COMMENT ON Accreditation Standard Guideline Initiative for Qigong Instructors and Training Institutions

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BACKGROUND

The initiative to form and organize the International Medical Tai Chi and Qigong Association (MTQA) described in the concept paper, "Accreditation Standard Guideline Initiative for Tai Chi and Qigong Instructors and Training Institutions [1]," seeks to assume the authority to license and regulate Tai Chi and Qigong (TQ) teachers as professional practitioners and to impose its standards on any member of the TQ community who wishes to teach in clinical settings or to be recognized as a valid instructor by the medical and health care community. In particular, the proposal articulates the guidelines and the formation of the MTQA as a "necessary first step as primary resource to serve and guide health care professionals and consumers, as well as the [TQ] community." We do not believe that this proposal is either a necessary or essential step in the direction of serving and guiding health professionals about these practices. We invite further dialogue. Our intent is that the ensuing dialogue serve the highest good to improve health care outcomes and acknowledge the value of TQ as health enhancing practices.

As an alternative to the current MTQA proposal, we would like to see the academic and medical communities collaborate with TQ instructors to pursue and establish clarity about the mechanisms by which TQ can be used as therapeutic interventions. Investigating how to integrate the practices into health care systems so that health care outcomes may improve is a logical next step. The opportunity for the medical and health care community to collaborate with the existing TQ community of practitioners to bring the wisdom of these health arts into the practice of medicine and health care is a goal worth pursuing and many years in the making. However, if the goal is to operationalize TQ as appropriate and repeatable health care practice in the long term, the MTQA's current proposal is overlooking details and important distinctions that must be addressed in order to disseminate the practices in a way that is inclusive and addresses quantifiable issues related to cost and access to care.

Though we recommend the reconsideration of terms (for example, use of the term "medical") and policy (addressing our concerns about restrictive guidelines for certification and registration) and adding a forum for further discussion about standards discussed in the MTQA proposal, our intent is to increase understanding and ultimately recognize the responsibility of each community—the medical, academic, and TQ communities—for integrating TQ and related practices into Western health care. To this end, we offer our comments in the spirit of a shared commitment to increase understanding between the TQ community and the community of medical and health care professionals that the MTQA proposal would like to be able to guide and serve. We also acknowledge the current state of

Western health care quality and acknowledge the possibility that it may improve through efforts of true collaboration across disciplines and professional communities.

The MTQA proposal is to create accreditation standard guidelines for TQ instructors, such that said guidelines "recommend integration of TQ practice and Western health care." As written, the simplicity of the recommendation assumes that the community of medical providers seeks assurances about the competency and experience of TQ teachers, and that the medical and health care provider community is willing and ready to integrate TQ teachers as part of treatment teams. Hence, there are two points that are not addressed: (1) Is the establishment of the MTQA's guidelines for TQ teachers and training institutions necessary and sufficient to convince current health care professionals and consumers to adopt the practices to improve health outcomes? (2) What is the framework for integrating TQ into routine clinical practice to confirm the efficacy of TQ as effective interventions found in randomized controlled trials?

If it is true that the medical community needs *only* the reassurance that TQ practitioners are clinically certified to work with certain patient populations who present particular symptoms and conditions, will doctors and health care professionals know enough to make referrals and involve TQ teachers with "upgraded" certifications to safely teach their patients? Even if TQ practitioners were to be duly certified, this need to evolve the Western health care system so that it integrates mind-body practices, which include TQ on a widely adopted framework, is the real issue at hand, and MTQA's proposal leaves this issue unaddressed.

TQ teachers can certainly play a role in improving the healthcare system. Instructors already can and do play a role in keeping people well without the need for additional guidelines and certifications. However, there is more work to be done to establish the practices of TQ as useful and practical interventions and to utilize them in the appropriate contexts. Doctors and healthcare providers who are currently practicing medicine and health care could serve to accelerate the utilization of TQ in clinical settings, and thus be a powerful bridge to a better health care system that integrates TQ and other "Meditative Movement based" exercises and practices [2]. The key is educating doctors and health care providers that serve within the medical community to recognize and validate appropriate and successful clinical models that use Meditative Movement therapies and encourage a healing therapeutic relationship with the patients they serve. Such a movement includes educating health care providers about the current research on TQ that has demonstrated and established the safety and effectiveness of these practices in clinical trials and understanding why the practices can have therapeutic effects. There is ample evidence that educating physicians about conditions (as, for example, the aging process) directly affects the therapeutic relationship they have with their patients [3].

Furthermore, it serves the medical and academic community to experience TQ practices firsthand to understand them best. In this way, the doctors and health care providers may see and experience the value of the practices for themselves. Health care providers can then begin to disseminate the value of TQ to their patients. This will change how health care providers practice medicine and affect how they help to keep people well.

The MTQA's initiative implies that TQ cannot currently be delivered to patient populations, including in a clinical setting, without a teacher going through additional and unnecessary certification and education process. The proposal states that the registration and certification is "optional" for TQ professionals. However, this fails to recognize existing directories and instructor listings as valid resources where quality instructors can be located [10] [27] [40]. Regarding the current directories and listings of TQ professionals as not relevant or valid ignores the communities that maintain such lists and evidences a misunderstanding of the patient populations that are already being served by these professionals. Creating more lists of resources confuses both health professionals and the public as to where the "real" talented, safe and professional practitioners can be found. The MTQA initiative and proposal do not address important issues which pertain to social, cultural, philosophical and economic realities that call for respect and consideration of the players and groups that are involved. These issues can be characterized as follows:

- There is great diversity among the teachers of TQ, and there are no uniform standards for certification, nor are there exams for qualifying teachers. In discussing this proposal, there is a potential for unity among "camps" of practitioners to involve and unify different schools and teachers of TQ.
- Locating teachers is difficult for doctors, not because there are no qualified teachers, but because the medical and healthcare professional communities do not know where to look or how to evaluate the skillset and offerings of TQ teachers.
- The mechanisms by which body-mind integration practices work are mysterious and are not known to doctors or to many instructors and practitioners of TQ as well. This amounts to a blindness to potential collaboration to learn the science of TQ.
- Concepts of wellness and the disease process between the Eastern methods and Western methods are not discussed in official forums that promote debate and consensus building between each group. Discussing the MTQA proposal is a way to initiate this dialog.
- Other groups are simultaneously having related discussions and proposing similar initiatives that would affect communities that practice TQ and related healing arts (American TCM Association, for example) [4].

Given the above, if the MTQA proposal is to recommend integration of TQ into Western health care by creating additional certification standards for TQ teachers, then not addressing the above issues may actually be a hindrance to the dissemination of these practices and prolong the resolution of the issues stated above. A solution that potentially excludes qualified instructors who can be of service may actually create more division in the TQ community, and this disunity can delay the establishment of standards that are recognized by the public and particularly the medical and health care professional community who might otherwise incorporate Meditative Movement practice in the practice of medicine.

We agree with the MTQA that the practices of TQ can be a benefit to varied patient populations. We are also in agreement that there are levels of mastery, expertise and

experience in both the Eastern and Western "medical" paradigms. We are also in agreement that there are levels in understanding and sophistication in the study of TQ. Where we disagree is in the value that is being ascribed to current instructors of TQ, which without an "upgrade" to their certification, cannot be recognized as quality instructors to the medical and greater community of health care professionals and the public. The proposal emphasizes the creation of standards for TQ teachers, but it does not recognize that all levels of practice and teaching have value. There are currently many examples where communities are benefiting by weekly practice sessions that were encouraged by the National Expert Meeting Consensus Report [5] [6].

