



Averting Adverse Outcomes among Older Adult Suffering Chronic Musculoskeletal Pain and Reactive Depression: A Cumulative Summary of Possible Upstream and Downstream Qigong Mind-Body Therapy Impacts

Ray Marks*

OARC Clinical Research and Education Director, Ontario L3T 5H3, Canada

Corresponding Author: Dr. Ray Marks, OARC Clinical Research and Education Director, Ontario L3T 5H3, Canada.

Received: March 23, 2026; **Published:** March 30, 2026

Abstract

Chronic musculoskeletal pain along with symptoms of depression are widespread disablers, particularly in later life. Efforts to reduce pain and depression that employ an array of pharmaceutical agents may however prove both suboptimal as well as unsafe for considerable numbers of high age adults. This brief summarizes the available research base concerning the use of Qigong mind-body therapy as an effective mitigating strategy for alleviating longstanding chronic musculoskeletal pain states and depressive feelings without undue risk. To this end, research reports and literature reviews dated from 2000-2026 were specifically sought and its impact on various forms of musculoskeletal pain and depression were reviewed. Collectively, these data reveal that while more research is indicated, Qigong practices that are highly diverse may uniformly help rather than not as far as attenuating chronic pain in varying degrees among adults with different forms of orthopedic disability, and thereby directly or indirectly the degree of any associated depression with few adverse side-effects. Health professionals working with adults who have chronic unrelenting musculoskeletal pain and depression symptoms should be encouraged to recommend these exercises as one possible remedy for reducing musculoskeletal dysfunctions and a life of immense personal suffering and immense social costs.

Keywords: Depression; Mind-Body, Musculoskeletal Pain; Qigong, Rehabilitation, Treatment

Introduction

Various forms of arthritis, as well as injuries and health conditions such as cardiovascular disease and osteoporosis that impact the musculoskeletal system in various adverse ways are widespread conditions that produce varying degrees of long-lasting intractable pain across all strata of society and impose an immense global health burden presently as well as one projected in the future [1-2]. Depression and depression symptoms and other somewhat overlapping comorbidities such as obesity also occur frequently in cases of osteoarthritis, the most common pain inducing musculoskeletal disorder [3-6]. In addition to frailty, falls injuries are commonly exacerbated or mediated in the face of persistent pain and depression, thus accounting for the disability of many older adults who sustain hip fractures and others [7].

Managing or targeting related risk factors, such as female sex, obesity, use of analgesics and narcotic drugs, comorbidities, alongside pain and poor function may however, succeed in delaying or allaying the

increasing co-expression of depression/anxiety symptoms and chronic pain flares experienced as unrelenting by many older adults [8, 9]. Yet, this secondary and possible tertiary prevention approach is often overlooked as relevant for many high age adults already diagnosed as having osteoarthritis, or experiencing bone pain, or both however. Moreover, rather than these health deterministic factors being indicators of possible future co existing impairments, they are not commonly sought or evaluated early on, nor pursued in a comprehensive holistic appropriately tailored and titrated manner. Depressive symptoms in particular are often overlooked as aging attributes rather than therapeutic targets [9] or treated with drugs such as antidepressants that may reduce bone mass and increase falls and fracture risk in this cognitively and physically vulnerable group. In addition, invasive therapies applied to relieve pain-often do little to alter the disease pathology and may exacerbate rather than reduce disability in the face of excess rather than curtailed joint use and possible emergent addictions to narcotics and other drugs to quell pain.

As a result of a strong belief in pharmaceutical solutions and others such as surgery, there is and has been an obvious and general lack of any concerted effort towards non pharmacologic approaches, even if effective for all forms of chronic musculoskeletal pain, and depression—that may prove causative as well as reactive [10]. This issue is not just a theoretical or academic one, but one possibly fostering excess rates of falls injuries and bone fractures often as an outcome of pain and sedentary behavior adoption and neuromuscular declines, as well as immense dangers associated with the excess use of narcotics as well as antidepressants that can only provide temporary pain or emotional relief at best.

In the context of the immense costs of failing to avert the rates of falls and fractures among older adults, efforts are underway to identify interventions that are safe and practical for alleviating pain and depression—two major predictors of falls. Those that have few side-effects, while having the ability to heighten mental health status, cognitive vitality, weight control, heart health, diabetes, balance, muscle strength and mass, and can mediate some degree of inflammation control appear highly desirable/ Those that result in heightened self efficacy for overcoming pain and dejection as well as reactive responses to negative events as well as the individual's ability to carry out his/her normal functions of daily living with minimal compromise are similarly strongly indicated.

In this regard, rather than physical activity alone, often highly recommended for promoting optimal health states at all ages, regardless of health condition and degree of depression, as well as for treating many pain and depression situations due to its reported direct, as well as possible indirect effects on reducing or controlling prevailing distress levels, this approach is not without limitations. This is because, when even the smallest movement may be excruciating, it may be extremely challenging for the sufferer to even contemplate exercise participation, regardless of proposed benefits, that are indicated to be non-conclusive and rather favour integrated mind body interventions [3, 8]. This is based on the premise that exercises should help minimize sedentary protective behaviours, such as being inactive due to pain fears, and safe rather than injurious. They are found to have the further health affirming potential for lessening overall pain, pain-depression, impacts, sleep challenges, as well slower than desired movement reactions to perturbations, and to control reflexive eating behaviours, stress, body weight, and the extent of prevailing pain and depression provoked systemic and local joint inflammation.

Frank et al. [11] note the presence of arthritis associated depression should be addressed as it is a significant mediator of hospitalisation that is not of psychiatric origin. In this regard, it appears a mode of exercise that is not fatiguing or stressful, such as resistance training or aerobic exercises, that does not require gym attendance, or costly equipment, and that has some observed benefits commensurate with other pain and sadness relieving modalities or exercise approaches must hence warrant attention. As well, an exercise approach that encourages motion, but does not place undue impact or stress on the affected or unaffected joints, may allow for better healing of fractures, surgery, or soft tissue injuries, while offsetting excess pain, inflammation, fatigue, and feelings of depression due to immobility issues. At the same time, social interactions may increase, as may the functional capacity of older adults despite persistent pain and emotional challenges.

