
Evidence Map of Tai Chi and Qigong: Update from 2014–2024

August 2025

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Health Systems Research

Recommended citation: Mak S, Allen J, De Vries G, Begashaw M, Beroes-Severin J, Miake-Lye I, Shekelle P. Evidence Map of Tai Chi and Qigong: Update from 2014–2024. Washington, DC: Evidence Synthesis Program, Health Systems Research, Office of Research and Development, Department of Veterans Affairs. VA ESP Project #05-226; 2025.

AUTHORS

Author roles, affiliations, and contributions (using the [CRediT taxonomy](#)) are listed below.

Author	Role and Affiliation	Report Contribution
Selene Mak, PhD, MPH	Program Manager, VA Greater Los Angeles Evidence Synthesis Program (ESP) Center Los Angeles, CA	Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing
Jennifer Allen, ANP-BC APHN-C	Nurse Practitioner, VA Greater Los Angeles Healthcare System Los Angeles, CA	Conceptualization, Formal analysis, Investigation, Methodology, Validation, Visualization, Writing – review & editing
Gerardo De Vries, MPH	Project Coordinator, VA Greater Los Angeles ESP Center Los Angeles, CA	Data curation, Project administration, Software, Validation, Visualization, Writing – original draft, Writing – review & editing
Meron Begashaw, MPH	Project Coordinator, VA Greater Los Angeles ESP Center Los Angeles, CA	Data curation, Project administration
Jessica Severin, BA	Administrative Coordinator, VA Greater Los Angeles ESP Center Los Angeles, CA	Data curation, Project administration
Isomi Miake-Lye, PhD, MPH	Co-Director, VA Greater Los Angeles ESP Center Los Angeles, CA	Methodology, Project administration, Resources, Software, Supervision, Visualization
Paul Shekelle, MD, PhD, MPH	Director, VA Greater Los Angeles ESP Center Los Angeles, CA	Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Resources, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing

PREFACE

The VA Evidence Synthesis Program (ESP) was established in 2007 to conduct timely, rigorous, and independent systematic reviews to support VA clinicians, program leadership, and policymakers improve the health of Veterans. ESP reviews have been used to develop evidence-informed clinical policies, practice guidelines, and performance measures; to guide implementation of programs and services that improve Veterans' health and wellbeing; and to set the direction of research to close important evidence gaps. Four ESP Centers are located across the US. Centers are led by recognized experts in evidence synthesis, often with roles as practicing VA clinicians. The Coordinating Center, located in Portland, Oregon, manages program operations, ensures methodological consistency and quality of products, engages with stakeholders, and addresses urgent evidence synthesis needs.

Nominations of review topics are solicited several times each year and submitted via the [ESP website](#). Topics are selected based on the availability of relevant evidence and the likelihood that a review on the topic would be feasible and have broad utility across the VA system. If selected, topics are refined with input from Operational Partners (below), ESP staff, and additional subject matter experts. Draft ESP reviews undergo external peer review to ensure they are methodologically sound, unbiased, and include all important evidence on the topic. Peer reviewers must disclose any relevant financial or non-financial conflicts of interest. In seeking broad expertise and perspectives during review development, conflicting viewpoints are common and often result in productive scientific discourse that improves the relevance and rigor of the review. The ESP works to balance divergent views and to manage or mitigate potential conflicts of interest.

ACKNOWLEDGMENTS

The authors are grateful to Becky Baltich Nelson for literature searching, external peer reviewers, and the following individuals for their contributions to this project:

Operational Partners

Operational partners are system-level stakeholders who help ensure relevance of the review topic to the VA, contribute to the development of and approve final project scope and timeframe for completion, provide feedback on the draft report, and provide consultation on strategies for dissemination of the report to the field and relevant groups.

Juli Olson, DC, DACM

National Lead Clinical Champion

Integrative Health Coordinating Center

VHA Office of Patient Centered Care & Cultural Transformation

Alison Whitehead, MPH, C-IAYT, E-RYT200

National Program Lead

Integrative Health Coordinating Center

VHA Office of Patient Centered Care & Cultural Transformation

Jonathan Loesch, BS, CTRS

National Tai Chi Lead

Integrative Health Coordinating Center

VHA Office of Patient Centered Care & Cultural Transformation

Disclosures

This report was prepared by the Evidence Synthesis Program Center located at **VA Greater Los Angeles Healthcare System**, directed by Paul Shekelle, MD, PhD and Isomi Miake-Lye, PhD and funded by the Department of Veterans Affairs, Veterans Health Administration, Health Systems Research.