With the intent to enter into further dialog, we describe below the issues that we have determined could benefit from enlightened debate and more inclusiveness of other viewpoints in the MTQA proposal. These include, but are not limited to, the redefinition of Medical Qigong as recognized and used by current practitioners and what it implies for the community of Medical Qigong practitioners; classification of TQ into western medical specialties and excessive requirements for teachers; redundant certification of teachers and clinical practitioners; and debate about the safety of practice that is potentially disempowering for instructors but also potentially disempowering for the ordinary person who can benefit by having a regular personal practice.

INTRODUCTION

TQ educators support high standards for teacher training and certification, because this is integral to the practice of TQ and staying true and integral to the core ethics of TQ. In the context of professional standards, educators must be clear on the process of teaching TQ. The main vehicle for disseminating the body of knowledge that comprises TQ practices is the student-teacher relationship. If the TQ community allows third parties to interfere with the student-teacher relationship and allows external entities to prescribe standards for how to conduct this relationship, then that equates to abdicating responsibility for this relationship, and this is truly unacceptable.

The encouragement of additional and required certifications for TQ instructors so that they can have "legitimate" student-teacher relationships with students in any setting, including clinical or medical settings, is at issue here. The establishment of the term "medical Tai Chi and Qigong" instructor potentially complicates the student-teacher relationship in that it creates a confusion about what TQ truly are and what teachers are actually providing through their teaching. Thus, use of additional titles to describe TQ teachers obscures what the practice of TQ is, and at worst devalues what ordinary teachers do. Going further down this path, if "medically" certified teachers are preferred, even individual "medically unsupervised" practice done by the student would also be discouraged. This is very disempowering for the student regardless of their medical condition, and it is an unfortunate consequence of the MTQA's line of reasoning.

The very definition of the term "medical" in the western medical paradigm presumes active treatment of a person, creating a patient-doctor relationship, and describing a special situation or set of circumstances that make that person seek care. This is not what teaching

TQ is. Educators of TQ simply show people how to live in their bodies so that Qi and energy are balanced and can flow more freely. In non-Qi/non-Qigong terms this is called function, or eudaimonic well-being [7] and described in detail by Jahnke [8] [45]**.** The body's own resources do the healing. The teacher doesn't heal the student, the teachings do. This is the profound and simple definition of TQ when applied to the individual. When the teachings are correctly presented by the teacher and accepted and applied by the student, the benefits to the student are possible. It is the student's autonomy to learn and inherent ability to heal and be whole that the instruction speaks to. More importantly, if the term "medical Tai Chi and Qigong instructor" is not used, then the relationship between student and teacher is based on the teacher recognizing students as individual persons rather than treating only their disease or condition. Again, this underscores the importance of the student-teacher relationship and points to the fact that the teacher of TQ imparts a valuable body of information to the student that is beneficial to that patient's health and complements the care he or she receives from the medical care team, all of which can be recognized by the medical and healthcare service provider community and realized by the patient.

That said, it is important to recognize the value of the medical care team and to appreciate the possibility that TQ practices may be used in a clinical setting to accelerate the healing and rehabilitation of a person with a particular health condition. In such clinical settings, it is important to define the purpose of all interventions in that setting, which is to remediate a problem. Direct remediation of a problem is not teaching but actually treating a patient, and this speaks to what the practice of medicine is. In such clinical instances, health care professionals with TQ training may choose to integrate TQ practice as part of their therapeutic and safe interventions. However, it is also important to recognize that TQ can be used, and is currently being used, in clinical settings to offer beneficial practices that elicit the "relaxation response" that characterizes TQ practice and naturally promotes healing and thus can be of benefit for multiple conditions [64].

All TQ practice can have a health benefit and thus be therapeutic in any setting. However, going further, the MTQA proposal suggests that practices of TQ can be adapted to be part of and prescribed as clinical interventions that remediate particular problems. This amounts to a highly specialized use of TQ, and it is unequivocally the practice of medicine, and no longer "only" educating a patient or audience. Clearly, there would be some practitioners and teachers of TQ who would fit this profile in terms of their experience and training, and who seek to be of service in this way. The majority of teachers, however, can already help people even in clinical settings without needing to practice medicine in order to share their knowledge of TQ practice.

SPECIFIC COMMENTS

1. Problematic Redefinition of Medical Qigong

The word "medical" is charged with emotional and associative significance that hinders unprejudiced and rational consideration by both the public and professionals alike. In the West, "medical" connotes diagnosis, treating people, and sometimes making invasive

interventions with pharmaceuticals and medical devices that require oversight and professional training to administer. In the TQ community, the term "medical Qigong" is not the same thing as medical treatment in the sense of Western Medicine. There are textbooks on Medical Qigong, such as the widely respected *Chinese Medical Qigong* [9] which defines the term "medical Qigong" and offers a vastly different perspective on the practice of Medical Qigong compared to that which the MTQA describes as "medical qigong." Experts from the National Qigong Association (NQA) discussed the topic of "medical" Qigong at length and determined that its usage is so broad as to leave it up to individual practitioners and teachers to define it. All Qigong can be described as "medical," because the practice of it directly benefits health and body function. The Qigong Institute maintains extensive information on TQ including a database of scientific research and a directory of TQ teachers and professionals. The Qigong Institute Teacher Directory has over one hundred different Teacher Directory listings that include the word "medical" [10]. Programs certified through ACAOM (Accreditation Commission for Acupuncture and Oriental Medicine) already have graduates who offer Medical Qigong. There are hundreds, if not thousands, of teachers who offer various forms of Medical Qigong or Medical Qigong therapy.

We strongly urge the MTQA to use a term other than "medical" in its name and to spend its efforts educating the Western medical community in order to increase understanding of not just the benefits of TQ, but also the mechanisms that make the practices beneficial. Due to the precious definition of medicine developed by indigenous societies and in respect for over fifteen years of sincere consideration of the actual definition of medicine by the NQA, we ask the MTQA to modify the name of the organization to the International Clinical Tai Chi and Qigong Association—the ICTQA. To do so clarifies the purpose—to support clinical and therapeutic implementation of TQ, while supporting and sustaining the sacred nature of "medicine," which is widely revered as something personal and internal.

Defining TQ with the word, "medical"—which in Western Medicine is associated with strong invasive interventions that require vast training to administer—misrepresents the practices and obfuscates their value. One of the criticisms of the current Western medical model is that it follows a reductionist paradigm that compartmentalizes itself into fields, sub-fields, and narrowly defined specialties with very little integration across medical disciplines. This lack of integration creates a disconnected and complex approach to care and points to reasons why the allopathic medicine model has difficulties addressing chronic illnesses. In addition, the highly disparate focus on diseases and symptomology has unfortunate repercussions for the therapeutic relationship between healthcare provider and patient where there is an inherent lack of consideration of such things as the emotional and mental states of patients and factors in their homes and work environments that may be exacerbating their condition. Certainly, Western Medicine excels at treating the symptoms or addressing an acute health problem, but not all health matters fall into neat and easily identifiable categories. Furthermore, there is mounting evidence from numerous studies of placebo that challenges the accepted paradigm of disease etiologies and the mechanisms of treatment [11][12]. In addition, there is growing evidence supporting the acceptance and use of the biopsychosocial model of clinical care which states that psychosocial factors can directly influence both physiologic function and health outcomes

[50] [54]. Alternative models of clinical care are clearly needed that could very well be prompted by thought leadership and shifts in culture.