In this context, Qigong, an ancient form of self-cultivating and healing exercises originating in China that have been applied to promote health, healing, and vitality, and to prevent or cure various diseases for more than 2000 years appears to be of great promise to other societies [12-15]. These movements which are done gently, generally involve breathing exercises

[22], meditation, concentration, introspective awareness, and the use of natural body postures and flowing wide range movements are designed to reduce tension and quieten the mind [16-19], while fostering wellbeing, and are often associated with spiritual healing [19], the fostering of optimal energy [15] and possible stress reduction [18]. Designed to maintain or improve wellness [15] and for improving health and symptoms associated with psychological and musculoskeletal problems through the regulation of body and mind [20], it appears much can be achieved by a) the practice of internal Qigong, and/or b) external Qigong received by an individual by virtue of an apparent transfer of energy from a skilled and qualified Qigong practitioner [17], or through acupuncture, body massage, and breathing techniques [15].

In the case of the individual who wishes to be proactive, Qigong can be practiced in the home or worksite with no equipment, or need for special clothing, and/or can be incorporated into standard intervention approaches. The exercise movements and related meditative like actions are also deemed to improve energy flow, posture, coordination, and movement quality, as well as reducing chronic pain of musculoskeletal origin, while optimising the body's physiological balance quite significantly.

Additionally proposed benefits for those living with chronic pain and depression are those impacts that may extend to the immune system [13], improvements in sleep quality [3, 24], balance, proprioception, and agility [25], stress control, metabolic functions [19], and body composition [27]. The active practitioner may thus foster their own health status and become less dependent on drugs that may provoke musculoskeletal injury risk and often, excess mortality. Also proposed are benefits that foster a heightened interest in life [24], and thereby possibly a willingness rather than reluctance to enact personal efforts to protect their joints and limit intrusive impacts as well as negative thoughts that can induce various pain states.

This mini review elected to examine the body of recent research concerning the degree of support for the application of Qigong as a safe and efficacious exercise approach for averting or reducing various forms of unrelenting musculoskeletal pain and depression that can otherwise foster a high chance of narcotic and injury provoking antidepressant usage.

Review Aim

Based on past literature, observations on chronic arthritis pain, and bone fractures, plus falls related disability, and the failure of drugs to safely attenuate aversive cognitions that accompany these disabling states, we sought to re examine if a reasonably strong rationale for examining Qigong in the context of efforts to attenuate musculoskeletal pain states is a valid one, in spite of the limited body of high quality literature in this realm and lack of universal consensus.

Key Question

Does sufficient evidence support applying Qigong as an independent or adjunctive strategy among high age adults for purposes of pain and depression relief that stem from musculoskeletal sources?

More specifically, it examines the potential efficacy of Qigong for reducing pain and depression among high age adults with various chronic musculoskeletal pain problems, regardless of mode of intervention. We framed pain that lasts for three months or more as the target here as this is often a precursor of chronic pain and health negating depressive symptoms that can lead to more pain, hence a possible downward health spiral that is often not readily reversible.

Relevance

The high costs of intractable musculoskeletal pain among older adults presently constitutes an immense public health concern that requires urgent mitigation.

Methods and Scope of Inquiry

To obtain the desired data, we selected the electronic data sources **PUBMED, Google Scholar and PubMed Central** consolidated sites and searched key articles published over the last decade. Years searched ranged from January 2000-June 2026. Key terms used for the search included **Aging, Antidepressants, Depression, Falls, Fractures, Opioids, Pain, and Qigong**. All studies including systematic reviews related to ‘internal’ rather than ‘externally’ derived Qigong practices, as we are interested in self-care approaches that can be enacted without external help, and thus only the former were deemed acceptable as long as they discussed the relationship between Qigong, pain and/or depression presence and outcomes in some way, regardless of terminology, design issues, mode or measurement tools applied. Older adult oriented samples were of key interest rather than young adults. Other criteria required articles to discuss Qigong in any form and its application as regards chronic musculoskeletal pain s were not included, such as those applied to cancer patients, musculoskeletal condition or pain outcomes in some way, rather than other forms of exercise and combinations thereof. Sources of both mechanical, emotional, as well as inflammatory pain and state and/or trait depression were deemed acceptable. Excluded were abstracts, non-peer reviewed articles, non-English based articles, articles based on Tai-Chi, conditions other than which is similar but a more active therapeutic approach, and articles examining pain and depression emanating from sources other than the musculoskeletal system, such as cancer pain or lung diseases. As well, Qigong articles that did not discuss the topic of musculoskeletal pain specifically from a clinical perspective, those that focused on cell biology, or did not focus solely on Qigong exercises alone with or without an instructor were excluded. As a result of the limited numbers of recent empirical studies related to the present topic, and their heterogeneity, only a narrative review of the available data was deemed suitable for examining the validity of the idea mind body exercises can induce protection against depression and pain pharmaceutical needs that may not be efficacious or remediable.

Synopsis of Findings

As of April 22, 2026, the present search yielded a greater array of papers that had to be excluded, compared to those generally relevant. Of these, most were systematic reviews of heterogeneous studies published in the past, and only a small number were empirical studies directly related to chronically painful musculoskeletal conditions, and even fewer focused on pain as an outcome, and depression correlate, and did not do this in any standardized manner. Yet many Qigong benefits in the context of pain tended to prevail, even though musculoskeletal pain populations studied were highly diverse or poorly categorized or both. Attributes that are potential Qigong targets are summarized in Box 1. Actual recorded post Qigong benefits are highlighted in Box 2.

This does not include any measure where Qigong was used as an adjunct to other exercise modes, thus strengthening its unique potential to mitigate or reduce chronic pain or depression.

