Pedagogy Insights
An International Peer reviewed Journal of Multidisciplinary research
Vol. 1, Issue 3, October 2026, 228–236
ISSN: 3139-843X
DOI: https://doi.org/10.5281/zenodo.24187435

Impact of Common Yoga Protocol on Physical Fitness among Older Adults

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DOI: https://doi.org/10.5281/zenodo.24187435

Abstract

There is increasing global interest in non-clinical strategies for healthy ageing. Yoga is a holistic strategy and has its roots in ancient knowledge systems. It is an effective way to improve the physical, social and mental health of senior citizens. This research paper presents the findings of a three-month yoga intervention program conducted for older adults using the Common Yoga Protocol. The study was a randomised controlled trial. Forty participants (20 men and 20 women) aged 60 years or older were randomly assigned to the experimental group (20 participants) and control group (20 participants). The yoga group practised for 45–60 min on a daily basis for 3 months and the control group continued with their daily routines. Flexibility and balance were measured before and after the intervention. The results showed that the experimental group had better physical fitness measures than the control group. Joint flexibility increased ($p < 0.001$) and balance improved ($p < 0.001$). Morning yoga practice can boost the physical fitness of the older adults.

Keywords:
Active Ageing, Common Yoga Protocol, Pranayama, Meditation, Balance, Flexibility

Manuscript Information
- **Received:** 01-10-2026
- **Accepted:** 06-11-2026
- **Published:** 12-11-2026
- **MRR: 1(3);** 2026: 228–236
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- **Plagiarism Checked:** Yes
- **Peer Review Process:** Yes

How to Cite this Article
Krishna, A. P., Impact of Common Yoga Protocol on Physical Fitness among Older Adults, *Pedagogy Insights*, 1(3), 228–236
https://pedagogyinsights.com/index.php/files/issue/view/3

Access this Article Online
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Introduction

1.1 Background

Currently, the world is witnessing a rapid increase in the proportion of older adults aged 60 years and above. The global population of older adults was approximately 900 million in 2015 and is expected to exceed 2 billion by 2050 (World Health Organisation, 2018). This demographic change can pose major challenges for public health systems, because addressing the physical, psychological and social needs of

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older adults in a timely and effective manner is a major concern for community health.

Ageing is a biological process in which there is a progressive decline of functional capacity. It is frequently associated with lifestyle-related pathological conditions, including loss of muscle mass, weaker bones, balance problems and reduced physical capacity (Kalyani et al., 2014). Besides these physical problems, there are psychological problems such as anxiety, depression and social isolation which greatly affect the quality of life of older adults (Blazer, 2003). The normal course of daily life activities of the elderly is frequently disrupted by physical and psychological health problems, and often creates a need for assistance from others**.**

1.2 The Necessity of Yoga

Medical care has traditionally been used to deal with health problems associated with ageing. But the increasing costs of health care, as well as problems such as side effects from overdosing on medicines and polypharmacy, create many troubles for senior people nowadays. In this regard, affordable non-chemical alternatives are a big part of the lives of senior citizens.

Yoga is present in an ancient tradition of India. Yoga is the systematic practice to attain general good health and wellness. The Ministry of AYUSH has proposed the Common Yoga Protocol (CYP), which is a popular yoga program consisting of a series of physical yoga practices such as Chalana Kriya (warming up exercises), Asanas (different yogic postures), Pranayama (breathing exercises) and Dhyana (meditation) (Ministry of AYUSH, 2016). What makes the Common Yoga Protocol different is that it is simple, accessible to all and can be effectively practiced by senior adults. Studies have found that yoga can improve balance, flexibility, and strength in older adults (Mann et al., 2013). Other studies have shown that yoga can reduce anxiety and depression in older adults (Sharma et al., 2013) and improve the quality of life of older adults (Oken et al., 2006). However, the studies specifically investigating the impact of Common Yoga Protocol on physical fitness in elderly adults are few.

1.3 Objectives

The key objective of this study was to examine the influence of systematic practice of the Common Yoga Protocol (CYP) over three months on the physical wellness of older adults.

