

CHAIR YOGA: A Modern approach to an ancient practice.

Abstract

Chair Yoga as a therapeutic recreational activity, can support the over all well being of nursing home patients and enhance their quality of life. Seated Yoga provides a platform for residents to maintain degrees of independence by learning how to cultivate deeper breathing practices while moving more consciously in their bodies. A Chair Yoga program may be facilitated by a certified Chair Yoga teacher or by a facility's Recreation Director or Assistant that has attended a Chair Yoga Teacher Training course.

This manuscript discusses the results of a Chair Yoga study that spans 5 years.

Included is an overview for setting up a similar program within a healthcare facility.

The study covers work with four groups and *one individual*, within rehab, nursing home and assisted living communities. Groups 1 through 4 are made up of those aged between 75 and 102 years old. Participants are diagnosed with Alzheimer's Disease, and Parkinson's Disease, along with those experiencing stress, anxiety, depression and shortness of breath. Members in each group have varying mobility independence and some students participate from wheelchairs. The *individual* study is based on a 48 year-old nursing home patient diagnosed as terminally ill with AIDS. Results indicate that Chair Yoga had a positive influence on all study participants and helped to improve their Quality of Life.

Key words: Chair Yoga, recreation therapy, independence, quality of life, breath and body awareness.

Introduction

Yoga students can include individuals residing within the nursing home community

Chair Yoga is ‘ Yoga made accessible ’ for all that are challenged when it comes to

performing Yoga in its traditional forms, which generally include a series of

transitions performed upon a yoga mat on the floor. Chair Yoga offers a series of

movements with patterned breathing performed from a seated position. Chair Yoga

can provide overall support for the individual’s healing process by bringing a fresh

supply of oxygen into the bloodstream and redistributing vital energy throughout the

body. A Yoga program may also be recognized as a means for supporting one’s

mental and emotional well being while creating a sense of peace and harmony

within their living environment.

Without social interaction or therapeutic stimulation the mental clarity of nursing

home residents may appear to slow down at a steady rate over time. Without

oxygen, the brain and body struggle to maintain balance and health. Without a form

of regular exercise, the physical abilities of a nursing home patient begin to decline as the body slowly loses strength and coordination.

As nursing home residents become less independent due to the onset of mental and physical illness, they may begin to require more attention from nurse staff or the taking on of a 'round the clock' care giver to help supplement those actions that would generally allow an individual a sense of independence, such as making their way to the dining hall independently, brushing their own hair, dressing themselves or using the lavatory on their own. Without regular exercise or physical therapy, residents may shift from using a walker or cane, into a wheelchair at a quick rate.

¹ “ Deep conscious breathing through the nose enhances lung capacity, helping to rejuvenate and repair new cells in the body. It also brings a fresh supply of oxygen into the bloodstream and results in greater focus and mental clarity. Deep breathing helps to reduce stress and anxiety, leaving students with a sense of peacefulness and wellbeing. Yoga also helps to prevent injury by keeping the muscles flexible and

strong, which in turn creates a greater ability to maintain one's physical balance.

This benefits the individual by allowing a greater sense of independence with day to day activities, thus enhancing one's Quality of Life. ”

Chair Yoga works to extend and strengthen both the mental and physical lively hood of participants in positive and healthy ways. On a long term basis, the program has appeared to prolong and enhance the positive aspects of each individual's general health and physical abilities, thus supporting a longer term of independence for group members overall.

² “ The following is a brief list of potential benefits one may gain from participating in an ongoing Chair Yoga practice (a minimum of one class per week).

* Improved Blood Circulation

* Increase Metabolic Rate/ Stabilizing Blood Sugar

* Mood Enhancement

* Creates a State of Mental Well Being

- * Improved Quality of Sleep
- * Increased Bone Density
- * Osteoporosis Prevention
- * Joint Lubrication
- * Oxygenation of Blood Cells
- * Increased Vitality
- * Improved Memory and Concentration
- * Gain Strength and Balance
- * Alignment/Re-Alignment of Body's Skeletal Structure

A Chair Yoga program serves as a means for residents to strengthen their bodies and minds while regaining and maintaining orientation with their physical bodies. Yoga class can also create a peaceful place..” to be with others, offering a sense of community within the nursing home environment.