As well as the above mentioned benefits, actual pain relief has been demonstrated post Qigong practices of varying types of related slow paced non stressful movements and mindfulness designed for cases with fibromyalgia [41, 42], severe to very severe pain/chronic pain [19, 22-24], back and leg pain [33, 43-45], knee osteoarthritis [28, 31, 46-49], balance issues and falls risk [28, 37, 50] and neck pain [31, 33]. Other data show no specific exercise mode impact or non conclusive impacts [eg 33], and often fail to study older non Asian adults, whether healthy or not, thus its universal chronic pain alleviating efficacy among older adults must remain in question pending further research [41].

Box 1: Selected sources of chronic musculoskeletal pain and by analogy for depression that could be impacted individually or collectively in a favorable way by mind body associated Qigong exercises as based on an environmental scan of selected prior related literature [27].

I. SOMATIC OR PHYSICAL PAIN SOURCES	
Balance deficits [28]	
Bone loss [29]	
Circulatory problems [30]	
Diabetes	
Falls injuries	
Fractures	
Hypertension [31]	
Immune system imbalances	
Joint inflammation/swelling	
Joint instability	
Joint stiffness	
Ligament and/or tendon/joint capsular damage	
Muscle weakness, fat infiltration, wasting	
Muscle tightness/spasm	
Nerve damage	
Obesity	
Poor endurance/functional capacity [32, 37]	
Poor posture/coordination [18]	
Proprioception [28]	
Surgery [33]	
Sympathetic nervous system dysfunction	
Vasoconstriction [15]	
2. PSYCHOSOCIAL OR COGNITIVE PAIN SOURCES	
Depression/ impaired mood [35-36]	
Fatigue, sleep disturbances [29, 35, 39]	
Fatalistic/pessimistic outlook	
Fears, fears of falling, anxiety [29, 35, 36, 39]	
Feelings of helplessness [21]	
Low energy levels/lethargy [29]	
Lack of confidence in prevailing abilities to function, control pain [21]	
Pain catastrophizing/exaggeration [33, 38]	
Poor coping/problem solving skills	
Substance abuse/relapse [40]	
Reduced or diminished social involvement/participation/perceived support	
Undue stress/stress perceptions [19]	

Box 2: Figure depicting multiple possible outcomes of Qigong practice that could potentially impact pain and depression in the context of various painful longstanding musculoskeletal conditions either independently or collectively and that warrant investigation.

Possible Qigong physical health benefit realms	Possible Qigong cognitive health benefit realms
aerobic capacity/energy	
balance	
blood flow	
blood pressure control	
body composition	
falls risk	anxiety
fitness	central sensitisation pain
flexibility/joint range of motion	fatigue
functional ability	mental function
general health status	mood state
glycemic control	parasympathetic activities
immune function	> endogenous Serotonin,
joint status/alignment/stability	Dopamine, Epinephrine levels
movement harmony	pain perception
muscle endurance/power	psychoemotional wellbeing
muscle strength	sleep quality
muscle tone/fat free mass	self-efficacy
pain threshold	impulse control
posture	stress level
physical function	
inflammation	
physical activity limitations	
spinal mobility	
stiffness	

Adapted from: Zhang [13]; Manzenaque [14]; Yeung [16]; Gallagher [17]; Lee [22, 49]; Coleman [24]; Wang [34]; Ladawan [31]; Dong [36]; Unlu [38]; Lynch [42]; Kiliachenkova [43]; Xiaoa [48]; Lauche [56]; Yildirim [50]; Xiong [51]; So [57]

While most authors agree more research is needed to fully accept the influences trending post Qigong for various musculoskeletal pain situations, it appears practicing Qigong is a possible viable alternative to regular exercise conducted in the traditional mode warrants consideration, as well as a possible adjunct or exercise gateway. Most notably, beta-endorphin and declines in adrenocorticotrophic hormone and cortisol and improvements in serotonin levels are anticipated to be favourably impacted in this regard over time [53, 60] in addition to most abovementioned clinically observed findings.

Additionally, as with several reports of favourable post Qigong pain outcomes among adults said to have varying forms of chronic musculoskeletal pain, the exercise regimen associated with Qigong can be adapted to accommodate the individual situation, such as the presence of fibromyalgia and comorbid anxiety about moving with the expectation these will prove beneficial, including the betterment of sleep quality [51, 52] alongside pain relief or improved pain and stress control

In addition, many researchers report on possible post Qigong impacts on reducing movement disability in cases of chronically painful joint pain that are otherwise known to commonly deteriorate. Conceivably in this way, Qigong therapy may help to incrementally reduce reliance and need for addictive narcotics and antidepressants that can cause immense harm rather than not. Others show possible favourable impacts on body composition [25, 26], often associated with joint pain and degrading inflammatory influences, as well as excess joint stresses, muscle fat mass encroachment, functional losses, bone mass attrition, and high distress levels [53]. Accordingly, depressive reactions may abate along with falls injury and fracture risk attributable to pain and depression suppressing medications.

In sum, even if Qigong is eventually deemed no better than other forms of exercise, its importance in fostering physical activity and possible mental health improvements in a sizeable number of older adults suffering chronic pain and depressive symptoms who are at high risk for falls, especially if already frail, warrants more attention especially in Western contexts in our view. Moreover, even if more affirmative research is desirable, Qigong practice may help to mobilize those older adults who have become too fearful to move at all. Indeed, its practice not only offers a gentle non fatiguing form of continuous self-paced selected movements designed to encourage energy flow and joint range of motion, but relaxation directed controlled breathing exercises, easy for most adults to carry out alone or with other cognitive approaches incrementally [40]. Practitioners can generally expect its application will not only decrease pain, but may well alleviate feelings of sadness and dejection to a high degree, while reducing the need for damaging addictive pain medications as well as antidepressants. Clinicians can feel confident these exercises can be readily taught or followed as well as modified to suit the individual situation and functional outcomes will be observable readily. In terms of health inequalities, literacy or educational level is not a major issue as the exercises are easy to follow, and involve almost no cost, or special clothing. The research to date further implies Qigong is safe for most physical illnesses and arthritic conditions, as well as having a satisfactory participation record. Its application may however be understated due to flaws in those studies that discuss discordant pain sources and use semi-objective pain and depression intensity measures on a single occasion. As well data are often confounded by possible suboptimal intervention approaches and duration, and disorders that are unaccounted for such as diabetes, and seem versatile enough to be practiced independently using a video application or smart phone or with an instructor, alone or in a group. They can be conducted in both sitting and standing, indoors and outdoors.