In the Western Medicine model, the physician intends to diagnose, heal, and make a correct intervention. This model of health and wellness is directed, focused and prescriptive, and it has saved many lives. It has its place in society. But is it necessary to make TQ, practices that are aligned with alternate models including acupuncture, more like Western Medicine? In teaching the TQ practices of care and right use of the human system, there is no directing and no diagnosing in the tradition of Western Medicine, but there is a regard for the entire system that is not just the body, but the mind and life of an individual. This means practitioners and teachers cultivate receptivity to what is ready to heal or ready to change and transform in a way that is undirected and non-prescriptive. TQ teachers are educators, not doctors, and a good teacher will adjust the presentation to the audience in order to teach effectively. It is also important to remember that it is always the prerogative of the practitioner or student to accept or reject the teacher's offering. The command of healing is in the one that heals. Recognizing this simple fact shows respect for the patients/students/practitioners. The teacher's role is to make the offering of the practices while staying true to the ethics and values of TQ practice.

The phrase "medical Tai Chi and Qigong teachers" is redundant, confusing, and potentially harmful in that the use of the term "medical" would misrepresent the nature of the work of TQ teachers who provide classes or work as educators, not doctors or clinicians. For the MTQA to introduce the word medical in its title, along with accompanying requirements and injunctions to certify and register teachers as "medical Tai Chi and Qigong instructors," amounts to a fundamental disconnect with the existing use of the term "medical Qigong" and does not bridge the divergent meanings of the term "medical" in the Eastern and Western healing paradigms. We recommend a different title: "clinical," "therapeutic," or "rehabilitative."

Even as TQ teachers pursue greater education and gain more experience, they essentially have the same job as educators throughout their careers. As is the case with everyone, even doctors and nurses and professionals in the health care field, over time, the work is done more effectively with years of experience and simply getting to know the community they teach and serve. Sensitivity to tailor the teachings to individual needs is what grows over time in any profession, and TQ are not to be singled out as being particularly lacking in this regard. It is tempting to unquestioningly assume that education in anatomy, biomechanics, bodywork, physical rehabilitation, and philosophy grants someone who teaches TQ the right call him or herself a "medical" TQ instructor. In fact, even such a TQ teacher would still need real life experience to be able to learn how to apply their knowledge as skilled educators.

By understanding that a "medical" TQ instructor is nothing more than a very good TQ teacher, the troublesome phrase "medical Tai Chi and Qigong instructor" can be eliminated from the job description of any TQ teacher. There is no need to define the practices beyond stating that TQ teachers educate people about how their bodies and minds can be more fully integrated and healthy using breath, posture, and movement. Even when TQ teachers

employ touch as part of that process, it is only for the purpose of educating, not manipulating or treating.

Throughout the world, TQ educators are sharing vital work in every area of healthcare delivery by what they do best: connecting with people and building community. The sharing of these practices will only grow exponentially as more doctors, nurses, administrators, and business people become students of these practices, transform their lives, and become advocates. Bringing TQ to those working and being treated within mainstream healthcare can improve care and may even heal the aspects of a system that have inadvertently and regrettably hurt the practitioner-patient relationship and created helplessness in providers and patients alike.

The movement for standards and guidelines for medical TQ mirrors the issue that has been discussed in yoga circles at length, with some prominent teachers/thinkers doing an "about face" about something called "yoga therapy." Leslie Kaminoff, author of *Yoga Anatomy*, a very dense academic tome which is now in its 2nd edition, and founder of The Breathing Project nonprofit that presents breathing workshops, used to be an enthusiastic proponent of yoga therapy and getting people thusly credentialed. The bulk of that yoga therapy training was academic, medical, and scientific. Over the years Kaminoff changed his mind about this need to credential people in this way and declared publicly that he is not a yoga therapist, but a yoga teacher and educator [13]. His experience (and maturation) as an educator over the years has supported this change in orientation and philosophy. Like Leslie Kaminoff believes about yoga, a well-trained Qigong and Tai Chi teacher will deliver effective TQ classes in any context, medical or otherwise. TQ practiced by anyone with a special condition like cancer or chronic pain is, in the end, TQ practice after all.

The practice of either yoga or Qigong is not prescriptive or meant to change or diagnose the student/patient (as a clinical relationship might intend to do). Rather, it is about setting up the conditions where that student or patient's entire life and vitality system responds in an ideal, beneficial and supportive manner, which we would also describe as a gradual progression toward optimal function guided by a teacher or self-guided by the practitioner. Thus, it is not necessary to diagnose or prescribe or to follow medical protocols. TQ teachers often teach groups of people/patients whose diagnosis and issues they may not know firsthand. But the approach which is conveyed via attitude and language, which is more of a "Qigong and Tai Chi protocol," not a "clinical protocol," keeps practitioners safe and in the driver's seat in terms of choosing the movements that they do and also keeps them most importantly practicing the self-observation that will help them deal with their life condition.

The teachings of many respected contemporary adepts and educators corroborate this definition of the practices of TQ and their properties as useful healing arts in widely respected books, courses, video, and training programs geared toward disseminating the practices so that many may benefit. The common feature of the teachings and presentations of the educators mentioned below is that TQ as healing arts are not intended as a treatment for specific diseases or illnesses because traditional Qigong practices and principles (both TCM and Classical Chinese Medicine) consider not just the current physical

expression of symptoms, imbalance, and disease (though not excluded or ignored), but the whole energetic and functional picture of the individual. TQ as a practice are intended for anyone interested in wellness in body, mind, and spirit. Examples include:

Robert Peng	Author, *The Master Key*, trainer of Qigong teachers.
Roger Jahnke	Author, *The Healer Within* and *Healing Promise of Qi* , trainer of TQ teachers; academic researcher.
Lee Holden	Trainer of Qigong teachers, developer of widely popular and respected Qigong DVDs, co-author, *Simple Chi Kung.*
Peter Wayne	Author, *The Harvard Medical School Guide to Tai Chi* and other books, trainer of Tai Chi teachers, prolific academic researcher.
Daisy Lee	Author and Developer of well-known and respected Qigong DVDs, and trainer of Qigong teachers.
Francesco Garripoli	Creator of PBS Qigong Documentary, author of *Qigong: Essence of the Healing Dance* and developer of numerous Qigong DVDs.
Jeff Primack	Author of various books on Qigong, trainer of Qigong teachers, and producer of numerous Qigong practice DVDs.
Effie Chow	Qigong Healer, trainer of Qigong teachers and healers, developer of various Qigong DVDs.
Ken Cohen	Author, *The Way of Qigong* and other books, trainer of Qigong and healers, developer of courses and learning materials, scholar.
Yang Yang	Author of *Taijiquan: The Art of Nurturing, The Science of Power*, trainer of Tai Chi teachers, researcher.
American Tai Chi and Qigong Association	Organization that certifies TQ teachers.

The individuals and organizations represented on this partial list have either authored books on the subject of healing and TQ or also developed video courses and presentations for the general public or have developed teacher trainings in TQ (some have done all three) that define these practices as practical, low-cost healing arts that can readily and safely be practiced by ordinary citizens.

Clearly, the ready and generous sharing of these arts to inspire individuals to practice or even to teach reflects a philosophical attitude in favor of dissemination of these practices so that they can reach greater numbers and have a beneficial effect in society. Removing barriers to this dissemination is very much needed given the challenges of conventional health care solutions. In a search for alternatives to the over-reliance in the medical system on conventional health care solutions in ordinary areas of life such as the workplace, the Centers for Disease Control has actively researched the category of mindfulness-based interventions and Meditative Movement practice, which include yoga, Tai Chi, and Qigong, and found Meditative Movement practice to improve workers' health and reduce employers' costs by ameliorating the negative effect of stress on workers' health [14]. Given the state of health care and the search for solutions, research such as that

commissioned by the Centers for Disease Control can help doctors, health care providers and the general public understand and become aware of useful alternatives and treatments. TQ can play a major role in the solution to the health care crisis.

