RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] mean (SD)	[comparator] mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Intervention vs control													
Natma 2015	Breast cancer survivors	Tai Chi Qi Qong vs. routine nursing care	Quality of Life	end of treatment (12 wks)	FACT-B (0-144)	higher means better quality of life	15/15	116.72 (14.02)	109.53 (10.57)	NR	NR	*Favours intervention*	Some concerns
			Fatigue	end of treatment (12 wks)	Fatigue symptom inventory (0-131)	higher means excessive fatigue	15/15	11.27 (9.09)	27.20 (19.68)	NR	NR	*Favours intervention*	Some concerns
			Footnotes:										
Wang 2013b			Study did not measure or report outcomes considered critical or important to this review. Footnotes:										
Intervention vs placebo or sham													
Larkey 2011	Breast cancer survivors	Tai Chi Qigong vs. Sham Qigong	Psychosocial wellbeing	End of treatment (12 wks)	SF-36 mental component score*	higher means better quality of life	39/45	51.5 (8.70)	50.7 (8.52)	NR	NR	*No difference*	Low
			Physical welbeing	end of treatment (12 wks)	SF-36 physical component score*	higher means better quality of life	39/45	47.7 (7.28)	48.2 (7.84)	NR	NR	*No difference*	Low
			Fatigue	end of treatment (12 wks)	Fatigue symptom inventory (0-10)	higher means excessive fatigue	40/44	2.1 (1.34)	2.6 (1.65)	NR	NR	*No difference*	Low
			Sleep quality	end of treatment (12 wks)	Pittsburg sleep quality index	higher means worse sleep	31/37	6.6 (3.27)	7.3 (4.06)	NR	NR	*No difference*	Low
			Footnotes:										
Intervention vs 'other'													

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] mean (SD)	[comparator] mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Campo 2013	Cancer survivors (with physical function limitations)	Tai Chi Chih vs. Wellness education program	Psychosocial wellbeing	end of treatment (12 wks)	SF-36 mental component score*	higher means better quality of life	29/25	51.7 (1.56)	51.0 (1.68)	NR	0.76	*No difference*	Some concerns
			Physical welbeing	end of treatment (12 wks)	SF-36 physical component score*	higher means better quality of life	29/25	41.3 (1.4)	43.2 (1.51)	NR	0.36	*No difference*	Some concerns
			Physical functioning	end of treatment (12 wks)	SF-36 physical functioning*	higher means better quality of life	29/25	63.5 (2.41)	65.8 (2.59)	NR	0.51	*No difference*	Some concerns
			Physical functioning	end of treatment (12 wks)	SF-36 role-physical*	higher means better quality of life	29/25	50.4 (6.720	60.6 (7.24)	NR	0.31	*No difference*	Some concerns
			Pain	end of treatment (12 wks)	SF-36 bodily pain*	higher means better quality of life	29/25	60.8 (3.81)	59.5 (4.11)	NR	0.81	*No difference*	Some concerns
			Footnotes:	* Baseline data were appreciably skewed, therefore authors report adjusted means (SE) (tied to ANCOVAs) to control for for baseline values and remove effects that may not have been effectively controlled by randomisation.									
Galantino	Breast cancer (survivors	Tai Chi vs. Walking	Quality of life	end of treatment (6 wks)	FACT-B - total score*	% improved from baseline	6/5	2/4 (50%)	2/4 (50%)	NR	NR	*Not reported*	High
			Physical Wellbeing	end of treatment (6 wks)	FACT-B - physical*	% improved from baseline	6/5	NR (75%)	NR (50%)	NR	NR	*Not reported*	High
			Psychosocial wellbeing	end of treatment (6 wks)	FACT-B - emotional*	% improved from baseline	6/5	1/4 (25%)	2/4 (50%)	NR	NR	*Not reported*	High

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] mean (SD)	[comparator] mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
2003	with fatigue)	Program	Psychosocial wellbeing	end of treatment (6 wks)	FACT-B - social*	% improved from baseline	6/5	2/4 (50%)	2/4 (50%)	NR	NR	*Not reported*	High
			Aerobic endurance	end of treatment (6 wks)	Six-minute walk test	% improved from baseline	6/5	2/4 (50%)	4/4 (100%)	NR	NR	*Not reported*	High
			Footnotes:	*Authors did not provide outcome measure scores, but reported simple % considered improved from baseline									
Irwin 2014a	Breast cancer survivors	Tai Chi Chih vs. Cognitive behavourial therapy	Sleep quality	end of treatment (3 months)	Pittsburg sleep quality index	highers means worse sleep quality	45/45	8.2 (0.4)	7.3 (0.4)	NR	NR	*No difference*	Some concerns
			Fatigue	end of treatment (3 months)	Multidimensional Fatigue Symptom Inventory	highers means more fatigue	45/45	9.3 (1.6)	8.2 (1.5)	NR	NR	*No difference*	Some concerns
			Footnotes:	*the study focus is non-inferiority at 15 months follow-up. Data at end of treatment were not substantially									
			Quality of life	end of treatment (12 wks)	SF-36 - total score*	higher means better quality of life	11/10	104.94 (6.60)	108.96 (6.06)	NR	NR	*No difference*	Some concerns
			Physical functioning	end of treatment (12 wks)	SF-36 physical functioning*	higher means better quality of life	11/10	26.89 (1.37)	26.50 (1.31)	NR	NR	*No difference*	Some concerns
	Breast	Tai Chi Chih vs.	Physical functioning	end of treatment (12 wks)	SF-36 role-physical*	higher means better quality of life	11/10	2.44 (0.50)	2.80 (0.51)	NR	NR	*No difference*	Some concerns

