Yoga for People Living with Dementia in Residential Care Settings

**Project Team:** Tania Plahay, Karen Cullis, Hayley Mercer, Maggie Candy

**Contact Details:** tania@taniayogini.com

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Summary of Project

According to Dementia UK (2015), dementia is ‘a broad umbrella term used to describe a range of progressive neurological disorders’. Symptoms may include loss of memory, difficulty performing everyday tasks, language problems, disorientation in time and space and misplacing things. It can also cause changes in personality including depression, anxiety, anger and loss of initiative.

It is a growing global issue: in 2015 there were an estimated 46.8 million people worldwide living with dementia. This number is set to almost double every 20 years, possibly reaching 74.7 million in 2030 and 131.5 million in 2050 (Alzheimer’s Disease International, 2015). Furthermore, according to a report published in 2013, eighty per cent of people living in care homes – more than ever thought before – are either living with dementia or severe memory problems (Alzheimer’s Society, 2013). Therefore, developing and studying interventions to improve the lives of those living with dementia and their carers is an urgent need.

The Department of Health (2011) recommends that older adults spend at least two and a half hours doing moderate-intensity aerobic activity every week and muscle-strengthening activities on two or more days a week. However, many residents in residential care settings perform very little physical activity (Benjamin et al., 2014). Regular tailored yoga sessions are potentially a safe and effective way of helping elderly residents work towards these recommendations.

Yoga and mindfulness based exercise has been proven to be an effective intervention for a number of common conditions that are present in residents living with dementia such as: anxiety, depression, co-ordination and balance problems (McCall, 2007). However, to date few residential care homes offer yoga as a regular activity. This may be in part due to lack of awareness of, or skepticism about, the benefits of yoga, or practical difficulties in employing and paying for a regular yoga teacher.

The aim of this project was to design simple yoga based sequences to use with people with dementia, to test and refine these sequences, and then to track the benefits. A key part of the project was to consider how the yoga sequences could be person-centered. A multi-disciplinary project team was formed made up of a yoga teacher, an activities coordinator, a healthcare assistant with considerable expertise of working with those living with dementia and a care home manager. This team worked together to establish the residents’ needs. On the basis of the residents’ requirements, the team designed, tested, refined and then implemented various yoga based sequences. As staffing is often an issue, the project team wanted to explore whether care home staff could be trained to deliver the yoga based sequences.

A key success factor for the project was involving other staff in the care home via an interactive workshop. Introducing any new intervention into the busy daily schedule of care homes needs wider support than just the project team, for example by encouraging residents to attend the yoga sessions. This requires a wide understanding of the purpose of the yoga programme and its expected benefits.

The yoga classes were run twice a week as a trial period from 19th May – 22nd October 2015 (and they have continued to run since). During this time, observations were made about the residents’ involvement in the yoga sessions and benefits. A number of benefits were found including residents reporting physical improvements, improved wellbeing and a greater sense of relaxation.

At the end of the project, evaluation interviews were carried out with a number of key project participants. Drawing from these interviews and an earlier evaluation, the project team concluded
that specific yoga exercises are a successful intervention for providing people living with dementia with meaningful and beneficial activities in residential care settings.

**Background**

Dementia is a growing issue for residents, carers and managers in residential care settings. Symptoms can include loss of memory, difficulty performing everyday tasks, language problems, disorientation in time and space, misplacing things, changes in personality including depression, anxiety and anger and loss of initiative.

Dementia costs the UK economy £23 billion a year (Alzheimer’s Association, 2016), which is more than cancer and heart disease combined. It is estimated that by 2025 there will be one million people living with dementia in the UK (Alzheimer’s Society, 2014). Numbers are doubling every year and there is no known cure. Developing and studying interventions to improve the lives of those living with dementia, their families and carers is therefore an urgent need.

The Department of Health (2011) recommends that older adults spend at least two and a half hours of moderate-intensity aerobic activity every week, and muscle-strengthening activities on two or more days a week. These exercises should work all major muscle groups. However, many residents in residential care settings rarely achieve this due to various factors including resident health status, lack of space for physical activity, and staffing and funding constraints (Benjamin et al., 2014). Tailored yoga sessions are potentially a safe and effective way of helping older people work towards these recommendations.

Yoga and mindfulness based exercise has been proven to be an effective intervention for a number of common conditions that present in people who are living with dementia – for example: anxiety, depression and co-ordination and balance problems. McCall (2007) has also shown yoga to be an effective intervention for helping to alleviate other common conditions presenting in residential care environments such as heart disease, high blood pressure, insomnia, irritable bowel syndrome, kidney failure, osteoporosis, osteoarthritis, post-heart attack, post-joint replacement, post-operative recovery, post-stroke rehabilitation, rheumatoid arthritis, stroke, urinary bladder dysfunction and urinary stress incontinence.

There are also a few studies showing initial positive results of chair-based yoga on people with Alzheimer’s disease. McCaffrey et al. (2014) showed that older adults with severe Alzheimer’s disease who participated in an 8 week tailored yoga programme showed improvements across a range of physical tests (walking, gait, speed and balance). Hariprasad et al. (2014) show yoga based-interventions appear beneficial to improve several domains of cognitive function in older people living in residential care homes. A recent (2016) UCLA study has shown that a three-month course of yoga and meditation was found to be even more effective than memory enhancement exercises for managing mild cognitive impairment. A number of other studies link evidence of improvements gained through participation in yoga to some of the symptoms of dementia. For example, Hölzel et al. (2011) have shown that a course of mindfulness practices has helped increase participants grey matter density. Hoge et al. (2013) have shown that Mindfulness Based Stress Reduction may have a beneficial effect on anxiety symptoms.

Marlborough Court Care Home is a 78-bed nursing home situated in Thamesmead. It offers nursing, residential dementia care and residential care on three separate units. The home is owned by Four Seasons Health Care (since Sept 2011). All residents are over 65 years old, with varying degrees of nursing or care needs. Most residents live permanently at the care home, with some short-term respite stays when beds are available. Each unit is staffed by a registered nurse (nursing unit) or senior healthcare assistant as team leader. Marlborough court is a progressive care home and it has
undertaken a number of innovative projects such as winning King’s funding via Bexley Borough’s DIG (Dementia Inspirational Gardens) programme for a dementia sensory garden for residents, and implementing the Four Seasons PEARL (Positively Enriching and Enhancing Residents’ Lives) programme which emphasises a personal approach to care. Marlborough Court was inspected by the Care Quality Commission in 2015 and was awarded an ‘outstanding’ rating. The head of the Care Quality Commission said that part of the reason for the rating was the innovative projects and range of activities available to the residents including the yoga project.