Sub -Objectives of the study

1. The study also intended to evaluate the impact of Common Yoga Protocol on the development of flexibility in older adults.
2. The study also aimed to find out the effect of Common Yoga Protocol on balance improvement among elderly people.
3. To evaluate the impact of Common Yoga Protocol on physical stiffness in older adults.

1.4 Hypotheses

H1: The experimental group participants will have a significantly higher level of improvement in physical fitness parameters than the control group after three months of Common Yoga Protocol practice.

2. Methodology

2.1 Research Design

This study adopted a pre-test-post-test experimental design. Participants were selected for the experimental or control group using a system-generated randomisation procedure.

Data for each study variable were obtained through a pre-test administered before the training began. After the three-month training programme, a post-test was conducted to verify changes in both groups, and the results were computed.

2.2 Participants

The study included 40 healthy community-dwelling older adults. Participants were 60-75 years of age. To achieve gender balance, 20 males and 20 females were sampled. Participants were recruited on the basis of administrative feasibility of the study, availability of participants and evidence from previous studies in the area (Oken et al., 2006; Tiedemann et al., 2013).

2.3 Criteria for participant selection

The following criteria were taken into account for the

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selection of participants as eligible:

- Age group of 60-75 years were selected for the study.
- Participants were asked to come forward to participate on their own free will after the purpose and procedures of the study were understood.
- The participants were capable of performing basic daily physical movements independently without assistance.

2.4 Groups Assignment

The participants were divided equally into two groups:
Group Male (n=10) Female (n=10) Total (n) Interventional
Experimental Group (10 males + 10 females = 20) daily morning allowed to do common yoga routine
Control Group (20 males + 20 females = 20) Routine lifestyle (No structured Yoga)

2.5 Intervention

2.5.1 Experimental Group

- The experimental group consisted of older adults who underwent a three-month yoga intervention based on the Common Yoga Protocol. Certified yoga instructors conducted sessions every morning for 45–60 minutes. All the sessions were held at a common time each day, for the sake of uniformity. The intervention program included the following components:
- Loosening Exercises (Chalana Kriya): A 10 to 15 minute session of gentle joint rotation, mobilization and stretching exercises was done to prepare the body for yoga practice.
- Yoga Postures (Asanas): Selected standing, sitting and supine postures suitable for older adults were practiced for 20–25 minutes. The sessions were focused on proper body alignment, participant safety and individual adaptations to each person's physical capacity.
- Pranayama (Breathing Exercises): 10–15 minutes of controlled breathing exercises were done and included:
- Anulom -Vilom (Alternate Nostril Breathing) 5 minutes
- Bhramari (Humming Bee Breath) – 5 minutes
- Meditation (Dhyana): The participants were given a guided meditation session of duration 5-10 minutes to increase the awareness of breath, mental relaxation and inner peace and also practiced a progressive relaxation technique.

2.5.2 Control Group

Participants in the control group did not participate in any organized physical activity program or prearranged yoga program during the study period. They were told to maintain their usual daily routines including their habitual dietary habits and spare time activities, not to change their lifestyle.

2.6 Instruments for Assessment

Outcome was assessed at two time points i.e. before the start of the study (baseline/pre-test; Week 0) and immediately after the end of the three-month program. (post-test; Week 12) Trained evaluators administered all assessments.

2.6.1 Physical Fitness Assessment

The following modus operandi were used to evaluate physical fitness:

1. Flexibility Test:

Sit-and-Reach Test was used to measure the flexibility of the lower back and hamstring muscles. The participants were seated with their legs fully extended and they leaned forward along a measuring scale . Maximum distance was recorded in cm.

2. Balance Test:

The Single Leg Stance Test was used to assess static balance. Participants stood on one leg with eyes open as long as possible up to a maximum of 60 seconds. The average value of the achieved result is written down.

3. Perceived Stiffness (VAS):

Subjective physical stiffness of participants was measured with a 10-cm Visual Analog Scale ranging from 0 (no stiffness) to 10 (severe stiffness). Higher scores indicate

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higher perceived stiffness.