³“ Yoga means ‘ union’, ‘ to bind together ’ or to ‘yoke’. In a greater sense, Yoga is

the *union* one experiences when the emotional, mental and physical parts of ones self are connected, balanced and whole. ” Yoga as an ancient science may be traced back as far as 40,000 BC, with roots in Mayan, Chinese, Tibetan and Indian cultures. ⁴“Although forms of Yoga have been discovered within these various cultures, it was along the ancient Indus River (in India) that this body/mind/spirit science was first fully developed and preserved.”

The practices of Yoga have been cultivated over many thousands of years, developed by masters and passed on to students for generations. In 200 AD the ‘science’ of Yoga was placed into principle systems noted as branches and limbs by a sage named Pantanjali. The text is entitled *The Yoga Sutras* and has ⁵“ served to thread together and keep track of yoga’s teachings for many centuries.”

⁶ “ Yoga is not a religion. It is a science, a philosophy and lifestyle that can be used in conjunction with religious or cultural practices. Hatha Yoga is the most commonly known form of Yoga practiced throughout western society. *Hatha Yoga*

generally consists of ‘*Pranayama*’; that is, conscious breathing patterns woven with ‘*Vinyasa*’; simple to challenging sequences of physical movement and, or ‘*Asana*’; poses. ‘*Dhyana*’; meditation and ‘*Mantra*’; chanting are often performed as a part of contemporary Yoga classes offered throughout Yoga Centers today.”

Methods

In this study, four Chair Yoga programs were introduced as an activity for patients and residents throughout different rehab, nursing home and assisted living settings.

The program was scheduled to run 1 hour long, twice weekly. Three programs focus on working with groups while the fourth study focuses on an the allocating of an appropriate location for a Chair Yoga class within a healthcare setting and the fifth outlines the individual study of a bed bound terminally ill patient, while undergoing regular participation in Chair Yoga. Subjects compiled into groups were diagnosed with varying disorders, including Alzheimer’s Disease and Parkinson’s Disease, along with those experiencing stress, anxiety, depression and shortness of breath.

The subject of the individual study was diagnosed with AIDS.

41 patients were studied, total; There was no specific selection of patients, as the program was offered to all.

Program

A certified Yoga instructor was hired to implement and facilitate the program in its entirety. The instructor was aware of the varying disorders and mixed level of abilities for members of the study groups. Individuals within the groups reflected varying degrees of symptoms related to their said diagnosis or health issue. For example, a portion of participating members were diagnosed with Alzheimer's Disease, though not all showed the same onset of symptoms. Some shared a greater sense of awareness and coherency while others showed lower levels.

The Chair Yoga program proceeded in the following manner. The class was posted as a weekly activity in the monthly calendar of events and announced by recreational staff. Class was held in a designated location, generally the common

room area.

Groups would gather and set up in a circle formation with the assistance of the teacher or recreation staff. Some residents sat in chairs, others in wheelchairs.

Where it was not possible to sit in a circle, participants would sit in a manner that allowed each person to have plenty of room to stretch arms and legs to the fullest of their ability. Participants would also be seated in a way that allows everyone to see the teacher's movements and hear instructions clearly. A non-air conditioned space is best to practice Yoga in as it allows muscles to warm up as they stretch. Where it was agreeable with teacher and students overall, (weather being not too hot or too cold), the teacher opened a window during the program to allow fresh air in. A stereo system was used to provide soothing and gentle upbeat background music.

When the group is ready, the program begins with the teacher cuing the opening sequence from which breath and movement would begin. Residents are regularly guided to breathe deeply and to pay attention to their bodies. They are reminded to

stretch only as deeply as they are comfortable on any given day. Residents are also encouraged to rest as they require, and told that they could always join back in with the Yoga exercises when they were ready.

Residents with very specific conditions were advised to receive the approval of their physical therapist or health care provider before participating in anything questionable. Where there were exercises not advisable for certain individuals with specific conditions (such as a hip replacement), those students would simply 'sit out' those segments of yoga poses and join back in with the movements they could do.

Results

The participants in this study expressed a general interest at gathering in a group setting to practice a new routine of exercises called "Chair Yoga". Visiting family members, friends, care givers and nurse staff were given an open invitation to join in with the class, making it an ever-expanding experience for all involved. Seated

Yoga appeared to have beneficial restorative qualities for all participants. Nurse staff and care givers appeared to receive great benefit from attending Chair Yoga classes on a random basis, expressing a composed state after participating in class.

Conscious deep breathing appeared to stimulate a lasting ‘calm’ among Yoga participants. The program helped to create and promote a sense of community by serving as a space through which *everybody* could share and participate in the self healing methods of a Yoga practice, while in the safety of a group setting.

