HELP FIND **ADHO**

Name: **Adho Muka Syanasana**

Answers to: **'Down!'**

Last seen: **Yoga on Center**

Reward: **Good karma**

Healdsburg Pilates & Personal Fitness

Downward Dog Workshop by Peter Sheridan

Yoga on Center • 401 Center Street, Healdsburg

Saturday, January 30th, 2016

Find Your Dog

I. IDEAL STANDING POSTURE ALIGNMENT
- A. tibial tuberosity (shin bone)— straight ahead, so foot turned out approximately 7-degrees
- B. tripod weight distribution (3-2-1) on foot
- C. neutral pelvis
- D. neutral spine
- E. shoulders—positioned slightly below horizontal axis through T1
- F. humerus (upper arm) vertical, olecranon faces posteriorly
- G. hand faces body
- H. neutral cranial position (bite plane and nasal-auriculo plane on the horizontal)

II. BODY TYPES
1. Hypo mobility ('tightness'—needs lengthening)
2. Hyper mobility ('laxity'—needs strengthening)
3. Bony anomalies

III. ADHO MUKA SYANASANA (Downward Dog)
- A. Ankle dorsiflexion
- B. Knee extension
- C. Hip flexion
- D. Shoulder flexion
- E. Elbow extension
- F. Wrist extension

A. Ankle dorsiflexion
1. Bony movement
   a. Talocrural
      — inferior distraction of talocrural and subtler joints (foot pull)
   b. Tibiofibular
      — interosseous massage with hard rubber ball
      — fibular glides in standing knee bends

(ankle dorsiflexion continued)

2. Major muscles involved
    a. Involving foot
        1. tibialis posterior
        2. peroneus longus (fubularis longus)
            — rubber ball cross-friction massage
            — active doming over ball
    b. Involving leg
        1. gastrocnemius— (affects knee and ankle)
        2. soleus— (affects ankle only)
            — foam roller (FR) cross-friction massage
            — standing/seated calf raises
        3. gravity and tibialis anterior tendon's confounding role during passive dorsiflexion
            — doming as antidote

B. Knee extension
    1. Hamstrings lengthen
        — seated on foam roller cross-friction massage
        — supine (on FR?) stretch ribbon or yoga strap stretch
    2. Quadriceps shorten
        — 'pull kneecap upward'
    3. Gravity helps hyperextension

C. Hip flexion
    1. Bony movement
        a. femuropelvic (pelvis rolls over 'fixed' femoral heads, so no need for hip flexor assistance!)
            — supine ball massage at deep hip rotators
            — ball massage at glute max. insertion on femur
            — supine L1-area massage with double ball or FR or MyoTool (neural component for hip capsule release)

(hip flexion continued)