2.7 Process

- Participant Selection and Screening:
- Participants were recruited from community centers and local health centers and senior citizens' associations. They were screened before enrolment.
- Approvals:
- All participants were informed about study aims, procedures, possible hazards and typical benefits prior to the beginning of the trial. Informed consent was obtained from each participant. The study was carried out in accordance with the ethical principles laid down in the Declaration of Helsinki**.**
- Baseline Assessment (Week 0): All participants completed baseline assessments of physical fitness variables before the commencement of the study.

- **Intervention Period (Weeks 1–12):**

The experimental group underwent daily Common Yoga Protocol classes, whereas the control group continued their routine lifestyle without systematic or planned physical activities. Researchers monitored and evaluated participant attendance in the experimental group throughout the study period.

Post-study Assessment (Week 12):

Using the same evaluation instruments as the baseline test, data from both groups were collected at Week 12.

2.8 Statistical Analysis

All data collected during the study were analysed using SPSS Version 25.0 (IBM Corp., Armonk, NY, USA). We first performed descriptive statistical analyses on all study variables and reported results as means and standard deviations (SD).

To determine whether baseline differences existed between the experimental and control groups before the intervention, we performed an independent-samples t-test.

The effectiveness of the yoga intervention was evaluated using the following statistical procedures:

1. **Paired Samples t-test:** Applied to determine the changes in pre-test and post-test scores within each group.
2. **Independent Samples t-test:** Used to compare the post-intervention scores of the experimental group with those of the control group.
3. **Analysis of Covariance (ANCOVA):** Conducted to evaluate the intervention effect after controlling for baseline differences. In this analysis, post-test scores were the dependent variables, and pre-test scores were included as covariates.

The level of statistical significance at $\alpha = 0.05$ for all two-tailed tests.

To quantify the magnitude of the intervention effect, Cohen's d was calculated for within-group comparisons (with $d = 0.2$ considered small, $d = 0.5$ medium, and $d = 0.8$ large), whereas partial eta squared (η^2) was used as the measure of effect size for the ANCOVA analysis.

3. Findings

3.1 Traits and Initial Parity of the Subjects

All participants completed the experiment, with no dropouts in any group. Participants in the test group were 66.5 years (SD = 4.2), and those in the control group were 67.1 years (SD = 3.8). All independent-samples t-tests showed no significant differences between the two groups for age, gender composition, and baseline outcomes ($p > 0.05$ for all t-tests), demonstrating the effectiveness of the random allocation methodology.

3.2 Physical Fitness Outcomes

3.2.1 Flexibility (Sit-and-Reach Test)

Table 1: Comparison of Flexibility Scores (Sit-and-Reach Test)

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Group	Pre-test (cm)	Post-test (cm)	| Change (cm)	p-value
Experimental (n=20)	18.4 ± 4.1	25.7 ± 3.8	+7.3 ± 2.1	<0.001
Control (n=20)	18.9 ± 3.9	19.1 ± 4.0	+0.2 ± 1.5	0.512

Values are expressed as Mean ± Standard Deviation; $p < 0.001$ (paired t-test)

The experimental group showed a considerable increase in flexibility, as indicated by the values obtained during testing ($t(19) = 15.54$, $p < 0.001$, Cohen's $d = 3.47$, very large effect size). In contrast, the control group did not show any significant increase ($t(19) = 0.67$, $p = 0.512$). Following the experiment, the experimental group had statistically significantly higher flexibility scores than the control group ($t(38) = 5.52$, $p < 0.001$).

3.2.2 Balance (Single-Leg Stance Test)

Table 2: Comparison of Balance Scores (Single-Leg Stance)

Group	Pre-test (seconds)	Post-test (seconds)	Change (seconds)	p-value
Experimental (n=20)	22.6 ± 8.3	35.4 ± 7.1	+12.8 ± 4.5	<0.001
Control (n=20)	23.1 ± 7.9	22.8 ± 8.2	-0.3 ± 3.2	0.684

Values are expressed as Mean ± Standard Deviation; $p < 0.001$ (paired t-test)

The experimental group showed a significant improvement in balance, with an average increase of 12.8 seconds in standing time ($t(19) = 12.72$, $p < 0.001$, Cohen's $d = 2.84$, very large effect size). The control group demonstrated a slight decline, though not statistically significant. Between-group comparisons confirmed significantly better balance in the experimental group at post-test ($t(38) = 5.19$, $p < 0.001$).