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] mean (SD)	[comparator] mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Mustian 2004	cancer survivors	Psychosocial support therapy	Bodily pain	end of treatment (12 wks)	SF-36 - bodily pain*	higher means better quality of life	11/10	9.11 (0.45)	9.00 (0.58)	NR	NR	*No difference*	Some concerns
			Fatigue	end of treatment (12 wks)	FACIT-F (40-items)	highers means more fatigue	11/10	15	1	NR	NR	*Favours intervention*	Some concerns
			Aerobic endurance	end of treatment (12 wks)	Six-minute walk test (m)	further means better capacity and endurance	11/10	636.12 (602.7, 669.5)	610.3 (556.0, 664.5)	NR	NR	*Favours intervention*	Some concerns
			Footnotes:	*data reported as mean (SEM). SF-36 scores should be on a scale of 0-100. These appear to be raw data (not transformed).									

RCT RESULTS (as reported by the study authors)													
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p* -value**	**direction of effect**	**RoB**
Intervention vs control													
McCain 2010	Breast cancer (undergoing adjuvant chemotherapy)	Tai Chi vs Usual care	Health related quality of life Footnotes:	1 week after end of treatment (11 weeks) end of treatment (12 wks)	FACT - B total score*	higher means worse quality of life	109	102.96 (2.12)		NR	NR	*No difference*	High
McQuade 2017	Rectal, anal or prostate cancer (men, undergoing radiotherapy)	Tai Chi vs Waitlisted control	Health related quality of life	Completion of radiotherapy (10 weeks)	EPIC-urinary function**	higher means better quality of life	26/24	80.64 (3.36)	74.5 (3.19)	NR	NR	*No difference*	High
			Health related quality of life	Completion of radiotherapy (10 weeks)	EPIC-bowel function**	higher means better quality of life	26/24	88.35 (2.61)	88.01 (2.48)	NR	NR	*No difference*	High
			Health related quality of life	Completion of radiotherapy (10 weeks)	EPIC-hormonal function**	higher means better quality of life	26/24	80.5 (2.54)	76.73 (2.41)	NR	NR	*No difference*	High
			Health related quality of life	Completion of radiotherapy (10 weeks)	EPIC-sexual function**	higher means better quality of life	26/24	NR	NR	NR	NR	*Not reported*	High
			Fatigue	Completion of radiotherapy (10 weeks)	Brief fatigue Inventory (9-items)*	higher means worse fatigue	26/24	1.45 (0.35)	1.87 (0.33)	NR	NR	*No difference*	Some concerns

RCT RESULTS (as reported by the study authors)												
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p* -value**	**direction of effect**	**RoB**
			Sleep	Completion of radiotherapy (10 weeks)	Pittsburgh Sleep Quality Index *	higher means worse sleep quality	26/24	5.16 (0.52)	5.77 (0.50)	NR	NR	*No difference*	Some concerns
			Footnotes:	*Authors reported adjusted mean (SE) score from mixed models									
Zhou 2018	Nasopharyngeal carcinoma (undergoing chemotherapy)	Tai Chi vs Usual care	Fatigue	Completion of chemoradiotherapy	MFSI-SF total score *	higher means worse fatigue	57/57	26.40 (14.20)	34.93 (17.83)	NR	<0.01	*Favours intervention*	Some concerns
			General health	Completion of chemoradiotherapy	Heart rate variability (LF/HR ratio)	Lower indicates greater function	57/57	2.05 (0.56)	2.29 (0.65)	NR	<0.05	*Favours intervention*	Some concerns
			Footnotes:	* PP scores for Fatigue reported as 32.36 (11.12) vs 44.71 (8.41) p<0.01									
Intervention vs 'other'													
Jiang 2020	NSCLC (immediately post surgery)	Tai Chi vs Conventional exercise	Lung function	1 month after intervention (12 weeks)	FEV1	higher means improved lung function	50/50	1.29 (0.22)	1.08 (0.20)	F=7.133	0.001	*Favours comparator*	Some concerns
McCain 2010	Breast cancer (undergoing chemotherapy)	Tai Chi vs Usual care	Health related quality of life	1 week after end of treatment (11 weeks)	FACT - B total score*	higher means worse quality of life	109	102.96 (2.12)		NR	NR	*No difference*	High
			Footnotes:	*Authors reported mean (SE) for the total sample (not by intervention group), noting that the scores were not different between groups.									
			Health related quality of life	Completion of radiotherapy (10 weeks)	EPIC-urinary function**	higher means better quality of life	26/24	80.64 (3.36)	84.08 (3.66)	NR	NR	*No difference*	High

