

6 Beginner Yoga Poses for Core Control and Better Balance

Description

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These six beginner yoga poses for core and balance can form a 15-minute home practice: supported chair, bent-knee boat, balancing table, modified side plank, supported Warrior III and bridge. Use a wall, sturdy chair and yoga block or thick book so the challenge comes from controlled movement, not from trying to rescue a wobble.

Last checked: 15 July 2026. This is general exercise information, not medical advice or personalised yoga instruction. LBRD did not assess your health, movement or fall risk. Stop if you feel pain, dizziness, faintness, chest discomfort, numbness or unusual breathlessness.



Core control and balance improve through steady, repeatable practice rather than perfect stillness.

What this routine can, and cannot, do

Yoga can combine strength, balance, mobility and attention in one practice. A 2024 systematic review of 18 randomised trials involving 1,408 older adults found low-certainty evidence that yoga may improve balance. Results for falls, fear of falling and bone mineral density were mixed or unclear, and the studies varied substantially.

That means this routine is a practical way to practise controlled positions; it is not proof that six poses prevent falls, treat back pain or replace strength and aerobic activity. The NHS yoga safety guidance advises stopping if pain or illness develops and seeking professional advice when a health issue, injury, pregnancy or recent operation makes suitability uncertain.

Before you start

- Clear enough floor space that a loss of balance will not meet a table edge.
- Place a stable chair against a wall; do not use one with wheels.
- Wear clothing that does not restrict breathing or catch under a foot.
- Use a mat only if it lies flat and does not slide.
- Work near a wall if you are unsure of your balance.
- Keep breathing; never treat breath-holding as proof of core effort.

If you have osteoporosis, recurrent falls, vertigo, a recent injury or operation, are pregnant, or live with a condition that changes exercise tolerance, ask a clinician or appropriately qualified instructor for individual guidance. Severe or persistent chest pain, fainting or breathing difficulty needs urgent medical attention rather than an exercise modification.

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The six-pose plan at a glance

Pose	Main practice goal	Beginner support	Suggested dose
Supported chair	Leg and trunk control	Hands on chair or wall	3 holds of 3-5 breaths
Bent-knee boat	Trunk control while limbs move	Hands behind thighs; toes down	3 holds of 3 breaths
Balancing table	Cross-body stability	Lift one limb at a time	4-6 slow repetitions each side
Modified side plank	Side-body strength	Bottom knee on floor	2 holds of 3-5 breaths each side
Supported Warrior III	Single-leg balance	Both hands on wall or chair	3 holds of 3 breaths each side
Bridge	Hip extension and trunk control	Smaller lift	6-8 slow repetitions

1. Supported chair pose



Keep both feet grounded and use the secured chair for light support.

Stand with feet around hip-width and the chair or wall within easy reach. Send the hips back as if sitting, bend the knees only as far as you can keep the whole foot grounded, and keep the chest comfortably lifted. Exhale as you rise.

Make it easier: reduce the depth, keep both hands supported or briefly touch the chair seat. **Watch for:** knees collapsing inward, heels lifting, a rounded breath-held position or going so low that you cannot stand smoothly. The goal is repeatable control, not a dramatic squat.

2. Bent-knee boat pose



Keeping the knees bent makes Boat Pose more accessible while the core still works.

Sit tall with knees bent and feet down. Hold behind the thighs, lean back from the hips without collapsing the chest, and lift one foot at a time. If steady, raise both feet while keeping knees bent and shins roughly parallel to the floor.

Make it easier: keep toes touching down or hold the thighs. **Watch for:** pulling on the neck, holding the breath or chasing straighter legs by rounding the lower back. A smaller angle that you can breathe through is the useful version.

3. Balancing table, or bird dog



Balancing Table develops cross-body coordination and steady hip control.

Begin on hands and knees with hands under shoulders and knees under hips. Brace gently as though preparing for a cough. Slide one leg back, then lift it only to hip height. If stable, reach the opposite arm forward. Return slowly and switch sides.

