Chapter 7
Ai Chi®: Applications in Clinical Practice

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In study of this chapter, the reader will:
- Learn the history and philosophy of Ai Chi
- Understand the foundations of Clinical Ai Chi, its relationship to the ICF system, and Ai Chi as a sequence of postural control movements
- Translate the objectives of Clinical Ai Chi into activities that assist in fall prevention and in mobilizing connective tissue
- Understand the relationship of Ai Chi to Halliwick principles
- Learn recent advances in research that relate to the use of Clinical Ai Chi

CLINICAL AI CHI®

History And Philosophy

Ai Chi was developed in 1993 by Jun Konno, owner of the Aquadynamics Institute in Yokohama. He created Ai Chi as a preparation for Watsu, which is based on stretching meridians and creating balance between yin and yang, according to the philosophy of Masunaga.[1] At this time, Ai Chi consists of 19 movements or kata's.

Ai Chi can be characterized as a series of continuous slow and broad movements, accomplished without force. It consists of movement patterns of the arms, arms and trunk, and arms, legs and trunk, with gradual narrowing of the basis of support combined with deep breathing. Movements are supposed to take place at breath rate, about 14 to 16 times per minute.
Ai Chi has elements of both Qi Gong (a more static and symmetrical posture during the initial 6 arm movements) and Tai Chi Chuan (more focused on continuously changing the centre of gravity within the basis of support in the latter part). The classical purpose within Eastern theory is to balance energy by stretch of certain meridians.

Meridians that are stretched are the meridians of:
- The lung (underneath the clavicula), by retracting the scapula
- The small intestines (underneath the scapula), by protracting the scapula
- The urine bladder (accross the sacrum), by rounding the back and "opening" the SI joint
- The kidney (across the stomach), by extending the thoracal-lumbar spine and "opening" the stomach area