The project coordinator (yoga teacher) had previously worked with people with dementia in other residential care settings and seen a number of benefits from regular yoga sessions. However, there were a number of barriers to introducing regular yoga sessions in care homes, in particular a lack of knowledge about the potential benefits of yoga and a lack of support (including funding) for these activities. The project coordinator was introduced to the manager of Marlborough Court Nursing Home (the project lead) and together they formulated a project plan. This drew on previous research studies that showed the benefits of yoga for those in residential care settings but built on these by looking at nursing practice to support such interventions and practical ways of facilitating regular chair based yoga classes.

The project lead and project coordinator worked together to submit an application to the Patients First Programme, run by the Foundation of Nursing Studies (FoNS) supported by the Burdett Trust for Nursing. The programme provides support in terms of a bursary; external facilitation and workshop days to help clinically based nurse led teams to lead local innovations that will improve patient care.

Aim
To develop, implement and evaluate regular, tailored, chair-based yoga classes, led by care home staff for residents with dementia in order to promote health and wellbeing.

Objectives
- To develop, pilot and document (photograph and record) a number of simple yoga based interventions and sequences tailored for people living with dementia in residential care settings
- To understand more about the barriers to introducing simple yoga based exercises in residential care settings and how to overcome these barriers
- To train resident facing staff (for example nurse practitioners, activity coordinators etc.) in how to deliver and use these interventions
- To evaluate the effectiveness of these interventions
- To make recommendations about how to scale up these interventions and offer a blueprint to promoting them in other residential care settings

Methods and Approaches
A number of different methods and approaches were used to develop and implement the project. These can be divided into four distinct sets of activities:

i) Develop, pilot, adapt and implement appropriate and suitable yoga sequences for those with dementia
ii) Selection of suitable residents to be involved in the pilot yoga sessions
iii) Assessment and evaluation of resident involvement and benefits achieved
iv) Development of a suitable practice environment to support the introduction of yoga based gentle exercise in the residential care setting
The following table shows some of the key dates in the project.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>3 Dec 2014</td>
<td><strong>FoNS Workshop</strong>: the importance of person-centred care and practice development techniques</td>
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<tr>
<td>Jan - Mar 2015</td>
<td>Development of yoga sequences, yoga training for activities coordinator and healthcare assistant</td>
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<td>27 Jan 2015</td>
<td>Project Team Meeting: Discuss and agree approach to the project including assessment methods</td>
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<td>5 Mar 2015</td>
<td><strong>FoNS Workshop</strong>: Next steps including approaches to engaging rest of home, residents and relatives</td>
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<tr>
<td>19 Mar 2015</td>
<td>Workshop with Four Seasons staff: Values clarification exercise with care home staff to create a shared mission. Discussion of evaluation methods including observation</td>
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<tr>
<td>Apr 2015</td>
<td>Pilot sessions to help select suitable participants and test yoga sequences</td>
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<tr>
<td>21 May 2015</td>
<td><strong>FoNS Workshop</strong>: Agreement of next steps, adapting sequence, agreeing assessment and start of yoga pilot</td>
</tr>
<tr>
<td>May - Oct 2015</td>
<td>Twice weekly formal yoga sessions with selected group of residents. Observation of the classes and residents</td>
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<tr>
<td>17 Sep 2015</td>
<td><strong>FoNS Workshop</strong>: Reflecting on and mapping the project journey. Planning for final evaluation including personal development and evaluation</td>
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<tr>
<td>Dec - Mar 2016</td>
<td>Coding and analysis of results. Creation of short film about the project</td>
</tr>
<tr>
<td>Apr - Jun 2016</td>
<td>Evaluation of project. Writing final project report and dissemination of project. Filming and production of full-length documentary about project</td>
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Once the project had been accepted onto the Patients First programme, the project lead (care home manager) and project coordinator (yoga teacher) worked together to select a project team. The team was made up of the project lead, project coordinator, activities coordinator and a healthcare assistant. This multidisciplinary team had a variety of skill sets ranging from designing and delivering yoga sequences for the elderly, the management of a residential care home, day to day working with, and knowledge of, residents living with dementia, and experience of designing and implementing suitable activities. The team had regular meetings throughout the project and good coordination and communication was essential.

Underlying the project and methods used was a focus on both person-centred care and practice development methods. This was supported by the workshops run as part of the Patients First Programme – for content of these see Table 1. In these workshops the project team experienced and learnt a number of approaches to developing a shared vision of our view of person-centred care. One of these exercises was the values and beliefs clarification exercise (Warfield and Manley, 1990).

**Figure 1: Values and beliefs clarification exercise (Warfield and Manley, 1990)**

1. I believe the purpose of person-centred care is ...
2. I believe the purpose can be achieved by ...
3. I believe that the factors that will help us achieve this purpose are ...
4. I believe that the factors that will hinder us from achieving this purpose are ...
5. Other values I beliefs I consider to be important are ...

The project team used this exercise to ensure that at each stage of the project, the residents’ needs were central to the project design. This was particularly important as some of the residents were less able to clearly communicate their wishes; the project design responded to this for example by allowing plenty of time for feedback after the classes, observing visual cues, and ensuring the class plans met residents’ varying needs.
i) Develop, pilot, adapt and implement appropriate yoga sequences for those living with dementia

Firstly, the project team designed and tested a number of yoga sequences to find ones that worked for the residents. These were refined based on feedback from those delivering the sequences and the residents.

The chair based yoga sequence had been developed by the yoga teacher over a period of 3 years trialling it in another nursing home. During this period the yoga teacher had tried different sequences with residents experiencing various stages of dementia as well as other conditions common in residential care environments. She refined the sequence based on resident interactions and feedback. In addition to this practical research, the yoga teacher conducted desk based research about common symptoms of dementia and hypothesised how yoga based movements might help alleviate these (see sequence in Appendix I below). A literature review was also carried out to assess similar studies and results.

The yoga teacher then led yoga training with the activities coordinator and healthcare assistant. This involved teaching about the background to yoga and its medical benefits, how it could help with dementia and benefit both residents and staff in the home. It also involved demonstrating and filming a number of short simple yoga based sequences that could be delivered by those working in the care home.

A key factor in the successful implementation of any new activities in a residential care setting is ensuring that it fits with other activities and practices within the home. The project team therefore worked together to select appropriate times that would fit into the overall running and management of the home. For example, it is best to have a gap between eating and gentle exercise, but also not to deliver the sessions when residents were too hungry otherwise they may be distracted and too agitated to concentrate on the yoga. The activities coordinator also consulted widely with staff at all levels within the care home as to the best times to run such activities, as getting support from other staff and fitting in with a busy care home environment was paramount to the overall success of the project (see further sections below).

A number of 40-minute yoga sessions were trialled by the activities coordinator with the residents in April 2015. Following these initial sessions, based on feedback and the importance of making them person-centred, it was agreed to shorten the yoga sessions to 20 minutes, this allowed for residents’ varying concentration spans and also the time it takes to assemble the residents.

