

Interview

with Larry Payne

Yoga Therapy Meets Modern Medicine

By Kelly Birch

Larry Payne, PhD, is one of the founding fathers of yoga therapy in America and the founding president of the International Association of Yoga Therapists. After finding relief from his chronic back pain through yoga in India in 1979, Larry returned to the United States and immediately switched careers from advertising to yoga therapy—and never looked back.

Dr. Payne is the co-author of the international bestseller *Yoga for Dummies*, first and second editions, co-author of *Yoga Rx*, and author of *The Business of Teaching Yoga*. He was selected as a yoga expert by *The World Economic Forum*, *Web MD*, *Reader's Digest*, *Rodale Press*, and *Yoga Journal*, and he was named "One of America's most respected Yoga teachers" by the *Los Angeles Times*. He is also co-founder of the yoga curriculum at *The UCLA School of Medicine* and founding director of the *Yoga Therapy Rx* and *Prime of Life Yoga* certification programs at *Loyola Marymount University* in Los Angeles, California. He is featured in the DVD series *Prime of Life Yoga™* and *Yoga Therapy Rx*. Most recently he is co-author of *The Ultimate Yoga Therapy Book*, the first integrative medical book on yoga therapy, scheduled for release in the fall of 2014 by *Basic Health Publications, Inc.*

I have heard and read about Larry over the years and met him several times at IAYT's conferences and workshops. I have always been impressed by his wide and deep influence on the field of yoga therapy and his down-to-earth friendliness and charm in person. We sat down to chat at the recent Yoga Therapy Summit, and out of that chat and subsequent discussion came this interview.

KB: Please tell me about the new internship component of your yoga therapy training program, *Yoga Therapy Rx*.

LP: I didn't want to reinvent the wheel on yoga therapy and how it can be used in

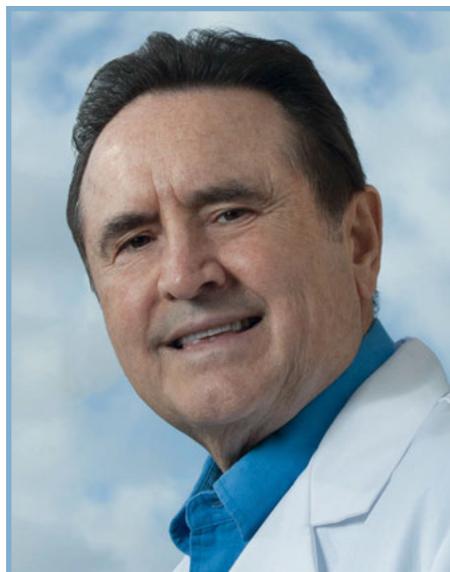


Photo credit: Alice Hall

clinics, so I looked at the models of acupuncture and chiropractic. In clinical practice they have a first year, which they call "shadow clinic," where the teacher works with the client in front of the students and the students can ask questions and so forth. Then the next year is an actual live internship, which to my knowledge no one has ever done in the United States, where yoga therapist interns are part of an integrated medical team. The Simms/Mann Health and Wellness Center at the Venice Family Clinic (VFC) is one of the largest clinics for the underserved in the United States, and seemed an ideal place to start a yoga therapy internship along the same lines that have worked in other professions.

KB: How did you get involved with the clinic?

LP: It was not easy, because we're breaking into a new area. They did something very nice, they started integrative medicine clinics for the underserved once a week. They have medical doctors, chiropractors, acupuncturists, physical therapists, all those modalities working together—an "integrative team." So, at first I couldn't get arrested over there—I was calling and trying everything to get in. Then it turned out that one of our associ-

