Bed-to-Chair Exercises for Seniors

A gentle, staged routine to rebuild strength and confidence

Free printable chart — print it and keep it where you and any caregiver can see it during a session.

Educational guidance, not medical advice. Rebuild gradually with support; follow any physiotherapy guidance, especially after illness or surgery, and get help for transfers if unsteady.

Why transition strength matters

The ability to get from lying to sitting, and from bed to a chair, underpins daily independence — using the bathroom, eating at a table, joining family, and simply not being confined to bed. After an illness, hospital stay, or period of inactivity, this strength can fade quickly, making even that short journey feel daunting or unsafe. The good news: it can be rebuilt with gentle, staged exercise — in-bed movements first, then the transfer, then seated exercises.

Before you start: safety checklist

- **Have support nearby** — a caregiver to assist, especially for the transfer and early sessions.
- **Set up safely** — a sturdy chair positioned close, the bed at a good height, clear floor, and supportive footwear or grip socks.
- **Use aids** — a bed assist handle or transfer pole gives something sturdy to hold.
- **Follow professional guidance** — after illness or surgery, follow any physiotherapy plan and precautions.
- **Go gently and rest** — small movements, plenty of rest, and never rush a transfer.
- **Have a way to call for help** — a medical alert device for those exercising alone.

> **Safety first**
> Transfers are the riskiest moment here. Never rush them, use a sturdy handhold, keep support nearby, and follow safe transfer technique. If the person is very weak or unsteady, do the transfer with a caregiver's help — or focus on the in-bed and seated exercises until strength improves.

Phase 1: gentle in-bed exercises

Start in bed to wake up the muscles and build a base of strength — do only what's comfortable, resting between.

1

Ankle pumps and circles

Lying comfortably, point and flex the feet, then circle the ankles both ways. This boosts circulation and gently activates the lower legs.

2

Heel slides

Slide one heel up toward the body, bending the knee, then straighten. Alternate legs to gently work the legs and hips.

3

Gentle knee lifts

With knees bent, gently lift one knee toward the chest a little, then lower. Keep it small and comfortable.

Lift a knee toward the chest, holding gently with both hands.

4

Gentle bridges (if able)

With knees bent and feet flat, gently lift the hips a small way off the bed, then lower. Only if comfortable and cleared to do so.

5

Rolling and sitting up

Practice rolling to one side and pushing up to sitting on the edge of the bed using the arms — a key functional movement. Take it slowly and rest once sitting.

Moving from bed to chair safely

Once sitting steadily on the edge of the bed, transfer to a nearby sturdy chair using safe technique:

1. **Sit and steady first**
   Sit on the edge of the bed for a minute (guarding against dizziness on the position change) with feet flat.
2. **Position the chair close**
   A sturdy chair within easy reach, and a handhold (bed assist handle or transfer pole) if helpful.
3. **Stand with support**
   Lean forward “nose over toes,” push up through the legs and arms, and pause to steady once standing.
4. **Turn and sit slowly**
   Take small steps to turn, feel the chair with the backs of the legs, then lower down with control.
5. **Get help if needed**
   An unsteady transfer should be assisted — never push through instability alone.

Safety first

Transfers are the riskiest moment here. Never rush them, use a sturdy handhold, keep support nearby, and follow safe transfer technique. If the person is very weak or unsteady, do the transfer with a caregiver’s help — or focus on the in-bed and seated exercises until strength improves.

Phase 2: seated chair exercises

Once safely in the chair, build strength with seated movements:

1

Seated marches

Lift each knee gently in turn, marching in place, to activate the hips and legs and build endurance.

2

Knee extensions

Straighten one knee to lift the lower leg, hold briefly, and lower. Alternate legs to strengthen the thighs — important for standing.

Straighten one knee at a time — hold briefly, then lower.

3

Seated heel and toe raises

Raise the heels then the toes, working the lower legs and ankles for steadier standing and walking.

4

Sit-to-stand practice

With a sturdy chair and support, practice standing up and sitting down slowly and with control. Do only a few, with help nearby.

5

Seated arm and posture work

Add gentle arm raises and sitting tall to build upper-body strength and posture that support transfers.

The routine at a glance

Phase 1 — in-bed

#	Move	In a nutshell
1	**Ankle pumps & circles**	Point/flex feet, circle ankles both ways
2	**Heel slides**	Slide heel toward body, bend knee, straighten
3	**Gentle knee lifts**	Small knee lift toward chest, then lower
4	**Gentle bridges (if able)**	Lift hips a small way off the bed, lower
5	**Rolling & sitting up**	Roll to one side, push up to sitting

Phase 2 — seated

#	Move	In a nutshell
1	**Seated marches**	Lift each knee in turn, marching in place
2	**Knee extensions**	Straighten one knee, hold briefly, lower
3	**Heel & toe raises**	Raise heels, then toes, alternating
4	**Sit-to-stand practice**	Stand up and sit down slowly, with support
5	**Arm & posture work**	Gentle arm raises, sitting tall

The bed-to-chair transfer (previous page) is a technique, not a rep-based move — it isn't charted here.

How often, caregiver tips, and progress

Rebuilding strength is gradual — consistency and patience win.

- **Little and often** — short sessions a few times a day are better than one long, tiring effort.
- **Build gradually** — add repetitions and progress through the phases as strength allows; don't rush.
- **Caregiver role** — assist transfers, provide encouragement and light supervision, and keep the setup safe.
- **Pair with recovery care** — good nutrition, rest, and following the post-hospital care setup.
- **Pause and seek advice** — for pain, a marked setback, or if progress stalls; a physiotherapist can tailor the program.
- **Be patient** — regaining strength takes longer than losing it, but steady improvement is the goal.

Keep going, gently

Little and often, done with support and patience, is what rebuilds both strength and confidence. Progress may feel slow week to week — that's normal. Pause and check in with a physiotherapist if pain appears or progress stalls, rather than pushing through.