

Case Study: ICF & Obstructions Model - Dina's Story

A case story shows how the ICF and Obstructions model overlap in order to provide vital information for helping patient, Dina,* toward recovery from disability and to establish competency in yoga based on her sensory perception (sensory perception is discussed further in chapter 3).

*Patient's name is changed to protect privacy

Patient's Health Condition

Dina K. is a 63-year old pleasant female of Native American descent suffering from chronic pain related to birth trauma experienced thirty years ago and due to various microtrauma over the years that limits her activities of daily living. Dina retired early, approximately thirteen years ago, due to subsequent pain and dysfunction. She continues to have functional limitations at present.

Body Functions/Structures

Dina experiences difficulty with pelvic pain that contributes to sexual dysfunction. Dina has pain with attempted intercourse secondary to suspected vaginismus/pelvic myalgia and inability to have gynecological exams completed secondary to suspected

hypertonicity of the pelvic floor. Additionally, she has related sacroiliac joint pain and a diagnosis of fibromyalgia. All of the conditions together remarkably limit her work and life tasks.

Environmental Factors

Dina is very active in her church and community, donating her time freely to various humanitarian efforts. She is primary caregiver for her father, who has dementia and was recently placed in a skilled nursing facility. Dina is admittedly easily distracted, due to her low sensory threshold, by external environmental circumstances (i.e. laundry that needs completing, or caretaking or volunteer tasks to do). Her low sensory threshold also creates sensitivity to noise and light.

Personal Factors

Dina readily gives of her time, often in neglect of self-care, and has a difficult time saying "no" to volunteer work. She avoids medication whenever possible, eats organic and non-GMO (genetically modified organisms) due to her work with local health care providers, and regularly receives medical therapeutic yoga via physical therapy and acupuncture for management. Her main obstructions to

wellness are her lack of compliance with her physical therapy plan of care, in addition to lack of boundary setting and her distractibility. She feels that she is consciously competent with safely performing her prescribed yoga program, however follow through and consistent compliance is an issue. Recognized in *Ayurvedic* medicine as an air/ether constitution (*vata*), Dina can lose focus easily or forget to take care of herself, including forgetting to eat regular meals and complete her therapy program. However, she is tirelessly motivated to be well again, and is able to maintain, at a minimum, passive therapies such as regular massage and acupuncture.

Obstruction Overview

Lack of education (*avidya*)

Lack of education (knowledge) about her own condition can perpetuate Dina's pain experience and disability. The yogic model would focus on patient education and empowerment with the right tools for self-management and advocacy (this would include educating her to ask relevant questions and self-advocate for appropriate services at other doctor and therapy visits). This education could also be extrapolated for her other family members undergoing medical treatment, such as her father, in order to help her manage her overall

stress, burden of care, and worry about her father's best well-being and health. Additionally, she acknowledges her preoccupation and distractability, yet they continue to be a prominent reason for noncompliance with active therapies.

Egoism (*asmita*)

Her decision to retire early to care-take her health is a demonstration of setting aside the ego of "career" for seek long-term well-being. However, attachment to the identity of her career, could perhaps, be one reason that she constantly overcommits to volunteer activities and helping others. Volunteerism is not a bad thing in itself, just as the ego is not "bad." However, when the ego identifies with things in your life that are a long-term detriment to your well-being or those you love, then boundaries must be set to avoid self-destructive patterns.

Aversion to Change (*raga*)

Aversion to change, in general, and a fear of pain can sometimes drive individuals to make fear-based decisions. This means Dina may be avoiding movement therapies such as medical therapeutic yoga because she is afraid of pain or afraid of other consequences, such as neglect of family or friends or community. But this fear comes at a price, since

Dina has lost her own health, perhaps, because due to unrealized fear.

Clinging to Life (*abhinivesah*)

Lastly, clinging to life is perhaps the least significant issue with Dina, because she readily sacrifices her mind and body for her faith as a devout Christian lay-minister and mission-oriented volunteer. However, her identity for the last decade has been associated with disability and pain, and this could make detachment from disability, and a movement toward proactive for wellness more challenging.