The program study ran 5 years in length and consisted of 41 participants. Over this period, a rotation in resident participation resulted as some residents left the assisted living, rehab and nursing home communities where the studies took place, and new residents joined. Members of the program study are broken up into groups reflecting specific mobility traits and common diagnoses. Presented are four group studies and one individual study. Included is a study on the effects of Chair Yoga on students with depression, as 50% of students overall experienced symptoms related

to depression.

Group 1

Members in Group 1 were wheelchair bound, and participated from a wheelchair during class. Group 1 was observed in three sets; (a) high functioning and (b) low functioning Alzheimer's Disease patients, and (c) high functioning Parkinson's Disease patients.

At the onset of the program, the low functioning members with Alzheimer's Disease generally remained as observers demonstrating minimal participation. These residents displayed a most apparent inability to comprehend instructions and participate accordingly, though an underlying interest or awareness was apparent in these students during class time.

Though this portion of the group projected a slower physical acclimation with the program, they reflected a greater positive disposition while in the atmosphere of the Chair Yoga class. Within 8 to 10 weeks, the low functioning Alzheimer's Disease

participants reflected a greater sense of body orientation, general awareness and alertness, and participated more fully in the classes. Within 4 to six months, they showed a growing ability to stay focused for longer periods of time and to participate in the exercises instructed with greater coherency.

High functioning members diagnosed with Alzheimer's Disease reflected weakened abilities in performing basic motor skills and understanding left from right. At times these participants would become frustrated with their own performance. Over the first 4 weeks of participating in Chair Yoga, these members gained a gradual, yet apparent shift with regard to exhibiting their ability to demonstrate a new level of physical aptitude with the Yoga exercises. They also displayed a greater ability to comprehend and implement directions the teacher shared with the class. Within six months, these members displayed greater coordination skills, while their overall 'physical' class participation gained momentum. Students displayed less irritation and more patience with their own process of assimilating mind-body awareness

. Within eight months, these members showed an increased positive shift in their overall class participation, body orientation and general awareness. They also began expressing an interest in participating in Chair Yoga on an ongoing basis. These students' ability to follow basic instructions with greater ease and understanding, grew consistently. Over time these students showed interest in integrating slightly more challenging aspects of the exercises they were learning into their repertoire.

The portion of Group 1 diagnosed with Parkinson's Disease experienced mild to medium tremors on an on-going basis. This group reflected a strong ability to understand and participate in the program. Long-term participants (those that had been participating in Chair Yoga for over 1 year) with Parkinson's Disease, appeared more relaxed in class over time, and reported less tremors while participating in Chair Yoga. These students agreed that learning Chair Yoga gave them an ability to feel connected with their bodies, as apposed to feeling disconnected.

Results of Group 1 indicate that with regular attendance (once to twice per week), over a duration of 6 months to 1 year and longer, wheelchair bound students of Chair Yoga diagnosed as high and low functioning Alzheimer's Disease patients can experience an improvement in motor and coordination skills, general coherency, and physical ability. High functioning patients diagnosed with Parkinson's Disease who participated in this program showed a decrease in the display of tremors during class and expressed a restored mind-body connection through learning Chair Yoga.

Group 2

Members of Group 2 participating in weekly Chair Yoga classes used a walker or cane as a regular support method to maintaining independence while walking.

Students in Group 2 were high functioning individuals that experienced a shortness of breath and/or difficulty with breathing deeply, along with feelings of anxiety and stress on a daily basis.

Participants requiring the support of a cane or a walker for independent mobility, not

only maintained levels of physical strength required to move in and out of a chair independently, but also continued walking independently (with the support of a cane or walker) over several years of this study.

Students were taught *conscious breathing techniques*; such as inhaling to a count of four and exhaling to a count of four, as a means to assist in learning to deepen the breath and also to counteract feelings of anxiety and stress. Within eight weeks, students in Group 2 reported experiencing a lowered level of stress in their day-to-day lives due to participating in weekly Chair Yoga classes. By instilling the breathing techniques as outlined above, students learned to combat feelings of anxiety, by applying the breathing practices they learned, at the onset of experiencing anxious feelings.

Within six months, students in Group 2 showed a dramatic increase in their ability to breathe deeper and with greater ease during Chair Yoga class participation. Their deepened breath allowed them to move into and out of Yoga movements with more

ease and better posture.

