

BODY & ENERGY

Chair Yoga for Seniors — 28 Days

Four weeks of gentle seated sessions, 10 to 20 minutes a day, with the safety rules and the studies behind them



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YOGIDE

Free sample

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teacher or medical advice. Questions: administration@lacangel.fr

Before you begin

This book is for you if you want to move, breathe and rest a little better, and you would rather do it sitting on a chair. Perhaps getting down to the floor is hard. Perhaps your balance is not what it was. Perhaps you simply want a calm, safe start. Chair yoga was made for exactly this.

You do not need to be flexible. You do not need any experience. You do not need special clothes. You need a sturdy chair, about fifteen minutes, and a willingness to go gently.

The practices in this book come from hatha yoga as it is still taught in India, including along the Ganga at Rishikesh, and from the simple joint movements that Indian schools such as the Bihar School of Yoga teach to beginners and convalescents. A posture done on a chair is still a posture. The breath is still the breath. Nothing essential is lost.

This book rests on three promises.

First, safety comes before everything. Chapter 1 explains when not to practise, when to stop, and when to call for help. Read it first. Every exercise then gives a gentler version, and every movement that carries a risk says what to avoid and who should skip it.

Second, what we say about benefits is sourced. Chapter 9 describes real studies of chair yoga and yoga for older adults. Each one was checked on PubMed before it was cited, and each one is listed in full at the end, with its DOI and PubMed number. Where the evidence is weak, we say so.

Third, this is not medical advice. A book cannot examine you. It cannot know your heart, your bones or your medicines.

Talk to your doctor before you start

if you have a heart or lung condition, high or low blood pressure, dizziness or fainting, a recent fall, osteoporosis, a hip or knee replacement, recent surgery of any kind, or if you are unsure. Show them this book. Most doctors are glad to see a patient who wants to move. In an emergency, call your local emergency number: 911 in the United States and Canada, 999 or 112 in the United Kingdom, 112 in the European Union, 112 in India.

How this book is laid out

The sentences are short and the steps are numbered. The exercises follow the same pattern:

- **Starting position:** how to sit or stand before you begin.
- **Steps:** numbered, one movement per step.
- **How many:** breaths or repetitions.
- **Avoid:** what not to do, and who should skip it.
- **Gentler version:** an easier way, for tired days or stiff joints.

Read Chapters 1 to 3 once. They take about half an hour. Then follow the four weeks in order. Chapter 10 has the calendar and the session cards to print and keep near your chair.

What you need

- A sturdy chair without wheels and, ideally, without arms (Chapter 2 explains how to choose).
- A non-slip surface: a rug that does not slide, or a yoga mat under the chair legs.
- A cushion or folded towel.
- A belt, scarf or dressing-gown cord (a "strap").
- Comfortable clothes that let you move. Bare feet or non-slip socks. Not ordinary socks on a smooth floor.
- A glass of water nearby.
- For Week 3: a second sturdy chair or a kitchen counter to hold while standing.

Chapter 1. Before you start: precautions and medical advice

Read this chapter before any exercise. It is the most important one in the book.

The golden rule: comfort and steadiness

The oldest definition of posture in the yoga tradition is three words long. In the Yoga Sūtra attributed to Patañjali, sūtra 2.46 says:

sthira-sukham āsanam

(स्थिरसुखमासनम्). Our translation: "Posture is steady and comfortable."

Steady means you are stable and safe. Comfortable means you can breathe easily. If an exercise makes you hold your breath, grit your teeth or wobble, you have gone too far. Come back to where it feels steady and easy. This is not a lesser yoga. It is the definition of yoga posture.

The tradition has another word for this choice: ahimsā (अहिंसा), non-harm. It is the first of the ethical rules in the Yoga Sūtra (2.30). It begins with your own body.

Stop at once if you feel any of these

Stop the exercise, sit still, and breathe calmly if you feel:

- chest pain, pressure or tightness;
- breathlessness that does not settle within a few breaths;
- dizziness, light-headedness or a feeling that you might faint;
- a racing, pounding or irregular heartbeat;
- sudden sharp pain in a joint, the back or the neck;
- new numbness, tingling or weakness in an arm, leg or the face;
- sudden blurred vision or a severe headache;
- nausea or a cold sweat.

If the feeling does not pass quickly, or if it is severe, **call your emergency number** (911, 999, 112). Do not drive yourself.

Chest pain, sudden weakness of one side of the body, a drooping face or difficulty speaking are always emergencies. Do not wait to see if they pass.

Ordinary feelings that are usually fine

Usually fine	Stop and seek advice
A mild stretch that fades within seconds	Sharp, stabbing or electric pain
Feeling a little warm	Chest pain or pressure
Mild tiredness after the session	Dizziness that does not pass
A slight ache in muscles the next day	Pain that is clearly worse the next day and the day after
Joints that feel stiff at first and ease with movement	A joint that swells, or becomes hot and red

Blood pressure

Some movements change blood pressure for a moment: lifting the arms above the head for a long time, holding the breath, bending forward and coming up quickly.