As per Yeung et al. [16], this exercise approach warrants attention regardless of mode, because it is likely that the slowing of breath frequency alone usually involved in Qigong could alter the subject's autonomic system response patterns favorably, thereby helping to restore homeostasis, while attenuating stress axis activity and reactivity that generates pain. Qigong's and Tai-Chi's effects on emotional regulation could also influence favorable changes in multiple prefrontal regions of the brain, plus the limbic system, and striatum as well as in the expression of genes linked to inflammatory responses and stress-related pathways. Sleep quality may also improve and have a immensely beneficial overall health impact as shown in Box 2 [51].

Clinical Implications

Chronic pain and feelings of dejection in later life in those older adults suffering with one or more musculoskeletal conditions are an enormous public health burden in all parts of the world. Even if data are limited, it is clear attempts to treat these conditions passively with drugs or invasive injections offer little in the way of reducing the overall burden, and if care is not forthcoming may worsen the costs of suffering and their magnitude. In the realm of safe non pharmacologic approaches, exercise participation appears to predominate even if this alone can do more harm than good if stressful in any way. Alternately, as far as establishing a key role for Qigong therapy in chronic pain and depression relief, as noted by Bai et al. [54], effects produced by Qigong exercises or therapy can be viewed as promising as far as showing favourable impacts on physical as well as emotional attributes of chronic pain [38, 55]. Indeed, regardless of mode, and its stand alone or adjunctive intrinsic application [55] these mind-body programs appear to moderate emotional status and pain in meaningful ways among many suffering daily pain [56], while heightening physical function and life quality perceptions [49], regardless of underlying pain generating orthopaedic disorder, number of practice days, their duration and intensity.

As well, increasing biological explanations of how Qigong induces its effects are helping to differentiate Qigong from placebo impacts to a high degree. Many physical impacts as well as cognitive impacts post Qigong and others that are rarely mentioned, such as possible muscle benefits in their own right [38], tend to affirm its possible high relevance for intervening effectively without drugs in most musculoskeletal disorders and among cases with varying degrees of pain and distress, regardless of pain site, extent, and duration. The exercises can be conducted in multiple ways, and those most fearful initially may benefit from visualizing the benefits of rhythmic breathing and gentle motion, and as they gain confidence, may be able to proceed accordingly to active non weightbearing movements, and thereafter, if possible, to weightbearing postures. They can potentially serve as a gateway to undertaking other forms of exercise, such as resistance training thereafter with the expectation of multiple health and mobility affirming benefits [see Box 2].

Discussion

Although modern medicine has been successful in managing infection and saving the lives, preventing or treating the extent of the disability associated with the daily and nightly presence of chronically painful musculoskeletal conditions remains extremely challenging. Since chronic pain does not wane in general over time, and is highly debilitating, especially in a rapidly aging world where painful arthritis and disablers such as fractures are rife, remedies to counter this are highly sought. At the same time, despite tremendous advances in medicine, pharmacologic and surgical approaches in this regard are often limited in scope as far as averting these major physical and cognitive health disablers. In some

cases, they indeed may do more harm than good, or be contra-indicated for ameliorating one or more of these painful conditions, as drugs alone cannot reverse the disorder and may hasten bone and muscle mass losses, as well as addictions to dangerous forms of pain relief.

To combat the immense suffering entailed, as well as public health burden, a growing evidence base suggests alternative low risk approaches, especially those that integrate exercise and meditation elements, such as a form of Asian exercise termed Qigong, appears highly advantageous. Moreover, adherence to exercise and self-care-essential for chronic arthritis sufferers, including those suffering chronic spinal and fibromyalgia associated musculoskeletal pain, which is often very poorly impacted by traditional approaches, rather than being adequately remediable, may be heightened given their attributes of low impact and low intensity commonly associated with this exercise approach. Its practice may well foster important neural based favorable influences [57], while alleviating depression sufficiently so as to obviate or reduce resorting to drug use alone [58]. It may be efficacious too for fostering multiple improvements in overall wellness and physical function [8], as well as physiological and psychological health status [57, 59, 60]. Additionally, posture, breathing, circulation, glucose control may also improve even when Qigong is only practiced for short periods of time [61]. At the same time, probable anxiety by thinking of possible pain provoking general exercises may be allayed by the Qigong energizing but calming approach. Importantly, if tailored carefully, persons with chronic inflammatory pain, poor balance, ligament damage, or bone mass losses may yet benefit. In particular, older adults who are often afraid to move and develop sarcopenia, muscle inflammation, fatigue and limited muscle endurance or both, may also benefit in terms of Qigong and its promise for reducing muscle derived sources of central sensitization or neuropathic pain and depression mechanisms. Moreover, Qigong style exercises may be pursued because they can be readily adapted for most environments and are found to impact physical and emotional health issues including frailty and pain, especially where stressful body movements or postures would be unsafe.

Consequently, while Qigong is clearly not a panacea by any means, and its clinical efficacy as regards long standing musculoskeletal pain reduction is not proven, or convincing enough [62], sufficient data imply that this non invasive health movement and meditative practice approach is certainly worthy of further study [60] as suggested more than 25 years ago by Wu et al. [63].

Explanations for its documented musculoskeletal pain relieving and harm reduction outcomes, include: its focus on muscle relaxation, improved blood flow, blood and brain biochemistry, mindfulness, balance control, and the delivery of nutrients, plus probable parasympathetic nervous system effects [32].