ate directors, Dr. Rick Morris, knew them well. So he called the key person for me, Dr. Myles Spar, who is the director of the integrative clinic and then they welcomed us with open arms; it was just a matter of breaking through the first barrier, you know. So we sat down and we talked about what I wanted to do with an internship program, and Dr. Spar said: "All right, let's do a pilot study." Obviously, it takes money to do this kind of thing, so I asked three of my friends to donate, Steve Ostro, Sidney Djanogly, and Fancy Fehser. And bless their hearts, they did. We did a two-month pilot program with me; the associate director, Dr. Lori Rubenstein Fazzio, who will actually be running the program; and our managing director Kathleen Ross-Allee. During the pilot study, we would sit in on the weekly integrative medicine meetings and then go upstairs and see three patients in a row and after that write up SOAP notes [Subjective, Objective, Assessment, Plan] on each patient. And it was really rewarding, because these are the people, the day laborers and other workers, who would never be able to afford complementary care like yoga therapy. They're so appreciative. The pilot study was one of the most rewarding experiences of my life. So then afterwards we had to have the high brass of both places approve the proposal, at *Loyola Marymount University (LMU)*, and at the clinic. This was one of the hardest projects I've ever had to work on because it took two years of meetings and follow-up with various clinics to finally make the connection at VFC and get the pilot study approved.

KB: How did the pilot study help in the process of setting up the internship?

LP: It helped to get the bugs out of the system so that I could submit a good syllabus proposal to LMU, and I had to submit it five different times because LMU has high standards! I had to have that before I could go back to VFC.

My original idea was to have the interns go to three different clinics, but none of them had enough rooms for us. I think eventually what will happen is in about two years, the clinic will be moved

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to LMU. Dr. Chris Chapple, the founder of the Yoga Studies program at LMU, is working on this as we speak. Then all the different clinics I met with, like the National Alliance of Mental Illness and the Benjamin Cancer Center—which have centers all over the world—can send people to the proposed clinic at LMU.

KB: That's fantastic. Do you think that your program being university-based opened doors for you?

LP: Oh, no question. And the other thing that's really exciting is that VFC has a close relationship with UCLA. So when you start having those kinds of partners, UCLA, Venice Family Clinic, Loyola Marymount University, it raises the standards and prestige of yoga therapy. The final step was to be approved by the medical board at the Simms/Mann Health and Wellness Center at VFC.

KB: It helped that you had buy-in from the people in the clinic.

LP: Yes, because of two exceptional and compassionate administrators, Dr. Myles

Spar and Nancy Rodriguez, the administrative director. They were wise and supportive through the whole process.

KB: What did you tell them specifically that yoga therapy would do for the population there?

LP: We told them that the great thing about yoga therapy is that it's a do-it-yourself tool. People can learn something that they can do themselves. Predominantly, people coming to this clinic had musculoskeletal problems. But if somebody comes in with a musculoskeletal problem, they often say, "Well, by the way, I also have a digestive problem. I'm also fighting with my husband." All that kind of stuff. Nobody ever comes in with just one thing. So we got to use all of our skills, but the main focus, which is a good start, is the musculoskeletal system. Because that's how most people come into this arena, with back problems, hips, knees, all of those kinds of things.

KB: What kinds of skills or yoga skills will the interns be qualified to use with

clients—what's the approach?

LP The approach to yoga therapy in our Yoga Therapy Rx program incorporates an eight-step wellness program. We begin with the mind-set, so they have all the great tools of yoga using the mind, such as *bhavana*, and then we have the yoga-off-the-mat training in biomechanical re-education. We spend a good amount of time on compliance—how to get the person to do their homework. Our course is a marriage between yoga therapy and modern medicine—integrative medicine. So, our students learn how to use SOAP notes. That's how people in the medical world communicate with each other, and very few yoga therapy courses include teaching how to use SOAP notes. We also train our students in the terminology the doctors use; they learn how to read an X-ray or MRI report. They don't diagnose anything, but they can certainly read the report, which is very helpful. Before they meet with the clients—and this is all protocol set up by Lori Rubenstein Fazzio, who has a doctorate in physical therapy and is a yoga teacher—they look up the client's medications. So we know ahead of time the meds people are using. We also do a

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* We have submitted an application to IAYT for accreditation of our yoga therapy program, and will be able to provide information on our status after IAYT completes its review process.

