

Tai Chi Chuan & Oriental Arts

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Water Element Qigong



Chen Xiao Wang



Ronnie Robinson



Cardiac Rehab



An Interview with
Master Chen Lisheng

Tai Chi and the NHS

Mark Peters



Mark Peters is on the Tai Chi Union Health Committee. He is involved in teaching tai chi for falls prevention, cardiac rehabilitation and other activities in the NHS. He also trains physiotherapists to enable them to offer tai chi to their patients.

We (the Tai Chi Union) regularly receive requests for information on using tai chi in the NHS, getting tai chi into the NHS, or how can tai chi help with patient rehabilitation? Can tai chi REALLY help? And so on and so on. As interest grows in the application of tai chi as an activity for patient rehabilitation, we decided it would be helpful for both members and the general public to form a 'Health Committee'.

Members of the team, including myself, have specific knowledge, experience and qualifications in this area. Below is a brief look from my perspective; the hope is that other TCUGB members will write follow-up articles and share experiences too.

I was fortunate enough, in the mid 1990's, to be asked by a primary care trust (PCT) in Lichfield if I would train a group of staff in Tai Chi for Falls Prevention. As a mechanical design engineer, I have always been drawn to the mechanical structure and physics involved in tai chi (much like William C.C. Chen), so the application

of body mechanics here was an amazing opportunity. I researched the subject and was really grateful when Eva and Karel Koskuba shared their work with me, as it gave me something solid to build from. Having been involved with TCUGB since its inception I truly believe in its aims; unfortunately the traditional structure of tai chi, held high by us all, isn't the best model for tai chi in the NHS (in my opinion), but this is not insurmountable. There is much published research, for and against tai chi, for many conditions from falls prevention to cardiac and respiratory (COPD) rehab; from anxiety management to mental health and even Dementia/Alzheimers.

I used the word "against" but maybe the correct term might be "inconclusive" or even "no significant impact". The issue has always been that tai chi is such a large area of work with far more adaption/creations of styles, beyond the accepted key five, and there are so many facets to each. Research has usually been around form practice and applied to specific

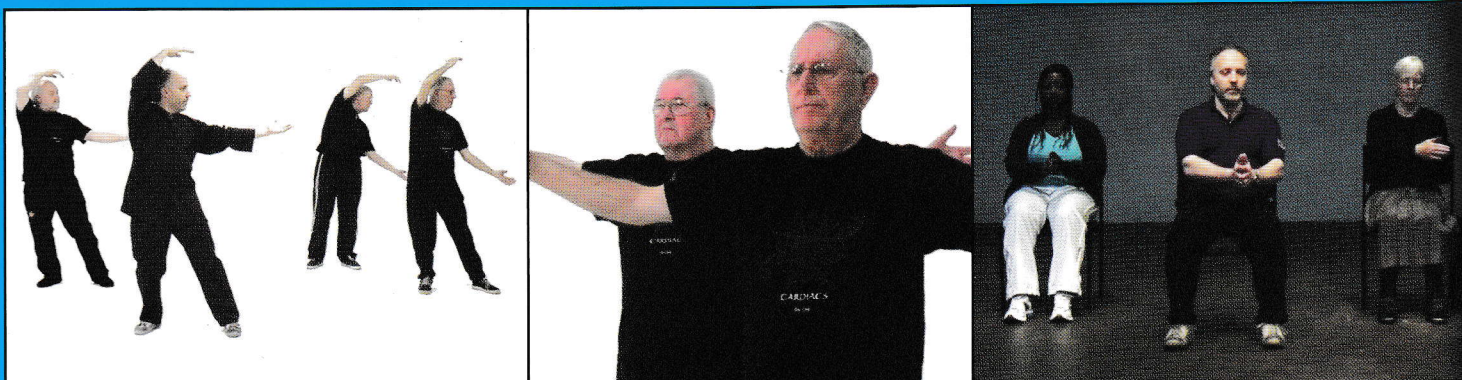
conditions e.g. falls prevention (Wolf, 1996), knee structure (Kinesiol, 2006), planter pressure (j.apmr, 2006), COPD (Qiu, 2015), Diabetes (Cavegn, 2015) etc.