As opposed to mainstream exercise and pharmacologic approaches, Qigong may be of specific value in treating sources of inflammatory musculoskeletal pain [64, 67], fibromyalgia [65], balance control [77-79], even in the face of osteoporosis [80], and in preventing low back pain [20] although not necessarily to a greater degree than standard exercises [66]. Its dedicated application may well exceed benefits obtained by drugs [18], while helping older adults avoid drugs that could impose unwanted bone attrition, confusion, masking of the need to protect joints from impacts, slow reflexes, and induce falls and fractures [20]. As well, Qigong participation, said to be easier to maintain than regular exercises [68] may help diminish actual numbers of painful sites or the spread of pain from one joint to multiple joints and associated declines in mental health status [69]. Its regular practice may thus foster independence and wellbeing, plus an enhanced ability to effectively cope with pain [22] as well as depression, anxiety, stress, and emotional distress that

would otherwise impair life quality incrementally and substantively [23]. Moreover, even if the affected individual cannot exercise actively, external Qigong applied to promote muscle relaxation and blood flow in an effort to reduce pain can be anticipated to be successful if the practitioner is highly skilled [70], even if only one 10 minute session is forthcoming [24].

In addition, even if Qigong is not superior to regular exercises [71], older adults with chronic musculoskeletal pain who are generally more likely than not to be depressed and reluctant to undertake or adhere to activity programs as these may engender discomfort are said to generally find Qigong a pleasurable form of movement of non-stressful movements. Moreover, even if Qigong is not totally successful when examined in the context of some meta analyses [eg 72, 73], the fact that Qigong might be helpful in encouraging and motivating people with various forms of chronic musculoskeletal pain to not only participate in- but to adhere to exercise participation over the long-term, may prove especially valuable in fostering health status and life quality and in strengthening the immune and vestibular balance control systems and balance confidence [77-79]. This is because older adults suffering diverse forms of chronic pain who fail to participate in consistent exercise activities-commonly incur worse joint pain, inflammation, sleep challenges, depression, and related forms of dysfunction, including worsening of any comorbid conditions, or the onset of these. They may hence be more challenged economically, socially, and functionally than they need to be.

However, to rectify the diverse shortcomings in this body of incomplete literature, and render more conclusive outcome assessments more careful research is indicated. Efforts to tease out the possible influence of Qigong on self-regulatory pain control skills, pain self-efficacy, mood, sleep, and serum cytokines, life quality, plus any adverse Qigong associated events are especially indicated [74, 75].

Comparison studies of different Qigong approaches and protocols that control for the potentially confounding role of medication usage, and/or other co-interventions are likely to be especially salient as well. Whether Qigong is comparable or not to various pain relieving medication regimens, and whether the mind-body modality is significantly influenced by expectations or beliefs which has not been studied thoroughly would enable a better determination of the utility of Qigong for mediating or moderating cases with various degrees and types of chronically painful musculoskeletal conditions and associated depressed mood states, as well as the importance of tailoring such approaches rather than assuming one size fits all.

In the meantime, we believe clinicians can employ one or more components of a Qigong routine with the expectation it will produce benefits commensurate with traditional exercises among older adults with chronic pain or possibly exceed these. If introduced carefully and along the lines of the 'Transtheoretical Stages of Change Behavioural Model' and emotional state [81, 82], they will find it likely that their client will choose to both try as well as continue their prescribed personalized Qigong interactions because they see results that are meaningful, and of high import in the context of their overall health status, health and life goals, plus their physical as well as their psychological status, and pain control efficacy [76]. Cao et al. [19] spoke specifically to the many possible Qigong therapy benefits when they showed an 11-week Taiji Stick exercise program effectively enhanced lower limb strength and dynamic balance, helped maintain upper limb strength, and a potential to reduce fall-related risks, while improving daily living ability among older adults. In our view, this alone speaks volumes to those who are seeking a means of safely alleviating their older orthopedic pain patients' suffering, stresses, anxieties, functional dependence and limitations, and often immense despair.

Key Conclusions

Although the validity of many Qijong related research conclusions can be questioned, based on 25 years of related study and the lived experiences of many practitioners we conclude:

1. Qigong therapy is helpful in reducing pain intensity regardless of pain status.
2. The therapy should be examined more intently in non Asian populations..
3. Qigong may prove especially beneficial for those with inflammatory arthritis who cannot take medication, even if the exercises are only carried out for short periods.
4. Targeting the stage of readiness for exercise will enhance its adoption and maintenance.

To this end, well-designed comparative studies of separate forms of pain, and various forms of Qigong, along with adequate samples of various age ranges, and a design that carefully controls for attention effects may help to establish which persons in pain are most likely to benefit optimally from the various forms of Qigong, if any. Studies that examine the cognitive, cellular, biological, physical, muscular, bone mass, and molecular mechanisms using advanced technologies may help explicate any underlying mechanisms associated with the observed benefits of Qigong for reducing or moderating pain and reactive depression. What dosage of Qigong is likely to yield optimal pain relieving results should also be examined carefully and with due control to avoid the influences of other concurrent interventions and a common lack of protective actions against daily repetitive joint micro and macro impacts.

In the interim, we further conclude, to assist older adults with a variety of intractable chronic musculoskeletal painful conditions to achieve a desirable level of function and a life of better quality rather than a declining quality, it appears clinicians should not overlook the potential wide-reaching physical and psychological benefits of Qigong paradigms for ameliorating pain, with its many proven and encompassing physical and cognitive allied correlates. Its application, which may not be suitable for everyone [50] because it requires diligent practice, [and tailored prescriptions] may indeed provide significant sustainable relief for many from a variety of painful symptoms without the damaging side effects of many other forms of intervention, including opioids. The fact that the movements involved protect internal organs from harm, and are performed more slowly than more Westernized exercises, and involve thinking and concentration, rather than mindlessness, may further provide a unique approach to reducing pain perceptions and extent with few side effects.

