

Ep #247: Why I Don't Teach Uttanasana for Relieving Back Pain



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With Your Host

Susi Hatley

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Male Announcer: You're listening to *From Pain to Possibility* with Susi Hately. You will hear Susi's best ideas on how to reduce or even eradicate your pain and learn how to listen to your body when it whispers so you don't have to hear it scream. And now here's your host, Susi Hately.

Welcome and welcome back. I'm so glad that you're here because today I want to talk about uttanasana and why I don't use it for helping people reduce or eradicate back pain. In fact, I'm quite comfortable saying that it does not exist anywhere inside of my back pain toolkit if I were to have one.

And that might be surprising to some people because the more and more I hear from yoga teachers and yoga practitioners about utilizing uttanasana and not getting any results, they're using it to try and get rid of their back pain and nothing's changing. So the more I hear this, there must be something out in the yoga universe where there's talk about utilizing uttanasana to relieve back pain and yet the result isn't consistent.

So I want to share with you why I think that it's not consistent. And then, of course, what I am considering when I'm working with people with back pain and how I support them in reducing and eradicating back pain.

So there's two key things that are at play, I think. The first one is that when we come into the forward bend, it might feel really good. Like coming into uttanasana for some people might feel really, really, really good. And that stretch, as I mentioned, might happen. But the reality is, as you're addressing surface symptoms, you're not actually addressing the underlying issue.

So it might feel good and it might be like this yogic version of Advil and like Advil, it wears off. So we still have the tissue that was there before. We still have the infrastructure that was there before. We still have the body relationships that were there before. So there's relief, which is awesome, but because we're not really changing anything, then that relief is not sustained.

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So if we want to have a sustained result, we need to actually recognize that there's an underlying neuromuscular pattern that's not being addressed. And oftentimes that underlying neuromuscular pattern is not within our sphere of awareness, our radar of awareness. It's outside or it's under our level of awareness. So, I mean, it makes sense that you're not quite connecting with it because it's not in your field and you can't change anything you're not aware of.

The other piece of this that's important to recognize, which is what I say all the time, which is where the pain is, is not the problem. It's an expression of the problem. So your back, the back pain is an expression of a problem. It's something, yes, we want to help you get relief there, but we also have to address what's contributing.

So it's letting us know that we need to do some shifting and some changing around our body relationships, perhaps around our breath, perhaps around how we rest and downregulate. And that's what we will be taking a look at when I shift gears into what I am looking at.

But before I get there, there's one other thing I need to make a mention of. When we are looking at the biomechanics of uttanasana, you know what a reality is that I see all of the time? Most people can't really do it that well. And I say that with a little bit of softness in my voice, but also with an eh, ah, because uttanasana is done in so many styles of yoga and in so many classes. And yet the reality is that what's required to do uttanasana, so many people don't actually have the capacity for.

So much so that even when I first started teaching yoga 30 years ago, I worked my way around uttanasana. I supported people in being able to get to being able to do uttanasana because so many people in beginning classes did not have the mechanics.

And what do I mean by that? In order to do the standing forward bend called uttanasana, you have to be able to move your pelvis on your leg bones. The pelvis needs to move so that hip flexion is created as you come

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forward. So many people do not have the mechanics to move their pelvis forward on their leg bones in an effective way.

That might be because of structurally what's happening. There might be some osteoarthritis, there might be some skeletal stuff. There might be a limitation through the back line of their body, like their hamstrings. There might be a limitation through the rotators of their hips because when the rotators are limited, that can limit the ability for the pelvis to move on the femur heads.

There might be limitations through the back line of the body from the pelvis upwards towards the head. I mean, heck, even the bottom of the feet, if those are limited, if that tissue there is limited, that can impact the way the hips move.

So we're looking at the tissue along the back line of the body. If that has limitations in any way, that will be impactful for not being able to do uttanasana. If the rotators of the hip, as I mentioned, just to summarize, if those are limited, that will also. Your deep core line can impact the ability of your pelvis moving on your leg bones. So any of these or all of these can be present in a human being and that will limit how someone does the movement.

And so we're now compounding an issue because, as I mentioned earlier, oftentimes when people are doing uttanasana to relieve pain, it's more being used sort of as a yoga version of Advil. And also if we're wanting to shift up the biomechanical relationships and they're doing the pose in a way that's actually not biomechanically all that helpful, then it's a bit of a double whammy.

And then we're not addressing the issue, that's the issue, the pain persists and we're stuck in this space of frustration and annoyance, maybe agitation, frustration, resignation.