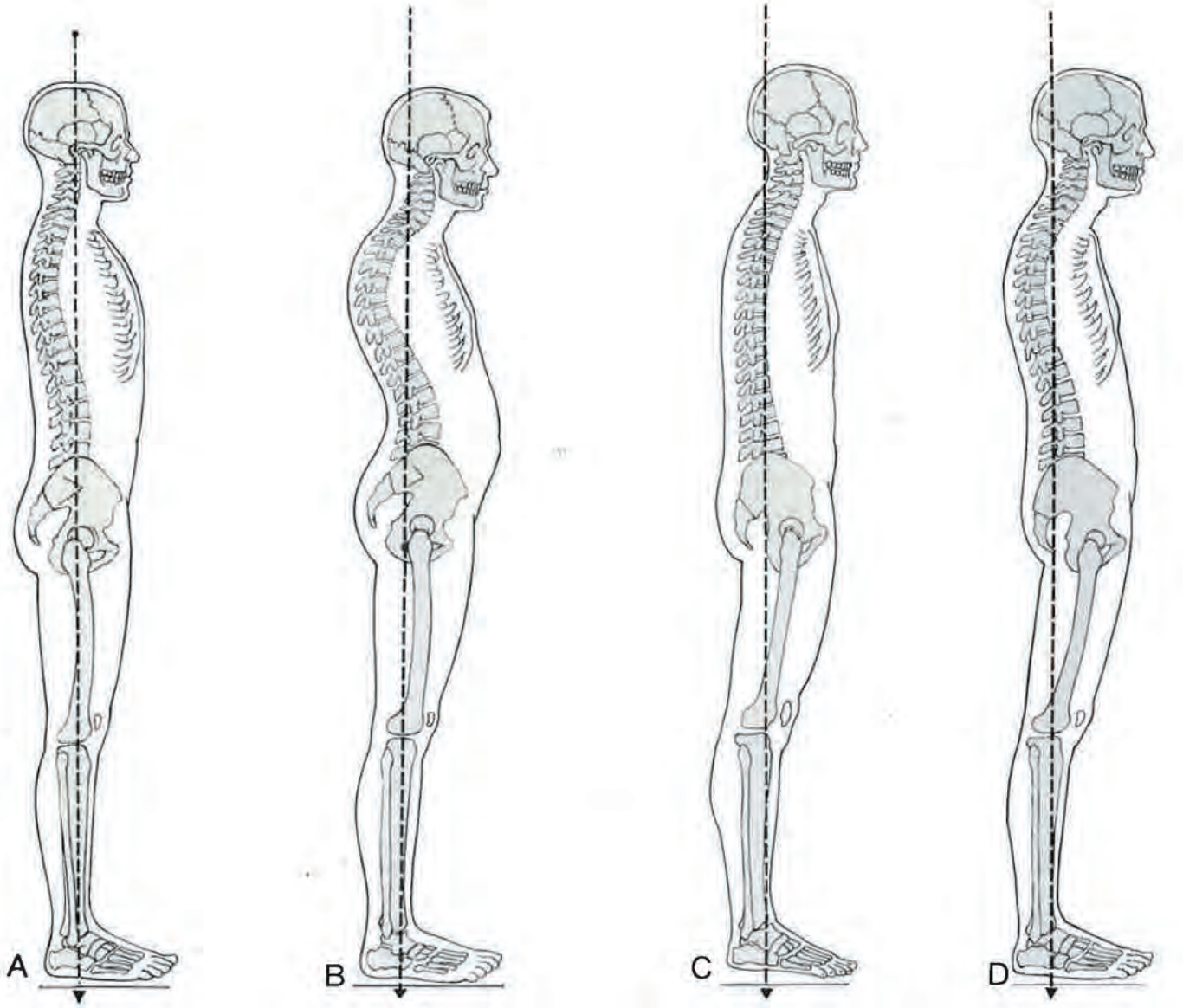
b. interpelvic ‘flaring’
— supine hook-lying brick squeeze
— supine sacrum on ball while abducting legs against magic circle or yoga strap
— concentric pelvic cone (Kegel) engagement

D. Shoulder flexion
1. Scapulohumeral rhythm
a. thoracic spine (TS) extends for optimal shoulder flexion
— FR perpendicular to TS (passive extension)
— ‘lion drinking’ (active extension)
— thread-the-needle (rotation) for TS mobility
b. scapular upward rotation— inferior angle reaches to midline of side body
1. serratus anterior
— elbow push ups (against wall or kneeling)
2. lower trapezius
— same elbow push ups, with forearms on FR, ‘slide shoulder blades downward as arms roll FR upward’
c. humeral head must glide inferiorly and laterally rotate to avoid greater tuberosity impinging on acromion
— supine lateral scapula massage with FR
— supine FR’s edge sub-occipital massage