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number of evaluations such as the Morris-Payne Standard Evaluation for body, breath, and mind (which is on our website at www.samata.com) as well as other tools such as the VAS Visual Analog Scale (0-10) and the Patient Specific Functional Scale Lori uses to measure outcomes.

This is so that our students can communicate with the doctors, which makes it easier to get a job when they graduate.

KB: So the training gives them these tools and then this is what they will practice in the internship?

LP: Yes. They have to fill out very detailed reports on each one of the patients. The VFC uses SOAP notes, and Lori will also meet with them each evening to review all their cases. She's there on the ground while they're working, so that if they need to find her she's there. It's a system that's been used with chiropractic, acupuncture, and physical therapy. Lori will also review and cover all of the tools and procedures the interns will use during two weekends at LMU and on the last weekend where students will present their independent case studies to her and the other interns.

KB: Will the interns meet with the clinic on a regular basis?

LP: Yes, every week. There will be only twelve interns divided into two groups of six, because there are only six rooms available. Each group will spend twelve entire days at the clinic. The day includes a meeting with the integrative medical staff, three hours of administrative training, three hours with patients, and one hour of group mentoring, review, and discussion.

KB: Do the interns take any exams or test at the end of the internship? Or is it just that they've done the course and they qualify?

LP: During the three years of the course, they've had a lot of projects and exams, and they have mentors, and so forth. And for this in particular, they have to present client case studies they have worked on for six sessions. So students will be evaluated by the teacher and the whole class. They do a term paper as well.

KB: Congratulations on this project, Larry. I look forward to hearing more about it in the future. I'd like to ask you some general questions about yoga therapy in a medical setting. There still seems to be a debate about what yoga therapy is. How do you differentiate

between yoga therapy and yoga teaching?

LP: I've looked through the definitions of yoga therapy that we've had over the

These groups are for patients or students looking for the on-ramp to the freeway, which in this case might be mainstream group classes.



Yoga Therapy Rx students taking notes in a clinical situation. Larry sharing gems on common aches and pains of the musculoskeletal system.

Photo credit: Jenn Samore

years and on the website and sometimes it takes three pages to say it! The biggest difference is that the people who come to you for yoga therapy don't function in a group class—they have special needs that require one-on-one sessions. That's the simplest distinction. The need could be physical or it could be emotional, depending on the skills of the yoga therapist as to who they can help. I think that the main area that we have to be clear about is what we can do and what we can't do, legally. We don't treat people in acute pain. That's one way to protect yourself as a yoga therapist, as well as the patient. I've had so many people call me and say, "Hey, doc, I'm crawling around on the floor and I'm so happy I get to see you," and I say, "Don't see me first. Go see Dr. Morris." We as yoga therapists do really well when people are out of acute pain and are in some kind of rehab process—we do well with chronic pain. It comes, it goes, and we give them tools to fix it. And then the last thing is, we help with prevention of future pain.

I see yoga therapy as primarily one-on-one, but there's also another place that's somewhere between a group class and one-on-one called a "functional group," for example, a lower-back class or a class for people with multiple sclerosis.

KB: So, classes for people with similar issues who don't need one-on-one any more but still want to have specialized yoga?

LP: Yes, there's a place for that. Another way to offer these types of classes is at the doctor's office. There are a lot of doctors who don't see patients after 7:00 pm and they have a reception area. You can work with a doctor to set up a program for people who qualify to take this in-between step. But, the heart of yoga therapy is one-on-one.

KB: Where do you see yoga therapy best fitting in to the medical system?

LP: I think that there are certain professions in healthcare that are more complementary with yoga therapy. Certainly chiropractors, and doctors of physical medicine (physiatrists), and osteopaths. We are at a stage where we are a little competitive with physical therapists, and I can understand why. They have gone to school for a long time and they've had much more training in certain technical areas than any of our yoga therapy programs. However, the training that we give puts a lot of time into areas that they do not deal with, like the breath, the mind, *(continued on page 44)*

and all of those kinds of things. Also we have a toolbox that's a few thousand years old.

KB: Do you think that medicine and yoga therapy will always be complementary, that is, side by side, or do you think that medical practices will be influenced by having yoga therapists around?