Despite limitations in the literature and some discordant findings as regards Qigong and chronic pain relief, we thus assert consistently practiced Qigong protocols carried out by older adults with intractable pain under supervision [at least at first] may yet offer one form of movement therapy that is acceptable and can be followed in small steps that may be modified or advanced in complexity as the follower progresses. The clinician who has carefully assessed their chronically-challenged client, may find Qigong oriented therapy yields more functional benefits than not and a client who is less distressed and more able to deal effectively with mental as well as physical stressors that produce pain. Comorbid conditions that impact pain, and the onset of reactive depression may abate, while permitting cases who fear movement or who are disabled to be more active rather than passive partners in their recovery. As well as boosting their self-image and ability to control weight, better balance control and less drug reliance may ensue, thus decreasing the high risk of falling injuries in the elderly due to pain and depression, that is exacerbated

by many addictive and psychologically impactful cognitive depressant drugs. Parallel improvements in sleep quality, physical and vitality improvements, and more balanced cognitive functions may reduce the need for harmful medications and their direct and indirect bone and pain impacts, morbidity levels, and possible premature mortality.

Closing Comments

Readily adapted to accommodate postural, joint inflammation, mobility, fears, anxiety, and pain limitations, Qigong interventions even those applied actively in very small increments are likely to help most older adults suffering from a variety of musculoskeletal challenges, regardless of extent of disability or mode of application. Its predominant theoretical assumption that views 'energy flow' as a health promoting tool is one that can be harnessed via breathing and associated paradigms and flowing Qigong movements. Although not helpful in all situations, older adults suffering complex pain and depression issues My find these exercises constitute a form of therapy that appears to be sufficiently beneficial as well as remedial in multiple spheres. The Qigong approach can accommodate different people's situations as well as their mental state, and if carefully tailored and titrated may help reduce or forego addictive possibly life threatening or health risk outcomes of many pain and antidepressant related medications. Its thoughtful application may not only further attenuate a multitude of physical and mental health symptoms that exacerbate pain, but may enhance life quality, as well as impacting vital structures and systems plus joint and physical function favorably, non stressfully, non pharmacologically, and at low cost.

References

1. Zhang YL, Wu XC, et al; (2025) "Global and regional burden, temporal trends, and projections of chronic pain from 1990 to 2032, and its association with cardiovascular diseases: analyses based on global burden of diseases study 2021". *Front Public Health*;31636949.
2. Zeng L, Zhang H, et al; (2026) "Association between novel inflammatory indices and osteoporosis among older adults: evidence from a large multicenter study in China". *Front Med (Lausanne)*;13: pp1774083.
3. Burley CV, Casey AN, et al; (2023) "Nonpharmacological approaches for pain and symptoms of depression in people with osteoarthritis: systematic review and meta-analyses". *Sci Rep*;13(1): pp154149.
4. Li M, Nie Y, et al; "The trajectories of depression symptoms and comorbidity in knee osteoarthritis subjects". *Clin Rheumatol*;41(1): pp235-243.
5. Lin EH. Et al: (2008) "Depression and osteoarthritis". *Am J Med*;121(11 Suppl 2): ppS16-19.
6. Gebauer SC, Salas J, et al; (2024) "Depression and time to knee arthroplasty among adults who have knee osteoarthritis". *J Arthroplasty*; 39(10): pp2452-2457.e2.
7. Lei T, Li D. et al: (2026) "Risk factors for falls among older adults in China: a cross-sectional study". *BMC Public Health*;26(1): pp1077.

