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# REGULATING THE TEACHING AND PRACTICE OF QIGONG AND T'AI CHI

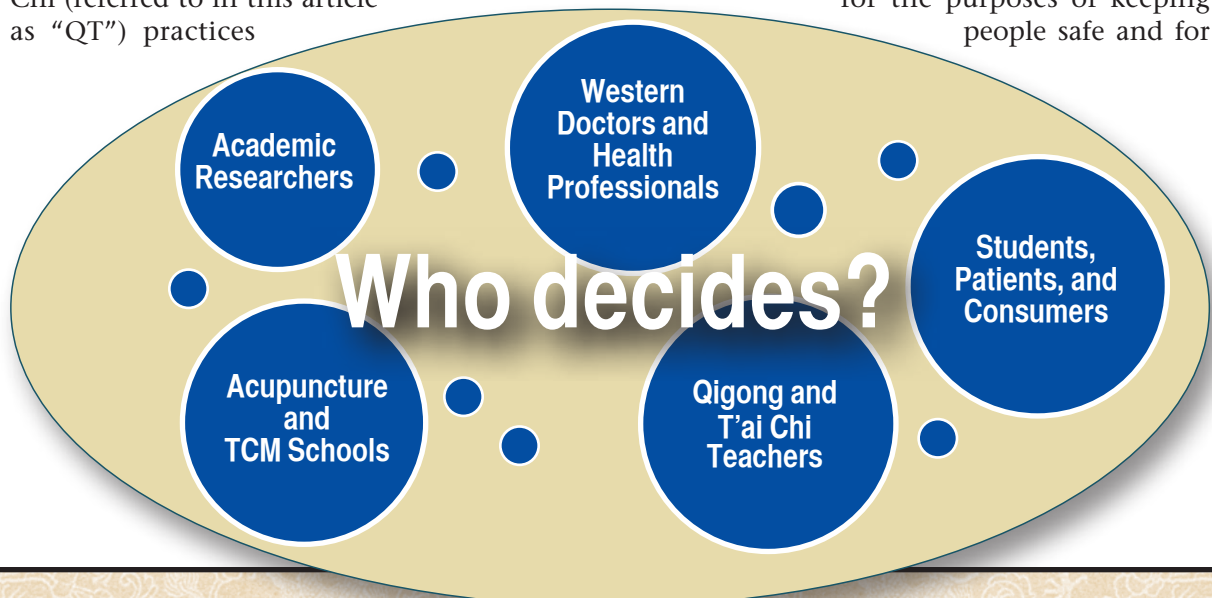
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BY TOM ROGERS AND JOSIE WEAVER

Qigong and T'ai Chi (Taiji/Taijiquan) are known throughout the world to have many styles, instructors, and schools for the practice and instruction of the movements, meditative practices and associated healing arts. The practice of Qigong and T'ai Chi has grown in popularity and come to the attention of Western Medicine as a wellness practice to such an extent that it has been called "meditation in motion"<sup>[20]</sup>. Research has convinced wellness organizations and institutions to offer Qigong and T'ai Chi as part of integrated care for patients. Qigong and T'ai Chi (referred to in this article as "QT") practices

are also being included in the training of Western Medicine physicians and healthcare professionals.

However, despite what appears to be "good news" about widening acceptance, the increasing use of QT in clinical situations for achieving beneficial medical outcomes has been linked to calls for regulation and standardization. Recent legislative proposals to regulate QT (and other meditative practices) in two separate states in the United States indicate that using QT in medical settings and having more people practicing QT may require standardization and regulation for the purposes of keeping people safe and for



addressing practical matters, like how to find an authentic training school, teacher, or therapist. In this article, we outline issues involved in the regulation and standardization of QT and discuss some of the pros and cons of regulation in order to inform the QT community and invite all clinical and therapeutic practitioners, teachers, students, patients, consumers, and interested parties to join the discussion and together protect the future of practicing and teaching QT.

