis – To rest.
 - b. Technique – Lie flat on back.
 - c. Modifications
 - i. Avoid supine poses after the fourth month.
 - ii. Semi-reclining with bolster/blanket support
 - d. Adaptations
 - i. Substitute side lying with bolster supporting upper leg & blanket cushioning head
 - ii. Substitute viparita karani

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Notes:

¹ According to Colette Crawford, inversions are safe but need to be done mindfully without any abdominal strain or over exertion. Come out of inversions immediately upon experiencing any pressure in face, eyes or abdominal cramping. Head stand should be done against the wall with head on the floor and lift strongly. Shoulder stand should be done at the wall using blankets under shoulders. Avoid handstands as they can be very hard on the shoulders due to hormone related laxity in the joints. Encourage student to question why she is motivated to do more challenging poses; is ego involved?

² According to Geeta Iyengar, poses involving lying on the belly are contraindicated. According to Sarah Powers, in the first trimester, women often experience fatigue or extreme nausea. The gentle stimulation of circulation in “baby” backbends such as shalabhasana, bhujangasana may feel invigorating. Supta vajrasana and supta virasana will be soothing if your knees allow these. In the second trimester, if a woman is not uncomfortably large, a stronger backbend such as setu bandha may feel expansive. In the final three months, when one may fear back strain from the combination of relaxing, easing the joints, and the enhanced lordosis of the lumbar spine supta virasana with a bolster may be more appropriate.

³ Pregnancy can cause abdominal separation (diastasis recti), a condition where the two right and left sides of the Rectus Abdominis spread apart at the body's midline, the linea alba. Separation occurs in response the force of the uterus pushing against the abdominal wall, and pregnancy hormones that soften connective tissue. Separation can occur anytime in the last half of pregnancy. Abdominal separation reduces the integrity and functional strength of the abdominal wall and can aggravate lower back pain and pelvic instability. Separation in a previous pregnancy significantly increases the probability, and severity, of the condition in subsequent pregnancies. Women expecting more than one baby, very petite women, those with a pronounced sway back, or with poor abdominal muscle tone are at increased risk.

According to Geeta Iyengar, strong backbends should be done with care. Backbends stretch the entire front of the torso; if done during the latter half of pregnancy the belly can stretch excessively, such that it is more difficult for it to return to a normal shape after delivery.

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⁴ According to Judith Lasater when it comes to twists, the only way to prevent further injury and discomfort is to meticulously move the pelvis and sacrum together. She ignited sacroiliac pain in by the way she was practicing seated twists. She meticulously kept her pelvis firmly on the floor while twisting. This effectively stressed the sacroiliac joint as the spine twisted strongly in one direction, while the pelvis "stayed behind." Yet she was able to use these asanas to therapeutically: by allowing the pelvis to move with the spine in all poses—preventing the separation of the pelvis and sacroiliac joint.