So let's shift gears now and consider another way of thinking about back pain that doesn't involve uttanasana. And if you are a lover of that position

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and you would love to be able to do more of it, then you'll likely be able to get there when your body moves better because the reality is stepping outside of the yoga mat when we are looking at uttanasana, it is a forward bend.

There are times we need to forward bend. It's a human movement. And yes, we can work around it. If people need to squat, they can squat. But the reality is people pick things up off the floor and not squat. So we want to be able to help people get into that movement, to do that movement.

So let's get into a little bit about what I'm thinking about when I'm thinking about helping my people reduce and eradicate the back pain that they are experiencing. And what I'm speaking about here can support many different expressions of this pain because back pain is an underlying or an umbrella term is probably a better way to put it. It's an umbrella term for a whole host of things that could be happening.

So back pain could be a disc protrusion. Back pain could be facet joint deterioration. Back pain could be a ligament issue. Back pain can be a QL issue. Back pain could be a psoas issue. Back pain can be a digestive issue. Back pain can be a piriformis issue or another rotator issue or a hamstring issue. The number of things it could be are huge.

You could even go to five different medical professionals with the same set of symptoms and they will each give you a different diagnosis. Which, to me, is actually good news because I have found that the diagnosis doesn't necessarily dictate the treatment protocol in the world that I work in because as I've mentioned, where the pain is, is not really the problem. The underlying issues that are at play, when we help resolve many of the issues of mechanics and breathing and down regulation in our system, things settle out.

So just as an aside to highlight what I really mean by this through a story is that there was a time a number of years ago, it was January and a private client came in and she said, Susi, I have rheumatoid arthritis. I need your

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help. I said, sure. Let's go. Let's do it. Let's get into it. So I started working with her.

Three weeks later, she came back and she goes, you know what? It's not rheumatoid arthritis anymore. The diagnosis now is lupus. I'm like, okay, no problem. Then three weeks later, the diagnosis changed again. The thought was it was MS. Came back three weeks later, in fact it wasn't MS. There weren't all the markers for MS and they were now thinking that it was fibromyalgia.

The reason I bring that up is because there are schools of thought in yoga of like, well, what's the protocol for rheumatoid arthritis? And what's the protocol for lupus? And what's the protocol for MS or what's the protocol for fibromyalgia? And for me, I don't look at the diagnosis in that way.

And the reason for that is because anybody can have a diagnosis, but how it's expressed in any one person is different because we all have a variety of unique scenarios going on in our body, which contributed or correlated or are resulting from the diagnosis that we have. So the diagnosis is interesting.

It's important and significant, but it does not dictate, and that's the key word here, it does not dictate the protocol because we have a human being with a life lived who happens to have a set of symptoms that have been labeled this thing.

Which is why I mentioned a moment ago you can go to five different medical practitioners, nevermind all the other folks out there that help people. And you'll get with medical professionals and this has been studied, there are papers on this, and you'll get five different diagnoses. It all depends on the lens, the person's experience, all that stuff.

Which leads me to then say, okay, that's all really interesting. All really interesting. And this is the first step, we need to take a look at the individual who happens to have the pain experience.

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I know some people are listening to this and saying, okay, that's fine, we hear that all the time. Now let's get to the meat of this. No, no, no, no, no. This is the meat. It's akin to way back in the day when anatomists were in gross anatomy labs and were cutting away the fascia because the fascia wasn't important. We've got to get to the meat of the matter. Let's get to the muscles.

And now it's like, wait a second, this fascia stuff is important. We can't step over this. The individual is hugely vital in the conversation. We aren't a diagnosis. We are a human being with a diagnosis and that human being has life and has had a life and has lived in their body for longer than a diagnosis was present.

So that's number one. Number one is really addressing and recognizing who this individual is because for some individuals, the movement is not what's needed. What's needed is Nidra. What's needed is breath. What's needed is body scanning. In some other situations, what's needed is someone to talk with and just to empty out what's in their heart and what's in their head and what's in there, what hasn't been spoken or what hasn't been listened to, what hasn't been received. We can't step over that.

When we then get into mechanics, what I am looking at from a mechanical standpoint is the infrastructure that is currently present with this client is contributing in some way or is correlated in some way to the expression of symptoms. Let's look at the biomechanical relationships that are present.

As you know, I say on and on and on and on that when we can reduce compensatory strategies, pain goes down. So what I'm looking at are the relationships, the biomechanical relationships initially between the femur movement in the pelvis and the pelvis movement relative to the spine and the rib cage.