2. Classification of Qigong and Tai Chi into Western Medical Specialties and Excessive Requirements for Teachers

For the reasons stated above, the proposed taxonomy of medical categories or specialties for which TQ instructors can obtain certifications is a misunderstanding of the fundamental nature of TQ and of how they are taught and practiced. The discrete categories also identify "health promotion" as separate from the other categories with no explanation as to why or how this was decided. Thus, the proposed classification of TQ into courses or specialties (health promotion, arthritis, cancer care, diabetes, hypertension and healthy heart, obesity and weight loss, pain management, wellbeing for seniors, stress and mental health) appears incomplete and arbitrary. What about other categories such as MS, Parkinson's, COPD, ADHD, depression, insomnia, etc.?

The MTQA concept paper contains the implication that eventually there will be additional courses or requirements for working with multiple conditions so that TQ instructors can teach the audiences affected by such conditions. In particular, the concept paper identifies seven areas and thus seven courses that can become available. The MTQA's classification proposal fails to recognize that the fundamentals and principles of TQ apply to common health issues and therefore can benefit many more conditions than what the concept paper describes. Furthermore, the lists of conditions that educators and researchers work with, as mentioned above, also indicate that a narrow focus on seven categories is based on a model of specialization and "medical reductionism" [19] [20]. This model of specialization creates a proliferation of consultants and specialists in the health care industry and regrettably does not address the health care situation of high costs, and—when applied to TQ—nor does it describe how TQ can be of benefit for health. There is no compelling reason to mandate different certification requirements for TQ for each condition or illness.

What may be more useful for the MTQA to provide is guidelines for providers of continuing education for both physicians and TQ educators for designing course work that effectively defines the disease process, covers safety and contraindications, and demonstrates how to integrate TQ for use with a particular condition and thereby reach a particular health audience. Thus, the MTQA would readily be aware of providers who are already providing these services, as in the case of Institute for Rehabilitative Qigong and Tai Chi's Qigong for Pulmonary Health, which is a course designed to present the fundamentals of COPD (a condition not listed in the MTQA concept paper) to both physicians and TQ educators. This particular COPD course offered by IRQTC demonstrates the effectiveness and safety of using TQ practices as an intervention for those who have COPD.

There are various lists that credible organizations and independent educators have assembled that show the great variety of applications and usefulness of TQ for myriad health conditions. For example, the World Tai Chi and Qigong Day website lists one

hundred common health issues addressed by Tai Chi or Qigong [15], many of which are not included in the MTQA proposal. The list of publications of Dr. Peter Wayne, summarized in the book *The Harvard Medical School Guide to Tai Chi*, also feature examples of where Tai Chi can be a useful Meditative Movement intervention for a host of conditions [16]. In addition, professional and independent providers, whose examples include Gareth Davy [17] and the Institute for Rehabilitative Qigong and Tai Chi (IRQTC) [18], offer courses and publications for physicians, TQ practitioners, and educators and also work closely with physicians to design specific applications of TQ expressly for remediating specific health conditions [55].

It is misleading to imply that TQ cannot be taught for health promotion or medical conditions unless the instructor has additional training and certification. An enthusiastic and sincere practitioner with a 16-hour Qigong teaching certificate can deliver effective Qigong practice sessions to various patient populations as was concluded in the National Expert Meeting on Qigong and Tai Chi Consensus Report [5] and, for example, Tai Ji Quan for Better Balance [52]. The well-respected and well-represented interdisciplinary attendees of the National Expert Meeting also shared the key principles of TQ practice which additionally include four major components:

- Body posture adjustment and gentle movement
- Meditation and purposeful relaxation
- Breath regulation practice
- Self-administered massage

These four essential components can be integrated in many different combinations, resulting in a wide variety of options ranging from very mild and slow to dynamic and vigorous, which can be practiced either walking, standing, sitting, or lying down. The components were further defined and introduced to the medical community by Larkey and Jahnke [2]. Jahnke describes these simple yet profound practices in terms of Western Medicine without mention of Qi or Qigong [8]**.** Given the direct simplicity of the essentials of TQ, the National Expert Meeting attendees concluded that individuals with 16 hours of training and time (six months) to integrate what they learned can effectively teach these practices, even in a clinical situation. Likewise, in the *Harvard Medical School Guide to Tai Chi*, Wayne describes simplified practices that can be done by anyone using appropriate precautions [21].

Although the Consensus Report acknowledged the NQA's professional level of certification of 200 hours training, the experts also defined shorter trainings of 14 to 16 hours and 20 to 50 hours and specifically noted safety concerns and needs of special populations. An example training is Tai Chi Easy™ from the Healer Within Foundation [6]. Further examples are well-documented as well in the case of seniors practicing Tai Chi for falls prevention: *"Brief, intensive weekend training can increase the available workforce to train the elderly in fundamentals of Taiji for fall prevention"* [22]*.* In addition, simplified Tai Chi led by "novice" teachers also has shown that "community-based implementation" of health programs that feature Tai Chi are effective [23][24][41] [42].

These examples show that “lay” leaders can safely deliver these practices. To say that a teacher needs 200+ hours to deliver TQ classes for health promotion or well-being for seniors is extreme and becomes a barrier to the dissemination of these practices to the individuals and populations that need them the most.

The NQA has been certifying teachers of TQ for fifteen years. That effort represents extensive groundwork and market research. The NQA levels of certification, with the 200-hour certification in particular, does not specify particular populations or audiences that a certified teacher can teach. A teacher certified to 200 hours is qualified to teach in varied patient populations and to participate in a Tai Chi or Qigong clinical protocol in a Randomized Controlled Trial.

Furthermore, there is no mention in the Consensus Report of training in specific western medical specialties. The Consensus Report states that continuing education, especially with respect to practice and teaching, is strongly advised.

We encourage the inclusion of TQ practices in clinical settings. Many teachers and practice leaders already teach in clinical settings. In a 2015 random survey of fifty practitioners trained through the Institute of Integral Qigong and Tai Chi (IIQTC) [25], the Healer Within Foundation [6] compiled the following counts of teachers and practice leaders and where they are teaching, some of whom had as little as 25 hours of training in Tai Chi Easy™:

Index of Health Issues	**Number of Teachers out of 50 addressing this Audience**
Balance/Falls Prevention	31
Stress Reduction	20
Chronic Illness	16
Cancer Support	9
Wellness	8
Chronic Pain	7
Hospice/End of Life	5
Anxiety	4
Arthritis	3
Addiction	2
Children	2
Depression	2
Eating Disorder	2
Injury Rehabilitation	2
Parkinson's	2
COPD	1
Posture	1
Smoking Cessation	1
Stroke	1

The teachers and practice leaders represented in the above list were trained in programs that emphasize the fundamentals and the principles that inform the practice of TQ. The training programs address the nature of Meditative Movement presentations being adaptable to the audience to address their readiness and availability to the practices. As would be expected, such teachers are also trained to understand important safety practices

and boundaries, which include appropriateness of practice and knowing the limits of practice (that is, not regarding the practices as a panacea or "promising" miracles).

Teachers trained in this manner understand that TQ are connected to society and the world, and thus it is important to understand that not all people will respond or that some people need their concerns (perhaps physical, emotional or even spiritual) addressed by their teacher. Good teachers of TQ demystify the practices and as such render them ordinary and therefore useful. Given this, the MTQA may be of great service in teaching medical professionals how to "pre-vet" TQ instructors and how the public may do so as well. For example, Wayne used a simple protocol for vetting teachers for a randomized controlled clinical trial that studied Tai Chi and cardiac failure patients [26].