Qigong and T'ai Chi encompass a diverse and growing community of students, teachers, and professionals who teach in community centers, academia, health clubs, YMCAs, retreat centers, hospitals, retirement centers, libraries, the military, medical schools, schools, the justice system, and clinical settings as diverse as cancer care, physical therapy, and chronic pain. The collective and vast QT community can potentially be affected by the creation of standards and by laws that regulate the practice, teaching, and the training of QT professionals and students.

Within the diversity of the QT community, there are people who practice and cultivate themselves; these are students and patients. There are instructors or teachers. There are people who use the practices for the purpose of healing others, and some of these refer to themselves as practitioners of "Medical Qigong." By definition, the word "practitioner" connotes a person who is actively engaged in an art, discipline, or profession, especially medicine, as in the case of "patients are treated by skilled practitioners." In this article we want to clearly distinguish patients and students from teachers (teachers or instructors) and practitioners (clinicians, therapists, and people who practice medicine). Each group represents a part of the QT community that can both influence and be directly affected by the regulation and standardization of QT.

***But, with such diversity and multiplicity, who in the QT community decides what is standard?***

This central issue of who makes the standards for QT practice and instruction leads to the serious consideration of other issues about how QT can potentially get regulated by enti-

ties outside the QT community, such as organizations or associations that want to use QT as part of integrated health care<sup>[3,4]</sup> or even the government making laws that affect the practice and instruction of QT (for example,

making the licensing of QT teachers a necessary prerequisite for teaching in any setting). Again, what or whom informs the institution of standards on the entire QT community like the laws that affect the students taking classes or teachers getting trained by QT training organizations?

Recent proposed legislation in Oklahoma<sup>[2]</sup> and Massachusetts<sup>[19]</sup> has reminded us that the law affects even Qigong and T'ai Chi in ordinary ways that can change everything about how they are practiced and taught. The law can dictate what a teacher or therapist can or cannot do. In a worst-case scenario, certain actions under particular laws can be considered illegal. In Oklahoma, the bill (Oklahoma SB190) was defeated on the basis of being poorly defined. In Massachusetts, however, as of the writing of this article, the bill (Massachusetts SD1840) is still being considered.

When it comes to regulation of QT practice and instruction, knowing the issues is key to holding legislators accountable for writing good laws that protect and support everyone to be able to practice and teach. In other words, an informed citizen increases the chances that the system will work.

***The Challenge of Great Diversity of Qigong and T'ai Chi***

The worlds of QT are vast and rich with much in common, but there are also significant differences between them. There are "lineage-based" programs aligned with a figurehead, master or guru as well as certifications and training programs that are based on teaching the principles of QT versus only teaching the forms associated with a particular lineage. In addition, simplified versions of T'ai Chi have been developed, researched and used in randomized control trials. Many private schools and organizations are

A survey conducted in 2012 by the Centers for Disease Control and Prevention (CDC) reports that QT as a percentage of Complementary health approaches increased linearly from 2002 to 2012, beginning at 5.8% in 2002 and rising to 10.1% in 2012. It increased to 14.5% in 2017.<sup>[9,25]</sup>

currently teaching and training teachers that teach QT as healing arts and whose certified teachers deliver classes in all kinds of settings, including clinical. There are also schools that emphasize different aspects of the practice such as concentrating on the form, and their certifications are based on these.

When it comes to the laws that govern how we practice and teach QT, the same vastness and richness poses a unique challenge. Among the diverse lineages, traditions, and practices, which ones serve as a model or provide the definition of QT practice for lawmakers to write the regulations that affect QT instruction and practice? Again, who decides?

