

Yoga & Mindfulness for People Living with Long COVID

Practice-based evaluation of a pacing-informed 8 week program

75 participants · community-based program · The Netherlands

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AIM

To evaluate the feasibility and participant-reported outcomes of an 8-week yoga and mindfulness program supporting pacing, symptom management, and self-regulation for people with Long COVID.

NOVELTY

- Perceived positive intervention with rated impact on management of symptoms.
- Real-world, community-based setting (yoga studio, not clinic)
- Pacing-informed design to minimise PEM risk

1 Why this program?

BACKGROUND

When this program began, little was yet known about Long COVID. Symptoms proved persistent, fluctuating and wide-ranging: physical, cognitive and emotional, with fatigue foremost among them. With so much still unclear, the priority was to create something safe and supportive first: accessible for people at very different levels of severity, rather than built around one specific symptom.

KEY FACTS · LC IN THE NETHERLANDS

- 450,000 people estimated to have Long COVID
- 90,000 experience severe limitations in daily life
- 84% experience post-exertional malaise (PEM)
- 32% report POTS (orthostatic intolerance)
- 16 symptoms on average, often still present after 2 years

2.6% Of adults and 3.4% of young people report long-term symptoms. Sources: Stichting Long COVID, Jaarverslag 2025 · RIVM / Netwerk GOR, C-support / MIT, Erasmus MC (2024–2025)

CO CREATION

Interview sessions with more than 50 people living with Long COVID (residents from Brabant NL, referred from two physical therapy practices guided the set up of the yoga program. Evaluation questions were adapted across and within cohorts to support ongoing program development.



The studio accommodates wheelchair users and adapted equipment (photo used with permission).

KEY FINDINGS

- Feasible
- Well tolerated
- Received as positive
- High level of compliance
- Largest gains: emotional well-being, stress regulation, quality of life.
- Perceived energy rose consistently after sessions despite variable weekly symptom scores — notable given exertion usually worsens Long COVID.
- Participant feedback shaped protocol refinement (e.g., minimal position changes, reflecting high POTS prevalence)

This is a supportive self-management approach and is not intended to treat the underlying biological mechanisms of Long COVID.

✓ TAKE-HOME MESSAGE

This community-based, practice-based evaluation suggests that a structured, pacing-oriented yoga and mindfulness program may be a feasible and supportive adjunctive approach for selected people with Long COVID. While sessions were enjoyed and merely scored as enhancing energy rather than depleting it, participants reported perceived benefits in fatigue management, self-regulation, stress reduction, and overall well-being.

2 The program

PROGRAM AT A GLANCE

8 weeks

1 session per week · 60 minutes

Pacing-informed practice

individually adapted to minimise PEM

SESSION COMPONENTS

Arrival	symptom check-in
Gentle movement & breath	participants choose how to practice, pausing = participating
Relaxation & mindfulness	supported rest, present-moment awareness
Philosophy	yogic principles woven into weekly themes
Education	pacing & symptom management
Reflection	peer discussion

PROGRAM PRINCIPLES

- Safety first**
practices adapted to minimise PEM risk
- Pacing-informed**
guided by available energy, not fixed progression
- Symptom-contingent**
adjusted to daily symptoms and capacity
- Self-management**
focus on quality of life and living within limits

STUDY AT A GLANCE

75 participants

- 92% female, adults
- Referred from two physiotherapy practices

Participant-reported outcomes

- Mixed methods practice-based evaluation · 1,659 session forms
- VAS + questionnaires with brief symptom-monitoring before and after each session to evaluate tolerability and participant experiences.
- Qualitative questions

IN THEIR OWN WORDS - Qualitative feedback

“For me this truly is a form of therapy — the best I have had in four years of Long COVID. I learn to relax, laugh, accept and be kind to myself in a safe environment.”

“The constant attention to our comfort made me feel worthy again. I hadn’t realised that, being ill, I had come to feel less worthy.”

“The adapted sessions meant I could take part the whole time. There’s so much room and loving attention for the situation you’re in. Above all, it helped clear the fog in my head.”