3. Redundant Certification of Teachers and Clinical Practitioners

The National Qigong Association (NQA) has been doing TQ certification for over fifteen years [27]. The American Tai Chi and Qigong Association (ATCQA) [48] has also been certifying instructors for years. Curiously, the proposal makes only passing mention of the NQA service and does not mention the ATCQA or explain why a new service is necessary relative to them. The proposal makes the following erroneous statement in justifying the creation of a completely new structure that basically duplicates what the NQA already does:

It appears that most TQ organizations and private training institutions' accreditation guidelines are aimed towards health promotion of the general public rather than the health of individuals with medical conditions. Hence, a large percentage of existing accreditation guidelines are based on the instructor's TQ skills, performance and competency and do not address the value of the medical knowledge for instructors to deliver TQ to individuals with medical conditions.

The NQA levels of certification clearly include a Teaching Track and a Clinical Track [28] that the MTQA proposal appears to have basically copied. By leveraging this existing service instead of re-inventing an alternative that accomplishes something similar, the MTQA could serve in unifying longtime practitioners and educators of TQ with the medical and health care communities. The NQA has also delineated standards for certification, policy definition, and level of standards. Why is it necessary to have another external body create an infrastructure and alternative service for that which already exists?

Furthermore, the MTQA proposed requirements of further certification and education requirements for TQ teachers impedes the wide-spread dissemination and adoption of these practices. While the MTQA sought the input of Tai Chi masters and some Qigong practitioners to make its case, the proposal does not reflect input from organizations that are training TQ teachers. Educating the medical community in these practices and how to interface with communities that train TQ teachers would be a less protracted method of disseminating the practices compared to slowly training and registering TQ teachers to be "more like doctors" so that they are able to speak with doctors in "their language." A common language is needed that respects both doctors and TQ instructors and values their respective experience and training.

4. Safety of Practice and Delivering Qigong and Tai Chi to Individuals with Medical Conditions

The main job in teaching is safety, not medicine. Teachers do not need to know the medicine to teach. The question of safety, or the medical knowledge required to competently and safely deliver a practice, is not well represented in the concept paper. Several research studies are cited, most of which are not expressly measuring safety but feature safety incident reports of isolated cases. In recent evidence of a review of benefits and harms of falls prevention programs for elders, researchers found that in the 108 trials totaling 23,407 participants, "Where reported, adverse events were predominantly non-serious" [63]. It is important to notice that the fundamental non-safety of the practices is not de facto established in a wide and systematically rigorous way. That said, safety is important, and many organizations that would hire a TQ teacher require a certification in CPR and often include first aid and basic protocol for handling emergencies.

The MTQA proposal states the following:

"*Hence, a large percentage of existing accreditation guidelines are based on the instructor's TQ skills, performance and competency and do not address the value of the medical knowledge for instructors to deliver TQ to individuals with medical conditions*."

There are several issues the MTQA brings to light which speaks to the realities of how individuals train to become TQ teachers and who it is they teach. By definition of Meditative Movement training and teaching, all teachers are interested in keeping students safe. The medical knowledge needed for instructors to deliver TQ classes to individuals with medical conditions is not expressly taught in terms of medical conditions but in terms of principles of TQ. The teacher is responsible for making modifications to practices and routines as needed. Dr. Peter Wayne's Tree of Life Tai Chi teacher training is an example of this approach: the 87.5-hour program deliberately spans over two years, so that there is time to apply the learning, teach, get feedback and to learn the "deeper therapeutic principles" [29]. During the two-year training period, trainees are encouraged to embody, or practice, the principles, which include understanding nuances about teaching and also integrating scientific research on TQ. Students of the program are thus ready to teach in diverse settings.

It is important to know that in the TQ community, there are many private schools and organizations that are currently teaching and training teachers that teach TQ as healing arts and whose certified teachers currently deliver classes in clinical settings. There are also schools that emphasize different aspects of the practice and base their certifications on these. Examples include the American Chen Taiji Society, whose multi-year training is not guaranteed to culminate in certification and whose emphasis is on technique, mastering and leading numerous forms, and making technical demonstrations of said forms that are critiqued by highly experienced teachers and practitioners. The American Chen Taiji Society is considered a lineage-based Tai Chi organization whose figurehead is a master who can demonstrate martial arts skills and make compelling demonstrations of mastery in movement and esoteric skills of "Qi" mastery, for example, transmitting Qi [49].

Organizations whose identity is linked to a lineage or master do not encourage making modifications of the forms they teach because modification dilutes the practices and goes against the tradition of how the forms are to be taught. In some extreme cases, teaching the forms in a modified way is a violation of tradition and a dilution of tradition which somehow devalues the offering as "untrue" or "false" TQ. Such an attitude can be close-minded and non-inclusive. However, making modifications is part of teaching, and over time a teacher of any subject will adjust their presentation. The recognition among lineage-based schools that TQ can be practiced for health is recent because the research on TQ for health is becoming more widespread. It is also true that the American Chen Taiji Society has certified many teachers who are teaching in communities throughout the world, and some of those teachers are also teaching in clinical settings without further certification other than their American Chen Taiji Society certification.

Keeping students safe is a skill learned by both the student and teacher. Teachers are educators who help students learn how to practice safely and correctly, regardless of medical conditions. Offering modifications to traditional TQ practices and forms (as for example, practicing in a chair rather than standing) is part of the skill of making the practices safe. How to use and teach this skill is learned through training as in the case with dedicated training programs, including the Institute of Integral Qigong and Tai Chi and Dr. Wayne's Tree of Life Tai Chi teacher training and also through a dedication to the practice which comes through years of experience. Teaching others and sharing the practice is a matter of commitment and dedication. Teaching also comprises its own set of skills that make all the difference in any setting. Dr. Wayne's maintains that what is essential for keeping students safe is "…a teacher with good teaching skills and good people skills." He also observes that "Some of the best Tai Chi practitioners do make the best teachers" [30].

The following summary of the experiences of two teachers illustrates real-world examples of teachers teaching TQ in medical settings without extensive medical knowledge. The experiences of the two teachers suggest it is entirely possible to teach "special populations" with special conditions (chronic pain, dementia) safely and effectively using good teaching skills and good people skills to connect with students, learn their particular needs, and keep them safe. It is a teacher's years of experience and dedication to his or her own practice and continuing education that make a difference in outcomes for the students. Clearly, it is not the teacher's certification that guarantees that a teacher will have a positive attitude and willingness to learn about the students in order to connect with them on an interpersonal level. Because they are committed to the practice of TQ and to their students, teachers of TQ develop these skills over multiple years.

I have taught Tai Chi and Qigong at chronic pain centers without a certification to teach in medical settings. As with any setting, I consciously observe and get to know the students. Often, I do not know beforehand their ailments or diagnoses, or even their mobility issues. In addition to dealing with a situation of chronic pain, some students have diabetes or are overweight, clinically depressed, or are rehabilitating their bodies after horrific work injuries or experiencing the deleterious effects of congenital nerve conditions that are suddenly presenting symptoms. I have come to know these conditions in the course of teaching the

students who participate in the six- to eight-week chronic pain program, of which Tai Chi and Qigong are a weekly part. Over the course of the weekly classes, students share some details about their condition, or sometimes I discover these by simply observing them and their movement and guiding them in self-observation, a cornerstone of Qigong practice. I am certified in CPR, and doctors, physical therapists and psychologists have always been on site and readily nearby during class. Routinely, the physical therapist assistant or the doctors themselves visit class to get a particular student's vitals measured and to check in about their experience. Safety is the main concern, and the language and instruction emphasize this. However, the philosophy at the two chronic pain centers where I give classes is that the participants are not to be coddled with instruction that prevents them from experiencing Tai Chi and Qigong (for example, avoiding movement exercises outright), but instead the students are encouraged to explore their options to move and experience their own bodies through various forms and styles of movement, including weight lifting, yoga, Tai Chi and Qigong, so that they can experience the truth of their condition and experience tools that can help them.