***How does the law account for the multiplicity, the 10,000 forms, and all the groups of QT practitioners, teachers, and students in any given state or country?***



**Who and what informs the laws that govern and regulate the practice and teaching of Qigong and T'ai Chi?**



The issue of who decides which definition to use for informing the law is playing out in Massachusetts where Massachusetts Bill SD 1840\*\* goes to great lengths to establish the definition of Qigong as “bodyworks,” proposing to treat Qigong instruction as bodywork and making Qigong instruction subject to the laws that govern body workers (massage therapists), including licensing. In Massachusetts, Qigong teachers and practitioners have objected to this, but this situation may reflect a trend. If state legislators are making laws that govern the practice and instruction of QT, there could be a lot of variation across states when it comes to their individual definitions. Case in point: Oklahoma Bill SB190, which was defeated, is exten-

**\*\*Editor's note: after this article was submitted, Massachusetts SD1840 was changed to Massachusetts Licensing Bill S168. No change in the text that we are aware of.**

sive and ponderous in spelling out how Qigong can be used clinically—that is, as therapy or in therapeutic situations, and includes such things as Qigong movements, emitting Qi, and other such methods that can be used as part of the “patient’s healing process.” The level of detail and complexity of Oklahoma Bill SB190 was so great that it was cumbersome, unworkable, and untrustworthy by Qigong teachers. After a petition objecting to Oklahoma Bill SB190<sup>[1]</sup> was circulated and signed by many people, the bill was defeated. (See sidebar, “Qigong and T'ai Chi Legislation.”)

### **IMPLICATIONS OF CLINICAL USE OF T'AI CHI AND QIGONG**

It is understood in the QT community that the practices can be used in the “healing process.” There is ample evidence that QT practices have been used by people to heal themselves of debilitating health conditions. Since the start of this century, new research has confirmed the effectiveness and safety of QT to keep people well and, in addition, further research is increasingly showing that QT practice also addresses specific health conditions.

Western-style medical research began on Qigong in the early 1980s, mainly in China. By 1996 Sancier published *Anti-Aging Benefits of Qigong*<sup>[15]</sup> and *Medical Applications of Qigong*<sup>[16]</sup> based on this early research that described the benefits of Qigong for hypertension and cardiovascular function and concluded that drugs and Qigong together were more effective than drugs alone. By 2009 Qigong and T'ai Chi had been defined as belonging to a new category of exercise called Moving Meditation<sup>[13]</sup>. The health benefits have been proven in numerous studies<sup>[14]</sup> and Harvard Medical School strongly recommends T'ai Chi<sup>[17]</sup>. In addition to community popularity and CAM treatment of choice, as a result of medical evidence for their benefit, QT are also becoming noticed by the medical and health care communities and are being subject to new scrutiny and calls for regulation. The proposed regulation includes language about a teacher's suitability to teach in clinical settings and standards of a teacher's education. This was the case with the two bills in question from Oklahoma and Massachusetts, which in essence would require QT teachers to obtain further

certifications to be able to teach and potential exams teachers would need to take to qualify to be teachers.

Requiring QT teachers to be more like doctors is not the answer. What is more promising and more easily and quickly accomplished is educating the medical and healthcare communities to practice the QT arts themselves and to develop familiarity with the growing body of research on QT that demonstrates and establishes the safety and effectiveness of the practices for various audiences and populations. That way, the doctors and health care providers can see and experience the value of the practices for themselves. There is ample evidence that educating physicians about new practices directly affects the therapeutic relationship they have with their patients<sup>[18]</sup>. This education increases the number of people in the medical profession who are familiar with QT and are motivated to incorporate QT into their clinical practices because of proven results. The use of QT in the clinic is considered “medical” in Western Medical practice. The clinical setting makes the treatment medical, but the implementation of the intervention is primarily educational.