E. Elbow extension — triceps strength

F. Wrist (radial-carpal) extension
— distraction of scaphoid and lunate off distal radius with passive extension

Four Types of Postural Alignment



Ideal alignment

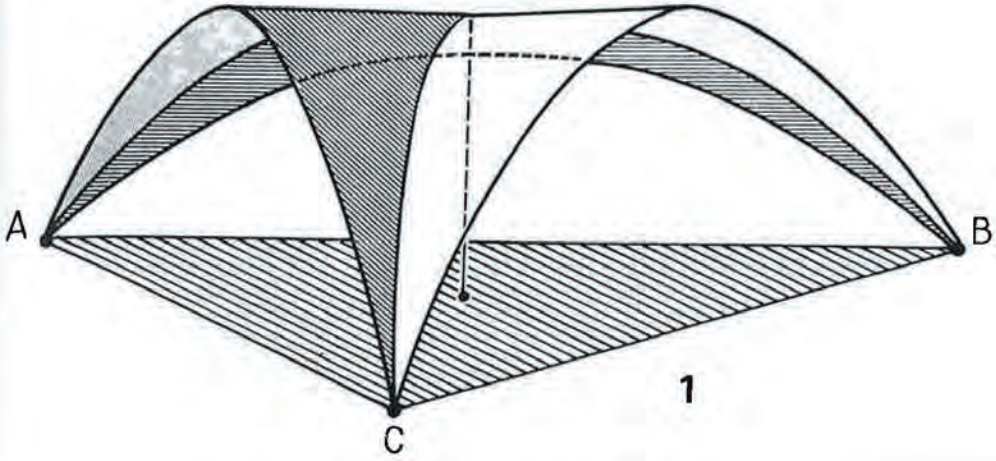
Kyphosis-lordosis posture.

Flat-back posture.

Sway-back posture.

The *normal curves of the spine* consist of a curve convex forward in the neck (cervical region), convex backward in the upper back (thoracic region), and convex forward in the low back (lumbar region). These may be described as slight extension of the neck, slight flexion of the upper back, and slight extension of the low back. When there is a normal curve in the low back the *pelvis is in a neutral position.* In Figure A, the bony prominences at the front of the pelvis are in the same vertical plane indicating that the pelvis is in neutral position.

In faulty postural position, the pelvis may be in anterior, posterior, or lateral tilt. Any tilting of the pelvis involves simultaneous movements of the low back and hip joints. In *anterior pelvic tilt*, Figure B, the pelvis tilts forward decreasing the angle between the pelvis and the thigh anteriorly, resulting in flexion of the hip joint; the low back arches forward creating an increased forward curve (lordosis) in the low back. In *posterior pelvic tilt*, Figures C and D, the pelvis tilts backward, the hip joints extend and the low back flattens. In *lateral pelvic tilt*, one hip is higher than the other and the spine curves with convexity toward the low side. (For lateral pelvic tilt, see pp. 89, 90, 126, and 222–224.)



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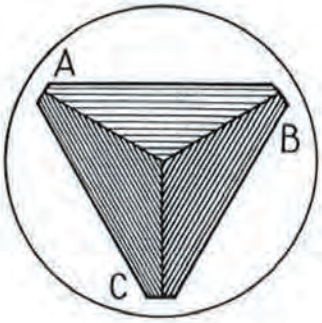

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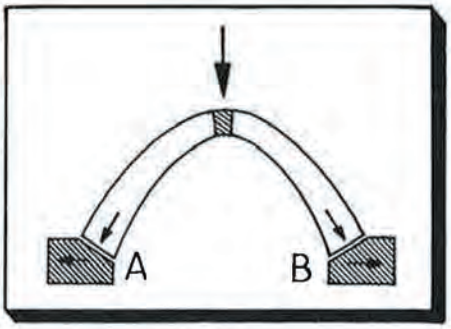

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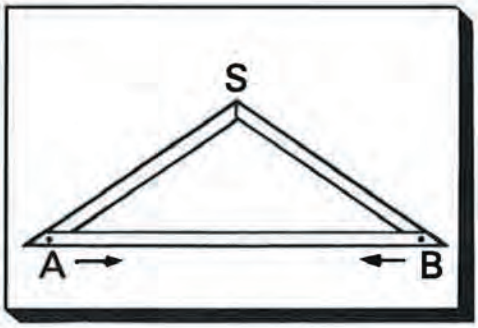