- **Never hold your breath** in this programme. Breathe in and out through every movement.
- If you have **high blood pressure**, keep your arms below shoulder height when they start to feel heavy, and do not stay with arms raised for more than a few breaths. Take the medicine your doctor prescribed as usual.
- If you have **low blood pressure**, or if you feel dizzy when you stand up, come up very slowly. Sit for a few breaths after bending forward. Never stand up straight from a forward bend.
- If your blood pressure is not controlled, or your doctor has recently changed your treatment, ask before you start.

Falls

A fall can change an older person's life. On a chair, or standing with a hand on a support, the risk of falling during practice stays low while strength and balance are still worked on. (Whether yoga prevents falls in daily life is another question, and it has not been shown: see Chapter 9.)

- Make sure the chair cannot slide or tip (Chapter 2).
- Clear the floor around you: no rugs that curl, no cables, no pets underfoot.
- In Week 3, when you stand, **always hold the back of a sturdy chair or a kitchen counter with at least one hand**. Two hands if you are unsure.
- Wear bare feet or non-slip socks. Ordinary socks on a smooth floor are dangerous.
- If you have fallen in the last year, or if you are afraid of falling, tell your doctor. Ask whether a falls assessment or a physiotherapist could help. Many health services offer them.
- Do not practise standing exercises when you are alone in the house if you are at high risk of falls, unless you carry an alarm or phone.

Hip and knee replacements

If you have had a hip or knee replacement, your surgeon or physiotherapist may have given you **movement precautions**. Follow them. They always come before this book.

After a hip replacement, people are often told for a period not to bend the hip beyond a right angle, not to cross the legs, and not to twist on the operated leg. The exact rules depend on the type of operation and on your surgeon. In this book:

- Do not cross your legs. Nothing in this book asks you to.
- In forward bends, keep the movement small and keep your knees lower than your hips: sit on a firm cushion if your chair is low.
- In twists, turn the upper body only. Keep both feet flat and the knees pointing forward.

After a knee replacement, kneeling and deep bending may be uncomfortable or restricted. Nothing in this book asks you to kneel. Bend and straighten the knee only as far as your physiotherapist allows.

Osteoporosis and fragile bones

If you have osteoporosis or osteopenia, or if you have broken a bone in a minor fall, be careful with **rounded forward bending of the spine under load**. At the Mayo Clinic, Dr Mehrsheed Sinaki described three people with low bone density (osteopenia) who developed pain or compression fractures of the vertebrae after yoga spinal flexion exercises (Sinaki, 2013). These are case reports, not trials, and they do not tell us how often this happens. They do tell us what to avoid.

In this book:

- Forward bends are done with a **long, straight back**, hinging at the hips, never rounding down.
- No forward bend goes lower than you can go with a long back.
- Twists are small and slow, and the hands never pull you deeper.
- Each exercise involving the spine has a note for fragile bones.

Ask your doctor or physiotherapist which movements are right for you.

Dizziness and vertigo

- Turn the head slowly. Keep the eyes open in neck exercises.
- If you have positional vertigo, or if turning the head makes you dizzy, make the neck movements smaller or skip them.
- If you feel dizzy, stop, look at a fixed point in front of you and breathe slowly.
- Avoid closing your eyes while standing.

After surgery or illness

After any operation, especially on the abdomen, chest, heart, eyes, spine, hip or knee, ask your surgeon when you can start gentle exercise and what you must avoid. After a recent heart attack or stroke, follow

the rehabilitation programme your team gives you. This book can come later, with their agreement.

Eyes

If you have glaucoma, or have had recent eye surgery, avoid putting the head below the heart. Nothing in this programme does so, but do not add it.

Other situations to mention to your doctor

- Diabetes: keep a sweet drink or snack nearby, especially if you take insulin or tablets that can lower blood sugar. Practise at a time you know is safe for you.
- Severe arthritis or a joint flare: rest the inflamed joint. Work the others gently.
- Recent fracture, hernia, or unexplained pain: ask first.
- Breathing problems: gentle breathing exercises are usually fine, but follow the advice of your doctor or respiratory team.

Is yoga safe?

A large review of yoga safety, by Holger Cramer and colleagues, pooled 94 randomised trials with 8,430 participants. It found that yoga did not cause more adverse events than usual care or other exercise; compared with psychological or educational programmes such as health education, yoga led to more minor events (Cramer et al., 2015). A separate review of 76 published cases found that the postures and techniques most often cited were headstand, shoulder stand, lotus and forceful breathing; ten of the cases involved a pre-existing condition, mainly glaucoma or low bone density (Cramer et al., 2013). None of these postures or techniques are in this book.

Chapter 1 recap

- Steady and comfortable: that is the rule.
- Never hold the breath.
- Stop at once for chest pain, breathlessness, dizziness, sharp pain or new numbness. Call for help if it does not pass.
- Hold a sturdy support whenever you stand.
- Follow your surgeon's precautions after hip or knee replacement.
- With fragile bones, keep the back long in forward bends.

End of the sample

Thank you for reading this far. We hope these first pages already help your practice, and that they show how the rest of the book is built: clear steps, texts quoted with their source, nothing invented.

The full book has 46 pages.

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