***Is QT practice medical? If QT practice is medical, then it requires regulation and oversight that would be very similar to the rules and regulations that govern the health care profession.***

The issue of language is very important when using QT in clinical settings. In particular, the word “medical” as in “Medical Qigong” is a challenge in this regard. Western Medicine defines “medical” as a practice that includes interventions that change/improve a health condition. If QT teachers are not diagnosing and prescribing and dosing practices like doctors, QT instructors are not practicing medicine and therefore do not need a license to practice. In teaching the QT 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 teachers cultivate receptivity to what is ready to heal or ready to change and transform in a way that is undirected and non-prescriptive. QT teachers are educators, not doctors, and a

## QIGONG AND T’AI CHI LEGISLATION

### Look Up Proposed Legislation

Do it yourself using online tools, such as <https://legiscan.com/gaits/search>

[Note spellings. “Qi gong” is the spelling used in Massachusetts; “Qigong” is the spelling used in Oklahoma, for example.]

### Go to a trusted source that tracks QT legislation:

[https://www.nqa.org/index.php?option=com\\_content&view=article&id=134:legislation-update&catid=20:site-content&Itemid=167](https://www.nqa.org/index.php?option=com_content&view=article&id=134:legislation-update&catid=20:site-content&Itemid=167)

### Look Up Legislative Terms

Bills can have unique status at any given time (e.g., “introduced” or “enrolled” or “passed,” etc.). <http://www.ncsl.org/research/about-state-legislatures/glossary-of-legislative-terms.aspx>

### Look Up Your State Representative or State Senator by Zip code

Each state website will have its unique look and properties: <https://www.congress.gov/state-legislature-websites>

### Start a Petition

<https://www.change.org/>

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 student or patient to accept or reject the teacher’s offering. The command of healing is in the one that heals.

In the West, Qigong and T’ai Chi are not considered a medical system. In the East, however, things are different. Ken Cohen describes these very issues in his brilliant review of the book *Chinese Medical Qigong*<sup>[10]</sup>, the only book that is used in China as a textbook on the topic:

*As long as Qigong practitioners are not practicing medicine, they cannot be sued for practicing medicine without a license. The concept and practice of “medical Qigong” threaten the protections that “healing” Qigong now enjoys. In China, the situation is different. Right or wrong, Qigong therapy is a category of medical prac-*

*tice. Qigong healers' medical records are virtually identical to those of doctors of Western Medicine, except that their "diagnoses" include both Western and Chinese categories of disease, and their treatments may include a "prescription" of Qigong exercises.<sup>[12]</sup>*

Practicing medicine is highly regulated in most states, and there are cases of individuals who have been charged with practicing medicine without a license. The terms "Medical Qigong" and "Medical Qigong Therapy" can be problematic in this regard from the Western Medical viewpoint. Proponents of regulation of QT refer to "protecting" citizens or increasing public awareness and safety, which makes regulation and standardization *sound* like really great ideas in that they appear to serve public interest. But is it really so? Even without regulation and standardization, QT teachers care deeply about safety and having integrity in the teachings. The unfortunate by-product of regulation, as Ken Cohen alludes to in his book review above, given the increase of complexity of practice, is that there would have to be something akin to an inspection or auditing of teachers. Regulation can be associated with monies paid to maintain licenses or to pay penalties. This could lead to the necessity for QT instructors to charge higher fees due to the fact that the regulations have dramatically increased their business costs.

### **LEARNING ABOUT REGULATION FROM THE YOGA COMMUNITY**

The movement for standards and guidelines for medical QT mirrors the issue that has been discussed in yoga circles at length, with some prominent teachers/thinkers doing an "about face"<sup>[21]</sup>. Instead of promoting "yoga therapy," yoga teachers practice as educators<sup>[6]</sup>. At the same time, Yogis have embraced regulation to some extent by forming the organization called Yoga Alliance<sup>[22]</sup> whose primary work is maintaining a registry of instructors and training institutions. Being "registered" through the Yoga Alliance registry means your training as an instructor is sound, and the institution where you trained has a good reputation and a solid curriculum.