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
McQuade 2017	Rectal, anal or prostate cancer (men, undergoing radiotherapy)	Tai Chi vs Light exercise	Health related quality of life	Completion of radiotherapy (10 weeks)	EPIC-bowel function**	higher means better quality of life	26/24	88.35 (2.61)	89.29 (2.85)	NR	NR	*No difference*	High
			Health related quality of life	Completion of radiotherapy (10 weeks)	EPIC-hormonal function**	higher means better quality of life	26/24	80.5 (2.54)	83.52 (2.76)	NR	NR	*No difference*	High
			Health related quality of life	Completion of radiotherapy (10 weeks)	EPIC-sexual function**	higher means better quality of life	26/24	NR	NR	NR	NR	*Not reported*	High
			Fatigue	Completion of radiotherapy (10 weeks)	Brief fatigue Inventory (9-items)*	higher means worse fatigue	26/24	1.45 (0.35)	1.65 (0.38)	NR	NR	*No difference*	Some concerns
			Sleep	Completion of radiotherapy (10 weeks)	Pittsburgh Sleep Quality Index *	higher means worse sleep quality	26/26	5.16 (0.52)	5.33 (0.63)	NR	NR	*No difference*	Some concerns
			Footnotes:	*Authors reported adjusted mean (SE) score from mixed models									
Zhang 2016	Lung cancer (undergoing treatment)	Tai Chi vs Low-impact exercise	Fatigue	End of treatment (12 wks)	MFSI-SF total score	higher means worse fatigue	48/48	53.3 (11.8)	59.3(12.2)	NR	0.05	*Favours comparator*	Some concerns
			Footnotes:	Subscales of MFSI-SF also recorded with all but the bigor subscale favouring comparator									

Abbreviations: EPIC, Expanded Prostate Cancer Index Composite; FACT-B, Functional Assessmet of Cancer Therapy-Breast; FEV1, Forced expiratory volume in the first second; MFSI-SF, Multidimensional Fatigue Symptom Inventory-short form; NSCLC, Non-small cell lung cancer; PSQI, Pittsburgh Sleep Quality Index

RCT RESULTS (as reported by the study authors)												
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p*-value**	**direction of effect**	**RoB**
Intervention vs control													
Chou 2004	Older adults (60+ yrs) with major depression or	Mindfulness-based Tai Chi Chuan vs. usual care	Symptoms of depression	Post intervention (12 wks)	CES-D	higher means worse symptoms	7/7	15.3 (9.8)	39.1 (9.7)	NR	<0.05	*Favours intervention*	High
			Footnotes:	end of treatment (12 wks)									
Yeung 2012	Mood disorders, Depression (18+ yrs)	Tai Chi (Yang style) vs. waitlisted control	Symptoms of depression	End of treatment (12 wks)	Hamilton Depression Rating Scale (17-item)	higher means worse symptoms	25/13	5.2 (5.1)	4.5 (2.4)	NR	0.82	*No difference*	High
			Disease symptoms	End of treatment (12 wks)	CGI - Severity scale	higher means more improvement	25/13	1.0 (1.0)	0.67 (1.2)	NR	0.5	*No difference*	High
			Disease symptoms	End of treatment (12 wks)	CGI - Improvement scale	lower means more improvement	25/13	3.0 (1.2)	3.5 (1.0)	NR	0.21	*No difference*	High
			Footnotes:	Results provided as "change in" scores compared with baselines									
Liu 2018	Older adults (60+ yrs) with depression (GDS score >10)	Tai Chi vs. control (usual activities)	Symptoms of depression	End of treatment (24 wks)	Geriatric depression scale (30-items)	highers means more severe depression	30/30	4.70 (3.90)	12.40 (3.38)	NR	<0.05	*Favours intervention*	Some concerns
Intervention vs 'other'													
			Symptoms of depression	End of treatment (10 wks)	Hamilton Depression Rating Scale (24-item)	higher means worse symptoms	33/35	5.1 (3.5)	6.7 (4.4)	NR	0.01	*Favours intervention*	Some concerns

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Lavertsky 2010	Major depressive disorder (60+ years)	Tai Chi Chih vs. attention control (health education protocol)	HRQoL	End of treatment (10 wks)	SF-36- physical functioning	higher means better outcome	33/35	97.3 (4.2)	91.1 (13.1)	NR	0.02	*Favours intervention*	Some concerns
			HRQoL	End of treatment (10 wks)	SF-36- role emotional	higher means better outcome	33/35	83.9 (25.2)	71.2 (28.3)	NR	0.003	*Favours intervention*	Some concerns
			Cognitive function	End of treatment (10 wks)	Mini-mental state exam	Score >= 25 means normal cognitive function	33/35	29.2 (1.1)	29.3 (1.1)	NR	0.24	*No difference*	Some concerns
			Psychosocial wellbeing	End of treatment (10 wks)	Hamilton Anxiety Rating Scale	higher means worse symptoms	33/35	3.5 (2.7)	4.2 (3.0)	NR	0.27	*No difference*	Some concerns
			Disease severity	End of treatment (10 wks)	Clinical Global Impression Severity and Improvement Scale	Larger scores reflect more improvement	33/35	NR	NR	NR	NR	*Not reported*	Some concerns
			Sleep	End of treatment (10 wks)	Pittsburgh Sleep quality Index	higher means worse sleep quality	33/35	9.0 (6.4)	10.5 (5.7)	NR	0.08	*Favours intervention*	Some concerns
			Footnotes:	Trail making test A and B measured by Trials A errors									