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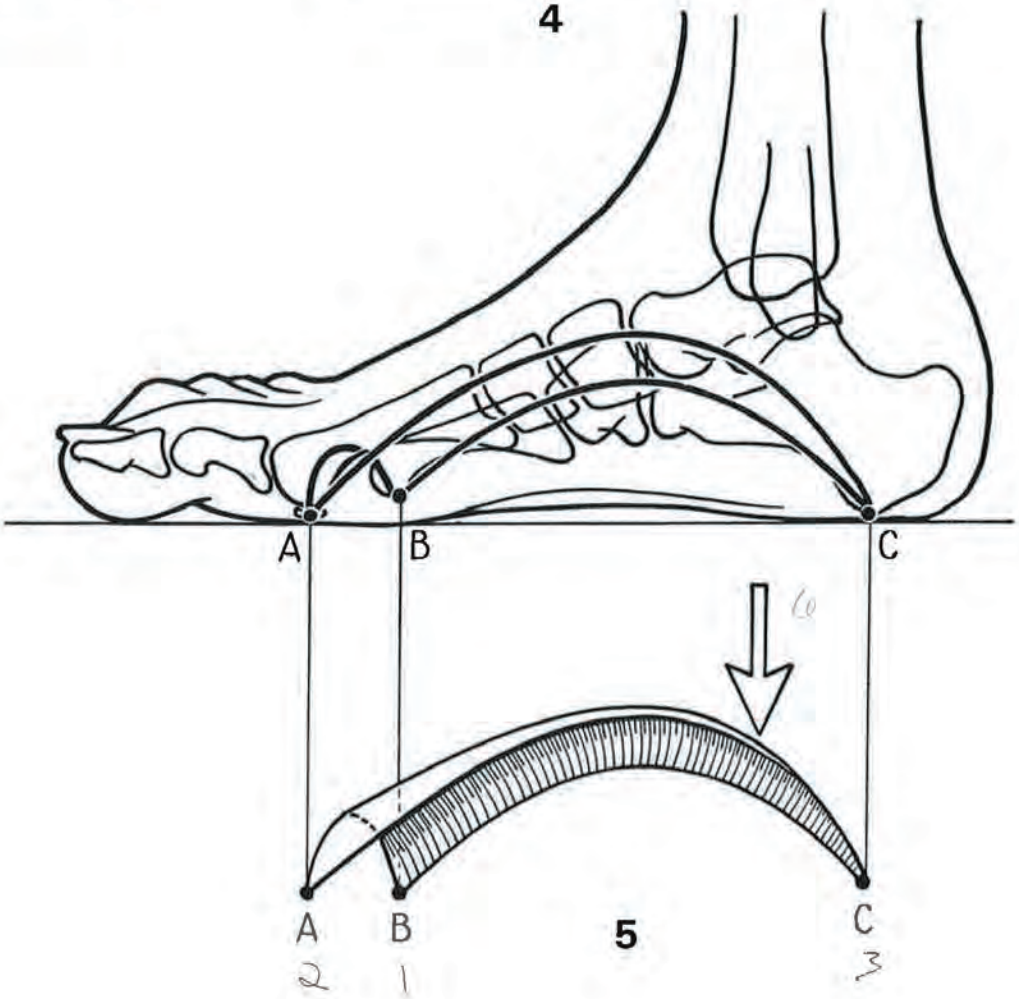

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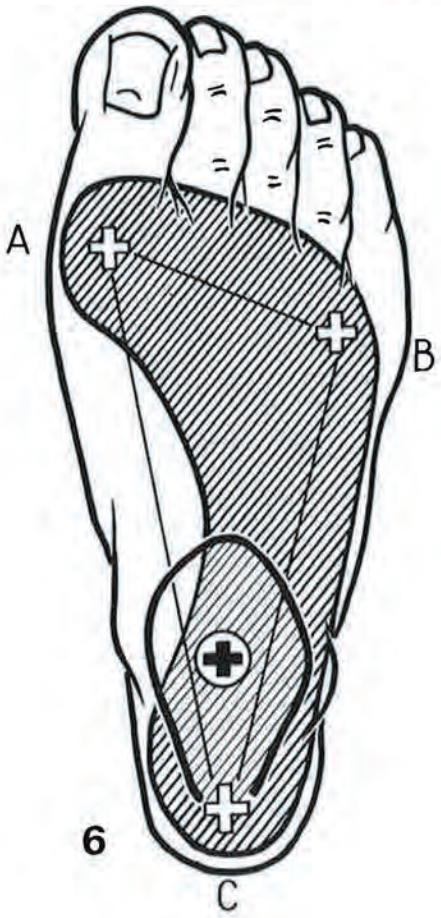