LP: I think that all depends on how much time doctors get to spend with their clients. Now they have seven minutes at Kaiser or something near that, whereas a yoga therapist spends an hour in one-on-one sessions. What I'm worried about is that if we go into working with insurance, we'll be pushed into their package. I used to feel differently, but now I am more in agreement with Leslie Kaminoff. I really would love for someone to come up with something unique as far as paying for healthcare that includes yoga therapy. Most health clubs don't take insurance and people pay in installments. Why couldn't we do this as well?

KB: Do you think there's a role for IAYT in that?

LP: Absolutely! I think that John Kepner will help us find the right person or organization. I have a lot of faith in him. In my opinion, he has helped our organization more than anybody in our administrative history. I also think that part of yoga therapy is doing some karma yoga and working with the underserved, so this project we are doing with our interns at the VFC will be a good role model for yoga therapists across the country.

KB: We are approaching the 25-year anniversary of the founding of IAYT by Dr. Richard Miller and you. I'm curious to hear about your vision at the outset for the organization and for yoga therapy.

LP: Our vision from the beginning was to raise the status of yoga therapy and for it to become a respected and legitimate modality in the world of integrative medicine, as well as in the eyes of the public.

I believe that what's happened with IAYT has far surpassed any vision my dear friend Richard Miller and I ever had. Just think ... right now we have Harvard Medical School researcher Dr. Sat Bir Khalsa heading up many yoga studies and inspiring our research conference and Dr. Dilip Sarkar, a retired vascular surgeon, as our dedicated president. IAYT keeps evolving, and I think that we have set the foundation to go as far as we want to go. I'm very happy with our progress, and I'm also pleased to have such competent people like you and John Kepner on our staff. I'm just very grateful.

KB: Thank you. And we are so grateful to you.

You can view a video about the Venice Family Clinic at

www.youtube.com/watch?v=FTzKDbKPcF4. Dr. Payne's website is www.samata.com. **YTT**



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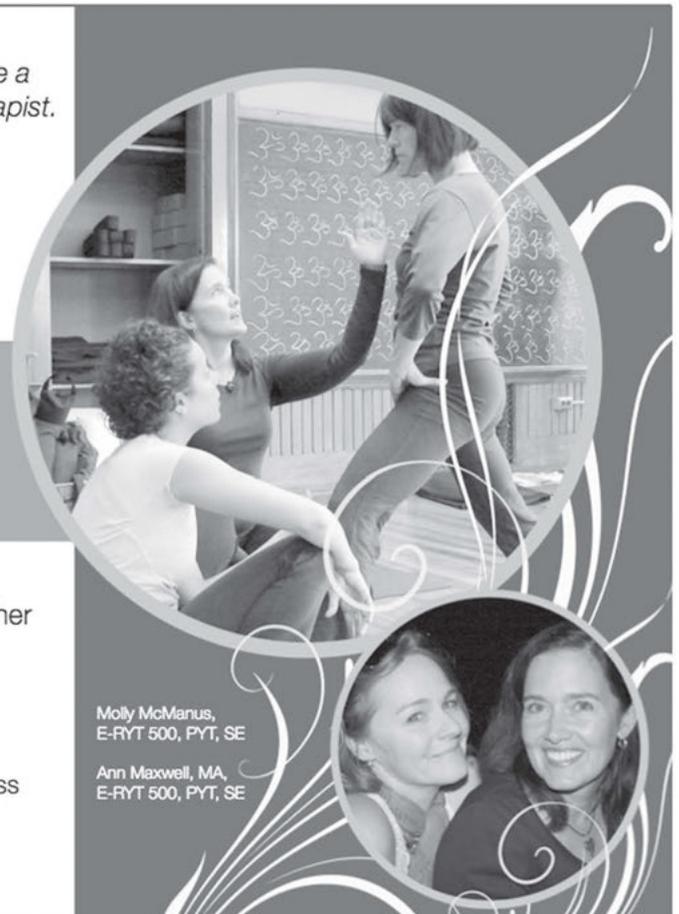
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