

Table S1: Yoga postures and Breathing exercises planned for the study

<u>YOGA POSTURE AND BREATHING EXERCISES</u>	
<u>Asana practices</u> : with support of chair , will be individualised based on patient comfortability (10 minutes)	
<ul style="list-style-type: none"> ● Shoulder rotation; Mani bandh (10 cycles) ● Gentle neck stretches, movement of fingers, wrists, elbows, shoulders, toes, ankles, knees (same stretches completed in all sessions) (10 cycles) ● Simhasana (10 cycles) ● Bhujangasana (10 cycles) ● Uttanasana (10 cycles) ● Surya namaskaram (3 cycles) ● Gomukhasana (10 cycles) 	
<u>Pranayama practices</u> : (10 minutes)	
<ul style="list-style-type: none"> ● Anulom Vilom (10 cycles) ● Bhramari (10 cycles) ● Bhastrika (20 cycles x 3 reps) ● Breathing exercises (chest and abdominal exercises) (10 cycles) 	
<u>Meditation:</u>	
<ul style="list-style-type: none"> ● Yoga Nidra meditation on floor (10 minutes) 	

Table S2: Patient Proforma

NAME:	STUDY NO.:
UHID:	AGE/SEX :
ADDRESS:	CONTACT NO.:
CO-MORBIDITIES:	

TYPE 2 DM	HYPERTENSION
COPD	CHRONIC KIDNEY DISEASE
CAD	HYPOTHYROIDISM
TUBERCULOSIS	ANY OTHER:
HMSE SCORE:	
FES SCORE : (AT BASELINE)	
BERG BALANCE SCALE: (AT BASELINE)	
SF-12 SCORE : (AT BASELINE)	
ADL SCORE:	
FES SCORE : (AFTER THREE MONTHS)	
BERG BALANCE SCALE: (AFTER THREE MONTHS)	
SF-12 SCORE : (AFTER THREE MONTHS)	
DM-Diabetes Mellitus; COPD-Chronic Obstructive Pulmonary Disease; CAD-Coronary Artery Disease; HMSE-Hindi Mental State Examination; FES-Falls Efficacy Scale, SF-12-12 item Short Form Survey	

Table S3: Participant Informed Consent Form

PARTICIPANT INFORMED CONSENT FORM**(PICF)**

Participant identification number for this study: _____

Title of project: **“Yoga therapy on elderly patients with fear of fall – An open label randomized controlled trial (YOFEAR trial)”**

Name of the participant:

Age:

Gender:

UHID no:

Address:

1. I confirm that I have read and understand the parent information sheet of the above study and was given an opportunity to ask questions.

2. I understand that participation of my patient in this study is voluntary and that I am free to withdraw my patient from this study at any time, without giving any reason, without my patient's medical care or legal right being affected.
3. I understand that sections of any of my patient's medical notes may be looked at by responsible persons from All India Institute of Medical Sciences, Rishikesh Independent Ethics Committees /Institutional Review Boards and Regulatory authorities. I authorize these persons to directly avail my original medical records of my patient for the purpose verification of study procedures and / or data without violating my confidentiality.
4. I understand that the patient's investigators of this study, the ethics committee and the regulatory authority will not need my permission to look at my patient's health records both in respect of my current participation in the study and further prospective research that may be conducted in relation to it, even if I withdraw my patient from the study. However, I understand that my patient's identity will not be revealed in any information given to third party or published.
5. I agree not to restrict the use of any data or result arising from this study provided such a use is only for scientific purpose(s).
6. I have been given adequate time to consider my decision and have been given a copy of the subject information sheet and a copy of the informed consent form.
7. I agree to have my Patient take part in this study.

Participant Name: _____

● Parent/Guardian: _____

- Parent/Guardian: Name: _____ Date: _____ Place: _____
- Signature/ Thumb impression _____