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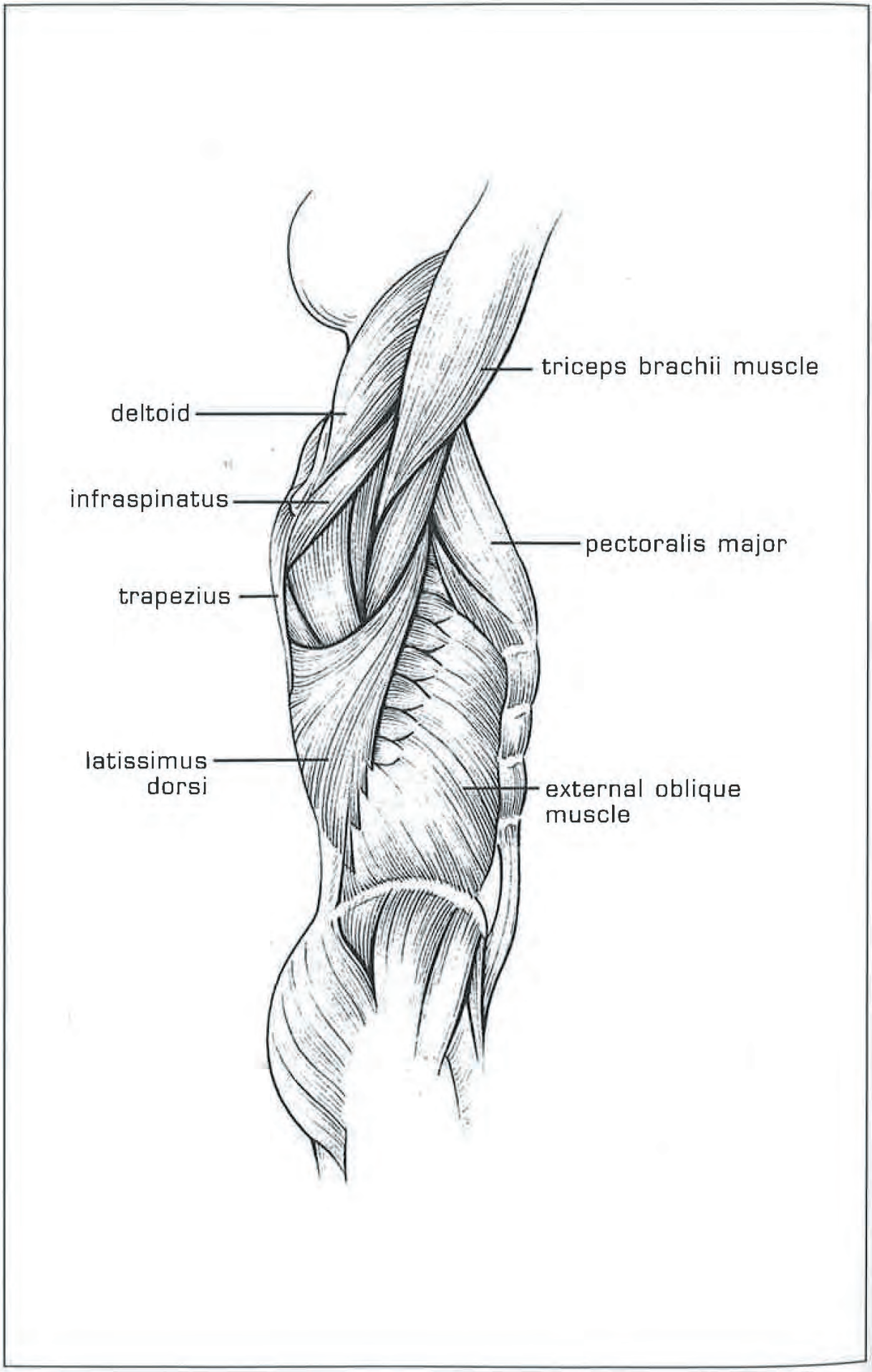

triceps brachii muscle
deltoid
infraspinatus
pectoralis major
trapezius
latissimus dorsi
external oblique muscle