The activities coordinator and healthcare assistant also offered their own modifications and suggestions for how to work with this group of residents, most notably the introduction of musical instruments to the sequence (see Appendix I for full sequence). Yoga is an adaptive practice and each group of residents may have slightly different needs, therefore it is important that those delivering the sequences feel that they have some autonomy to modify them. This helps to keep the residents engaged and keep the interactions person-centred. Using the instruments and having time for the residents to introduce their own movements keeps the sessions fun and interesting. It also enables the residents to have personal agency and make their own decisions in the sessions, which is key to making them person-centred. Once the sequence was developed and modified the yoga teacher met with the activities coordinator, the healthcare assistant and the residents to deliver the sequence. This was then then filmed and the final sequence was written out so others could replicate it.
ii) Selection of suitable residents to be involved in the pilot yoga sessions

The activities coordinator began running some test sessions in April 2015 to help select appropriate residents for the pilot. For the purpose of this project it was agreed to involve the residents that the activities coordinator thought would benefit and enjoy the gentle yoga exercises. This decision was made based on the knowledge that the home is relatively small and given that residents living with dementia might have good and bad days, participation in all sessions could not be guaranteed. Therefore there was an acknowledgement that there would be some fluidly in who attended. Also if other residents saw those residents taking part in the yoga this might result in a snowball effect with more residents wanting to participate.

Seven residents were initially chosen to be involved in the yoga project. The activities coordinator and healthcare assistant chose the residents to be involved in the sessions based on previous knowledge of those residents and their participation in other activities, in particular those who had been involved in previous chair exercise sessions and were reasonably mobile. It was also important to select residents who were able to follow verbal and physical cues. Residents were asked if they would like to join in the yoga; during the sessions they are not forced to do anything and were free to leave at any point. The yoga project was discussed at a relatives meeting, and relatives were informed and involved in the project. Information about the residents has been anonymised and all residents have been given pseudonyms. During the project some of the residents dropped out as their condition deteriorated, however some new residents were introduced to the pilot. For more information about the residents see Appendix II.

At the FoNS workshop the team discussed the need for ethical approval for the study. It was agreed that as Marlborough Court had a number of different on-going activities which residents were free to participate in, the gentle chair based yoga was not considered to require any further ethical approval, particularly as it was optional and non-invasive. However, because the team wanted to take a person-centred approach, they ensured that residents were free to decide not to participate on the day if they did not feel like it. The project team felt this element of choice was essential when working with this client group. However, this had some impact on the results as not all residents attended the yoga classes continuously. The project team decided from an ethical perspective that choice in the activities was more important than continuous results in this project.

The project team debated the best way to assess the project and originally considered a number of different scientific scales such as the Abbey Pain scale or wellbeing scale. During discussions with the healthcare assistant it was apparent that a lot of data about residents were already collected in Four Seasons homes in the residents’ care plans. Residents were assessed for wellbeing, any history of falls, and other relevant issues where yoga in the past has been shown to be helpful. For more information about the residents see Appendix II.

The chair based yoga sessions were all delivered by the activities coordinator and observed by the healthcare assistant. Written records were kept of who participated, their level of participation, any difficulties in preforming the exercises and if any one-to-one assistance was required. Residents were also asked for feedback in each session. These assessments were analysed by coding the written observations and drawing out salient conclusions.

At some times, the residents did not join in, as they might be agitated, unable to follow the movements or disruptive to other members of the group. At these times, they were free to either do what they could or leave if they wished. This is something that it is important to reflect on when delivering group sessions. On some occasions the activities coordinator was able to concentrate more on one person within the group session. However, in some cases it was thought that delivering a one-to-one session, where the yoga could be further adapted, might have been more beneficial.
This could be considered in a more extensive study, however it would need to be done by a qualified yoga instructor or require more extensive training of care home staff, and would therefore require more resources.

The initial results were analysed a month into the project and from this initial analysis, it became apparent that not all residents would be able to continue taking part in the sessions. To maintain a person-centred project it was considered important to respect their wishes. These reflections also helped to modify the ambitions of the project to recognise that not all residents would join in with all sessions. This takes into account individual choice and also the unpredictable nature of mood and willingness to participate for residents with dementia. The project team also decided to open up the sessions to new residents that expressed a wish to join in, or residents that the activities coordinators thought might benefit from the yoga based sessions. This allowed the approach to remain flexible and responsive to the changing needs of the residents and the home. The fact that residents living with dementia will have changing needs and desires over time was an important reflection.

In the future (another project) it may be useful to have a qualified yoga teaching supporting the group sessions by working on a one-to-one basis with some residents, to help deal with individual issues. However, as funding a yoga teacher to attend regularly might be beyond the budget of many homes it was decided to stick to a replicable model in this project.

iii) Assessment and evaluation of client involvement and benefits achieved

A medical doctor working with University College London on research projects was consulted in the initial stages of the project about potential evaluation methods and suggested a few including Killgore’s (1999) Visual Analogue Mood Scale and Novak and Guests’ (1989) ‘Caregiver Burden Inventory’. These were considered and the time taken to undertake these tests evaluated. These tests would have also required the creation of a formal group and control group which was not considered suitable for this study. Inclusion of these methods and further support from a similar research specialist may be suitable and applicable in future studies.

However, Marlborough Court already used quite comprehensive methods of evaluating residents developed by Four Seasons Health Care. These include reports on ‘drug therapies, and medication needs (including pain and symptom control)’, ‘mobility needs’, ‘psychological, emotional, sleep and sexuality needs’, ‘human behaviour needs’ and ‘wellbeing profiling’. Each resident is fully assessed on arrival at the home and then given an annual review. The main sections of this evaluation are updated each month, and more often if needed (for example if there is a noticeable change in the resident’s behaviour). These assessments were considered to provide ample material to evaluate the base state of the residents.

Observation is a powerful tool for the evaluation. The healthcare assistant, who was familiar with the residents and their moods, was responsible for observing and recording residents’ involvement, and any comments or feedback residents made during the sessions

The yoga for dementia pilot had a range of participants with various degrees of mobility issues. In terms of wellbeing most of the residents involved in the pilot showed a good general level of wellbeing.
iv) Development of a suitable practice environment to support the introduction of gentle yoga based exercise in the residential care setting

The project team considered that developing the practice environment to support the introduction of gentle yoga based exercise in the residential care setting was key. This is due to the fact that understanding practice related issues and potential barriers was vital for the success of the project, particularly as introducing any new practices into resource-stretched residential care environments can be challenging. The team therefore sought to explore with those working in the care home environment the idea of introducing gentle chair based yoga exercises.

