

Tai Chi in Long term care: Why do it, and how can I make it work?



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**I have no conflicts of interest*


What is Tai Chi

- “Grand Ultimate”

 - Philosophical idea
 - Describes the natural world in a state of dynamic balance between interactive phenomena
 - light and dark, movement and stillness, waves and particles

 - Exercise – named after philosophy
 - Martial art
 - Meditative movement
 - “elicit balance internally for healing, stress, neutralization, longevity, and personal tranquility.”
 - lengthy, complex series of movements
- Jahnke, 2010.
- Safe, simple, not strenuous, inexpensive

Examples of Tai Chi movements

 Starting.	 Parting The Wild Horse's Mane. 3 times.	 White Crane Spreads It's Wings.	 Brush Knee, Push. 3 times.	 Playing The Guitar/Lute/Pipa.	 Repulse Monkey. 4 times.	 Hold The Ball, Ward Off.
 Grasp The Bird's Tail.	 Press, Sit Back.	 Open up and Push. Repeat the last 4 moves, going right.	 Single Whip.	 Cloud Hands, going left.	 Single Whip again, High Pat on Horse.	 Right Heel Kick.
 Carry The Tiger Over The Mountain.	 Turn.	 Left Heel Kick.	 Snake Creeps Through The Grass.	 Stand on one leg. Repeat on Right side.	 Shuttle Back And Forth.	 Needle At Bottom Of The Sea.
 Fan Through The Back.	 Turn.	 Right Back Fist.	 Parry and Punch.	 Apparent Closing.	 Cross Hands.	 Close.

What are the health benefits of tai chi?

- Reduces falls by more than half
- Improves cognition in MCI
- Improves depressive symptoms
- Improves sleep
- Reduces blood pressure
- Reduces pain from knee arthritis, fibromyalgia, and other conditions
- And many more!

Tai chi classes in long term care

12 long term care teams wanted to try implementing tai chi

We trained Activities Coordinators as instructors for Tai Chi: Moving for Better Balance, and told them they could adjust as needed for their resident needs

Coordinators chose how long the sessions would be and how often

Tai chi classes in long term care

10 of 12 long term care teams implemented the project

- “Non-implementers” cited lack of leadership buy-in, staff turnover, and time as barriers to implementation

7 of 10 SNF and dementia care teams were still leading tai chi classes one year later

Team members reported this project was a catalyst for improved communication

Resident Characteristics	Still Offered	Sitting/ Standing	Class length	Class frequency	Class Size
All wheelchair; dementia; includes agitated residents	No	Sitting, Most in W/C	N/A	D/C after 3 sessions	10
Mixed: Mild to moderate dementia; all have poor balance	Yes	All sitting	30 m	2x week	5-6
Severely confused with physical limitations	No	All sitting	N/A	D/C after 3 sessions	6-8
Mixed: SNF, ICF; mild, not severe, dementia	Yes	Sitting, most in W/C	15-20 m	2x week	2-15 Ave 6
Special Care: assisted care, memory care; mild dementia	Yes	Standing, some sitting	~20 m	2-3 x week	3-8
Special Care: mild-moderate dementia; inappropriate behavior	Yes	Standing, some sitting		1-2x week	3-6
Intermediate care	No		20 min		
Mixed: Post-acute: non-ambulatory, mixed cognitive impairment	Yes	Sitting W/C	15-25 m	2x week	2-8
Special Care: dementia with behavior problems	Yes	Standing + sitting	45-60 m	2x week	6-10
Mixed: Some rehab, mostly ICF, non-ambulatory, moderate dementia	Yes	Sitting	15 m	1x week	5-6

Benefits of Tai Chi

Physical: Flexibility, balance, strength

“participants rise from chairs and make turns with greater strength and stability”

“everyone was very positive about tai chi and felt that it had improved their balance”

Emotional: Enjoyment, feeling of accomplishment, calming

“They really like it – they may not be able to verbalize it, but they are having fun”

Residents felt *“proud and accomplished after class, more confident while practicing, and more willing to try new things”*

Social: Engagement of residents, staff, and instructors

“nearly everyone on the unit participates in some way, as observer or participant”

Staff participate too: *“They get into it and try it out when they walk by”*

“it is rewarding as an instructor to see how far they have gone”

Physical Challenges to Implementing Tai Chi and Solutions

Tai chi was too demanding for some residents

- Instructors varied the length of the classes, reduced number and types of movements, reminded residents not to over-step, and had a second staff member moving through the group to help with balance

Many residents could not do it standing- especially not at first; goal was to progress to standing, but many residents did not meet that goal

- Instructors took it upon themselves to find more varied sitting tai chi poses

Some residents only had use of one arm

- Instructors did private lessons till these residents could join the full class

*“This was scary at first (standing tai chi), but we haven’t had a fall in this class since we began a year ago”
(Special Care Unit instructor)*

Cognitive Challenges to Implementing Tai Chi and Solutions

Many patients had dementia

“the moves are new (to participants) every time”

“it took (participants) 6-8 weeks to learn how to Hold the Ball!” (from One of TCMBB.)

- Instructors took greater care to model movements clearly and simply so residents could follow along with moves even if they could not remember them
- Instructors eliminated or simplified forms to accommodate resident deficits
- Instructors renamed the positions to reflect names familiar to the experience of the residents, e.g., *Wave Hands Like Clouds* was replaced in one dementia unit with *Hula Dancing*

Summary recommendation

“Advice for tai chi training is to involve rehab team, house MD to help implement changes; keep CNA staff fully informed, let them take ownership as they are trained to be tai chi instructors”

Resources

YouTube: Tai chi for better balance (Suman Barkhas)

<https://www.youtube.com/watch?v=jxpKT6Rr9i8&t=188s>

YouTube Chair tai chi (Suman Barkhas):

<https://www.youtube.com/watch?v=qjjqllmkl5Q&t=61s>

Tai Chi flash mob Pioneer
Courthouse Square



Senior center tai chi
demo



Tai Chi with Multnomah County
Commissioners

**Questions?
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