Qigong Massage Results Table

Author, Year, Country, Design, PEDro score, Rating	Sample Size	Intervention	Outcomes and significance:	
			(+) significant (-) not significant	
Silva et al., 2012	N = 28 children with developmental delay and	Qigong massage (n=14)	At post-treatment (5 months):	
United States	motor tone abnormalities (CP and Down syndrome)	vs.	Sensory and self-regulatory difficulties:	
RCT (cross over study design)	Age at enrollment: under 4 years old	Waitlist for Qigong massage (cross over study design) (n=14)	(-) The Sense and Self-Regulation Checklist<i>Motor skills:</i>(-) Peabody Gross Motor Scale (PGMS):	
5/10	CP diagnosis: 16/25 (64%)	Intervention details:	Stationary body control (-) PGMS: Locomotion (-) PGMS: Object manipulation	
Fair quality	(Intervention group n=14, waitlist group n=14, crossed over after waitlist n=11 as 3 dropped out after waitlist) CP Type: N/A GMFCS Level: N/A	 Duration: 5 months Trainer sessions (30 minutes per week) Parent Sessions (15 minutes daily) Parent training 3 hrs. group session With their assigned trainer Given booklet and chart covering the didactic material given in the training 20 weekly half-hour meetings 	At follow-up (10 months): Sensory and self-regulatory difficulties: (-) The Sense and Self-Regulation Checklist Motor skills:	
		provided ongoing support where trainers observed parent giving massage - Within 3 weeks all parents were giving the massage correctly - During weekly half hour meeting trainer also gave child massage (adapted version of the qigong massage protocol) - The trainer version is designed to advance the progress of the child from week to week. - Parent version is designed to maintain and support progress, and strengthen child on daily basis - The principal investigator gave the trainers additional training to allow them to address	(-) PGMS: Stationary (-) PGMS: Locomotion (-) PGMS: Object manipulation Note: Results are listed only for children with CP.	

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		motor tone issues 12 parts of treatment (includes patting, pressing, gentle shaking) Movement 1,2,3: open and clear the channels to the brain and give senses; open up the circulation to the skin of the back of the body Movement 4: clear additional functional impediments to hearing Movement 5,6,7: Promote social interaction, speech and selfsoothing; improve circulation to the arms and hands Movement 8 and 9: strengthen digestion and elimination, improve circulation to the legs, improve over all physical strength and vitality Movement 10, 11, and 12: calm the child, improve sleep, and improve circulation to the brain Techniques are based on principles of Chinese medicine and applied in the direction of the arterial circulation rather than lymphatic return (as in western massage) Trainers were experienced OTs and PTs who graduated or were enrolled in Qigong Sensory Training (QST) skill based curriculum and training program The manual techniques are modified according to each child's physical responses Both groups were receiving early childhood special education services (standard care) throughout study	