Some yogis opposed the formation of the Yoga Alliance saying it would "trigger" regulation. This was the case in Colorado<sup>[5]</sup> where the training of yoga teachers was seen as a vocational

training, not unlike a trade. The issues sound familiar: Additional rules and requirements for training schools will cut into profits, and smaller schools will not be able to keep up with annual fees and inspections and requirements. The state said it was trying to protect prospective teachers and consumers from unsafe or bogus programs resulting from a dramatic increase in the number of yoga teacher training schools in the last few years. Regulators believe that licensing schools allows states to enforce minimum standards and protect consumers, but some have backed off when faced with pushback<sup>[7]</sup>. Eventually, at least in New York, government oversight was overridden, and the governor approved a bill exempting teacher training programs from vocational school state regulation<sup>[8]</sup>.

### **PROS AND CONS OF STANDARDIZATION AND REGULATION**

One of the main legislative concerns is safety of practice, for example, CPR certification. While the focus on safety is reasonable, another concern is that regulation and standardization necessarily cause a narrowing of permissible activities that could affect the way QT practices are disseminated—namely, the teacher-student relationship, which is the way most people have learned QT practices. For example, if a regulation were to tell teachers how to teach, it could potentially undermine the subtle and important relationship teachers have with students. In a worst-case scenario, the law could encourage a teacher to abdicate responsibility for the student-relationship in order to follow rules about what to teach or how to teach. A common response from QT professionals is that lawmakers who know nothing about QT should not be regulating QT.

On the other hand, the push for regulation has also been supported by members of the QT community in the belief that it would finally lead to insurance compensation and more money for services. Unfortunately, the higher fees could also potentially be a barrier to increasing the numbers of people who practice, and this means fewer people learning and using QT on the whole. This is clearly a worst-case scenario, but poorly written laws can make it so.

The answer to the issue of standardization and regulation is not necessarily deregulation or

being exempt from the law all together. Being exempt is unrealistic given the clinical and therapeutic use of QT, which is only increasing in popularity in healthcare and medical communities due to recognized health outcomes and given that practicing medicine is highly regulated. As with many things, a “middle-way” is often the best compromise. The first effort at standardization of QT teaching and practice occurred in 2005 at the National Expert Meeting on Qi Gong and T'ai Chi. Over thirty experts representing thousands of organizations came from three areas: physical activity and the Aging Network; QT research; and QT schools, lineages, and practices. The goal was to investigate the challenges of translating existing research models into effective community-based programs for the health benefits of older adults, and to make recommendations in the form of a consensus report. The meeting was a milestone in the long-term vision to make Qigong and T'ai Chi as popular among older Americans as yoga has become in community fitness centers and exercise programs today.

A key outcome of the National Expert Meeting was the determination to make the health benefits of QT more readily accessible. The experts agreed upon principles common to both QT (body postures with or without movement, breathing techniques, meditation, and self-massage included with Qigong) that were critical factors to be included in training QT practice leaders. They also recommended the creation of shortened and simplified versions of QT to encourage their likelihood of adoption. In addition, the Consensus Report details the main barriers to diffusion of QT which include lack of information and incorrect information on the practices, the need to educate the public and professionals about the health benefits, and the need for lay leaders with as few as 14 – 16, or 20 – 50 hours of initial formal training. The Consensus Report did not identify the need for regulation of teachers or practices, but it did recommend continuing education and practice in addition to formal training<sup>[11]</sup>.

### **CAN THE QT COMMUNITY REGULATE ITSELF?**

Currently, standardization doesn't exist across all the QT schools that train and certify teachers, nor is the legislation that affects QT across indi-

vidual states in the United States based on standard definitions. Of course, there are individual instructors, schools, and training organizations doing great work and training more people every year. There are some schools that have ties to China and traditional lineages that are teaching ordinary citizens and training future instructors. Other schools are tied to scientific research and medicine and also spreading the practices to wider and wider audiences. There are registries of QT instructors that have been in existence for many years, but some Western Medical communities still insist that it is difficult and time-consuming to try to find and place QT teachers who are inclined to work in Western Medical settings. Anecdotal evidence suggests that Western Medical clinical settings earnestly want to include QT as part of their integrated care, but that sometimes the “trial and error” process of trying to find teachers, trying out teachers, and having teachers not work out is very discouraging. One medical center went through six teachers in a period of nine years before finding a teacher that finally worked out while other clinical settings gave up their search as too time-consuming. The problem of finding qualified QT teachers in clinical settings is growing, and there are many competing solutions that involve the difference between defining QT as therapy versus education.