Abbreviations: CGI, Clinical Global Impression; PHQ-9, Patient Health Questionnaire-9; SF-36, 36-item short form

RCT RESULTS (as reported by the study authors)													
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p* -value**	**direction of effect**	**RoB**
Intervention vs control													
Song 2014a	Adults (60-75 yrs) with anxiety disorders	Tai Chi vs. Control	Symptoms of anxiety	End of treatment (45 days)	Hamilton Anxiety Scale (14-items)	higher means more anxiety	16/16	10.7 (3.9)	14.5 (4.7)	NR	< 0.05	*Favours intervention*	Some concerns
			HRQoL	end of treatment (12 wks)	GQOLI-74 Physical function	higher means better quality of life	16/16	71.2 (6.4)	61.9 (5.3)	NR	< 0.05	*Favours intervention*	Some concerns
			HRQoL	End of treatment (45 days)	GQOLI-74 Psychological function	higher means better quality of life	16/16	72.8 (4.7)	66.2 (4.6)	NR	< 0.05	*Favours intervention*	Some concerns
			HRQoL	End of treatment (45 days)	GQOLI-74 Social function	higher means better quality of life	16/16	72.5 (7.1)	63.9 (5.4)	NR	< 0.05	*Favours intervention*	Some concerns
			HRQoL	End of treatment (45 days)	GQOLI-74 Material function	higher means better quality of life	16/16	69.9 (6.1)	67.1 (5.6)	NR	< 0.05	*Favours intervention*	Some concerns
			HRQoL	End of treatment (45 days)	GQOLI-74 General life quality	higher means better quality of life	16/16	71.7 (7.3)	67.9 (5.9)	NR	< 0.05	*Favours intervention*	Some concerns
			Footnotes:	* General life quality score									

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
			Psychosocial wellbeing	End of treatment (12 wks)	Perceived stress Scale (14-items)	lowers means improved state	17/16	26.65 (1.15)	31.25 (1.18)	NR	NR	*Not reported*	High
			Symptoms of anxiety	End of treatment (12 wks)	STAI-State	higher means better quality of life	17/16	39.65 (1.910)	50.00 (1.968)	NR	< 0.01	*Favours intervention*	High
			Symptoms of anxiety	End of treatment (12 wks)	STAI-Trait	higher means better quality of life	17/16	45.12 (1.273)	52.56 (1.312)	NR	< 0.01	*Favours intervention*	High
			HRQoL	End of treatment (12 wks)	SF-36 physical functioning	higher means better quality of life	17/16	93.53 (2.045)	89.69 (2.107)	NR	NR	*No difference*	High
			HRQoL	End of treatment (12 wks)	SF-36 role physical	higher means better quality of life	17/16	60.00 (5.246)	62.50 (5.407)	NR	NR	*No difference*	High
			HRQoL	End of treatment (12 wks)	SF-36 bodily pain	higher means better quality of life	17/16	76.06 (3.035)	73.19 (3.129)	NR	NR	*No difference*	High
Zheng 2018	Adults (18-60 yrs) with symptoms of stress	Tai Chi vs. Control (waitlist)	HRQoL	End of treatment (12 wks)	SF-36 general health perceptions	higher means better quality of life	17/16	57.24 (2.29)	62.69 (2.36)	NR	NR	*No difference*	High

RCT RESULTS (as reported by the study authors)													
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p*-value**	**direction of effect**	**RoB**
			HRQoL	End of treatment (12 wks)	SF-36 vitality	higher means better quality of life	17/16	49.41 (3.157)	41.56 (3.255)	NR	NR	*No difference*	High
			HRQoL	End of treatment (12 wks)	SF-36 role social	higher means better quality of life	17/16	74.26 (3.942)	64.53 (4.063)	NR	NR	*No difference*	High
			HRQoL	End of treatment (12 wks)	SF-36 role emotional	higher means better quality of life	17/16	62.75 (7.052)	43.75 (7.269)	NR	NR	*No difference*	High
			HRQoL	End of treatment (12 wks)	SF-36 mental health	higher means better quality of life	17/16	67.76 (2.588)	54.00 (2.667)	NR	< 0.05	*Favours intervention*	High
			Cardiovascular health	End of treatment (12 wks)	Systolic Blood pressure	Closer to 120 means more stable the function	17/16	111.9 (1.212)	109.6 (1.249)	NR	NR	*Not reported*	High
			Cardiovascular health	End of treatment (12 wks)	Diastolic Blood pressure	Closer to 80 means more stable the function	17/16	74.02 (1.018)	73.95 (1.050)	NR	NR	*Not reported*	High
			Footnotes:										
Intervention vs 'other'													
Caldwell 2015	Adults (18-40 yrs) with self-	Tai Chi vs. education	Sleep	End of treatment (10 wks)	Pittsburgh Sleep Quality index - total	higher means worse sleep quality.	28/19	-2.3 (0.3)	-1.4 (0.4)	NR	0.1	*No difference*	Some concerns