8. Liu J, Yang Y, et al; (2023) "Effectiveness of Baduanjin (a Type of Qigong) on physical, cognitive, and mental health outcomes: a comprehensive review". *Adv Mind Body Med.*;37(2): pp9-23.
9. Fonseca-Rodrigues D, Rodrigues A, et al; (2021) "Correlation between pain severity and levels of anxiety and depression in osteoarthritis patients: a systematic review and meta-analysis. *Rheumatology*" Oxford;61(1): pp53-75.
10. Chang M, Lee YH, Dong F, et al; (2025) "Association and bidirectional causal relationship between depression and osteoarthritis: evidence From NHANES and Mendelian Randomization". *Int J Rheum Dis*;28(6): ppe70327.
11. Frank P, Batty GD, et al; (2023) "Association between depression and physical conditions requiring hospitalization". *JAMA Psychiatry* 80(7): pp690-699.
12. Wang Z, You Y, et al; "Global perspectives and clinical trends in Qigong research: a bibliometric and visual analysis (2005–2025)". *Frontiers in Medicine*;13: pp1707980.
13. Zhang B, Ruan W, et al; (2026) "Effects of mind-body exercise therapies on patients with fibromyalgia: a systematic review and meta-analysis". *J Phys Act Health* 23(5): pp600-617.
14. Manzanique JM, Vera FM, Blanca MJ. Et al: (2025) "Improvement of psychological adjustment and pain reduction in fibromyalgia after a Qigong training program". *Health Psychol Behav Med*;13(1): pp2570746.
15. Dorcas A, Yung P. et al; (2003) "Qigong: harmonising the breath, the body and the mind". *Complement Ther Nurs Midwifery*;9: pp198-202.
16. Yeung A, Chan JSM, et al; (2018) "Qigong and Tai-Chi for Mood Regulation". *Focus (Am Psychiatr Publ)*; 16(1): pp40-47.
17. Gallagher, B. et al: (2003) "Tai Chi Chuan and Qigong: physical and mental practice for functional mobility". *Topics in Geriatr Rehabil*;19: pp172-182.
1. Ponzio E, Sotte L, D'Errico MM, et al: (2016) "Qigong training reduces basal and stress-elicited cortisol secretion in healthy older adults". *Eur J Integ Med*;7: pp194-201.
18. Vincent A, Hill J, et al; (2010) "External Qigong for chronic pain". *Am J Chin Med.* 38: pp695-703.
19. Posadzki P. et al: (2011) "The Qigong of 18 Luohan Hands and yoga for prevention of low back pain: a conceptual synthesis". *Chin J Integr Med.* Apr 26.
20. Craske NJ, et al; (2009) "Qigong ameliorates symptoms of chronic fatigue: a pilot uncontrolled study". *Evid Based Comp Alt Med*;6: pp265-270.
21. Lee MS, Jang JW, et al; (2003) "Effects of Qi-therapy on blood pressure, pain and psychological symptoms in the elderly: a randomized controlled pilot trial". *Comp Ther Med*; 11: pp159-164.
22. Yang KH, Kim YH, Lee MS. Et al: (2005) "Efficacy of Qi-therapy (external Qigong) for elderly people with chronic pain". *Int J Neurosci*; 115: pp949-963.
23. Coleman JF. Et al: (2011) "Spring Forest Qigong and chronic pain. Making a difference". *J Holistic Nurs*;29: pp118-128.
24. Kim S-Y. et al; (2001) "The effects of combined exercise program based on Qigong on the body composition and physical fitness of rural elderly people". *Kinesiol*; 13: pp91-102.
25. Chang MY, Chen HY. Et al: (2016) "Body composition outcomes of a Qigong intervention among community-dwelling aging adults". *West J Nurs Res.* 38(12): pp1574-1594.
26. Marks R. et al: (2017) "Qigong exercise and arthritis". *Medicines (Basel)*;4(4): pp71.
27. Ye J, Simpson MW, et al; (2020) "The effects of Baduanjin qigong on postural stability, proprioception, and symptoms of patients with knee osteoarthritis: a randomized controlled trial". *Front Med*;6: pp307.
28. Xu H, Liu J, et al; (2024) "Effects of mind-body exercise on perimenopausal and postmenopausal women: a systematic review and meta-analysis". *Menopause*;31(5): pp457-467.
29. Hung H, Yeh SH, Chen CH. et al; (2015) "Effects if Qigong exercise on biomarkers and mental and physical health in adults with at least one risk factor for coronary artery disease". *Biol Res for Nurs*;18: pp264-273.
30. Ladawan S, Klarod K, et al; (2017) "Effect of Qigong exercise on cognitive function, blood pressure and cardiorespiratory fitness in healthy middle-aged subjects". *Complement Ther Med*;33: pp39-45.
31. Chen KW, Perlman A, et al: (2008) "Effects of external Qigong therapy on osteoarthritis of the knee. A randomized controlled trial". *Clin Rheumatol*;27: pp1497-1505.
32. Pozarek, Gabriella et al. (2023) "Pain and function in patients with chronic low back pain and leg pain after Zhineng Qigong - a quasi-experimental feasibility study". *BMC Musculoskeletal Dis*;24: pp480.
33. Wang CW, Chan CL, et al; (2013) "The effect of Qigong on depressive and anxiety symptoms: a systematic review and meta-analysis of randomized controlled trials". *Evid Based Complement Alternat Med* : pp716094.
34. Xie F, You Y, Guan C, et al; (2022) "The Qigong of prolong life with nine turn method relieve fatigue, sleep, anxiety and depression in patients with chronic fatigue syndrome: a randomized controlled clinical study". *Front Med (Lausanne).* 30;9: pp828414.
35. Dong Y, Kuang X, Dong L, et al; (2023) "Exploring the efficacy of traditional Chinese medicine exercise in alleviating anxiety and depression in older adults: a comprehensive study with randomized controlled trial and network meta-analysis". *Front. Psychol*;14: pp1290471.
36. Cao L, Dong X, et al; (2025) "Effects of Taiji Stick exercise on strength, balance, and activities of daily living in older adults: a randomized controlled trial". *Front Public Health*;13: pp1647055.
37. Ünlü EÇ, Serin EK. et al: (2025) "Effect of Qigong exercises on symptoms seen in fibromyalgia patients: A systematic review". *Alt Ther Hlth Med*;31(2): pp42-48.
38. Carcelén-Fraile MDC, Aibar-Almazán A, et al; (2022) "Qigong for mental health and sleep quality in postmenopausal women: a randomized controlled trial". *Medicine (Baltimore)*;101(39): ppe30897.

