

# BPS in action – evidence-informed movement therapy

Anji Gopal is a regular OT contributor and will also be running a session at the upcoming Digital Convention. Anji shares her approach to the application of the BPS model through her use of yoga as evidence-informed movement therapy for MSK pain.

## What is health and how do we find it?

The World Health Organisation defines health as follows: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. It's a broad and deep definition encompassing the WHOLE human and their lived experience in the world.

As osteopaths, how do we assist our patients move towards health, in its broadest definition, not just in the 'bio' or physical sense?

## Why do our patients come?

The International Association of Pain (IASP) definition of pain is similarly broad: 'An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage'. There is a stated acceptance here that pain includes BOTH sensory and emotional aspects – 'the psychosocial' as well as the 'bio'.

My clinical work, both in private and NHS practice, is focused on patients with chronic MSK pain, in particular chronic low back pain. With chronicity, it is often the emotional aspect of pain that causes more suffering and so we need strategies to deal with these aspects too, if we are to be truly BPS practitioners.

As a yoga teacher as well as osteopath, I find myself able to access a range of evidence-informed techniques, beyond those purely found in the MSK clinic.

## But first: pain, or suffering?

David (not his real name) has been suffering from LBP for 20+ years. It started after an accident as a young man and has been a constant presence in his adult life. All mechanical issues have been ruled out, albeit there are, of course, some things to 'work on' with manual treatment. The pain is low-level, but the emotional worry, thoughts and feelings associated with the pain affect his life daily. Is his office chair the right one? Can he really drive two hours to see his new grandchild? What happens if he has a spasm? Should he visit his daughter who lives in Europe? Could he even lift his bag into the overhead locker? If he walks the dog today, can he go to work tomorrow? He has had several bouts of counselling, isn't depressed (measured using NHS tools) and has explored physiotherapy and more - as many of our patients will have done. The pain has changed his emotions, his behaviours, and his interaction with the world.



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So how do we REALLY help David, not just with treatment for physical symptoms? What evidence-informed ways do we have to influence the changes to the nervous system that result from CLBP, which is truly a biopsychosocial illness?

'Suffering' isn't a hugely popular Western word and it generally has quite dark connotations. But in the yoga world (and Hindu philosophical texts) it is ubiquitous. Hinduism and Buddhism start from the premise that the lived human experience is essentially SUFFERING – and it's our (real) job as humans to unyoke ourselves from the wheel of suffering. It's very different from modern Western models in that suffering is inherent – part of living in the physical world. The Yogis and Eastern philosophers sought to present us with tools and practices that help us understand this and then improve things.

## Yoga – more than insta-acrobatics

Anyone who's read my articles in OT or joined in a session at a conference knows that yoga isn't always Instagram-inspired acrobatics.

There are many definitions of yoga, but one, in particular, I come back to: 'Yoga Citta Vritti Nirodha' (Yoga Sutras of Patanjali, a core yoga text, dated between 400BCE- 400CE). Translation: 'Yoga is the cessation of the fluctuations of the mindstuff'.

What's the 'mindstuff'? It's the physical nervous system and the products thereof. So, fluctuations of the mindstuff might be thoughts, feelings, emotions, dreams and even sensory pain – which as we know, is always a product of the nervous system.

Yoga offers a set of practices designed specifically for alleviating suffering ('Dukha' in Sanskrit) in all its aspects (sensory and emotional). It's not all esoteric and arcane – there has been considerable research over decades into a range of replicable practices. Remember that most of the original yoga practices aren't physical – there is breathing, meditation, dedicated service, spirituality too.

## The evidence for application

The biopsychosocial model gives us a model of whole-person health and practices in yoga can be mapped to these dimensions.

**Bio (Physical)** – movement practices are the most well-known of the yoga offerings. Asanas (postures) are used to reassure, strengthen, stretch, tone and realign not only the MSK system (where good quality research has supported yoga for back pain, osteoporosis and osteoarthritis amongst others), but also the visceral – studies have been undertaken in cardiology, respiratory medicine and digestive health, all showing promising signs. Moving gently reassures painful tissues, building new pathways in the nervous system.

I've long incorporated yoga as therapy into my clinical practice – both in the NHS and private clinic. It's not as incongruous as you might think – NICE guidelines allow for 'mind-body group practice' for CLBP (NG59) and as you've seen in past issues of OT, I run an NHS programme using yoga as a therapy for CLBP.

**Psycho (Emotional)** – breathing practices change the mind(stuff). There is strong evidence that breathing practices influence, inter alia, anxiety, depression, mood and self-efficacy. The philosophical aspects of yoga and Buddhism have influenced the popular rise (and research into) mindfulness and acceptance therapy – which we know can influence pain. Acceptance lies at the very heart of Hinduism and yoga (see the Bhagavad Gita) and can be very helpful in chronic conditions. Teaching breathing exercises is a simple adjunct to providing therapeutic exercise.

**Social** – Yoga practice takes place with a teacher, and often in a group. There is a group aspect, a belonging, a 'Sangha' or community. The philosophical aspects help us consider our place and duty in the world.



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## BPS Model 2.0

It's also argued that yoga practised in a healthcare setting takes the BPS model to the next dimension – the practices are bio, psycho, social AND spiritual. Spirituality doesn't always mean religion, but the exploration of a deeper context and meaning to the lived experience, the big questions such as why am I here? and what's the point of it all anyway? and even questions around mortality. Questions that in the West, we might shy away from and yet also form part of acceptance and commitment therapy, or mindfulness.

In practical terms, in a clinical environment, I use these methods as adjuncts to 'normal' osteopathic practice. I treat with manual medicine, education about pain science, reassure with movement, teach breathing and relaxation as well as recommending books, podcasts and more. Much, much more, but this is a good place to start.

Yoga is BioPsychoSocioSpiritual and with evidence thrown in to boot. I hope I've given you a flavour of how yoga can be used as an evidence-informed therapy in the manual therapy clinic. For a full list of references, please see the online version.

### Watch Anji at Convention

Anji will be holding a workshop session at the Digital Convention. See page 13 for details and how to book.



### Anji Gopal

*Anji Gopal is a registered osteopath and yoga teacher. Her area of clinical interest is persistent low back pain and she offers training courses for manual therapists in using evidence-informed yoga practices as therapy.*

*She has been working in the NHS since 2017 and also runs her own clinic.*

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