With tools like Qigong and Tai Chi the students explore their states of mind and range of movement with a sense of respect and awareness. The important thing at the pain centers is that the doctors say it's okay to practice Tai Chi and Qigong, and without this approval or permission from the doctors the students (patients) would probably not take classes in Tai Chi and Qigong. I had to audition two times before one pain center accepted me as the teacher. The concern at that particular pain center was about boundaries. The supervising physical therapist (a Doctor of Physical Therapy) was concerned about teachers getting flustered by the emotional responses some students can have to movement. The supervisor observed me teaching to see how I reacted when someone either could not, or would not, do the practices I was leading and how this could affect the entire delivery of the practice session. My supervisor and I discussed this after the demonstrations. Would I "over focus" on a "problem" person who complained or became emotional or went into spasm? Would I lose patience? Would I use "solicitous tones" that "rescued" a person having trouble with the exercises? I was nervous to be observed so closely, but I also knew that what I teach is safe and valuable, and so I taught the classes at the pain centers as just another set of Qigong and Tai Chi classes. Fortunately, my supervisor's concerns were favorably addressed when she observed me teach. What I have found is that clear instruction and good emotional boundaries are very helpful. The chronic pain students are in class, after all, because the doctors at the pain center have told them it is a good idea, and this helps a lot in creating a sense of receptivity in the students and a sense of their being well enough to actually practice. In my years of experience I have taught various populations, some very healthy and fit in gym settings and some frail and aging in senior centers and now I teach people with wide-ranging health concerns at the chronic pain centers. My years of experience teaching have given me the confidence to make modifications of the movements and practices so as to address and work with limitations.

I have also trained with classical and lineage-based Tai Chi masters, where the emphasis was primarily on mastering movement and looking beautiful. One Tai Chi friend I know who trained with me and got certified to teach through this same traditional school of Tai Chi at the same time also learned this skill of modifying practices even though that is not what our Tai Chi masters and teachers taught us. Though my friend's Tai Chi was "prettier" than mine, and she had the gold medals from Wushu competitions to prove it, she had mostly studied

forms and how to make the movements efficiently and consistently. One of her first jobs was teaching at an assisted living medical facility where the patients had dementia. When she first walked in to teach class, she was completely overwhelmed and flustered by the situation because nowhere in our traditional Tai Chi training with the masters had there been any talk about modifications. This population, as you would naturally think, of course, required modifications to the movements we were taught.

In our traditional training, there was a narrow definition of practice, and other versions of movements were not considered "real" practice. However, we were also taught to meditate and to do Qigong and to practice a nurturing of the mind, energy and spirit. Over time, using the Tai Chi skills of observation and gentleness, my friend was able to have patience with herself and the dementia students. Through trial and error, my friend was able to provide the dementia students with modified movements, and in the process, she did as any teacher does: she built trust and rapport with the students through a student-teacher relationship based on clear boundaries and good communication. This is what all teachers do, and teachers of Tai Chi and Qigong are no different.

Perhaps it is the case of guiding people to the correct modifications that the good doctors are urging us to know about. How you modify for chronic pain is different from modifications for dementia or arthritis or fibromyalgia or cancer or heart attack survival or diabetes or… the great multiplicity of all the things that can go wrong with the human system. But is it really? The great encouragement to teach at the chronic pain centers was that it was Qigong and Tai Chi that the chronic pain health professionals there wanted to offer in addition to the recommendations from the doctors, psychologists and physical therapists who are part of the team. Qigong and Tai Chi is a rich body of information that some of us practice leaders have chosen to teach and practice as part of our careers to help human beings live better and useful lives. It is natural to leave the medical and the doctoring to the doctors. Tai Chi and Qigong teachers will never do the work of the doctor who will diagnose and intervene in a way that is much more invasive and at times even necessary. Tai Chi and Qigong teachers are educators who are also always improving their offering as is the nature of practice: improving self through continually observing and educating the self [31].

As described above, learning from experience is what all teachers do, and a central part of TQ is observing both the environment and the self, and in the case of teaching, instructors observe the students closely. Experienced teachers are mature in their ability to accept their own limitations, the limitations of their students, and the boundaries of the subject matter they teach in relation to other areas of study and specialization. Making useful modifications to practices is also part of this experienced and mature teacher profile. However, what is most important is the confidence a teacher has to cultivate a student-teacher relationship that communicates a sense of safety and respect needed to teach a particular audience with "special issues." This confidence arguably comes from a teacher's character and from his or her years of teaching experience rather than special certifications.

Because TQ can potentially affect many aspects of a human life, it is a rich course of study, and we support the pursuit of education in anatomy, biomechanics, and the various

biological systems and how these systems interact. Understanding these mechanisms are not necessary to teach TQ, but having this understanding, which is truly acquired through continuing education and experience over time, is what characterizes a good teacher. Of note is the support for the TQ teacher in the narrative of the particular clinical settings described above. In each of the unique clinical settings of chronic pain students and students with dementia, the offering of TQ classes represents an organizational decision to offer the practices and integrate them as part of the care and treatment of the patients. It is the organization and its staff that takes responsibility and observes teachers, gives them feedback and invites their doctors or physical therapists to participate in the care of the patients and students in relation to both the practice of TQ, and the demands of their health condition.

Even TQ teachers trained "only" in Tai Chi forms can exhibit the right attitude with their students, as in the case with the teacher whose students had dementia in the example above, and still impart the body of information that is TQ, given that they are both experienced practitioners and good teachers.

Having information about certain medical conditions does help a teacher understand and appreciate the mechanisms and science of the movement, and any enthusiastic teacher will have an inclination or a passion to learn more about their students and the conditions of students. Such knowledge can actually help an instructor to have compassion and patience with students. In learning to motivate students to practice correctly, a mature and experienced teacher is also self-aware about the limits of their own knowledge and training (that is, what they don't know or don't have experience with). We certainly support this attitude of life-long learning and for TQ teachers to seek out information on the human body, mind and spirit to more fully inform their teaching. Dr. Paul Lam, another trainer of Tai Chi teachers, has these strong encouragements and recommendations for Tai Chi teachers:

- Work with health professionals.
- Do not try to be a doctor.
- Listen to students.
- Encourage students to listen to their own bodies.

Dr. Lam recommends that teachers have students sign a waiver and reminds teachers that, "It is the student's responsibility, if they have any medical condition, to get their health professional's approval to take your class and for them to provide you with instructions about any special precautions that must be taken" [32]. Thus, the medical care of the student is the doctor's responsibility, and the doctor can recommend or declare TQ to be a safe practice given their patient's condition provided they, as doctors, know enough about TQ to be able to endorse it as a safe and "permissible" practice in the first place. The value of educating the medical community in this regard is necessary and truly far reaching.

As noted above, making modifications to practices helps address the needs of students who present special health conditions. This is an appropriate use of TQ in clinical settings, and

there are numerous research articles that demonstrate the therapeutic effects of the practices in and of themselves, even when done through a digital or video delivery of a class, as was demonstrated in a study of patients with COPD who obtained significant clinically relevant improvements for their condition after practicing Qigong via DVD instruction [33].

In this context, it is necessary to appreciate that there is an appropriate *clinical* use of TQ, which we define as the use of TQ to remediate a health problem. The clinical use of TQ is to be recommended by a professional who is trained to evaluate a person's health condition, such as a physical therapist, nurse, or physician. Such recommendation must also come from a health professional who has a working knowledge of the practices in order to be able to know their benefit and to apply or recommend them. In addition, this health professional is also familiar with the characteristics and progress of a condition or disease. In this model, clinical care can be delivered by the personnel with medical training, and the TQ teachers can help to accelerate someone's healing. (See Figure 1.)