On the 19th March 2015, a workshop was held with 8 members of staff. All departments of the home were represented including domestic assistants, carers, activities coordinators and managers. Participants were self-selecting as all home staff members were encouraged to attend the workshop. The purpose of the workshop was to focus on values and beliefs about person-centred care, introduce the project including the hypothesised benefits of yoga in the home and also enable those working in the home (but not directly involved in the project) to experience the benefits of the yoga themselves. Jo Odell from the Patients First Programme facilitated the workshop, using techniques such as the values and beliefs clarification exercise (Dewing et al., 2014) from the practice development workshops.

The values and beliefs exercise involved a discussion around each person’s values and beliefs about person-centred care. This enabled people to focus on shared values and beliefs and have an open and honest conversation about what person-centred care looks like. The group was divided into two to ensure that everyone could participate and be heard. The two groups first explored their shared values about person-centred care. This was followed by a creative exercise where participants produced a visual representation of person-centred care. Finally, workshop participants tried out some simple yoga and breathing exercises including some shoulder exercises and an exercise called three-part breath. Participants were asked to observe how they felt before and afterwards and report back to the group. The popularisation of yoga in the west has led to much misunderstanding about what it is, and who it is for. Many people think that yoga is about achieving difficult and pretzel like poses, and aimed at fit and bendy people. Therefore introducing gentle chair based yoga to the home staff, and for them to see for themselves that the techniques are simple, gentle, accessible and effective was seen as a key part of getting wider engagement on the project.

The activities coordinator collected feedback from the workshop and this was very positive. Key themes include:
- Staff understood and developed a shared vision of person-centred care and found out they had quite a few shared beliefs and values
- Participants (staff) experienced the benefits of yoga themselves and found it “relaxing and refreshing” and “filled your inner soul spirit” as well as making them feel good physically
- Staff also changed their views of the project and after the workshop felt that “this would really benefit the residents especially those with challenging behaviour”

Outcomes/Findings/Evaluation

The residents

Over the course of the yoga project and formal evaluation a total of fourteen residents were involved. There were four men and ten women ranging from seventy-four to ninety-six years of age. The residents had a mixture of vascular dementia, dementia with Lewy Body and suspected dementia/confusion that had not yet been fully diagnosed. Many of the residents were also suffering from other comorbidities including asthma, Korsakoff syndrome, arthritis, hypertension, depression, water retention and general instability and balance problems.
The classes
The trial yoga classes were run on Tuesdays and Thursdays from 19th May to the 22nd October 2015. Initially the classes were run only in the mornings, however based on feedback from the residents in September it was decided to start alternating the classes between mornings and afternoons. This allowed for different client energy levels during the day and was more inclusive. During this time there were a couple of weeks break to allow for holidays and other activities such as the care home open day.

The content
The classes followed the plan outlined in Appendix I. The yoga teacher had developed this with feedback and modifications from the activities coordinator. These modifications were especially designed to meet the needs of this group.

The evidence
Observations were made during each yoga class and these were written down and then coded, from these observations a number of themes / areas emerged. These were around:

i) Resident feedback
ii) Observation, attendance and engagement and ensuring the sessions were person-centred
iii) Staff development and impacts on the home

Other evidence also included observation and engagement from those around the home such as other carers, relatives and staff and some of these can be found in the following Youtube video: https://www.youtube.com/watch?v=2dfvQ6HRKzM

i) Resident feedback
One of the clearest areas of evidence was actual oral feedback from residents. Dementia can result in residents not being able to use the right words and finding it difficult to articulate themselves fully. The Alzheimer’s Society recommends when communicating with people with dementia that you ‘ask questions one at a time, and phrase them in a way that allows for ‘yes’ or ‘no’ answer’ (Alzheimer Society, 2015). This goes against other recommendations for evidence collection in terms of asking open-ended questions in order to gain richness, subtly and texture in the answers. After each yoga session the activities coordinator and healthcare assistant would ask for residents feedback.

The oral feedback from residents was written down, then analysed and coded.

The feedback from residents was resoundingly positive with many residents making statements such as “I enjoyed it very much”, “I like coming to yoga”. Residents commented on a range of aspects of the yoga such as their general wellbeing, physical benefits, and relaxation and guided meditations. They also made comments about aspects of the classes they would like to change.

Feedback on general wellbeing
On general wellbeing residents reported:

“I’d love to do this again and I really liked it”
“I really like being with everyone” Beth
“I like doing it (the yoga) very much” Maureen
“I really enjoy it” Donald

Beth, who joined in with all the movements said:
“I like doing the movement. I feel very motivated”

Some residents with more severe communication and speech issues such as Ray expressed their enjoyment during the class by smiling throughout the class and giving a ‘thumbs up sign’.

**Feedback on physical benefits**

“I felt like I had a great workout” Joanna

Kathleen, who reported having a bad back and did not join in much that day said:

“I feel much better for making the effort of coming” on another occasion when her back was better she said “I feel great for coming today and it breaks up the day”

Wendy said: “I like doing the yoga it helps my legs”

Joan, who reported having stomach pain before the yoga, said after the session:

“I feel better and look forward to coming each week”. She also stated: “it is fantastic and I’ll come back again”

**Feedback on self massage techniques, breathing, sound and guided meditation**

As well as physical movements, all of the yoga classes involved face movements and self massage techniques, breathing exercises (three part breath), sound (using made up movements and instruments) and guided meditation (where residents would image themselves on a beach or in a park).

One of the surprising aspects of the feedback was how much residents reported liking these aspects of the classes.

Beth, Hank, Donald and Maureen all reported liking the facial massage and movements with Maureen saying: “I like it when I’m rubbing my face, it is relaxing”. Some residents, even though they did not join in all the movements, would often join in the face movements.

On breathing exercises, residents reported that “the breathing was the best bit. It was relaxing”, “I feel relaxed and refreshed – better than I did yesterday” Maureen

Residents also really enjoyed the sound aspect of the class – this is reported further in the observation section below.

One of the most surprising elements of the residents’ feedback was how much they enjoyed and engaged with the guided relaxation/meditation. This involved taking residents on an imaginary journey to a beach or the park.

“I like the part when we went to the beach and I liked to go there.” “I was eating ice-cream with a flake” Beth

“I was thinking about swimming and feel refreshed”, “I could hear the kids running around the beach having fun” Donald

“I went to Blackpool to the beach to see the sun and the lights. I feel great and loved every bit of it” Joan

In some of the relaxations, residents imagined being with deceased family members.

“I was at home with my husband in the garden relaxing” Beth
Feedback on ideas for change
Residents also fed back on aspects of the classes they would like to change, for example Donald said: “next time I’d like it to be more energetic” and “can we do more and do it in the garden?” Where possible these requests were accommodated as it is important to recognise self-determination and choice in yoga and care for those living with dementia.

ii) Observation, attendance and engagement and ensuring the sessions were person-centred
A key part of the evidence about the yoga pilot was observing residents and their levels of attendance and engagement. This data was collected by the healthcare assistant observing and writing down notes about various aspects of the classes including who came, their level of participation, any physical difficulties and observation about non-verbal signals. There are benefits of those working on a day-to-day basis with the residents undertaking the evaluation of their participation, especially as they know the residents from other activities or care.