I have been, and am, involved with a number of research projects looking at the effects of tai chi and chi-kung.

The other issue is where does it fit? Is it an exercise, is it rehab; who should do it – physiotherapists, occupational therapists or.... who should be able to access tai chi and who can it benefit?

Some parts of the NHS will only use instructors or trainers if they're REPs accredited but who are REPs? They have nothing to do with tai chi and it is really a register for fitness instructors (Register of Exercise Professionals).

I truly believe the NHS should only work with registered instructors from the TCUGB and, more importantly, those instructors with specific experience and interest.





For now, let's get back to the benefits and limits of teaching tai chi for patient rehab. When people generally search out a tai chi class they are usually interested in the subject and may even think it can take quite a length of time and effort to learn. Even with this level of commitment there is still a percentage of people who give up as "it's not for them"; too slow, too hard and so on.... But what about patients who are there usually because they're told to attend and haven't a clue what this "waving your arms about is all about"; how can tai chi be 'sold' to them? Maybe you have heard of Body Balance; it is a fitness class run at gyms that supposedly combines tai chi, yoga and pilates. I was initially quite dismayed (I'm being polite for the article) but a friend lent me one of their training DVD's to find out more. The one key thing that came through was a comment at the end of the disc and this comment was in answer to a series of questions about motivating people; the answer was simple "Please remember, we're selling an experience".

This really struck a chord for me as it's always been people's expectations when compared to the actual experience that either hooks them or puts them off. As tai chi can be quite a lot of hard work before results are noticed, and maybe more so when it's a rehab program, it became obvious that meeting people's expectations could be key to motivated involvement; enabling people to realise what they could do rather than can't. This may seem obvious yet many instructors get caught up in their passion and belief in the benefits of tai chi so miss the fact staring us all in the face – not everybody else out there sees it the same way.

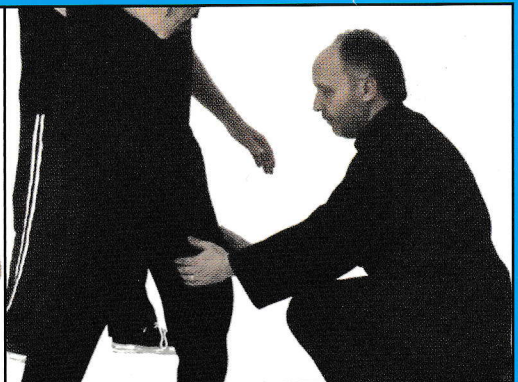
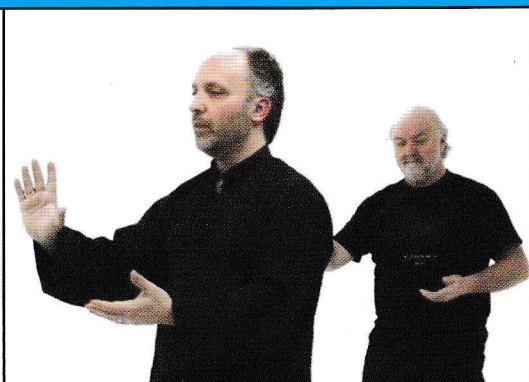
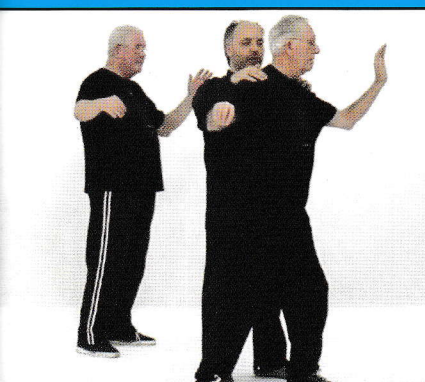
There are two groups to convert (1) patients (2) staff and even a third – the management (decision makers). The management are generally sold on ideas that put the service in good light rather than the actual cost and there is no national consistency so it's down to you to build relationships. If you don't build links they are just as likely to read an article in a magazine and find the first person that

comes up on an internet search; I have suffered this in the past.