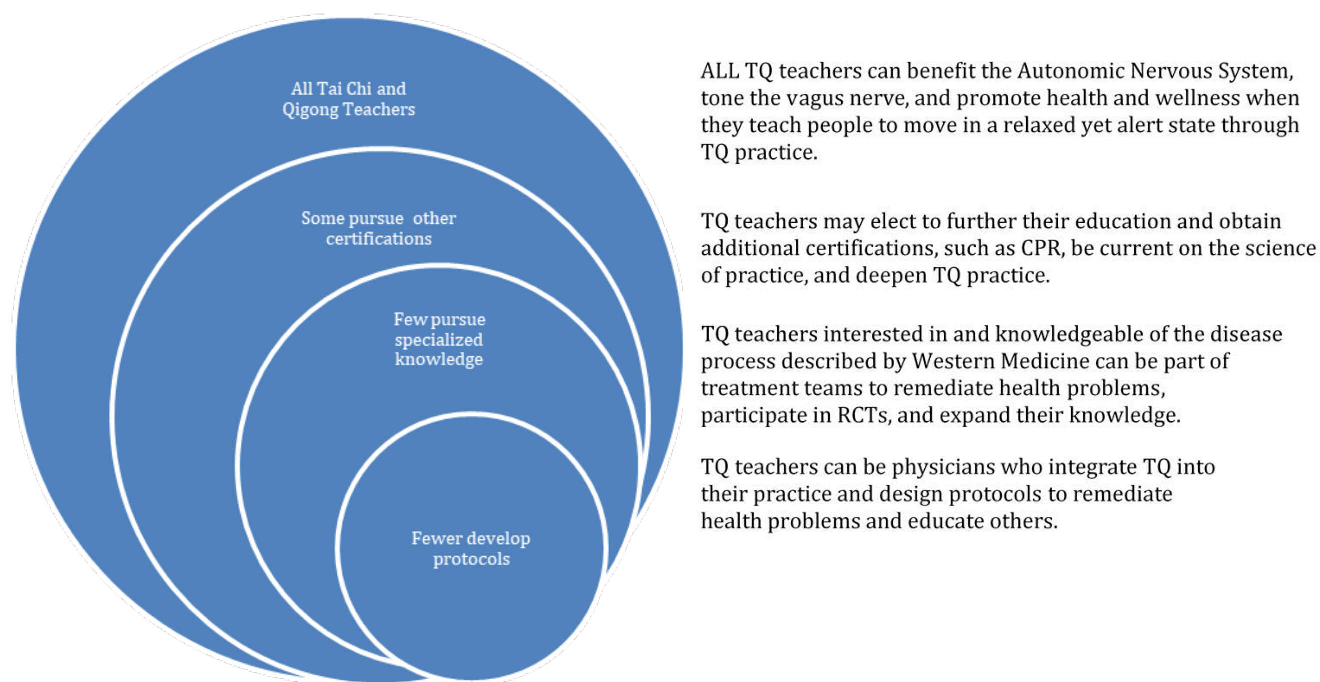

Figure 1. A model of using Tai Chi and Qigong for health in all settings, including clinical settings.

Thus, in a clinical setting, using TQ as an approach to accelerate wellness includes offering a wellness practice where the emphasis may be prevention (for example, falls prevention) to having TQ becoming an integral part of their treatment to remediate a health condition. This is an important relationship that is helpful to clarify in order to underscore the concepts that the MTQA is putting forward and, importantly, to value the practice of TQ as a strategy for prevention and a useful intervention. More importantly, we also do not

overlook the fact that teachers can offer their services on many levels that are inherently related to keeping people well.

One significant issue that the MTQA proposal brings to light is the perceived lack of resources for locating experienced TQ teachers. There are published directories of practitioners and teachers, and then there is the network of providers that are without fail featured in community education and college campuses. There are teachers in great numbers who are featured in directories. These directories are worthy of respect and worthy of being explored by doctors, researchers and health care professionals. Finally, many teachers have an “internet presence” that can be researched online using common search tools. In this age of information, it is much easier to find teachers and to know their reputation from their activities, associations and connections online.

5. Misleading Figure in MTQA Proposal

Figure 3 in the MTQA concept paper is misleading. As presented, the diagram in Figure 3 in the proposal presents the scenario where an individual who is a health professional (right track) or current Tai Chi or Qigong teacher (left track) is to be eligible for the 200-hour certification, when in fact the explanation in section 3.1.3 assumes the combination (health professional with training in TQ). What the figure fails to capture is that the vast majority of people who come to TQ training do not have professional medical degrees or degrees in complementary medical therapies. This fact is recognized in the Consensus Report which details different amounts of TQ training for teachers, including levels of training below 200 hours.

6. Section 4.3 Teaching Forms versus Teaching Fundamentals/Principles of Tai Chi and Qigong

The MTQA proposal does not articulate a difference between Tai Chi and Qigong communities, nor does it consider them to be separate and distinct practices. Furthermore, it does not distinguish “lineage-based” programs (which we alluded to earlier in this paper and characterized as aligned with a figurehead, master or guru) and certifications versus training programs that are based on teaching the principles of TQ versus only teaching the forms associated with a particular lineage. In addition, no mention is made of simplified versions of Tai Chi that have been developed, researched and used in randomized control trials. The identification of the mechanisms of diverse practices that are considered mind body movement, or Meditative Movement, is an important subject within any randomized controlled trial that features Tai Chi or Qigong, or any practice in this category (for example, yoga or Pilates), and these distinctions can affect outcomes [46]. If the goal is to elevate the TQ community and integrate it into Western medical practice, how are these important variations in training, knowledge, research assumptions, and experience to be addressed?

7. Section 4.4 Identifying “good practitioners”

Identifying practitioners on the basis of their belonging to an association is curious. Belonging to an association does not identify someone as a competent teacher. Why not solicit the knowledge of the thousands of graduates of well-respected programs who have been practicing and teaching the proposal's target populations for years? The NQA is an excellent resource for finding "good practitioners."

8. Business Model

In the establishment of MTQA's non-profit organization, there are many details that must be considered. For example, what are the sources for funding the MTQA's requirements for staffing, including record-keeping, customer and public relations, member management, tracking certifications, and resume validation? From its emphasis on guidelines, accreditation, and registration of TQ educators, it appears the MTQA seeks to become an organization like Yoga Alliance [34] or the American College of Sports Medicine (ACSM) [35]. These organizations were established over many years and after much debate and discussion among educators and professionals about professional standards, ethics, and practices. These organizations are funded primarily through membership dues from individuals, but they also work with training organizations and continuing education providers to review and list their services to members. Both organizations serve as standard bearers and provide a service to the providers and the public that speaks to the value of yoga and sports medicine, respectively.

Of special note is the ACSM. Since its founding meeting in 1954, the American College of Sports Medicine has expanded into publishing its guidelines in book form on a regular basis, producing scholarly journals, educating and working with physicians, sponsoring conferences, conducting regional groups and providing a "360-degree view of the science and practice of sports medicine." Being registered by the ACSM as a school, or a provider of education, or a provider/educator/trainer in the field of sports medicine is valuable, and such value has been built through a recognition of shared values across communities over time. For a training organization to obtain status as an ACSM continuing education provider is an accomplishment, particularly in the area of TQ; see Tai Ji Quan Moving for Better Balance as an ACSM Approved provider example [56].