Given that for many of the residents verbal feedback was difficult, observations about their level of enjoyment was key to ensuring the sessions remained person-centered.

Key aspects of the classes were choices about who attended the sessions. It was decided to include residents who could follow basic instructions and whom the activities coordinator and healthcare assistant thought would enjoy the classes. Initially it was intended that there would be a fixed group of residents throughout the pilot. However, as the pilot was over a long time frame, it was decided that it would be better for the group and more person-centred if there was fluidity in attendance. Over the course of the pilot five residents dropped out before October due to deterioration in their condition and other residents joined the pilot.

On other occasions residents might have mood swings, be tired or lethargic or have aches and pains. Close observation over a period of weeks would usually help determine their suitability to continue. For instance one resident, Eleanor, began having notable mood swings and would enjoy the classes on some occasions but then stop enjoying them.

Other residents, despite reporting being tired or not wanting to attend initially, ended really enjoying and benefiting from the sessions once given some encouragement to attend. Knowing when to encourage residents or when to leave them is a key aspect of running the yoga sessions.

“Joe did not wish to come to these sessions as he said he was too tired, so we tried to encourage him to come but he really didn’t want to so we left it like that”

“Joan didn’t really want to come today but she did change her mind. She came down and joined in. Joan has a lot of stomach pain before but after she said it did help”

“At first Gemma didn’t want to join in, and she was upset at first however she tried to do all the exercises today, and then with the relaxing part Gemma fell asleep”

Observations by Karen, healthcare assistant

It was observed that the levels of residents’ engagement were variable, with some residents being 100% engaged and trying all the exercises, and others not taking part in everything. There were many positive observations by the healthcare assistant about residents’ involvement for example:

“Maureen was more alive after the yoga session”
Residents were also observed as particularly liking the natural movements for example the swimming movements and in the free movement part, they would make up more natural movement such as driving a car.

Many residents, including those who were unable to express their feelings verbally, were observed as really engaging with the movements:

“Ray really was getting involved today copying what Hayley was doing and following all movements”

Some residents showed improvements throughout the sessions for example:

“Donald is doing really well today joining in with everything, he is doing more than he has done previously”

“Wendy is really joining in with all the movements today. She seems really involved and doing all the things today which is lovely to see”

The residents were also observed as really enjoying the breathing and meditation and would join in these even if they could not join in all the other physical movements. Some residents seemed to feel nervous about closing their eyes at first but then got used to it, others just preferred to keep their eyes open and watch.

“Wendy joined in very well today with the breathing in and out”

“Maureen has been doing the breathing very well today and said that was the best bit today”

“Donald cannot put both arms up at the same time so he will do one at a time. Donald really closed his eyes, and was breathing well and said he really needed that”

Sometimes due to medication or other reasons, residents would feel tired during the classes. One solution to this was varying the time of the classes so one class took place in the morning and another in the afternoon. Another solution is to pick up the pace of the class slightly.

“Danny is feeling sleepy today, he is continuing to do all face movements and all sounds but he has said that he is feeling tired which is fine”

During the pilot, a number of other staff and family members joined in. Having other carers join in was really helpful and helped keep the sessions lively and interesting, it was also encouraging for those that were participating.

“Today two members of staff joined us with the yoga and they really seemed to like it”

“Today we had a member of staff come and join in. Hayley asked her if she liked what we were doing and she said she liked everything, and the fact we covered lots of different movements”

There were mixed experience in involving family members in the sessions. On some occasions it was helpful in encouraging resident participation and providing meaningful activities that the visitors could do with their relatives. However, on some other rarer occasions clients would become very verbal whilst family members were involved which could become disruptive for the other clients.

“Today we had Joan’s family join us, her daughter was really getting into it she said it was really good. However I think by having a member of Joan’s family there today did not help: she was disrupting everyone and her daughter was talking as well”
As the sessions progressed and residents became more familiar with the movements it was possible for the activities coordinator to provide some one-to-one help with those residents who were less able to follow the verbal and physical instructions. Due to the natural progression of dementia, some of the residents ended up being unable to continue in the group lessons and sadly one client died during the course of the project. When clients are unable to attend the group classes it can be hypothesised that it would be useful to engage residents with some individual classes, perhaps just focusing on relaxations, hand mudras and very simple movements that are also suitable for those that are bed bound.

At the end of the project, interviews were carried out with key project members and those supporting the project around the home. Exerts from these interviews can be viewed on Youtube: https://www.youtube.com/watch?v=2dfvQ6HRKzM

iii) Staff development and impacts on the home
A key point coming out of these interviews was around staff development and learning new skills. Both the activities coordinator and healthcare assistant reported enjoying learning new skills and the ability to be able to deliver a new, safe and beneficial activity.

“i really enjoyed being able to teach the yoga activities, and knowing these were safe for the residents through the guidance of the yoga teacher” Hayley, activities coordinator

“Taking the notes helped me get to know the residents better, and I really enjoyed seeing them being engaged in the activities” Karen, healthcare assistant

Often those living with dementia can also be very frail and care home staff may feel anxious about leading suitable and safe physical activities. After the yoga training, both the healthcare assistant and activities coordinator team members reported an increase in confidence in working with residents, and enjoyed having a greater range of activities that they could offer residents, thereby increasing choice.

Being able to deliver suitable yoga based interventions also required a new sub-set of skills, including knowing which activities were beneficial for which residents, as well as when and how to respond to residents’ needs within a larger group. These skills were developed and refined over the course of the project, showing the benefit of ongoing training and mentoring from the yoga teacher. Through their involvement in the innovative FoNS workshop days, the project team also learnt new practice development skills, for example on exploring ‘claims, concerns and issues’ around introducing gentle yoga into the residential care environment.

Other staff around the home could really see the benefits of the project and reported that it “improved wellbeing in the home” (Maggie Candy), and that it resulted in a drastic positive change in the residents’ demeanor (Nims Deol). Although the formal project has ended the tailored yoga classes have continued to take place at Marlborough Court.

Discussion
The results, including resident feedback, observations and interviews bring out a number of valuable discussion points.

A key factor was the range of resident abilities, stages of dementia, ages and engagement levels. Given this diversity it was considered essential to offer a range of activities within the yoga sessions and not just physical movements (asana). These included work with sounds, made up movements, self-massage, breath work (pranayama) and relaxation/meditation. Observation of residents showed
that they appreciated a range of different sections within the yoga sessions, with some residents joining in some but not all parts. Another key aspect was around not being too rigid in the type of yoga delivered, and that is why the sessions were referred to as yoga based. Harmer and Orell (2008) have found that ‘Residents living with dementia found meaning in activities that addressed their psychological and social needs ... in contrast, staff and family carers viewed activities that maintained physical abilities as meaningful’. Therefore providing both physical and mental stimulation and exercises within a group setting helped to provide meaning for both staff and residents. Feedback from the client group showed that residents liked made up natural movements, working with sounds, tapping and other practices that might not be included in a traditional yoga class. Deep breathing is said to help promote relaxation and healing, and residents were observed to really like this part of the class.