39. Sun C, Yang S, et al; (2024) “Embodied cognition driven Qigong: a cross-sectional study and a pilot randomized controlled trial on managing depression and preventing relapse in substance dependence”. *Front Public Health*.
40. Liu W, Zahner L, et al; (2012) “Benefit of Qigong exercise in patients with fibromyalgia: a pilot study”. *Int J Neurosci*;122(11): pp657-664.
41. Lynch M, Sawynok J, et al; (2012) “A randomized controlled trial of Qigong for fibromyalgia”. *Arthritis Res Ther*;14: ppR178.
42. Kiliachenkova KY, Fursenko AO, et al; (2026) “Qigong in physical therapy for patients with chronic low back pain: a narrative review”. *Int Herald*; 2(1 (5)): pp17-27.
43. Blödt S, Pach D, et al; (2015) «Qigong versus exercise therapy for chronic low back pain in adults--a non-inferiority trial”. *Eur J Pain*;19:123-131.
44. Krause-Parello CA, Park J, Newman D. et al; (2025) “Examining preliminary efficacy of a Qigong intervention in veterans with chronic low back pain: a randomized controlled pilot study”. *Pain Management Nursing*;26(2): ppe143-52.
45. An B, Dai K, et al; (2008) “Baduanjin alleviates the symptoms of knee osteoarthritis”. *J Altern Complement Med*;14: pp167-174.
46. An B, Wang Y, et al; (2013) “Effects of Baduanjin exercise on knee osteoarthritis: a one year study”. *Clin J Integr Med*;19: pp143-148.
47. Xiao C, Zhuang Y, Kang Y. et al; (2020) “Effects of Wu Qin xi Qigong exercise on physical functioning in elderly people with knee osteoarthritis: a randomized controlled trial”. *Geriatr Gerontol Int*;20(10): pp899-903.
48. Lee HJ, Park HJ, et al; (2009) “Tai Chi Qigong for the quality of life of patients with knee osteoarthritis: a pilot, randomized, waiting list controlled trial”. *Clin Rehabil*;23: pp504-511.
49. Yildirim A, Hosbay Z, Ucgun H. et al; (2025) “The effect of Baduanjin exercise training on balance and fall risk in elderly individuals: a randomized controlled trial”. *Medicine*;104(18): ppe42360.
50. Xiong X, Zhang L, Zhang E. et al; (2025) “The effects of Qigong exercise on sleep quality in older adults: a systematic review and meta-analysis”. *Front Publ Hlth*;13: pp1664055.
51. Zou L, Yeung A, et al; (2018) “A systematic review and meta-analysis of mindfulness-based (Baduanjin) exercise for alleviating musculoskeletal pain and improving sleep quality in people with chronic diseases”. *Int J Environ Res Public Health*;15(2). pii: ppE206.
52. Ryu H, Lee HS, Shin YS, et al; (1996) “Acute effect of Qigong training on stress hormonal levels in man”. *Am J Chin Med*;24: pp193-198.
53. Bai Z, Guan Z, et al; (2015) “The effects of Qigong for adults with chronic pain: systematic review and meta-analysis”. *Am J Chin Med*; 43: pp1525-1539.
54. Rodrigues JM, et al; (2023) “Perceived health benefits of Taijiquan and Qigong”. *Altern Ther Hlth Med*;29(7): pp222-231.
55. Lauche R, Cramer H, et al; (2013) “A systematic review and meta-analysis of Qigong for the fibromyalgia syndrome”. *Evid Based Complement Alternat Med*; 2013:635182.
56. So WW, Cai S, et al; (2019) “The neurophysiological and psychological mechanisms of Qigong as a treatment for depression: a systematic review and meta-analysis”. *Front Psychiatry*;10: pp820.
57. Li H, Ge D, Liu S, et al; (2019) “Baduanjin exercise for low back pain: a systematic review and meta-analysis”. *Complement Ther Med*; 43: pp109-116.
58. Liu X, et al; (2015) “A systematic review and meta-analysis of the effects of Qigong and Tai Chi for depressive symptoms”. *Complement Ther Med*;23: pp516-534.
59. Lu EY, Lee P, Cai S, et al; (2020) “Qigong for the treatment of depressive symptoms: preliminary evidence of neurobiological mechanisms”. *Int J Geriatric Psychiatr*;35(11): pp1393-1401.
60. Schnauzer M. et al; (2006) “Qigong: the art of self-healing”. *Perspectives in Psychiatr Care*;42: pp53-54.
61. Lee MS, et al; (2009) “Internal Qigong for pain conditions: a systematic review”. *J Pain*; 10: pp1121-27.e14.
62. Wu WH, et al; (1999) “Effects of Qigong on late-stage complex regional pain syndrome”. *Altern Ther Health Med*;5: pp45-554.
63. Baumgarden J, Klein P, Picard G. et al; (2018) “Qigong and a Tale of Two Back Complaints”. *Medicines (Basel)* ;5(3). pp E60.
64. Sawynok J, Lynch ME. Et al; (2017) “Qigong and fibromyalgia circa 2017”. *Medicines (Basel)*;4(2); pp E37.
65. Blödt S, Pach D, et al; (2015) et al; “Qigong versus exercise therapy for chronic low back pain in adults--a non-inferiority trial”. *Eur J Pain*;19: pp123-131.
66. Bower JE, Irwin MR. et al; (2016) “Mind-body therapies and control of inflammatory biology: a descriptive review”. *Brain Behav Immun*;51: pp1-11.
67. Holmberg C, et al; (2014) “The perspectives of older women with chronic neck pain on perceived effects of Qigong and exercise therapy on aging: a qualitative interview study”. *Clin Interv Aging*;9: pp403-410.
68. Lee MS, Pittler MH, Ernst E. et al; (2009) “Internal Qigong for pain conditions: a systematic review”. *J Pain* ;10:pp1121-1127.e14.
69. Chyu MC, von Bergen V, et al; (2011) “Complementary and alternative exercises for management of osteoarthritis”. *Arthritis*: pp364319.
70. Girard J, Girard A. et al; (2019) “The effects of Qigong on neck pain: a systematic review”. *Complement Ther Clin Pract*;34: pp23-29.
71. Wang YT, Huang G, et al; (2017) “Yoga, and Qigong as mind-body exercises”. *Evid Based Complement Alternat Med*;2017: pp8763915.
72. Zou L, Zhang Y, et al; (2019) “Are mindful exercises safe and beneficial for treating chronic lower back pain? A systematic review and meta-analysis of randomized controlled trials”. *Clin Med*;8(5): pp628.
73. Lee MS, Lim HJ, Lee MS. Et al; (2004) “Impact of Qigong exercise on self-efficacy and other cognitive perceptual variables in patients with essential hypertension”. *J Altern Compl Med*;10: pp675-680.

74. Mak S, Allen J, et al; (2025) "Evidence map of Tai Chi and Qigong: update from 2014–2024";europepmc.org.
75. Manzanque JM, et al; (2025) "Improvement of psychological adjustment and pain reduction in fibromyalgia after a Qigong training program". *Hlth Psychol Behav Med*;13(1): pp2570746.
76. Morgan N, et al; (2014) "The effects of mind-body therapies on the immune system: meta-analysis". *PloS one*;9(7): ppe100903.
77. Grubisich3CDEF SA, et al; (2007) "Effect of combined Taiji and Qigong training on balance mechanisms: a randomized controlled trial of older adults". *Med Sci Monit*;13(8): pp348.
78. Stahl JE, Belisle SS, Zhao W. et al; (2020) "Medical Qigong for mobility and balance self-confidence in older adults". *Front Med*;7: pp422.
79. Lyu FF, Ramoo V, et al; "Efficacy of mindfulness exercises for primary osteoporosis Pain and balance: a systematic review and Network meta-analysis". *Orthop Nurs*. 20;43(5): pp284-299.
80. Marcus BH, Eaton CA, et al; (1994) "Self-efficacy, decision-making, and stages of change: an integrative model of physical exercise 1". *J Appl Social Psychol*;24(6): pp489-508.
81. Kuo TC, Ho FM, Lin CW. Et al; (2003) "Physiological changes associated with Neiyang Qigong". *J Hlth Sci*;49(4): pp278-284.