3.2.3 Physical Stiffness (VAS)

Table 3: Comparison of Perceived Physical Stiffness (VAS)

Group	**Pre-test**	**Post-test**	**Change**	**p-value**
Experimental (n=20)	**6.8 ± 1.5**	**3.2 ± 1.2**	**-3.6 ± 1.3**	**<0.001**
Control (n=20)	**6.9 ± 1.4**	**6.7 ± 1.6**	**-0.2 ± 0.8**	**0.245**

Values are expressed as Mean ± Standard Deviation (0-10 scale); $p < 0.001$ (paired t-test)

The experimental group reported a significant reduction in perceived physical stiffness, with VAS scores decreasing by 3.6 points ($t(19) = 12.38$, $p < 0.001$, Cohen's $d = 2.77$, very large effect size). The control group reported minimal change ($t(19) = 1.19$, $p = 0.245$). Between-group differences were statistically significant at post-test ($t(38) = 7.61$, $p < 0.001$).

3.3 Summary of Findings

4: Summary of Outcome Measures

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Outcome	Experimental Group	Control Group	Between - Group Comparison (p-value)
Flexibility (cm)	7.3 ± 2.1	0.2 ± 1.5	<0.001
Balance (seconds)	12.8 ± 4.5	0.3 ± 3.2	<0.001
Stiffness (VAS)	3.6 ± 1.3	0.2 ± 0.8	<0.001

Within-group change is significant at $p < 0.001$; Values are Mean ± Standard Deviation

4. Discussion

4.1 Physical Fitness Improvements

The study revealed that three months of participation in the Common Yoga Protocol (CYP) led to a noteworthy improvement in the performance of elderly individuals. The experimental group possessed a 7.3 cm increase in flexibility on the Sit-and-Reach Test, confirmed a 12.8-second improvement on the Single-Leg Stance Test and reported a lower score of 3.6 on the Visual Analogue Scale (VAS). These findings are consistent with prior studies that have shown regular yoga practice can improve musculoskeletal function and balance in older adults (Sedemann et al., 2013; Jeter et al., 2015).

Yoga training involves practicing yogic asanas, which may target major muscle groups and improve joint range of motion, leading to increased flexibility. The loosening techniques of Chalana Kriya performed prior to asanas also helped participants to improve joint range of motion and reduce muscle stiffness (Mooventhan & Nivethitha, 2014). The increase of 7.3 cm in the experimental group is statistically and clinically meaningful.

It is especially important for older adults to have a better balance, because to prevent falls it is necessary to maintain stability. Aging is typically accompanied by declines in proprioception, vestibular function and muscular strength, all of which are associated with impaired balance and an increased risk of falls (Sturnieks et al., 2008). The improved postural control and stability may have been an important factor for the development of balance-oriented postures such as Vrksasana and Trikonasana, as well as improved mind–body consciousness gained through meditation. Regular practice of yoga has also been shown to reduce falls in community dwelling older adults up to 30% (Li et al., 2014).

Participants in the experimental group reported a decrease in perceived physical stiffness, which further suggests that habitual yoga practice may help to relieve the musculoskeletal discomfort often experienced during aging. This study by Ward et al. (2014) concluded that yoga effectively reduces pain and stiffness associated with a variety of musculoskeletal complications. The results of the current study therefore provide additional support for yoga's therapeutic value in improving musculoskeletal health in older adults.

This study's unique strength was its use of the Common Yoga Protocol (CYP) as a complete therapeutic approach, rather than a single aspect of yoga practice. Because yoga integrates physical movements (asanas), breathing exercises, and meditative practices into a single platform, the CYP may offer more benefits than using any component independently (Ross and Thomas, 2010). In turn, physical exercises, breathing techniques, and mindfulness form a multifaceted practice with a variety of healing effects on older adults' physical and mental health.

