



Social Work Resources



Lanarkshire Movers and Shakers

Guide to **chair-based exercises** for older people





Foreword

This booklet is designed to provide information and advice to those who wish to provide chair-based exercises for older people who use residential day care services. Exercise can be beneficial for almost everyone. Even frail older people with stable medical conditions can benefit physically and mentally from exercise if it is done appropriately and a common sense approach is vital. The information in this booklet is not exhaustive. If in doubt about an individual's health or ability to participate in chair-based exercise, seek advice from their GP or physiotherapist.

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Introduction

There are many reported benefits of exercise and activity. Some of these benefits are listed below:

Physical

- Increased/maintained range of movement
- Increased/maintained muscle strength
- Increased/maintained circulation
- Improved sleep pattern
- Increased energy levels
- Improved/maintained balance
- Promotes bone health
- Improved appetite
- Improved/maintained mobility
- Improved /maintained ability with activities of daily living
- Improved/maintained co-ordination
- Reduced risk of infections
- Reduced risk of falls

Psychological

- Improved self-esteem
 - Reduced anxiety
 - Reduced depression
 - Reduced "behaviours that challenge"
 - Reduced boredom
 - Reduced irritability
 - Increased opportunity for socialisation and fun
 - Positive peer pressure
 - Improved alertness/concentration/cognition
 - Improved staff morale
 - Improved relative satisfaction
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Getting started

Before commencing any chair based exercises there are certain things to consider. It is essential that you know your participants well from the following points of view; medical conditions (both longstanding and new), exercise tolerance and personality.

Medical conditions

As previously mentioned a common sense approach is required. People who should not take part include:

- Those with unstable medical conditions e.g. heart, chest, unstable diabetes, unstable angina, acute infections, acute joint/muscle problems and anyone feeling unwell.

Advice should be obtained from a medical practitioner before offering exercise to anyone with a recent fracture or dizziness.


Other medical conditions which may require the exercises to be modified include the following:

Stroke

The effects of a stroke may result in difficulty moving some parts of the body. In most cases encouraging movement of the affected side is a positive thing, even if the participant requires to assist their affected side with their non-affected side. Jerky movements should be avoided and caution should be taken with shoulder movements. Movements which involve taking arms above the head are best avoided unless advised by a physiotherapist. Remember, stroke affects everyone differently.

Arthritis

This is a very common condition in older people. There are different types of arthritis. In general exercise is something that should be encouraged to keep joints mobile and muscles supporting joints strong, however if someone is experiencing a flare up of their arthritis in that the joint/joints are hot, painful or inflamed, advice should be obtained before encouraging participation. People who do take part should be advised that they should not feel any unusual pain either during the exercises or afterwards and if they do they should report it to you.





Parkinson's Disease

Physical activity can be very beneficial for people with Parkinson's Disease. Physical symptoms include stiffness, tremor, slowness of movement and stooped posture. People with Parkinson's Disease may have difficulty lifting their arms above their head if their posture is stooped and may have difficulty with jerky, fast movements.

Hip joint replacement

People who have had any type of hip replacement surgery should avoid bending their hip more than 90 degrees (past the right angle) for at least 12 weeks. This includes exercise which involves the person bending forward at the waist, bending their hip past the right angle as well as lifting the leg and bending their hip past the right angle. Crossing the legs should also be avoided for at least 12 weeks. This is to avoid the risk of hip dislocation.

Hearing and sight problems


Check participants are wearing any aids such as glasses and hearing aids and that they are in good working order. Supporting staff should stand or sit themselves in positions that allow participants to be able to see them and provide any physical support. Use visual cues, demonstrating what you want the participant to do. Minimise noise and disruptions and ensure good lighting.

Osteoporosis

This condition means that people's bones are weaker and therefore more at risk of fracture. People with osteoporosis often have a stooped or curved spine which may result in them having difficulty with exercises which involve lifting their arms above their head. Movements involving twisting the spine and bending forward from the waist could result in spinal fracture especially if undertaken in an uncontrolled or jerky fashion. Staff should always take extreme care when working with someone with this condition.