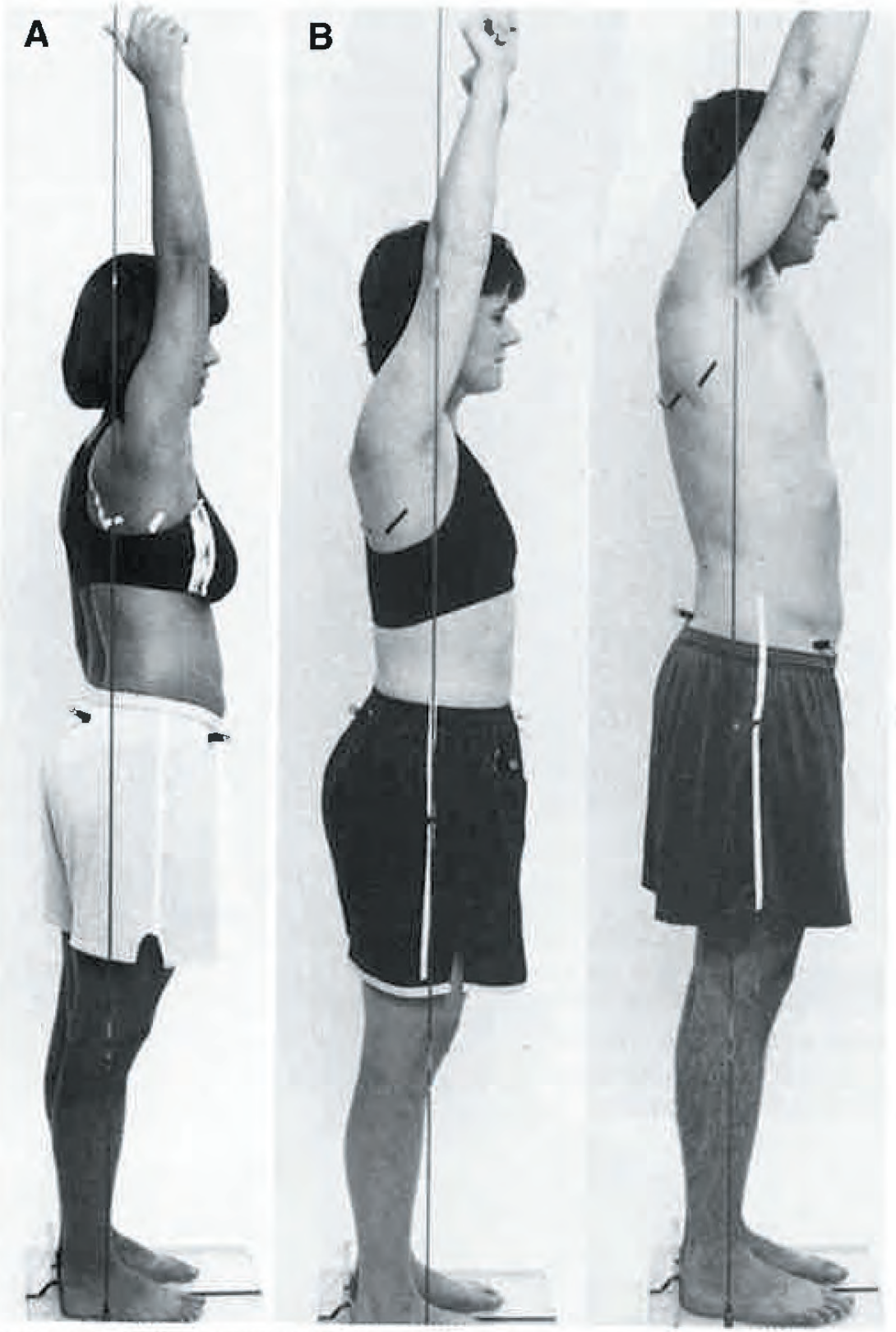


Figure 5-28

Scapular position on completion of shoulder flexion. *A,* With optimal abduction and upward rotation of the scapula during shoulder flexion, the inferior angle reaches the midline of the lateral side of the thorax. *B,* If the serratus anterior muscle does not exert optimal control of the scapula, the inferior angle will be posterior to the midline of the thorax.

