Patients with long-term rheumatology disorders find it difficult to manage conventional exercise, yet exercise has significant health benefits for them. Tai chi is a holistic form of exercise that most people can manage—although some of its more martial forms will not be suitable for those with health problems.

**Benefits of tai chi**

There are five traditional styles of tai chi and many different forms. Some are more martial than others and require greater stamina and dexterity, but most involve mindful, gentle, slow and flowing movements and diaphragmatic breathing.

Tai chi can be used to help people maintain and improve their health, regain health after acute illness, injury or surgery, and manage issues arising from long-term health problems. The gentle exercise helps maintain musculoskeletal health and function while the meditative aspect is relaxing and stress-reducing. Learning tai chi can help people regain a sense of control and autonomy, while attending a class brings psychological and social benefits.

Research has highlighted health benefits of tai chi, particularly for rheumatoid arthritis (Han et al, 2004), chronic obstructive pulmonary disease (Ngai et al, 2016), cardiovascular disease (Hartley et al, 2014) and falls prevention (Gillespie et al, 2012). It can also help older people reduce stress, improve posture, balance and mobility, and increase muscle strength in the legs (Bit.ly/NHSChoicesTaiChi).

**Discovering tai chi**

The patients I care for have a range of chronic autoimmune and rheumatic diseases that cause debilitating symptoms such as pain, stiffness, extreme fatigue, depression and anxiety, and can result in isolation and loneliness. I have spent many years looking for solutions to help them cope with long-term health issues such as various forms of arthritis.

In 2009, I was myself unwell and needed something to help me regain health. I attended tai chi classes, and found them helpful. On my return to work, I decided to create tai chi classes for people living with long-term rheumatology disorders. It seemed a positive thing to do.
In 2010, I started training with master trainer Linda Arksey from the Tai Chi for Health Institute, founded in Australia by Dr Paul Lam, which trains people to teach specialist programmes developed by tai chi and medical experts. I was impressed by the programmes and training, but also by the ethos, teaching materials and emphasis on teaching safely (Lam, 2006). I have since qualified to teach eight of the institute’s programmes.

Establishing the classes

The next step was to convince patients, professionals and organisations of the benefits of tai chi. Between 2010 and 2014, I contacted a range of rheumatology patient and professional groups and organised a talk and a taster session for each of them, as well as for my rheumatology colleagues at Circle Nottingham.

Rushcliffe Country Park, a 210-acre open space south of Nottingham, is my local park and was my sanctuary when I was ill. After my training, I approached park ranger Zoe Fordham with the idea of running classes there. Taster sessions were organised and the first class at the park took place in March 2012. Classes at Circle Nottingham followed in May 2014.

In December 2014, I conducted a small survey of 22 regular class participants, which showed that tai chi helped to reduce stress (77%), muscle tension (68%), pain (68%), stiffness (55%) and fatigue (55%). 68% of participants reported improvements in mobility, 91% in posture, 86% in balance, 77% in coordination, 77% in general fitness, 91% in wellbeing, 82% in concentration, 55% in memory and 68% in confidence. Box 1 shows some participant feedback.

Ensuring sustainability

One of my aims was to ensure sustainability, the idea being that classes would continue to run without my input. To achieve this, I encouraged people coming to the classes to learn to teach the programmes themselves. To date, six participants teach in my absence, allowing us to run the classes throughout the year.

Today we run two classes at Rushcliffe Country Park and two at Circle Nottingham, teaching all the programmes on a rotational basis (each takes eight to 10 weeks). Classes are an hour long, followed by a chat and refreshments. They are advertised by posters and word of mouth. People self-enrol and there are no admission criteria. Participants can bring friends and relatives – everyone is welcome. Each class attracts between 10 and 25 participants.

‘An original, non-biomedical intervention that is self-sustainable and can be replicated’

(Judges’ feedback)

Keeping costs low

Another aim was to manage the project on a small budget. It is self-funded and run on a voluntary basis. Initial training costs £170-195 per programme and the training update, needed every two years, costs £30. Insurance costs approximately £80 per year. Mostly we pay for these ourselves.

Rushcliffe Country Park provides a room and facilities for refreshments free of charge. We charge £3 per person per class and the money is used for park development projects, such as planting an orchard. So far, the classes have generated over £13,000 for the park. At Circle Nottingham, the room is also free of charge, classes are free for participants and I am supported to run them as part of my job.

The classes themselves cost very little. There is a small one-off expense of buying a CD player (£100) and music (£10-15 per CD). Participants do not need special clothing or equipment, and they bring food and drinks for the tea breaks.

Pending questions

Although it does not create the conditions for a rigorous scientific study, the project provides a form of practical enquiry into the benefits of tai chi. We now have links with the academic rheumatology department at Nottingham University and hope to contribute to the knowledge base around tai chi as a therapeutic intervention. If further research is to be conducted, a prospective, qualitative and phenomenological approach embedded in clinical practice may be more fruitful than a randomised control study.

However, what I am now interested to explore is not how to prove the benefits of tai chi – which for me are evident – but how to adapt classes for people with disabilities and different abilities, how to increase interest and retention, how to integrate new people in established classes, how to encourage participants to train as instructors, and how to make future classes affordable and sustainable.

Future plans

Born from my experience of serious illness combined with my nursing experience and professional training, the project is run in collaboration with Circle Nottingham, Rushcliffe Borough Council and the Tai Chi for Health Institute, as well as in partnership with participants. One of our instructors has now set up a community class for people with multiple sclerosis, and another has established two classes in a local complementary therapy centre.

From the initial idea of helping people with autoimmune and rheumatic diseases, the project has grown into something larger and classes are now attended by members of the general public, many of whom have health problems such as cardiac and respiratory disease, diabetes, Parkinson’s disease, stroke and multiple sclerosis. We are planning to encourage more participants to train as instructors, advertise more widely and set up additional classes. We would like to see tai chi offered more widely across the health service, and hope that our experience will encourage others to set up similar initiatives. NT

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References


