



Physician Approval Form for Prenatal / Postnatal Yoga

Dear Doctor,

Your Patient, _____, wishes to participate in **Prenatal** or **Postnatal** Yoga Practices.

These Yoga classes are Gentle and Modified for the Pregnant Body.

We Avoid:

- Breath Retention - it reduces oxygen going to the baby.
- Deep Back Bends - it puts too much pressure on the lumbar spine.
- Lumbar Rotations & Low Spinal Twists - it puts pressure on the placenta.
- Prone Postures - it puts pressure on the uterus and baby.
- Supine Postures - it could compress the vena cava.
- Full Spinal Twists - it puts pressure on the placenta.
- Child's Pose with legs together - it puts pressure on the baby. We separate legs to create space for the baby.
- Jumping - it's dangerous for the placenta.
- Inversions - it could cause the umbilical cord to tangle or the placenta to detach.
- Double Leg Lifts - it puts pressure on the lumbar spine.
- Over-stretching - it causes joint instability.

We move Slowly, Gently, Modified, and with Variations. We transition from one Pose to the next with ease to avoid dizziness or nausea for the mom who may be experiencing it during a certain trimester.

In the interest of your patient and for our information, please complete the following:

1. Within the last year, has this patient had a physical exam to assess functional capacity? _____

2. I consider this Patient (Please check one)

___ Class 1: Presumably healthy. No apparent heart disease. Eligible to participate in Yoga.

___ Class 2: Presumably healthy. One or more risk factors for heart disease. Eligible to participate in Yoga.

___ Class 3: Patient not eligible for Yoga.

Please list any pre existing medical conditions:

Please list any prescribed medication(s):

Please provide specific recommendations and / or restrictions for Yoga participation:

Referring Physician's Signature: _____ **Date:** _____

Name and Location of Practice: _____

Phone: _____

Patient's Name: _____

In Yoga,

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