Angina

Angina is a heart condition and typical symptoms include discomfort in the middle of the chest which may spread to the throat, neck, jaw or arm. It can also cause breathlessness. If someone has a history of angina it is important to know if it is stable and what sort of activities are likely to bring it on. It does not necessarily mean the person is unable to take part, but advice should be sought from the GP. If the person is able to take part you should ensure any GTN spray is easily accessible when exercising.





Lung conditions

Conditions such as bronchitis, emphysema, and asthma can lead to shortness of breath either at rest or on exertion. You must ensure participants are not so short of breath that they cannot hold a conversation and keep any inhalers close at hand. If in doubt seek advice from the GP regarding the person's suitability to take part in exercise.

Dementia

People with dementia may have difficulty following complex instructions, so instructions should be kept simple, perhaps supplemented with visual cues such as gesture. Supporting staff should position themselves so that the person with dementia can easily see them and offer physical prompting as required. It is important that activities should be failure free so complicated games requiring high levels of cognitive ability should be avoided. Consider the design of the environment in terms of colours, patterns, textures, doorways, noise and distractions. A noisy atmosphere can increase anxiety and agitation in some individuals. Be aware of your own body language – smiling is good! Remember that some people with dementia have a short attention span. Get to know what individuals can cope with and plan the activity within that time frame.

Exercise tolerance

For anyone who has not exercised regularly they will need to build up their tolerance gradually. Always do less to begin with and do not leave people feeling sore the next day. You want them to look forward to the next session.

Personality

Everyone is different in terms of likes and dislikes so it is important to know what type of exercise activities the individuals might enjoy. Some people enjoy exercising in a group setting, others do not. Some people enjoy competitive games, others do not. Some individuals may enjoy a cognitive component to the exercises such as a word game, others may not. Some people may enjoy singing and dancing, others may not. What some people may find fun other people may find undignified. Think about factors such as preferences in music and be conscious of peoples' histories and backgrounds. Try not to make assumptions about what they will like. Not all older people enjoy music from the war period for example as it may bring back bad memories. Always ask what people like – you might be surprised!





The environment

The environment you choose to hold an exercise activity in is very important. Listed below are some of the areas you need to consider.

Seating

- Ensure chairs are stable and supportive but do not restrict peoples' movement.
- Ensure people can put their feet on the floor.
- Ensure everyone can see you.
- You might need to be either across from someone who requires more support or by their side, depending on their needs.

Lighting

- The area should be well lit so that everyone can see what you are doing.

Temperature

- The area should not be too hot or too cold.

Noise

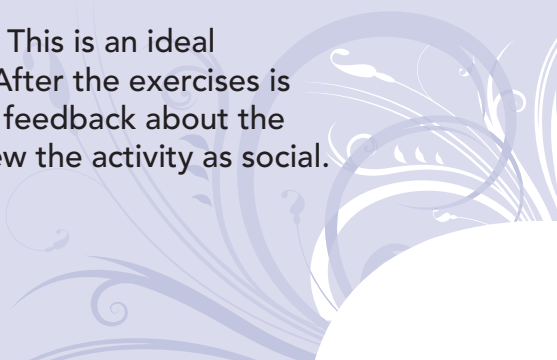
- Ensure that noise and distractions are kept to a minimum (especially if your participants have any sensory problems or cognitive impairment).
- Tell other staff what you are doing and ask them not to disturb the activity.

Equipment/music

- Make sure that everything you need for the activity is close at hand. (You will lose momentum if you stop to go and get something).
- Think about people's musical tastes and preferences and don't make assumptions.
- Think about the music you will use (if any). It needs to be suitable to achieve the desired outcome (e.g. reminiscence, relaxation, stimulation).

Refreshments

Many people do not drink as much fluid as they should. This is an ideal opportunity to encourage older people to drink more. After the exercises is a good opportunity to have refreshments and give/take feedback about the activity. This approach will also encourage people to view the activity as social.





Clothing/footwear

- Check that everyone is wearing loose comfortable clothing and well-fitting footwear to maintain their freedom of movement, comfort and dignity.

Healthcare needs

- Make sure peoples' health and personal care needs e.g. toileting, medication, nutrition and hydration have been met before starting the activity. This preparation will mean it is more likely that people will have a positive experience and you will be less likely to be interrupted.