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
	reported anxiety	program	Footnotes:	Baselines values were subtracted from values at 10 wks to calculate change scores in which negative results = reduction from baseline									
Caldwell 2015	Adults (18-40 yrs) with self-reported anxiety	Enhanced Tai Chi Chen	Sleep	End of treatment (10 wks)	Pittsburgh Sleep Quality index	higher means worse sleep quality.	18/28	r[42] = - 0.2		NR	0.1	*No difference*	Some concerns
			Footnotes:	Examines the relationship between practice time and sleep									
Zheng 2018	Adults (18-60 yrs) with symptoms of stress	Tai Chi vs. exercise	Stress	End of treatment (12 wks)	Perceived stress Scale (14-items)	lowers means improved state	17/17	26.65 (1.15)	26.47 (1.15)	NR	NR	*No difference*	High
			Symptoms of anxiety	End of treatment (12 wks)	STAI-State	Higher is worse	17/16	39.65 (1.910)	42.94 (1.910)	NR	NR	*No difference*	High
			Symptoms of anxiety	End of treatment (12 wks)	STAI-Trait	Higher is worse	17/16	45.12 (1.273)	47.24 (1.273)	NR	NR	*No difference*	High
			HRQoL	End of treatment (12 wks)	SF-36 physical functioning	Higher is worse	17/16	93.53 (2.045)	93.53 (2.045)	NR	NR	*No difference*	High
			HRQoL	End of treatment (12 wks)	SF-36 role physical	Higher is worse	17/16	60.00 (5.246)	57.65 (5.246)	NR	NR	*No difference*	High
			HRQoL	End of treatment (12 wks)	SF-36 bodily pain	Higher is worse	17/16	76.06 (3.035)	73.41 (3.035)	NR	NR	*No difference*	High
			HRQoL	End of treatment (12 wks)	SF-36 general health perceptions	Higher is worse	17/16	57.24 (2.29)	60.82 (2.29)	NR	NR	*No difference*	High
			HRQoL	End of treatment (12 wks)	SF-36 vitality	Higher is worse	17/16	49.41 (3.157)	51.47 (3.157)	NR	NR	*No difference*	High

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
			HRQoL	End of treatment (12 wks)	SF-36 role social	Higher is worse	17/16	74.26 (3.942)	72.06 (3.942)	NR	NR	*No difference*	High
			HRQoL	End of treatment (12 wks)	SF-36 role emotional	Higher is worse	17/16	62.75 (7.052)	70.59 (7.052)	NR	NR	*No difference*	High
			HRQoL	End of treatment (12 wks)	SF-36 mental health	Higher is worse	17/16	67.76 (2.588)	60.47 (2.588)	NR	NR	*No difference*	High
			Cardiovascular health	End of treatment (12 wks)	Systolic Blood pressure	Closer to 120 means more stable the function	17/16	111.9 (1.212)	109.6 (1.249)	NR	NR	*Not reported*	High
			Cardiovascular health	End of treatment (12 wks)	Diastolic Blood pressure	Closer to 80 means more stable the function	17/16	74.02 (1.018)	73.80 (1.018)	NR	NR	*Not reported*	High
			Footnotes:										
Abbreviations: HRQoL, health-related quality of life; SF-36, 36-item short form													

RCT RESULTS (as reported by the study authors)												
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p*-value**	**direction of effect**	**RoB**
Intervention vs control													
Lyu 2018	Adults (60+ yrs) with mild dementia	Tai Chi vs. usual care	Psychological wellbeing	End of treatment (10 months)	Geriatric depression scale	higher means worse symptoms	36/38	2.44 (1.04)	5.37 (1.89)	NR	< 0.05	*Favours intervention*	Some concerns
			Neurocognitive function	end of treatment (12 wks)	MoCA (30-items)	Lower means worse cognitive function	36/38	14.38 (5.71)	12.16 (4.72)	NR	NR	*Not reported*	Some concerns
			Neurocognitive function	End of treatment (10 months)	MMSE	Lower means worse cognitive function	36/38	21.17 (5.47)	19.47 (5.73)	NR	NR	*Not reported*	Some concerns
			Activities of daily living	End of treatment (10 months)	Barthel index	Lower means increased diability	36/38	94.12 (11.58)	92.55 (13.29)	NR	NR	*Not reported*	Some concerns
			Footnotes:										
Fogarty 2016	Adults with amnestic MCI	Tai Chi vs. no intervention	HR QoL	End of treatment (22 weeks)	SF-36 total score	higher means better outcome	26/22	NR	NR	NR	NR	*Not reported*	High
			Footnotes:	Scores reported as df, dferror									
Nyman 2018	People (18+ yrs) with dementia and their caregivers	Tai Chi vs. usual care	Falls/Balance	Follow up (6 months)	Berg Balance Scale	Lower means greater risk of falling	36/32	44.8 (5.7)	44.7 (7.2)	-0.01 (-1.86, 1.83)	0.99	*No difference*	Some concerns
			Neurocognitive function	Follow up (6 months)	Mini-Addenbrooke Cognitive Exam	Lower means worse cognitive function	36/35	14.5 (6.4)	13.7 (6.3)	−0.35 (−2.20, 1.49)	0.71	*No difference*	Some concerns

