

Yoga and Exercise in Geriatric Patients: Short communication

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DESCRIPTION

Yoga is a type of exercise therapy with movement and relaxation that receives increasing awareness in the community. There are different forms of yoga which are performed in single or group therapy sessions. As the yoga therapy is increasingly popular more reports about complications after therapy sessions are reported. An especially vulnerable group of patients are elderly persons with a high risk of osteopenia or osteoporotic bone, which supports less strain and has a higher risk of fracture. The most reported complication after yoga therapy is a vertebral fracture of the spine. The most frequent location is the lumbar spine, however fractures can also occur in the thoracic and even in the cervical spine. The reduced strength of the vertebral bone is induced by the change of the trabecular structure beside the changes of the soft tissue. However in elderly patients there is not only a change of the vertebral bone but also of the disc tissues. This leads to hypermobility and segmental instability. In addition geriatric patients often suffer from arthrotic changes in the facet joints. The arthrotic changes can lead to signs and symptoms of spinal stenosis, sometimes in combination with nerve root symptoms. The local forces induced by special yoga exercises such as spinal flexion and extension and lateral bending combined with intense strain can induce vertebral fractures. The second group of exercises which should be performed with caution are relaxation and balance exercises. The relaxation exercises should be performed sitting or in a supine position on the floor and the balance training in positions where there is no risk of falling. The classical balance exercise is the position on all fours on the floor but the so called one-leg stand should only be performed together with the therapeutic and the patient must have the possibility in case of instability to hold on something stable.

Unfortunately there is no single study in which the incidence and the mechanism of fractures during yoga therapy have been studied. A geriatric patient has to perform a proper osteoporosis assessment before he starts with a yoga therapy. An osteoporosis assessment includes bone mineral density measurement, x-rays, vertebral morphometric assessment and osteoporosis risk assessment with the FRAX: The fracture risk assessment tool. In case of new vertebral fractures there should be a pain reducing physiotherapy at least for 8-12 weeks. In a patient who already suffered from vertebral fractures a close monitoring of pain has to be performed. In osteopenic or osteoporotic high risk patients only a one to one and no group therapy can be performed.

CONCLUSION

Additionally a geriatric assessment would help to assess the gait and the balance performance. A geriatric assessment includes also a cognitive assessment. The alteration in the trabecular structure, in addition to the changes in the soft tissue, causes the spinal bone to lose strength. However, in aged patients, not only the vertebral bone but also the disc tissues alter. As a result, there is hypermobility and segmental instability. Furthermore, geriatric people frequently experience arthrotic changes in the facet joints. Arthrotic alterations can cause indications and symptoms of spinal stenosis, especially when combined with nerve root problems. Local forces created by certain yoga activities such as spinal flexion and extension, as well as lateral bending, when paired with strong strain, can result in vertebral fractures. Relaxation and balance exercises are the second type of exercise that should be done with prudence.

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