Consent

- Ensure everyone who is there wants to be there.


Explanation

Always start with an explanation of what is about to take place. Always reassure the participants that everyone is different and that they should only do what they can. Advise them they should feel no pain or discomfort and if they do they should let you know.

Getting assistance

You should discuss with your colleagues in advance any assistance you might need during the activity. One of your participants may wish to leave or may wish to visit the bathroom. You do not want to lose the momentum of what you are doing so would want another member of staff to assist the participant if required. You would also wish to discuss what the protocol would be if a participant became unwell.

The exercises....



The next section of this booklet focuses on what exercises you might want to include in your exercise session. Remember that this is a guide for what exercises would be included in a comprehensive exercise class. When dealing with very frail individuals with poor exercise tolerance it is essential to start with low intensity and duration. You may well have to modify what you do with more emphasis on general recreation and wellness in the first instance with a gentle warm up and cool down. Depending on how people progress, other components can be added over time.



Exercise class plan

Warm up

- Posture in chair
- Breathing exercises – no more than 4 or 5 at a time
- Lower limb – heel toe raises, knee extensions, marching on spot (caution if recent hip replacement), hip in and out
- Upper limb – finger flexion/extension, wrist circles, elbow bends, shoulder shrugs rolling, shoulder elevation

Mobility and sitting balance

- Pelvic tilting/slumping
- Unsupported sitting, varying levels support (trying to sit with back away from back of chair without holding on)
- Thoracic rotations **must be done carefully/non jerky*
- Side bends **must be done carefully*
- Chest stretch
- Hip wiggles – back and forth in chair


Strength, balance and endurance

- Through range quads – hold leg in extension for 5 seconds
- Sit to stand practice if able (ensure safety with walking aid or supervision as required)
- Reaching exercises in standing if able
- Palm press
- Chair push ups
- Finger lifts

Aerobic

- Activities such as marching, small leg kicks, clapping, swimming actions. Start small with small movements and just either legs or arms on their own. Exercise can be progressed by making bigger movements and moving arms and legs together.

Cool down


- As for warm-up
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Suggestions for props and games

- Use of balloons, soft handballs, beach balls, bean-bags, gym/Pilates balls
- Parachute
- Target games
- Skittles and carpet bowls
- Use of props (e.g. hats, scarves, flags)
- Musical instruments
- Word and number games (e.g. alphabet games)
- Sing-a-long
- Use of themes e.g.
 - the decades - 20's, 30's
 - Music genres – jazz, country, romantic
 - Countries – Scottish, Irish
 - High days and holidays – beach theme, Easter, Burns' night, Christmas

Important things to remember

- Never hold breath
 - Apply the talk test
 - Movement should be smooth and rhythmical, never jerky
 - Keep arm movements low at first to prevent shoulder strain
 - Never hold one position for more than 5 or 6 seconds
 - Muscles should feel comfortably tired and stretched but never painful
 - Always build up any exercise regime gradually, especially when dealing with frail elderly participants
 - Always observe for signs of distress or discomfort (e.g. pain, pallor, sweating, unfamiliar shortness of breath, dizziness, nausea, chest pain)
 - Discourage movements such as head circles and neck extension movements
 - If in doubt seek advice
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And afterwards...

As mentioned earlier this is an ideal opportunity to provide refreshments and also provides you with an opportunity to ask the participants how they found the session. You can also give reassurance that it is ok to feel a little post exercise ache in their muscles if they are unaccustomed to exercise but that they should not feel pain.

Documentation

Ensure appropriate documentation is completed detailing; what you did, why you did it, what the outcome was (i.e. what difference did it make and your intentions for the future (e.g. if you will do it again, not do it again or make some changes).

Finally...

The purpose of this booklet is to provide some guidance when providing chair based exercises for older people. Safety is obviously the first priority, however, with a common sense approach the benefits far out way the risks. Remember, it is supposed to be enjoyable and fun! If in doubt always seek advice about an individual's appropriateness to take part. Don't be put off if you do not have much time. Five minutes, if done well can be extremely enjoyable. It might just be the best five minutes of their day and yours!

For more information phone 0303 123 1008.





For more information or if you want this information in a
different format or language, please phone 0303 123 1015
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