RCT RESULTS (as reported by the study authors)													
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p* -value**	**direction of effect**	**RoB**
			Footnotes:										
Intervention vs 'other'													
Cheng 2012	Adults with very mild to mild dementia	Handiwork (connecting beads to create shapes)	Psychological wellbeing	End of treatment (12 wks)	Geriatric depression scale	higher means worse symptoms	12/12	7.75 (2.83)	9.17 (2.76)	NR	NR	*No difference*	Some concerns
			General health	End of treatment (12 wks)	Blood pressure (BP)	Lower BP correlates to better general health	NR	NR	NR	NR	NR	*Not reported*	Some concerns
			Activities of daily living	End of treatment (12 wks)	Barthel index	Lower means increased diability	NR	NR	NR	NR	NR	*Not reported*	Some concerns
			Footnotes:	General Health and ADL only reported at baseline									
Cheng 2012	Adults with very mild to mild dementia	Majong	Psychological wellbeing	End of treatment (12 wks)	Geriatric depression scale	higher means worse symptoms	12/12	7.75 (2.83)	5.17 (4.57)	NR	NR	*No difference*	Some concerns
			General health	End of treatment (12 wks)	Blood pressure (BP)	Lower BP correlates to better general health	NR	NR	NR	NR	NR	*Not reported*	Some concerns
			Activities of daily living	End of treatment (12 wks)	Barthel index	lower means increased diability	NR	NR	NR	NR	NR	*Not reported*	Some concerns
			Footnotes:	General Health and ADL only reported at baseline									

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Cheng 2014	Adults with very mild to mild dementia	Handiwork (connecting beads to create shapes)	Neurocognitive function	Follow up (6 months)	MMSE	Lower means worse cognitive function	39/35	3.0 (95% CI: 0.9-5.0; d=0.34			NR	*Not reported*	Some concerns
			Psychological wellbeing	Follow up (6 months)	Geriatric depression scale	higher means worse symptoms	NR	NR	NR	NR	NR	*Not reported*	Some concerns
			General health	Follow up (6 months)	Blood pressure (BP)	Lower BP correlates to better general health	NR	NR	NR	NR	NR	*Not reported*	Some concerns
			Footnotes:	GDS and blood pressure only reported at baseline									
Cheng 2014	Adults with very mild to mild dementia	Majong	Neurocognitive function	Follow up (6 months)	MMSE	Lower means worse cognitive function	39/36	4.5 (95% CI: 2.0-6.9; d=0.48)			NR	*Not reported*	Some concerns
			Psychological wellbeing	Follow up (6 months)	Geriatric depression scale	higher means worse symptoms	NR	NR	NR	NR	NR	*Not reported*	Some concerns
			General health	Follow up (6 months)	Blood pressure (BP)	Lower BP correlates to better general health	NR	NR	NR	NR	NR	*Not reported*	Some concerns
			Footnotes:	GDS and blood pressure only reported at baseline									

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Lam 2011	Adults (65+ years) with MCI	Exercise	Neurocognitive function	End of treatment (12 months)	MMSE	Lower means worse cognitive function	135/NR	25.8 (3.1)	25.1 (3.6)	NR	NR	*Not reported*	High
			Neurocognitive function	End of treatment (12 months)	Alzheimer's Disease Assessment Scale-Cognitive Subscale	highers (≥ 18) means greater cognitive impairment	135/NR	10.7 (5.5)	12.8 (6.1)	NR	NR	*Not reported*	High
			Psychological wellbeing	End of treatment (12 months)	Cornell Scale for depression in dementia	highers means worse symptoms	135/NR	0.7 (0.9)	0.6 (0.9)	NR	NR	*Not reported*	High
			Balance/falls risk	End of treatment (12 months)	Berg Balance Scale (14-items)	lower means greater risk of falling	135/NR	52.7 (3.4)	52.3 (3.2)	NR	NR	*Not reported*	High
			Footnotes:										
Abbreviations: a-MCI: amnestic multiple-domain mild cognitive impairment; MoCA, Montreal Cognitive Assessment; MMSE, Mini-Mental State Examination;													

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Intervention vs control													
Huang 2019	Stroke survivors with fear of falling	No intervention	Motor Function	End of treatment (12 wks)	Fugl-Meyer Assessment of the lower limbs	highers means better function	14/14	29.31 (2.56)	25.50 (3.58)	NR	0.338	*No difference*	Some concerns
			Footnotes:	end of treatment (12 wks)									
Kim 2015	Hospitalised stroke patients	No intervention	Activities of daily living / disability	End of treatment (6 wks)	SF-36 - physical functioning	higher means better quality of life	11/11	36.82 (619.14)	38.18 (18.34)	NR	0.004	*Favours intervention*	Some concerns
			Activities of daily living / disability	End of treatment (6 wks)	SF-36 - role limitation-physical	higher means better quality of life	11/11	13.18 (325.72)	2.27 (7.54)	NR	0.07	*No difference*	Some concerns
			Footnotes:										
Taylor-Piliae 2013	Chronic stroke (>3 months prior)	Usual care	Activities of daily living / disability	End of treatment (12 wks)	SF-36 physical composite score	higher means better quality of life	53/44	38.3 (9.9)	38.6 (10.5)	NR	0.02	*No difference*	Some concerns
			Falls	End of treatment (12 wks)	Patient reported falls	Higher number means more falls	30/28	5	15	NR	NR	*Favours intervention*	Some concerns
			Footnotes:	Fall values are % (n) or n.									
Intervention vs 'other'													
Hart 2004	Chronic stroke (>6 months prior)	Exercises for balance improvement	Balance	End of treatment (12 wks)	Berg Balance Score	lower means greater risk of falling	NR	NR	NR	NR	NR	*Favours comparator*	High
			Footnotes:										