Residents really enjoyed the guided meditations, which were similar to Yoga Nidra practices. Yoga Nidra helps to take participants into a state somewhere between sleeping and waking, and is said to promote deep relaxation and healing (Saraswati, 1976). However, with this client group it is important to choose appropriate images and journeys for these meditations; for example things that they would remember such as trips to the seaside or parks, and not more contemporary images such as visits to exotic places. The residents really seem to be able to relax and reminisce during these practices. On some occasions, during the relaxations, residents would remember their husbands or other relatives, which they found soothing.

Another key discussion point of this study was the importance of not always expecting dramatic results in this group. There is no cure for dementia and the disease progression can be fast or slow. Those living with dementia will have good days and bad days and this was shown within the pilot. Therefore, it is important to recognise and celebrate all successes, for example, for some residents the chair-based yoga was the only group activity that they engaged in. ‘Research has shown that group activities can contribute to wellbeing and feelings of social inclusion’ (NESTA, 2016) and residents reported enjoying being part of the yoga group. Residents’ enjoyment was also evidenced by the healthcare assistant and those around the home who could really see everyone getting engaged and involved.

Over the course of the pilot, five residents dropped out before the beginning of October, either due to their condition deteriorating, or because they were finding it difficult to follow the instructions, or they seemed to be no longer benefiting from the classes. For future pilots it might be useful to refer such residents for individual sessions with a yoga teacher to observe how these residents might fare with one-to-one sessions.

There were definite benefits of those knowing the residents delivering the sessions. In particular, by knowing which residents needed encouragement to attend, or when a resident’s condition was deteriorating. People living with dementia might find their moods change on a daily basis and it is important for those working with the residents to be able to ‘read’ and respond to these subtle shifts. Also during the sessions knowing when to encourage residents or when to leave them to rest is key to ensuring the residents get the most out of the sessions. There are important lessons in allowing residents to join in as much or as little as they like. Often in regular yoga classes for average ‘fit’ populations, teachers will say ‘join in as much as you can’ but sometimes the body language of the teacher and the behavior of the other students will not encourage this. ‘Doing what you can’ however, is a key part of working with this client group especially to ensure the classes remain safe, and therefore having sensitive people delivering the sessions is essential.

It was observed that residents were often tired, maybe in part due to their medication. The movements with sound and tapping movements were really great for enlivening residents. Allowing
Residents to make up free movements and share them with the group is also empowering and helps residents think and engage.

Having two members of staff deliver and observe the yoga was invaluable, as this meant that some residents could be given one-to-one attention within the class, it also meant that if a resident needed to leave the session, they could be assisted safely away without disrupting the whole class. Over the course of the project, the team delivering the yoga-based interventions reported an increase in skills, confidence and range of ways of working with and engaging this group of residents. The team found this satisfying and rewarding. It was also useful that other care home staff would join in, and help encourage residents to attend both by physically helping residents get to the session, but also in their body language and enthusiasm for the yoga.

In delivering the yoga sessions it was important for residents to have self determination by being able to make up some of their own movements, choosing which movements they participated in, being free to leave and also being able to influence the times of the sessions.

Conclusion
The evidence from the pilot shows that delivering gentle tailored chair based yoga to people living with dementia in residential care environments was a successful intervention. Residents reported physical, mental and other benefits, and staff observed a high level of engagement and involvement in the sessions which could help lead to higher levels of wellbeing throughout the home.

Recommendations
It is recommended that as a result of this project, a wider application of gentle chair based yoga for those living with dementia who live in residential care, or at home may be beneficial. These simple sessions can be delivered by those working regularly with the residents, or relatives, with training from an experienced yoga teacher who has knowledge of working with this client group.

A key element of the success of this project was around changing practice, in particular involving others in the project. The popularisation of yoga and increased images of young, fit, mainly middle class, white women in bendy positions has led to many believing that yoga is quite an elite practice and not suitable for everyone. This goes against some of the origins of yoga as a gentle therapeutic practice suitable for all. Involving other staff in the home through exploring shared values and beliefs about person-centered care, and their participation in some of the gentle movements and breathing exercises was essential for getting their support for the project. It was also important to explore wider potential benefits of increased resident welfare and staff involvement. For example, care home staff members often have to do heavy lifting and the shoulder and neck yoga sequence is beneficial. Also care work can be stressful and the breathing exercises can reduce stress and anxiety and teach staff take home relaxation techniques.

In terms of recommendations for further studies it would be useful to see if those residents who were unable to continue in group sessions would have benefited from more tailored one-to-one sessions. These would need to be delivered in conjunction with a qualified yoga teacher with experience of working with these groups. Another potential follow on for the project would be to try to further integrate the yoga sessions within the home by involving more of the carers and other staff members, so that they could deliver yoga ‘flash-mobs’ when they deemed it suitable for residents to either move a bit more, or when they needed a short relaxation session!
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- Dr Andrew Cummings for his medical advice on this project
- James Heather for his support and the creation of the project films

References


This short yoga inspired sequence is designed for patients/residents living with dementia. It has been developed by the yoga teacher with input from activities coordinator and healthcare assistant. It is fun and upbeat and incorporates made up movements and client choice. It is particularly suited to those living with dementia, as it requires clients to ‘learn’ and remember mini sequences and move in different ways. This helps to awaken underused neural pathways.

The sequence should take about 20 minutes. If participants seem agitated it might be best to slow things down, or speed up if clients appear to be sleepy. While this appendix provides an outline of a typical sequence for chair based yoga tailored to those living with dementia it should not be attempted without first receiving qualified yoga instruction in person to avoid potential risks to clients and carers.