And when they do small granular movements, what compensations are arising? And again, remember, most of the time these compensations lie under our level of awareness, which is why we can't pick up on them. We can't because we're unaware of them.

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So when we have a person like me looking at the movement patterns of someone, I can point out to them, hey, you know what? When you're doing that movement, can you quiet that thing down and see what happens? And then they realize, oh, you know what? I can't. But, hey, you know what? I'm aware of it now. Right? That's the key. They're aware of it.

And then now that it's in their sphere of awareness, now they can start to make the movement happen more effectively because now they're aware. So there's a biomechanical fluency here that I am bringing to this client/teacher relationship. I'm helping them recognize how their body is moving, specifically how their leg bone is moving in their pelvis and how their pelvis is moving relative to their spine and their rib cage.

We need to be able to see that. We need to be a bit of an architect, a puzzle solver. And we do that with understanding of biomechanical movement patterns. And when we can understand the biomechanical movement patterns and understand what makes those up, then becoming that architect, becoming that puzzle solver becomes very, very, very straightforward and actually a load of fun because we're working with our client to really play into, okay, how is that leg bone moving in your pelvis when you do this movement? How is your pelvis moving relative to your spine or your rib cage?

And you can do this really with any movement. You can do it in small granular movements. You can also do it in bigger movements. You can pay attention to this movement when you're coming into a lunge, when you're going into a squat, when you're coming into uttanasana, and you can do it at a smaller granular level like a simple butterfly or an ankle to a knee, also known as figure four, or when your legs up the wall and how that leg bone moves in your pelvis. Those are places that you can play with this.

The second part of this is to be able to feel, and it blends in with this idea of becoming aware. You have to feel to be able to heal. I know it's that F word, that loaded four-letter F word, but it's in that space of listening to the whispers, of learning what those whispers are because when there's back pain present, that's the scream.

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And as you dial back and recognize your movement patterns and what's contributing, how that femur and that pelvis and that spine and the rib cage are relating. I haven't even gotten to the whole shoulder and hip relationship, that one's awesome to look at.

But when you're starting to piece these things together and understand the biomechanical relationships and how these relationships work with your breath patterns, work with your down regulation, that's when you really tune into those quieter signals. It's not that difficult, I promise, but you're able to feel something quieter than the scream.

That's when we begin to activate the inner healer and a healing relationship really starts to become cultivated. So now the symptom is no longer this annoying thing that's stopping me from doing what I want to do, but rather it's like, oh, okay, I'm seeing where I'm getting relief. I'm understanding the biomechanics that are associated with this.

I see where I'm compensating. All right, now I've got a lot more ingredients here. Now I can cook up something awesome because I recognize what's going on. I'm clear and man, man alive, clarity is power, man. Clarity is power. So much easier than playing pin the tail on the donkey.

And I can't step over the importance of rest. And what I mean by rest is not not doing something. That's not what I mean. I mean really taking that time to consciously and deeply rest. Our world, our universe knows how important sleep is. Sleep is spoken about so often in the importance of your seven or your eight or your whatever number of hours that are necessary.

But the thing is, it's not just an hour-long conversation because you can get to sleep. You can use whatever tablets or support or all the things to get to sleep and stay asleep. Are you resting? Are you resting? Is your client resting? And that's where we're looking at things like yoga nidra, body scans, breath.

And there's an alertness and a consciousness, even if you fall asleep while you're doing those things, there's this other state that's being activated

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when we're doing that kind of work, which actually makes the sleeping more restorative. But we need to have that depth of rest. And that correlates to our ability to then become more aware, our ability for our tissue to settle, our ability to feel, that feeling word again, and connect that much more deeply into our inner healer. That's when things really start to change.

Back pain is an expression of things that are going on. And it may be that when you're doing the biomechanical work, you realize that it's actually your shoulder blades that are at play here. Recently, when I was in the therapeutic yoga intensive, that was exactly what was happening with somebody. What was actually contributing to the back pain was what was going on in her armpits, what was going on in the upper part of her rib cage.

And when we were able to help her there, including helping her to settle and rest, and she became aware of those components, that's when the game really started to change. That is what moves the needle. Bottom line here is that change is possible. Tissue can change, infrastructure can change, the way that we absorb and dissipate load can absolutely change.

There is a change in thought that's required, for sure. And if you're seeking an integrative approach, this may very well be what you're looking for. And if you want some next steps to play with, I have a link in the show notes on a roadmap to success of really supporting your clients and getting out of pain and nurturing yourself in the process. Check out that link, you may just find what you're looking for.