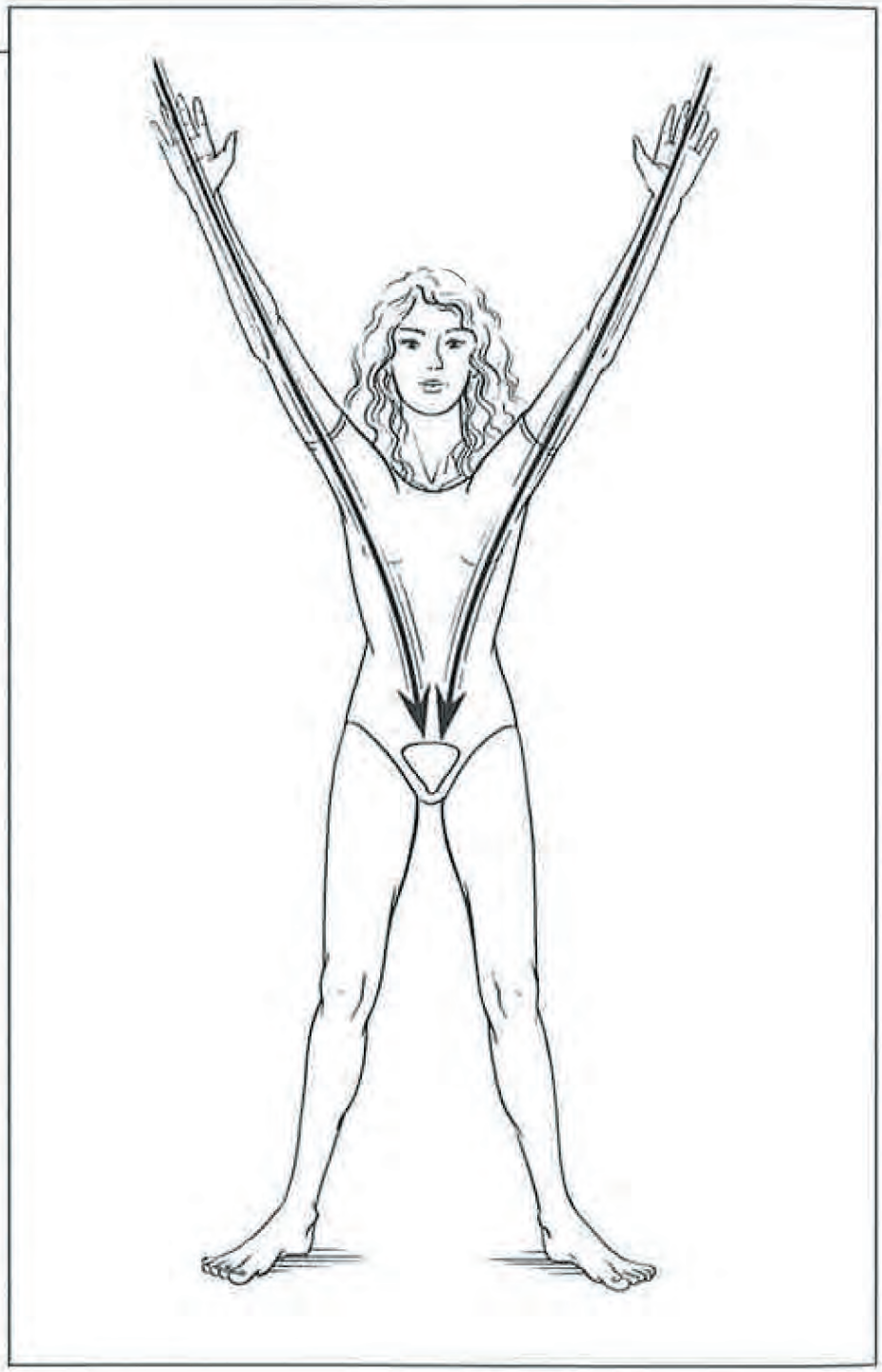
Figure 5-26

Shoulder flexion with emphasis on upper trapezius muscle activity. *A,* The shoulders remain depressed during shoulder flexion. *B,* To emphasize participation of the upper trapezius, the patient shrugs her shoulders at 90 degrees of flexion. The continued motion should be a smooth combination of shrugging and flexion.

the bladder: keystone of the organ column

The organs sit like a tower of water-filled balloons on top of each other. The bladder constitutes the base of this organ tower. The bladder is a strong hollow organ that consists of three layers of muscle. It centers the pelvis and is the "keystone" of the organ column; the weight of the organs is carried to the bladder.

Lift your arms up and imagine a connection between your arms and bladder. The arms find their basis via the organ column in the keystone of the bladder. The bladder floats upwards and receives the weight of the arms.



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