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Description</th>
</tr>
</thead>
</table>
| 1 Introductions, instruments and made up movements | a) Allow each client to select an instrument i.e. shakers, tambourines etc.  
b) Each client introduces themselves with their name and a movement with their instrument.  
c) Everyone in the circle copies the movement.  
d) Remember to repeat movements on the left and right to balance the body. |
| 2 Neck circles | a) Imagine a pencil on the tip of the nose.  
b) Begin to make small circles in a clockwise direction on the wall opposite / gradually spiraling out these circles and making them bigger and bigger.  
c) Once the client has reached the maximum capacity then begin to spiral back into the centre.  
Repeat in a counter clockwise direction. |
| 4 Shoulders | a) Rolling shoulders back a few times.  
b) Bring the hands onto the shoulders. Then bring the elbows together in front of the chest and make big circles forward with the elbows.  
c) Then circle the elbows backwards,  
d) Finally circle the elbows in opposite directions.  
c) Finish by opening and closing the spine, in a ‘cat and cow’ motion. |
| 5 Dynamic rainbow side stretches and twists. | a) Reach up to the ceiling and wiggling the fingers sway the arms and torso to the left and right (a bit like you were painting a rainbow in the sky).  
b) Repeat 3 times. On the last time take the right hand to the arm of the chair and stretch the left hand up and over – palm facing down and focusing on taking three big breaths into the side ribs.  
c) Repeat to the LHS.  
d) Twists to left and right. Reach the arms up high and then twist to the right bring the hands onto the arms of the chair, then reach up and repeat to the left hand side.  
e) Repeat 2 times and on the final side stay in the position for 3-5 breaths. Focus on lifting on the inhalations and twisting on the exhalation. |
| 6 Arms, hands, fingers and wrists. | a) Giving and receiving ‘mudra’. Bringing the hands palm together at the heart centre, push the hands away, then bring the backs of the hands together (keeping the wrists together if possible) and then circling the other way). During the practice it is useful to focus on what you ‘give and receive’ in life.  
b) Lift one hand up in line with the shoulder, and use the fingers of the other hand to stretch out the wrist.  
c) Circle the wrist one way and the other |
<table>
<thead>
<tr>
<th>7</th>
<th>Seated sun salutations and stirring the pot</th>
</tr>
</thead>
<tbody>
<tr>
<td>d)</td>
<td>Lift and lower the arm taking the fingers down as the hand rises, and fingers up as the hand lowers.</td>
</tr>
<tr>
<td>e)</td>
<td>Stretch out the fingers and then open and close the fingers one at a time (repeat 3 times), then shake out the hand and relax it down on the knee.</td>
</tr>
<tr>
<td>d)</td>
<td>Repeat LHS.</td>
</tr>
<tr>
<td>8</td>
<td>Legs</td>
</tr>
<tr>
<td>a)</td>
<td>Lift both hands high and stretch the spine tall.</td>
</tr>
<tr>
<td>b)</td>
<td>Bow down to the floor, resting the hand on the legs.</td>
</tr>
<tr>
<td>c)</td>
<td>Straighten spine and look up.</td>
</tr>
<tr>
<td>d)</td>
<td>Bow the head again towards the knees</td>
</tr>
<tr>
<td>e)</td>
<td>Lift head</td>
</tr>
<tr>
<td>f)</td>
<td>Repeat 3 times.</td>
</tr>
<tr>
<td>f)</td>
<td>Take the hands together and image we are stirring a big pot of porridge – going one way and another way.</td>
</tr>
<tr>
<td>9</td>
<td>Swimming / Running / Cycling</td>
</tr>
<tr>
<td>a)</td>
<td>Make swimming motions with the arms. First breast stoke, the backstroke and then front crawl.</td>
</tr>
<tr>
<td>b)</td>
<td>With the feet make small running movements then progress to using the arms also.</td>
</tr>
<tr>
<td>c)</td>
<td>Holding the arms of the chair the client can make cycling motions with the legs.</td>
</tr>
<tr>
<td>1</td>
<td>Face</td>
</tr>
<tr>
<td>a)</td>
<td>Smooth over the face and neck with the hands</td>
</tr>
<tr>
<td>b)</td>
<td>Make small circles over the temples and where the upper and lower jaw meets.</td>
</tr>
<tr>
<td>c)</td>
<td>Massage side of the neck</td>
</tr>
<tr>
<td>3 part yogic breathing</td>
<td></td>
</tr>
<tr>
<td>a)</td>
<td>Take hands on to the lower belly with the middle finger touching. Breath in and out into the belly.</td>
</tr>
<tr>
<td>b)</td>
<td>Notice the feeling of the breath going into the belly and out of the belly, notice the way your fingers move.</td>
</tr>
<tr>
<td>c)</td>
<td>Next take the hands to the ribs and start to notice the way the breath moves the ribs out to the side. Take a few deep breaths here.</td>
</tr>
<tr>
<td>d)</td>
<td>Next take the hands to the collarbones and notice the breath here.</td>
</tr>
<tr>
<td>e)</td>
<td>Next take one hand back to the belly and leaving the other one where it is.</td>
</tr>
<tr>
<td>f)</td>
<td>Imagine the breath to be like a white light and feel the breath moving up the body, and then leaving the body.</td>
</tr>
<tr>
<td>g)</td>
<td>Finishing by taking both hands into the lap and noticing how the body feels.</td>
</tr>
<tr>
<td>1</td>
<td>Guided relaxation</td>
</tr>
<tr>
<td>a)</td>
<td>Ask clients to relax fully in the chair, close their eyes and let go of any physical tension.</td>
</tr>
<tr>
<td>b)</td>
<td>Start by taking deep breaths, with each exhale image you are relaxing more and more fully.</td>
</tr>
<tr>
<td>b)</td>
<td>Next imagine you are on a visit to the beach.</td>
</tr>
<tr>
<td>c)</td>
<td>Feel the sand beneath you.</td>
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</tbody>
</table>
|   | d) Imagine the feeling of the gentle warm sun on your face and a light breeze.  
|   | e) Listen to any sounds.  
|   | f) Imagine and visualise what else you would be doing on the beach.  
|   | g) Leave clients in the relaxation for 5-10 breaths  
|   | h) Slowly imagine yourself returning to the room, visualize those around you and when you are ready slowly open your eyes |
# YOGA AND DEMENTIA IN RESIDENTIAL CARE SETTINGS