### **QT EDUCATION VERSUS QT THERAPY**

The framework to manage and oversee QT as a therapeutic modality is different than the framework that is needed to manage QT as an educational modality. QT therapists would need special training (and licensing) in addition to their QT training and experience in order to practice a form of medicine to remediate health issues and use QT as an intervention in clinical settings. This would make it comparable to Chinese medicine or massage, for example, where people need to go to school to get a degree, pass important examinations in their state, and pursue continuing education to maintain their certification. The school that trains them has to be accredited; and graduates of that need to be “board certified” by a body other than the school, depending on the state they wish to practice in. The regulation initiatives of Oklahoma and Massachusetts

could be important precursors of things to come if QT teaching and practice are to be treated the same as massage or Chinese medicine. However, it is important to remember that QT teachers are educators, and not therapists, but it is also true that therapists are educators. If QT were to be treated as a medical modality, it would essentially become a new profession with individual requirements that align with the practice of therapy.

If regulated in the right way, QT can become even more popular and be disseminated without barriers to populations that need it the most. The yoga community coming together to form Yoga Alliance meant many experts—representatives of yoga schools and traditions—coming together to discuss matters that affect the entire world of yoga, and it was a chance to stand united.

### NEXT STEPS

Since the 2005 Expert Meeting, when QT experts from many schools, traditions and persuasions came together, the evidence of the effectiveness of QT to improve health outcomes has increased, and there is increasing momentum to learn more about the mechanisms of QT so that the practices can be integrated into health care. Fundamentally, this would mean there would be a shift in the healthcare system to emphasize wellness and prevention rather than intervention.

If the academic and medical communities could collaborate with QT instructors and training organizations to pursue and establish clarity about the mechanisms by which QT can be used as therapeutic interventions, this could be a logical step in the right direction. However, in using QT in clinical settings and thus having it regulated, there is a risk of defining QT too narrowly. Further regulation could make it unavailable in settings where it is already providing benefits.

Any standardization and regulation must also not create any roadblocks to the dissemination of these practices and instead insure the widest possible dissemination to help as many populations as possible. An unfortunate consequence of ill-informed regulation can lead to fewer people practicing and fewer people teaching, and this runs counter to what the National Expert Meeting on Qi Gong and T'ai Chi recommended to facilitate dissemination of the practices to those who can benefit the most, in addition to lower-

ing societal healthcare costs<sup>[11]</sup>. Any law or regulation or move toward standardization should stem from a fundamental need to protect the very right to be a learner, which is essentially the right to self-determination.

Understanding the topic of regulation and standards for QT can serve and guide health care



Qigong and T'ai Chi as an educational modality is the status quo, and QT teachers are certified as educators, and training schools are currently not accredited.



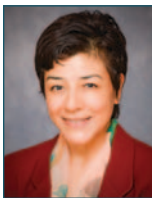
Qigong and T'ai Chi as a therapeutic modality could feature organizational structures that increase accountability and objectivity, such as an independent body that accredits schools, and another that certifies teachers. Professional associations could represent the unique environments where QT practices are shared (e.g., health and fitness, sports, research, and medicine).

professionals, consumers, and the QT community. Ultimately, regulation may impact the freedom to practice and teach, and we want to help others understand these issues so that we may all be supported to practice and teach freely. We urge people to become familiar with the issues and to join the dialogue about them when the opportunity arises. In the spirit of Lao Tzu verse 32, we observe

*When you have names and forms  
know that they are provisional  
When you have institutions  
know where their functions should end  
knowing when to stop, you can avoid any danger*



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