Results of Group 2 reflect that becoming knowledgeable of yoga helped students learn how to relax, and this created a shift in their quality of breath. Within 8 weeks of participation, positive results were produced from students practicing conscious breathing techniques as a means to lower levels of stress and anxiety. Students in Group 2 showed an increase in their ability to breathe deeper and with greater ease while attending Chair Yoga classes. These students also reflected a greater sense of well-being at gaining the ability to breathe more deeply overall. The students' ability to breathe more deeply appeared to counteract students' feelings of anxiety and stress.

It is proposed that the increase in these students' 'quality of breath' directly affected their quality of life in encouraging ways. Ongoing participation in Chair Yoga also appeared to support the literal physical ability needed for these students to maintain an independent level of mobility on an on-going basis, thus further bolstering their

quality of life.

Group 3

Members of Group 3 were generally healthy, mentally and physically. These members were independently mobile and high functioning, and walked without the requirement of a support device. The participants in Group 3 did not require assistance with walking or with mobility in general. It is noted that these individuals were between the ages of 75 and 86 years old.

The majority of members maintained mobility independence for the duration of the five-year Chair Yoga study, with twenty-five percent of students shifting to the assistance of a walker or cane over time, and one percent moving to a wheelchair.

These members displayed an overall ability to perform all exercises demonstrated by their teacher. A gradual incline and significant increase in these students overall strength and flexibility is noted with each passing year of participation.

These participants are reported as cultivating a stronger sense of *physical balance* in

their bodies through Yoga practice, which may reduce the number of patient ‘falls’.

A reduction in falls is a reduction in the number of associated injuries caused there of. Ongoing Chair Yoga class participation appeared to support a longer term of independent mobility for these members, assisting them to maintain their quality of life. (7a) “ The balance of the residents improved as have the residents overall endurance. ”

Group 4

The study with Group 4 ran for a six-month period within a nursing home setting.

All of the participating residents were wheelchair bound. Half of the members were diagnosed as high functioning Alzheimer’s Disease patients, and the other half were diagnosed as high functioning Parkinson’s Disease patients.

This program was unintentionally set up in a small and noisy common room area next to a busy ice-making machine. Staff would commonly enter and leave the room to fill up canisters of ice. This Yoga program had *few* positive results. There resided

a constant disruption in the room, as the noise of an ice-making machine churned loudly in the background. This was coupled with a steady movement of staff coming into and out of the allocated space.

Participants found it difficult to hear instructions and to pay attention to the teacher.

The students' attention seemed to be constantly diverted by the ongoing noise and disruptions taking place within the space allocated for their Chair Yoga class. They appeared to have a hard time focusing for the full length of the hour-long class.

Students that appeared to have an interest in participating, generally became disengaged and disinterested. Some students expressed frustration at not being able to participate in the program with all the disruptions taking place.

Group 4 was eventually disbanded. It appeared that any potential for positive results were short lived, due to frequent and abrupt noise interruption or due to the constant influx and movement of staff within the space. This study reflects the importance of 'location' and placement of a Chair Yoga program within a healthcare facility. The

space allocated for a Chair Yoga program can encourage it and its students to flourish with positive results or diminish potential benefits just as equally.

Group Depression Study

Approximately 50% of all Chair Yoga Groups combined, expressed symptoms of depression. These members showed dramatic results. Within four weeks these participants appeared more present in class and consciously poised in their participation. Though emotional fluctuations did occur, their overall sense of wellbeing and happiness appeared to expand over time, with more and more of these residents smiling more often while exemplifying a sense of gladness versus a depressed state of being.

Within 6 months of participating in Chair Yoga, these members reflected a greater balanced emotional state on the whole. Oftentimes residents would express a sense of relief after practicing Yoga. These members expressed improvement in their ability to cope with their symptoms on a day-to-day basis. These Chair Yoga

students learned how to contribute to their personal well being by applying yogic breathing and stretching into their everyday lives to relieve mental tension and emotional lows. This appeared to empower participants within their individual healing process, thus promoting a healthy and positive quality of life.

Individual Study

The *individual study* ran for one year. It focused on a 48 year-old male terminally ill with AIDS, and diagnosed with depression.