“This gives me energy, while everything else only costs energy.”

“It became the most important moment of my week because I knew I wouldn’t be pushed beyond my limits.”

“A place where it’s okay to be tired.”

“This has helped me the most.”

3 What participants reported

Most participants reported improvements in mental well-being, stress regulation and quality of life — while respecting pacing principles.

FEASIBILITY

74/75 participants completed the program. Attendance varied by cohort (range: 74–81% mean); approximately 50–67% of participants per group attended ≥80% of sessions. Session data and feedback indicated good tolerance and individual energy management.

% of participants reporting improvement

Participant-reported outcomes, end-of-program questionnaires (2023 cohort). Evaluation questions varied across cohorts, so not all 75 participants completed every item — denominators shown reflect respondents per item.

Program helped them (33/33)	100%
Reduced stress & anxiety (17/17)	100%
Better fatigue management (31/35)	89%
Mental well-being & resilience (15/17)	88%
Improved quality of life (21/25)	84%

More energy, not less?

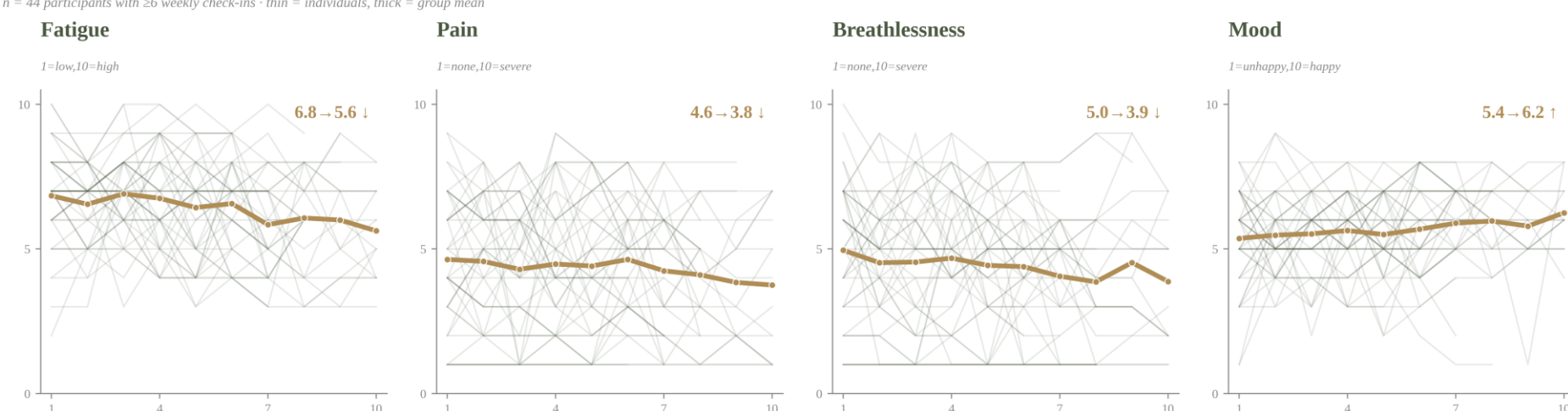
In the 2023 pilot, 69% of participants reported higher perceived energy after sessions. cohort

2.2 → 2.7

Perceived energy before vs. after sessions, 5-point scale.

n = 65 participants · 297 paired pre/post ratings · Wilcoxon signed-rank, participant-level analysis, p < 0.001

Weekly self-reported measures, session by session



PARTICIPANT ENDORSEMENT · 2023 COHORT

100% (17/17) would recommend the program to others living with post-COVID.

100% (17/17) considered continued public funding important — 65% (11/17) called it crucial for participation.

Qualitative feedback indicated that participants particularly valued breath awareness, relaxation, greater self-awareness, social recognition, and peer support.

? FUTURE QUESTIONS

- Controlled studies are needed to evaluate effectiveness, identify who may benefit most and guide implementation within multidisciplinary care?
- Clinical case definition or subgroup analysis?
- Choice of evaluation tools?
- How to expand accessibility and sustainably scale and fund community based yoga and mindfulness programs?