Make it easier: move only an arm or only a leg. Pad the knees or perform the movement standing with hands on a wall. **Watch for:** rotating the pelvis, arching to lift higher or rushing the return. Imagine balancing a cup across the back of the pelvis.

4. Modified side plank



The supporting elbow stays beneath the shoulder while the bottom knee remains on the mat.

Lie on one side with the lower elbow beneath the shoulder and the bottom knee bent. Press the forearm and knee down and lift the hips into a short line from shoulder to knee. Keep the neck long and the top hand on the hip or wall.

Make it easier: lift only a few centimetres or hold for one breath. **Watch for:** shoulder discomfort, collapsing into the elbow or rolling the chest toward the floor. Stop if the supporting shoulder feels pinched; this is not a pose to force.

5. Supported Warrior III



Use a stable chair, keep the standing knee soft and choose a comfortable leg height.

Face a wall or sturdy chair with both hands supported. Shift weight into one foot, hinge from the hips and let the other leg extend behind. The standing knee can stay softly bent. Keep hips roughly level and lengthen through the crown rather than lifting the back leg high.

Make it easier: keep the back toes on the floor like a kickstand. **Watch for:** locking the standing knee, opening the lifted hip, craning the neck or moving the support away too early. A fingertip or two of assistance is still balance practice.

6. Bridge pose



Bridge Pose strengthens the back body and brings both feet back to the ground.

Lie on your back with knees bent, feet comfortable and arms by your sides. Exhale and press through the feet to lift the pelvis to a height you can control. Pause without squeezing the neck, then lower one section at a time.

Make it easier: use a smaller lift and fewer repetitions. **Watch for:** knees drifting far apart, pushing through the head, cramping or forcing spinal height. People who cannot comfortably get to and from the floor should use a standing hip-hinge exercise with professional guidance instead.

A 15-minute beginner sequence

1. **Two minutes:** comfortable breathing, shoulder rolls and small hip hinges beside the chair.
2. **Three minutes:** supported chair and balancing table.
3. **Three minutes:** bent-knee boat and modified side plank, with rest between sides.
4. **Three minutes:** supported Warrior III, alternating sides.
5. **Two minutes:** bridge repetitions.
6. **Two minutes:** easy rest and a check that breathing and symptoms feel normal.

Start with two sessions a week and leave at least a day between sessions if the movements are new. Progress one variable at a time: add a breath, add a repetition, reduce hand support slightly, or slow the lowering phase. Do not increase all four at once.

How to know whether to progress

Use three tests. You should be able to breathe and speak a short sentence, finish with the same control you started with, and feel ready to repeat the session after ordinary recovery. Shaking can occur with effort, but sharp pain, spreading numbness or a near-fall is not a progression signal.

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Keep a simple log of support used, hold time and symptoms rather than grading how the pose looks. Moving from two hands on a chair to one hand, while keeping the same smooth breathing, is a meaningful progression even if the back leg remains low. If control worsens across two sessions, return to the earlier option instead of adding volume.

For a broader introduction, see LBRDâ??s basic yoga moves guide. On recovery days, use the separate yoga mobility sequence; it answers a different reader task. Readers who want a structured resistance programme can compare Active Health Strength 1.

Reporting note

The instructional illustrations feature Jade Yeo, LBRDâ??s virtual Health, Fitness & Active Lifestyle Editor. They illustrate the positions described and are not an individual assessment of your form. The routine is not a substitute for diagnosis, rehabilitation, fall-risk assessment or supervised instruction. LBRD has no affiliate link or commercial referral in this guide.

More evidence-aware movement coverage is collected in LBRDâ??s Health & Wellness section.

Bottom line: keep the wall or chair, use a range you control and progress only one variable at a time. Consistent, symptom-free practice is more useful than an unsupported pose held at the edge of a fall.

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