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Taylor-Piliae 2013	Chronic stroke (>3 months prior)	Silver Sneakers Active control	Activities of daily living / disability	End of treatment (12 wks)	Short physical performance battery - total	higher means better performance	53/44	7.7 (2.3)	8.6 (2.7)	NR	0.39	*No difference*	Some concerns
			Activities of daily living / disability	End of treatment (12 wks)	SF-36 physical composite score	higher means better quality of life	53/44	37.4 (8.4)	38.8 (8.6)	NR	0.98	*No difference*	Some concerns
			Falls	End of treatment (12 wks)	Patient reported falls	Higher number means more falls	30/31	5	14	NR	NR	*Favours intervention*	Some concerns
			Footnotes:	ANOVA, analysis of variance									
Tao 2015	Chronic stroke (>3 months prior)	Balance rehabilitation program	Balance	End of treatment (12 wks)	Berg Balance Scale (14-items)	lower means greater risk of falling	120/124	47 (41~51)	43.5 (6.7)	NR	0.915	*No difference*	High
			Motor Function	End of treatment (12 wks)	Simplified Fugl-Meyer motor function assessment (50-items)	highers means better function	120/124	78.5 (57~90)	59 (40~78.8)	NR	0.128	*No difference*	High
			Activities of daily living / disability	End of treatment (12 wks)	SF-36 physical composite score	higher means better quality of life	120/124	276 (190.5~328.8)	216.8 (82.8)	NR	0.007	*Favours intervention*	High
			Footnotes:	Reults presented as Mean +/- SD OR Median (inter-quartile range)									

Abbreviations: ADL, Activities of Daily Living; SF-36, 36-item Short Form Survey

RCT RESULTS (as reported by the study authors)												
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p*-value**	**direction of effect**	**RoB**
Intervention vs control													
Amano 2013	Adults with Parkinson's disease	Tai Chi (Yang style) vs. no intervention	Disease severity (Tai Chi Project 2)	End of treatment (16 wks)	UPDRS-III - motor	higher means more severe disease	15/9	23.4 (4.7)	22.0 (5.6)	1.44 (−3.00, 6.00)	0.48	*No difference*	Some concerns
			Footnotes:	end of treatment (12 wks)									
Choi 2013	Adults with mild to moderate Parkinson's disease	Tai Chi vs. no intervention	Motor function	End of treatment (12 wks)	UPDRS - Activities of daily living	higher means more severe disease	11/9	5.82 (3.37)	8.22 (3.70)	NR	0.378	*No difference*	Some concerns
			Disease severity	End of treatment (12 wks)	UPDRS - Mentation, behaviour, mood	higher means more severe disease	11/9	1.27 (1.84)	1.56 (1.33)	NR	0.947	*No difference*	Some concerns
			Motor function	End of treatment (12 wks)	UPDRS - Motor scale	higher means more severe disease	11/9	15.64 (9.73)	16.44 (9.08)	NR	0.6	*No difference*	Some concerns
			Footnotes:										
Gao 2009	Adults with idiopathic Parkinson's disease	Tai Chi (Yang style) vs. no intervention	Disease severity	End of treatment (12 wks)	UPDRS III (motor)	higher means more severe disease	37/39	23.81 (10.21)	28.72 (12.23)	NR	0.845	*No difference*	Some concerns
			Balance	End of treatment (12 wks)	Berg Balance Scale (14-items)	higher means better balance	37/39	50.19 (8.34)	46.36 (9.16)	NR	0.002	*Favours intervention*	Some concerns