The individual in this study practiced Yoga for one hour, twice a week over the period of one year. At the onset of the study, the patient was bed bound. Yoga practice began with breathing techniques and simple stretches performed from a horizontal position. After two months, the individual began to slowly make use of a wheelchair. His physical abilities were showing improvement and his personal attitude became more empowered and positive. Over the next six-month period, the patient's overall well being, physical strength, coordination, mental clarity and

emotional state had changed in a constructive direction. The patient next worked with physical therapy in conjunction with Chair Yoga. By the end of the year, the patient was walking with the use of a walker. He later moved from the nursing home to a residence specifically funded for 'living assisted' and 'independent' individuals living with AIDS.

This study reflects the sliding scale age and varying diagnosis of potential residents residing within the nursing home community at large. The patient began this study as a terminally ill, bed bound nursing home patient. It is noted that over the course of a year period, the patient cultivated greater independence and quality of life, as an active participant in his life and life choices.

Discussion

The quality of life for nursing home residents can be constructively impacted through participating in a weekly Chair Yoga program as a recreational activity.

⁷ “ In addition to making the body strong and supple, the increased energy and

balance from doing yoga can help reduce depression, stress and fatigue, strengthen the nervous system, increase vitality and calm the mind”. The Yogic mind-body connection appeared to assist students in orienting themselves with their bodies and the routines of their everyday lives.

Methods and/or regulations regarding the implementation and facilitation of a Chair Yoga program into a nursing home are not widely available at present. There are no state or nationwide regulations pertaining to qualifications required to teach or facilitate a Chair Yoga program within the nursing home environment. It is generally up to the discretion of the nursing home Administrator or Activities Director to decide if a Chair Yoga teacher may be appropriately qualified to take on a regular activities program within their facility. Teachers may also include Activity Directors or Activity Assistant’s that have attained Chair Yoga Teacher Training certification. To obtain information regarding Chair Yoga *Teacher Training* certification, see the ‘authors notes’ at the end of this article.

It has been observed that a Chair Yoga program, implemented within a nursing home or health care facility can serve to bring a wide range of residents, staff and family members together, promoting a healthy quality of life and a helpful 'sense of community' for all to experience. Yoga done in a chair proves to be a wonderful supplement to regular ongoing activities within a nursing home and appears to have an ability to lift the spirits of nursing home residents on a collective whole.

This study reflects the sliding scale of age and varying diagnosis of residents within the nursing home community at large. This study also demonstrates how Yoga may promote wellness for students with varying age levels, and with many health issues associated with patients of nursing homes, rehab centers and assisted living communities. By participating in an ongoing Chair Yoga program, residents may maintain and regain levels of health and strength that can serve to support their optimum health. It is proposed that Chair Yoga within older adult communities is worthy of further study.

Reference Magazines

1. Craft, Barry *Introduction to Senior Yoga*. Online Link no longer available.
2. Lomax, M. Lucy *Yoga; An ancient healing art for today's ills*. NARFE magazine August 2007 www.narfe.org
3. M.P.T, Trizuto, Jennifer *Chair Exercise*. Arthritis Self Management magazine May/June 2007
4. Erlick, Aviva Winocur *Gentle Jewish Yoga* LA Yoga Ayurveda and Health magazine May 2008

Reference Books

1. Ph.D Simkins, C. Alexander and Ph.D Simkins, Annellen *Yoga Basics* Tuttle publishing 2003 isbn: 0-8048-3485-7
2. Khalsa, Kaur Shakta *K.I.S.S guide to Yoga* Dorling Kindersley Publishing 2001 isbn: 0-7894-8034-4
3. Satchidananda, Sri Swami *The Yoga Sutra of Pantanjali* Integral Yoga Publications 1978 isbn:0-932040-38-1
4. Thomas, Tuesday May *Chair Yoga for Everybody* Self Published
isbn: pending

Resources

To locate a yoga teacher in your area: www.yogalliance.org, www.iayt.org

For information regarding the author's Chair Yoga Teacher Training program; Contact

Tuesday May Thomas at chairyogaforeverybody@gmail.com,

<http://www.facebook.com/chairYogaForEverybody>.

Appendix

1, 2, 3, 4 & 5: Thomas, Tuesday May *Chair Yoga for Everybody* Self Published isbn:

5800081467649

6: Khalsa, Kaur Shakta *K.I.S.S guide to Yoga* Dorling Kindersley Publishing 2001 isbn: 0-

7894-8034-4

7: Lomax, M. Lucy *Yoga; An ancient healing art for today's ills*. NARFE magazine August

2007 www.narfe.org

7a: *Testimonial of Denise Sutton; Administrator of Chancellor Place Assisted

Retirement Living.