The inner peace experienced by yogic practitioners clearly reflects the spiritual dimension of yoga. Thus, the results of this study show that yoga's impact goes beyond physical health and stress reduction. In the Indian system of knowledge, yoga is regarded as a means of self-awareness and connection to universal knowledge (Iyengar, 2005). This study shows that a systematic, scientific blend of meditation with the physical aspects of yoga practice can improve mental and physical well-being among older people.

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4.3 Clinical Implications

The findings of the present study showed that regular, systematic yoga practice can improve the health and well-being of the elderly population.

1. Intervention that is Cost-Effective

Yoga as a group activity with a trained yoga instructor is a cheap and beneficial neighborhood health initiative. Due to its low cost of operation, it is particularly suitable for health care systems with limited finances and can be a useful addition or replacement for costly medical treatments.

2. Preventive Healthcare Strategy

And the best thing about physical fitness is that regular practice of yoga can be a good preventive health plan. Yoga can also slow down the loss of functionality that comes with getting older.

3. Non-Clinical Option:

Yoga is a safe and sound non-clinical approach for older adults who want to avoid hospital treatment for psychological disorders like anxiety, stress or musculoskeletal pain. In contrast, the scientific and methodical yoga practice under professional supervision has little danger of physical damage and maximum therapeutic advantages.

4. Socialization and Community Benefits:

Group yoga classes help older people to connect socially and strengthen bonds with the community. This is especially useful for those who are socially isolated. Group activity may be beneficial to adherence to the intervention and regular long-term participation in yoga practice due to the encouragement, motivation and peer support it offers.

4.4 Limitations

1. Limited Sample Size:

The sample size in the study was rather small (N = 40). Therefore, the results cannot be regarded as fully representative of the older population in general.

2. Restrictions in the Evaluation Measurement:

Assessment of physical fitness was largely confined to these measures. Standardized tools were employed to measure flexibility and balance. Future studies should include other objectives such as gait analysis, muscle strength tests and functional mobility assessment to further understand physical capacities.

3. Study design: Single-blind study

Outcome assessors were masked to the group and assignment, but participants were aware of the intervention they received. This awareness may have led to expectancy effects or placebo reactions, especially in the self-reported appraisal measures.

4. Follow-up period is short:

Moreover, the study period of three months might have been too short to evaluate whether the experience advantages are sustainable in the long run. Therefore, longitudinal studies with long follow-up periods are suggested to observe whether these good effects can be maintained over time.

5. The study samples were homogeneous

The study sample composed of healthy older adults; therefore, the results may not be generalizable to older adults who are in poor health.

6. Self-Report Measures:

The study is subject to reporting bias in the use of self-reported stiffness (VAS). Future work should consider objective measures of physical stiffness and unpleasantness.

4.5 Recommendations

Implications for future research and practice are discussed in the light of the current study's findings and limitations.

1. Large scale randomized controlled studies should be conducted in elderly persons from various social, cultural and health backgrounds to increase the generalizability of findings.

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2. Future studies should use objective biomarkers to better understand the physiological mechanisms underlying the therapeutic effects of yoga.
3. More research is needed to examine the relationship between the frequency, duration and intensity of yoga practice and the amount of health benefits.
4. Long term follow-up studies are needed to determine whether the positive benefits observed during the intervention period are sustained over time.
5. Future studies should investigate further benefits of integrating yoga with other healthy lifestyle therapies like dietary modification and cognitive training to maximize its therapeutic potential.

5. Conclusion

The findings of this experimental study provide convincing evidence that a three-month program of daily morning practice based on the Common Yoga Protocol (CYP) significantly improves physical fitness among older adults.

Participants in the experimental group demonstrated notable improvements in flexibility, balance and perceived physical stiffness. The integration of asanas (physical postures), pranayama (breathing practices and dhyana (meditation) within a comprehensive yoga program produces synergistic effects that effectively address the physical needs of the ageing population.

These findings supported the structured yoga programs as a tool for community-based health promotion initiatives for older adults. As an affordable, easily accessible, non-pharmacological intervention, yoga has considerable potential to promote active, healthy, and fulfilling ageing amid the rapidly expanding global elderly population.

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