Treating TQ as another category of exercise and sports medicine may be useful in considering the potential business models. The ACSM certifications are as follows, and each has established guidelines and ethics for certification, certification maintenance, and recertification:

- personal trainer
- group exercise instructor
- exercise physiologist
- certified clinical exercise physiologist
- specialty certifications

If TQ were to be offered as another viable and credible category of sports medicine, then potentially, the members of the ACSM (for example) would qualify to work with students, clients, and patients safely and ethically and potentially also convince health care professionals and physicians that they as practitioners are suitable for working in clinical settings.

There are other potential collaborators whose work the MTQA can leverage and perhaps save resources by not duplicating efforts and services that already exist. Some examples include:

- World Tai Chi and Qigong Day for its reach and warm relationship with the TQ community through excellent marketing collateral that can be used by TQ teachers and consistent yearly events.
- National Qigong Association validates the credentials of teachers and maintains listings
- Teacher training organizations that provide trainings and find-a-teacher listings

CONCLUSION

The MTQA proposal does not adequately articulate or incorporate an accurate understanding of how TQ are currently taught and practiced in real-world settings (including clinical settings), nor does it acknowledge the myriad examples of training organizations whose teachers exemplify good teaching in diverse settings, including clinical or therapeutic settings. It also does not adequately address the existence of programs for certification or validate teacher directories that are already in existence.

If the main of objective of the MTQA proposal is the integration of TQ into Western health care to improve health outcomes, then speaking directly to this issue and addressing problems in the current health care system is critical for this movement to take hold. The problems that plague the health care system and affect all of us who depend on this system to stay well cannot be addressed simply by adding new and unconventional tools, like TQ (and the control and regulation of TQ certification) into a health care system that needs repair and overhaul. There are interim steps. Training teachers to speak the language of doctors and health care workers may not be extensive enough to make the necessary inroads and establish the strong foundations. It is also necessary to teach medical doctors and the health care industry how to be receptive to TQ. In addition, there is much work to be done to find common ground even within the TQ community. Use of the term "medical" has many meanings in Eastern, Chinese Medicine models versus the Western models, and this needs to be addressed in a respectful manner that does not exclude either the TQ community (the Eastern Chinese Medicine community) or the Western Medical community. We therefore recommend using a different term than "medical."

In addition, we also recognize that the MTQA paper has an implied rationale of improving outcomes and thus improving the way medicine is practiced (for example, to have Western doctors be able to easily refer patients to a TQ teacher that they know is competent and

professional). While this is laudable, it will take time and effort to integrate the work across disciplines to be able to create the culture in which medicine is practiced in such a manner. The current pressure from the insurance industry that doctors face is real, and it heavily influences care. There is definitely growing motivation to search for alternatives. TQ can potentially be part of the solutions that can keep people well, contain health care costs, and improve outcomes. However, there is much work to be done across disciplines and within communities of educators and practitioners. There is a great opportunity for the disparate communities to work together. In fact, the MTQA is creating an historic opportunity to further the pioneering work of the National Expert Meeting that began over ten years ago to disseminate TQ with the intent to help improve the health of millions of people.

As a combined community of educators, physicians, therapists, trainers, and citizens who are genuinely interested in helping people be well, we encourage dialogue about how to work together to alter the culture and create a conscious shift in how doctors conduct the therapeutic relationship they have with each patient in order to take into account such factors as multi-modal treatment plans, understanding the patient in context, and patient-centered and directed treatment [36].

With the aim of containing costs through encouraging, and even requiring specialists to coordinate the care of patients, the "accountable care" organizations, where doctors are responsible and paid according to their patient's clinical outcomes, present a model that is currently being tested in the United States and curbing costs. Improving health care delivery and health care outcomes will happen across disciplines and departments in organizations, including the administrative, financial and all-important policy-making functions. Clearly, there are challenges along the way, and having more specialists (for example, having more "special" TQ teachers who can charge high rates for their "upgraded" certifications in highly specialized fields like "health promotion" or other categories mentioned in the MTQA proposal) in any health care setting, including settings that are organized by the principles of functional medicine and/or in settings that have adopted the accountable care model of accountability, would drive costs of health care upwards with the phenomenon of "one patient, many doctors/specialists" overloading already overloaded health care systems [37]. Given this, educating and supporting doctors to value and support health and prevent disease may help contain costs and improve the health of millions of people. This too has its own trajectory [38].

With the intent to use TQ as methods to help keep people well, our coming together as an integrated TQ and medical community to discuss methods and unifying efforts will help us:

- Recognize and validate appropriate and successful clinical models.
- Re-shape the education and clinical practices of health professionals to incorporate TQ and other methods to help them achieve proficiency in the assessment, treatment, and prevention of chronic disease.
- Include TQ in lifestyle medicine and expanded preventive strategies, acknowledging that the greatest health threats now arise from how we live, work, eat, play, and move.

- Recognize the work that is already being done to promote health through the practices and build bridges across disciplines and communities.

The MTQA concept paper mentions outcomes only one time, and it is vague in its description of how TQ will help improve outcomes and thus improve health care systems. The assumption is that medically trained TQ instructors will de facto improve health outcomes. The question of how this is to come about is the work that really needs to be done. Even a new and improved TQ teacher who is medically trained will improve health outcomes and even reduce costs if and only if there is a shift in the mentality of how health care is provided by the medical community and health care professionals. The shift that is called for is to improve understanding about how to care for complex human systems that are affected by environment, social, nutritional, active-vs-sedentary factors, and personal choices. This paradigm shift creates an emphasis on prevention and health cultivation and opens the door to include movement arts and practices like TQ in the care of people's health and wellbeing. Otherwise, without this shift in health care consciousness, the roadmap for including such practices is still an unknown, and any purported improved health outcomes and health care cost reduction that could come from TQ are also unknown, and thus less likely to occur and be integrated into the fabric of health management. This is the real issue.

Educating TQ teachers to be more like doctors is not the answer. What is more promising and more easily and quickly accomplished is educating the medical community to practice the TQ arts themselves and to have a familiarity with the growing body of research on TQ that demonstrates and establishes the safety and effectiveness of the practices for various audiences and populations. That way, the doctors and health care providers see the value of the practices and experience it for themselves. They then can begin to disseminate it to their patients, because the practices may change how they practice medicine.

Doctors already have trusted relationships with physical therapists, personal trainers, group exercise instructors, exercise physiologists, and in some cases, acupuncturists. Therefore, we recommend focusing on the education and training of these medical professionals through organizations such as ACSM (50,000 members and certified professionals from 90 countries representing seventy occupations within sports medicine) [35] and APTA (100,000 members) [44] in TQ so that they may add these practices to their offerings. The NCCAOM is another existing organization already considering new courses on TQ that would certify acupuncturists to understand and use TQ in their practices [51]. Requiring further certification of TQ teachers could potentially impede the wide-spread dissemination and adoption of these practices with populations who need them the most, e.g. seniors, veterans, and people with chronic conditions. There is clear evidence that simplified practices and new teachers can be of benefit [43] [47] [53]. It is important that in the pursuit of high standards and common language across disciplines that we not forget the great value of simple practice done by ordinary people and what it can really accomplish to keep people well in all settings, from the highly clinical to the ordinary and mundane.

We applaud the effort and sincerity of the authors to bring TQ practices into the clinic. At this point in the evolution of western medical practice, there needs to be natural and clear phases for integrating TQ for it to be readily accepted with lasting effect. Much progress has been made in educating medical professionals and integrating TQ into medical schools, hospitals, and clinical practice [57] [58] [59] [60] [61] [62] [64], and more needs to be done. We hope our comments help focus the dialogue on what can most benefit and enhance the dissemination of Qigong and Tai Chi as originally envisioned and proposed by the National Expert Meeting on Qi Gong and Tai Chi.

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