With staff, it is about identifying target areas, collating supporting evidence and building support, so you may have to initially offer free sessions or an intro session for the team. Departments I have worked with include:

- Physiotherapy department
- Occupational therapy department
- Pain management
- Cardiac rehab
- Pulmonary rehab
- Obstetrics
- ME / CFS (myalgic encephalomyelitis / chronic fatigue syndrome)
- Mental health

To support this work, I was asked by the NHS to set up a specific website on their server to help support staff. You can find this site at www.networks.nhs.uk/nhs-networks/tai-chi-chi-kung-for-rehabilitation plus another NHS website point's people to the TCUGB www.nhs.uk/Livewell/fitness/Pages/taichi.aspx. It is also about being able to show you



Physiotherapists undergoing taiji training



have training and knowledge that is focused on their patient groups. To this end, I set up www.midlandstaichirehab.com which runs training now nationally recognised by the NHS. In West Midlands we also set up a Community Interest Company (CIC) called Painting the Rainbow which can be found at www.paintingtherainbow.co.uk and is designed to support patients after they have accessed and benefitted from tai chi and chi kung in hospital. This link provides an integrated service (referral route) which is part of the NHS's long term service provision commitments. This integrated approach has led to us being asked to deliver training both nationally and internationally. Staff and patients alike benefit from and have more confidence in an approach that supports them both in the hospital and the community.

The programme has even expanded to Active Parks (see previous article on 'tai chi in the park') which is now funded by public health and even Coca-Cola (I know, I know...). We have had visitors from across Europe looking to expand the program and are currently reviewing European funding. Next step is exercise on prescription which is currently only available in certain leisure centres. More news to follow....

Patients 'buy in' is a combination of a few key areas:

- Social awareness
- Personal experience
- Physical and psychological motivation
- Medical support

Social awareness of tai chi is creating the 'Halo Effect' which leads to a positive association with tai chi. This has not yet carried across to chi-kung but that is not an issue as we can deliver all elements under the same banner, for

now, regardless of actual content. Tai chi appears in so many TV shows that it can't escape our awareness; a few of which include:

- Calendar Girls
- Family Guy
- Doctors (BBC daytime series)
- Star Trek
- Sorry (old show with Ronnie Corbett)
- TV adverts
- New film with Robert De Niro & Anne Hathaway (The Intern)

Personal experience enables people to realise they can actually do it!! May people believe, or are told by medical staff, that they are unsuitable for exercise yet they can do tai chi. The great thing we have on our side is that tai chi is still generally not seen as exercise even though heart rates can go over 120bpm plus muscle tone and mobility improve; I have had rehab staff join classes and be shocked at the level of work-out it really can be.

Motivation

From the very beginning of teaching tai chi for rehab it became clear that motivation was a key element, as mentioned earlier, which is why I included NLP (neuro-linguistic programming) and CBT (cognitive behavioural therapy) in the training programs. The language we use is a reflection of our beliefs and has a far reaching impact in both us and our students. All language points direction eg. "how difficult is this to understand?" compared to "how much more sense is this making to you?" Both can be used in the same instant but have a massively different impact on the direction of thinking.

The NHS have been using motivational interviewing (MI) and CBT for a while but had not applied them in the area of physical rehab, in this way, until we started

to show the beneficial impact. I now teach NLP courses to NHS staff.

Another benefit of tai chi is that it is a 'mindful activity' which is perfect when dealing with the anxiety associated with patient rehab. As anxiety is a natural human response to perceived (expected) danger and is therefore based on past experience and future expectation, mindfulness is ideal as it is about being present in the 'here and now'.

As the medical profession become more aware of the benefits of tai chi and chi-kung, patients are being referred. This can be via the hospital, health trainers, GPs and support services. In some regions tai chi is now available through 'exercise on prescription' and this can continue to expand through links with public health and CCG's (clinical commissioning groups).

By referring to national programs and supporting research, you will be able to gain regional support and acceptance. Tai Chi has the ability to reduce the patient rehabilitation bill by reducing patient relapse and even reducing patient creation (preventative approach) through the mind and body approach inherent in tai chi and chi-kung.

For more details please contact Mark Peters on 0121 251 6172 or email mark.peters@balancedapproach.co.uk

We look forward to your feedback and article submissions so we can share your experiences with fellow members of the Tai Chi Union via the Tai Chi Union magazine and website.