## Appendix II: Yoga clients, attendance, engagement and notes

<table>
<thead>
<tr>
<th>CODE</th>
<th>NAME AND AGE</th>
<th>TYPE OF DEMENTIA</th>
<th>MEDICAL, MOBILITY and other issues</th>
<th>ATTENDANCE</th>
<th>ENGAGEMENT AND NOTES</th>
</tr>
</thead>
</table>
| 1    | Donald, 83   | Dementia has not been diagnosed but is suspected. However client has been diagnosed with Korsakoff’s syndrome. | Client takes pain relief three times a day.  
Client is unsteady on his feet and walks with a walking aid.  
Prone to falls. | Attended 19th May – 22nd October | Donald had a high level of involvement and engagement, after a few sessions knew why he was attending the sessions. Enjoyed the autonomy of being able to make up his own movements. Showed improvements over the time in the range of movements he was able to do. |
| 2    | Joe, 88      | Client has confusion / dementia (NB: dementia not formally diagnosed). | Client takes pain relief for his legs.  
Client is unsteady on his feet and uses a walking aid.  
Client also suffers from asthma and uses an inhaler. | Attended 19th May – 13th August | During Joe’s attendance in the classes he was willing to try out new movements, and particularly liked the natural movements. Particularly enjoyed the guided relaxation.  
He might have benefited from 1-2-1 sessions.  
He stopped in August as dementia deteriorated. No longer physically wanted to come. |
| 3    | Maureen, 96  | Alzheimer’s Disease | Client takes occasional medication for pain relief.  
Client can walk alone but at times can be unsteady. Client likes to sit down and has to be reassured she will not fall. | Attended 19th May – 22nd October | Maureen is comfortable with moving all of her limbs but struggles to stretch out very far. Likes the natural swimming movements and face exercises.  
She really enjoys moving with others and being part of a group. |
<table>
<thead>
<tr>
<th>Client</th>
<th>Age</th>
<th>Diagnosis</th>
<th>Mobility</th>
<th>Attendance Dates</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ellen</td>
<td>84</td>
<td>Dementia / confusion</td>
<td>Fully mobile</td>
<td>Attended 19\textsuperscript{th} May – 28\textsuperscript{th} May</td>
<td>Ellen attended some sessions but struggled to move her arms. She seemed to enjoy the sessions she attended but found it difficult to focus and follow instructions. She only attended 2 weeks as she had a fall and deteriorated. Also found it difficult to focus in group activities and follow instructions.</td>
</tr>
<tr>
<td>Hank, 74</td>
<td>Confusion due to brain atrophy</td>
<td>Fully mobile, with no walking aids. Client walks with head down. Easily annoyed and short tempered and can be restless. Finds it difficult to sleep.</td>
<td>Attended 19\textsuperscript{th} May – 16\textsuperscript{th} July</td>
<td>Hank seemed to enjoy the classes, as was smiling all through and chatting. However, he began talking all the way through the classes and became disruptive. He might have benefited from 1-2-1 classes.</td>
<td></td>
</tr>
<tr>
<td>Eleanor, 84</td>
<td>Dementia / confusion</td>
<td>Fully mobile with no walking aids. Client had one fall in March 2015 and spent a brief time in hospital for observation. Client is easily annoyed and short tempered and suffers from mood swings.</td>
<td>Attended 19\textsuperscript{th} May – 6\textsuperscript{th} August</td>
<td>Eleanor would sometimes really enjoy the sessions but other times become disruptive. In the sessions she attended Eleanor enjoyed movements through the wrists and the relaxation. She showed some improvement during the yoga. In her Behaviour care Plan on 7\textsuperscript{th} June client was physically and verbally abusive to staff, on 7\textsuperscript{th} July review showed she is calm and no distress. However in August she became disruptive and stopped attending class.</td>
<td></td>
</tr>
<tr>
<td>Joanna, 85</td>
<td>First onset Dementia / confusion</td>
<td>Fully mobile</td>
<td>Attended 19\textsuperscript{th} May – 22\textsuperscript{nd} October</td>
<td>Prior to moving to Marlborough Court Joanna suffered long term depression, however at Marlborough court the client showed improvements. She would join in all the movements and say she loved the yoga and</td>
<td></td>
</tr>
</tbody>
</table>
24

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Diagnosis</th>
<th>Observations</th>
<th>Comments</th>
</tr>
</thead>
</table>
| 8 | Wendy, 93 | Dementia with Lewy Bodies | Uses walking stick to walk, no falls or signs of falls.  
Clients suffers from anxiety and worries a lot.  
Sense of purpose low.  
Bad arthritis in knees and legs. | Wendy reported that the yoga helped her legs, and in the relaxation imaged running.  
She was observed as being really engaged in the movements and following them, and seemed to really enjoying the breathing.  
Wendy stopped attending at the beginning of October as became unable to follow instructions |
| 9 | Ray, 85 | Vascular dementia affecting cognition | No sign of falls.  
Client is fully mobile and uses no walking aids.  
Client also has hypertension and pacemaker.  
Client sometimes observed as being sad. | Ray spent the first few sessions observing other clients but then started joining in with small movements.  
He progressed to joining in more of the movements each session and always would be smiling in the sessions. Ray would not close his eyes in the relaxation but would remain still and quiet.  
He enjoyed natural movements such as ‘swimming’ ‘running’ and really enjoyed the breathing exercises. |
| 10 | Beth, 87 | Dementia – unspecified | Client also suffers from:  
Depression and mood swings  
High blood pressure  
Water retention and thyroid problems.  
Client has no history | Beth is trying hard to join in movements and showed high levels of engagement. She also shows enjoyment at being part of a group activity.  
She also enjoyed the face exercises and the relaxation.  
Beth reported feeling relaxed and comfortable and enjoyed the routine. |
<table>
<thead>
<tr>
<th></th>
<th>Name, Age</th>
<th>Condition</th>
<th>Details</th>
<th>Attendance Dates</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Joan, 87</td>
<td>Alzheimer's Dementia</td>
<td>Of falls but walks with a stick of Zimmer frame. Client also suffers from: COPD, Arthritis, Hard of hearing, Some pain. Client has no history of falls but over long distances uses a wheelchair.</td>
<td>Attended 15&lt;sup&gt;th&lt;/sup&gt; September – 22&lt;sup&gt;nd&lt;/sup&gt; October</td>
<td>Joan love to chat during the sessions and finds it hard to stop talking and always need to be in control and occasionally would ‘tell off’ other clients. She really enjoys all the movements and the relaxation.</td>
</tr>
<tr>
<td>1</td>
<td>Gemma, 85</td>
<td>Alzheimer's dementia</td>
<td>Client also has a curved spine. Client suffers from depression and thyroid problems.</td>
<td>Attended 3&lt;sup&gt;rd&lt;/sup&gt; September – 22&lt;sup&gt;nd&lt;/sup&gt; October</td>
<td>Gemma is fine with the movements but finds it hard to sit up straight. She seems to really enjoy many of the movements and sounds and its often smiling in class.</td>
</tr>
<tr>
<td>1</td>
<td>Gail, 88</td>
<td>Severe Vascular dementia</td>
<td>Client is fully mobile but has severe communication problems.</td>
<td>Attended 4&lt;sup&gt;th&lt;/sup&gt; August – 13&lt;sup&gt;th&lt;/sup&gt; August</td>
<td>Gail needed some 1-2-1 support with the yoga and really enjoyed the sessions in particular the movements with the instruments. Gail was on respite care so only attended two weeks of sessions</td>
</tr>
<tr>
<td>1</td>
<td>Kathleen, 96</td>
<td>Dementia - unspecified</td>
<td>Recovering from a recent fracture to her arm.</td>
<td>Attended 27&lt;sup&gt;th&lt;/sup&gt; August – 22&lt;sup&gt;nd&lt;/sup&gt; October</td>
<td>Kathleen really enjoyed the movements. Reported that she feels better for making the effort to attend, and really enjoyed the relaxation.</td>
</tr>
</tbody>
</table>

From the 13<sup>th</sup> October Beth deteriorated and could no longer attend the classes.