The findings and conclusions in this document are those of the author(s) who are responsible for its contents and do not necessarily represent the views of the Department of Veterans Affairs or the United States government. Therefore, no statement in this article should be construed as an official position of the Department of Veterans Affairs. The final research questions, methodology, and/or conclusions may not necessarily represent the views of contributing operational and content experts. No investigators have affiliations or financial involvement (eg, employment, consultancies, honoraria, stock ownership or options, expert testimony, grants or patents received or pending, or royalties) that conflict with material presented in the report.

Executive Summary

KEY FINDINGS

- ▶ We included 26 reviews of tai chi and qigong describing their effects on 21 health conditions in the evidence map. These conditions include breast cancer, cancer, chronic low back pain, chronic mechanical neck pain, chronic obstructive pulmonary disease, depression, diabetes, falls prevention, fibromyalgia, frailty in older adults, heart failure, hypertension, insomnia, knee osteoarthritis, mild cognitive impairment (cognitive function), osteoporosis, Parkinson’s disease (cognitive function), post-stroke, rheumatoid arthritis, sarcopenia, and schizophrenia.
 - ▶ Two reviews concluded with high certainty of evidence that tai chi and qigong have a potential benefit for hypertension and osteoporosis.
 - ▶ Evidence about adverse events was collected by 18 of 26 (69%) reviews, with most reviews reporting no serious adverse events. One review about tai chi and falls prevention did report moderate certainty of evidence for small harms from any adverse event.
-

Tai chi and qigong are popular and widely accepted complementary and integrative health (CIH) modalities for treatment of certain adult health conditions. Despite their popularity and long history in practice, evidence of beneficial effect of tai chi or qigong remains limited.

METHODS

Data Sources and Searches

Search strategies were developed in consultation with a medical librarian who is expert in literature reviews. We used a combination of MeSH keywords (*eg, tai ji, qigong*) and conducted searches from January 2014 to March 2024 in bibliographic databases (Allied and Complementary Medicine Database [AMED], Cumulated Index to Nursing and Allied Health Literature [CINAHL], Cochrane Database of Systematic Reviews [CDSR], Ovid MEDLINE, PsychINFO, and Scopus).

Study Selection

Eligible publications were systematic reviews of studies that examined the efficacy or effectiveness of tai chi or qigong in adult health conditions. In general, any intervention described as “tai chi” or “qigong” was considered eligible; these included Traditional Chinese Exercises, mind-body exercise, baduanjin, *etc.* Studies were required to compare tai chi or qigong to a sham/placebo, usual care, or other active therapies (*eg, exercise, health education, etc.*). An active therapy is defined as a therapy intended to have an intervention-specific effect that is not sham or placebo. Further details about the study selection process are described in the main report.
































Data Abstraction and Presentation

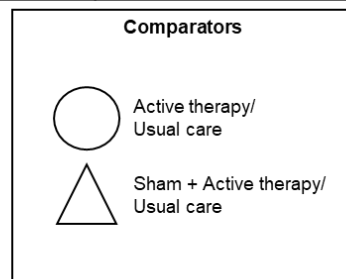
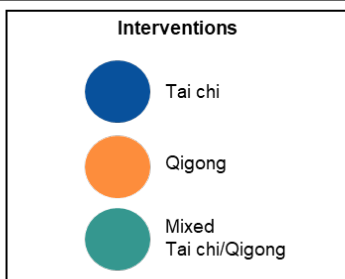
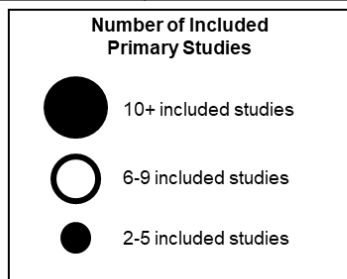
Each included systematic review had data abstracted by 1 reviewer and verified by a second reviewer. Abstracted data included number of studies included in the review that had tai chi or qigong as the intervention, treated condition, type of tai chi or qigong, comparators, certainty of evidence rating, and certainty of evidence conclusion(s) relevant to the effect of tai chi or qigong on an adult health condition. Our evidence mapping process resulted in a visual depiction of the evidence for tai chi and qigong, as well as an accompanying narrative with an ancillary figure and table.

