BRAIN INJURY RECOVERY

TAI CHI + OT

A gentle, adaptable movement practice that may support recovery and everyday participation.

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WHY CONSIDER TAI CHI?

Tai chi combines slow, repeated movement with postural control, breathing and focused attention. After acquired brain injury, it can be graded to the person's physical, cognitive and sensory needs.

1

BALANCE AND MOBILITY

May improve balance, trunk control, walking and confidence with movement, especially after stroke.

OT LINK Transfers, dressing, bathing and safer access to home and community activities.

2

UPPER-LIMB AND BILATERAL USE

Seated forms can practise reaching, controlled weight shift and coordinated arm movement.

OT LINK Using both hands during grooming, meal preparation, household tasks and leisure.

3

ATTENTION AND MOVEMENT PLANNING

Following a short sequence may practise sustained attention, memory, initiation and motor planning.

OT LINK Sequencing daily tasks, responding to cues and building repeatable routines.

4

MOOD AND SELF-EFFICACY

Early TBI studies suggest possible gains in mood, self-esteem and cognition; evidence remains limited.

OT LINK Confidence to resume valued roles, social activity and health-management habits.

THE EVIDENCE IN ONE LINE

Promising as an adjunct to rehabilitation - not a replacement for individual assessment or established treatment.

Evidence is more developed after stroke than after traumatic brain injury.

Scan for extras

OCCUPATIONAL THERAPY

FROM MOVEMENT TO MEANING

Use tai chi therapeutically when it serves an assessed occupational goal.

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AN OT-LED APPROACH

1 START WITH OCCUPATION

Identify the task or role that matters: showering safely, cooking, returning to a group or managing fatigue.

2 GRADE THE PRACTICE

Begin seated or supported; shorten sequences; slow the pace; use demonstration, mirroring, cue cards or rest breaks.

3 CONNECT AND TRANSFER

Name the link: weight shift for transfers, reaching for dressing, divided attention for community mobility.

4 REVIEW WHAT CHANGES

Track both body function and participation: confidence, fatigue, falls, task completion and return to valued activity.

SAFETY FIRST

Check medical stability, falls risk, dizziness, pain, fatigue, seizures, vision and sensory changes. Provide supervision or support where indicated. Stop for new or worsening neurological symptoms, chest pain, faintness or severe headache and seek appropriate clinical advice.

QUESTIONS FOR PRACTICE

What meaningful activity could this movement prepare for? What adaptation makes success possible today? How will we know it is transferring beyond the session?

SELECTED EVIDENCE

1. Zheng et al. (2022), Stroke. Tailored sitting tai chi RCT after subacute stroke. doi:10.1161/STROKEAHA.121.036578
2. Blake & Batson (2009), Clinical Rehabilitation. Pilot RCT in traumatic brain injury. doi:10.1177/0269215508101736
3. Li et al. (2020), Journal of Head Trauma Rehabilitation. Tai chi and cognition in older adults with TBI. PMID:31479083
4. Van de Winckel et al. (2024), Brain Injury. Systematic review of tai chi and qigong after TBI. PMID:38321432