RESULTS

We identified 1,052 potentially relevant citations. A total of 460 publications were retained for further review and potential inclusion on the map. We included 26 publications (see ES Figure). In this map, bubble color denotes intervention type, shape denotes type of comparator, and size of shape indicates the number of primary studies included in the review.

ES Figure. Evidence Map

	Potential Benefit for Tai Chi/Qigong		No Benefit for Tai Chi/Qigong
At least 1 Conclusion Rated as High or Strong Certainty	 Hypertension (Blood pressure)	 Osteoporosis (Postmenopausal bone mineral density)	
At least 1 Conclusion Rated as Moderate Certainty	 Breast cancer (Disease-specific quality of life)  Cancer (Limb function)  Chronic low back pain (Pain)*  Chronic obstructive pulmonary disease (Pulmonary function)  Falls (Rate of falls)  Frailty in older adults (Balance & mobility)  Knee osteoarthritis (Physical/mental health)	 Insomnia (Sleep quality)  Heart failure (Disease-specific quality of life/exercise capacity)  Chronic mechanical neck pain (Pain)  Post-stroke (Disease-specific quality of life)*  Cancer (Anxiety)  Cancer-related fatigue  Sarcopenia (Physical functioning)	 Post-stroke non-motor disorders (Cognitive/sleep disorders)  Parkinson's disease* (Cognition)
All Conclusions Rated as Low or Very Low Certainty	 Chronic low back pain (Disability)*  Diabetes (Blood glucose/lipid levels)*  Post-stroke (Disease-specific quality of life)*  Post-stroke rehabilitation (Functional movement)  Schizophrenia (Negative symptoms)*	 Breast cancer (Disease-specific quality of life)  Hypertension (Blood pressure)  Diabetes (Blood glucose/lipid levels)*  Mild Cognitive Impairment* (Cognition)  Depression (Depressive symptoms)  Fibromyalgia (Pain)	 Rheumatoid Arthritis (Pain/function)  Schizophrenia (Positive symptoms)*



*This review included distinct conclusions about separate conditions and comparators, and so it appears in this map more than once.

Three high-level observations can be made from the evidence mapping process to suggest that there is a stronger evidence base for the potential benefit of tai chi or qigong for some adult health conditions since the last synthesis of literature.

- 1) Our update search identified 2 reviews describing conditions with high certainty of evidence and 16 reviews with moderate certainty of evidence of potential benefit of tai chi or qigong from reviews published since 2014. This is different from the last review, where tai chi or qigong had either no effect or unclear evidence of effect in most conditions.
- 2) More than half of the 15 conditions identified to have high or moderate certainty of evidence conclusions for benefit of tai chi and qigong had included more than 10 primary studies as the basis for their conclusions.
- 3) Every review compared tai chi or qigong with another active therapy comparator. There were conditions or topic areas included in the last evidence map that had included reviews that did not have information about comparators.

Evidence about adverse events was collected by 69% of the included reviews and no serious adverse events were reported. While 18 of 26 reviews mentioned adverse events, only 2 reviews included certainty of evidence conclusions for adverse events. One review about tai chi and falls prevention reported moderate certainty of evidence for small harms from any adverse event.

DISCUSSION

Key Findings

Our evidence map includes 26 new systematic reviews published since July 2014, and from these, 2 reviews reported high certainty of evidence and 16 reviews reported moderate certainty of evidence for beneficial effect of tai chi or qigong. While many of these conditions were also represented in the previous evidence map, our search identified reviews with higher certainty of evidence conclusions of effect of tai chi or qigong on several adult health conditions. This represents a stronger evidence base for the use of tai chi or qigong in health care settings since 2014.

Future Research

Although more conclusions with high or moderate certainty of evidence were identified in the current search, signaling a stronger evidence base for tai chi or qigong, 21 conditions were represented by 26 reviews, indicating that the most critical research need is for more high-quality primary studies about tai chi or qigong to be conducted about a wider range of conditions. Moreover, it is critical to examine the effect of different styles of tai chi or qigong, as well as the effect of duration of practice. More research on long-term effects will also increase the evidence base for tai chi and qigong. For conditions of priority to the VA that currently do not have at least moderate-certainty evidence supporting use of tai chi or qigong, new studies that address limitations of existing research are needed.

Conclusions

This evidence map about tai chi and qigong included reviews published since 2014 and showed that tai chi and qigong's benefit on a few conditions is strong, but remains relatively sparse for others. More high-quality randomized controlled trials (RCT) are needed to provide an even stronger evidence base to assess the effect of tai chi and qigong on a wider range of adult health conditions.