	disease		Falls	End of treatment (12 wks) - 6 mo follow-up	Self-reported average number of falls	More falls means worse disease	37/39	0.30 (0.62)	0.64 (0.74)	NR	0.032	*Favours intervention*	Some concerns
			Footnotes:										
Hackney 2008	Adults with mild to moderate idiopathic Parkinson's Disease	Tai Chi (Yang style SF) vs. no intervention	Disease severity	End of treatment (10-13 wks)	UPDRS III - change from baseline	higher means more severe disease	17/16	−1.5 (6.6)	4.3 (5.6)	NR	0.025	*Favours intervention*	High
			Balance	End of treatment (10-13 wks)	Berg Balance Scale (14-items)	mean change from baseline	17/16	3.3 (3.0)	−0.5 (2.1)	NR	0.001	*Favours intervention*	High
			Footnotes:										
Hackney 2009	Persons with mild to moderate idiopathic Parkinson's Disease	Tai Chi (Yang style SF) vs. control (no intervention)	Quality of life	End of treatment (10-13 wks)	PDQ-39 - mobility	Higher is worse	13/17	22.31 (2.48)	25.74 (6.11)	NR	NR	*Not reported*	High
				End of treatment (10-13 wks)	PDQ-39 - activities of daily living	Higher is worse	13/17	26.60 (2.48)	17.89 (4.39)	NR	NR	*Not reported*	High
				End of treatment (10-13 wks)	PDQ-39 - emotional wellbeing	Higher is worse	13/17	19.19 (2.41)	18.14 (3.37)	NR	NR	*Not reported*	High
				End of treatment (10-13 wks)	PDQ-39 - stigma	Higher is worse	13/17	12.98 (3.16)	4.78 (2.24)	NR	NR	*Not reported*	High
				End of treatment (10-13 wks)	PDQ-39 - social support	Higher is worse	13/17	8.33 (2.55)	6.37 (2.63)	NR	NR	*Not reported*	High
				End of treatment (10-13 wks)	PDQ-39 - cognitive impairment	Higher is worse	13/17	36.06 (2.61)	22.06 (4.12)	NR	NR	*Not reported*	High
				End of treatment (10-13 wks)	PDQ-39 - communication	Higher is worse	13/17	30.13 (2.48)	15.69 (4.51)	NR	NR	*Not reported*	High

				End of treatment (10-13 wks)	PDQ-39 - bodily discomfort	Higher is worse	13/17	37.82 (3.71)	30.39 (5.98)	NR	NR	*Not reported*	High
				End of treatment (10-13 wks)	PDQ-39 - summary index	Higher is worse	13/17	24.66 (1.49)	17.63 (3.06)	NR	NR	*Not reported*	High
			Footnotes:										
Vergara-Diaz 2017	Adults with idiopathic Parkinson's disease	Tai Chi vs. no intervention	Disease severity	End of treatment (6 months)	UPDRS - motor score	higher means more severe disease	12/13	29.42 (8.76)	26.21 (8.02)	0.28 (2.75, 3.32)	0.85	*No difference*	Some concerns
			Quality of life	End of treatment (6 months)	PDQ-39 (Summary Index)	Higher is worse	12/13	12.47 (8.97)	14.16 (11.59)	0.87 (6.64, 8.39)	0.82	*No difference*	Some concerns
			Footnotes:										
Nocera 2013	Adults with idiopathic Parkinson's disease	Tai Chi vs. noncontact control	Quality of life	End of treatment (16 wks)	PDQ-39 - mobility	Higher is worse	15/6	21.0 (20.4)	22.9 (29.6)	NR	NR	*Not reported*	Some concerns
				End of treatment (16 wks)	PDQ-39 - activities of daily living	Higher is worse	15/6	22.2 (18.9)	24.3 (28.3)	NR	NR	*Not reported*	Some concerns
				End of treatment (16 wks)	PDQ-39 - emotional wellbeing	Higher is worse	15/6	13.9 (16.0)	27.8 (25.6)	NR	NR	*Not reported*	Some concerns
				End of treatment (16 wks)	PDQ-39 - stigma	Higher is worse	15/6	17.1 (21.7)	9.4 (8.6)	NR	NR	*Not reported*	Some concerns
				End of treatment (16 wks)	PDQ-39 - social interaction	Higher is worse	15/6	10.6 (12.8)	12.5 (20.9)	NR	NR	*Not reported*	Some concerns
				End of treatment (16 wks)	PDQ-39 - cognitive impairment	Higher is worse	15/6	27.1 (17.9)	32.3 (17.9)	NR	NR	*Not reported*	Some concerns
				End of treatment (16 wks)	PDQ-39 - communication	Higher is worse	15/6	23.3 (21.6)	29.2 (14.7)	NR	NR	*Not reported*	Some concerns

				End of treatment (16 wks)	PDQ-39 - bodily discomfort	Higher is worse	15/6	35.6 (19.8)	38.9 (25.6)	NR	NR	*Not reported*	Some concerns
				End of treatment (16 wks)	PDQ-39 - total	Higher is worse	15/6	32.5 (19.4)	38.0 (30.6)	NR	NR	*Not reported*	Some concerns
			Footnotes:										
Tai Chi vs. 'other'													
Amano 2013	Adults with Parkinson's disease	Tai Chi (Yang style) vs. Qi-gong control	Disease severity (Tai Chi Project 1)	End of treatment (12 wks)	UPDRS III - motor	Higher means more severe disease	12/9	22.0 (8.0)	20.7 (7.0)	1.39 (−3.12, 5.89)	0.46	*No difference*	Some concerns
			Footnotes:										
Li 2012	Adults with idiopathic Parkinson's disease	Tai Chi vs. resistance	Disease severity	End of treatment (8 wks)	Unified Parkinson's Disease Rating Scale III	higher means more severe disease	65/65	8.86 (4.12)	10.25 (4.83)	−1.34 (−3.28, 0.59)	>0.05	*No difference*	Some concerns
			Falls	End of treatment (8 wks)	Self-report falls (falls per participant-mo)	More falls means worse disease	65/65	0.22	0.51	NR	NR	*Not reported*	Some concerns
			Quality of life	End of treatment (8 wks)	Parkinson's Disease Questionnaire-8	highers mean worse quality of life	65/65	15.48 (11.35)	21.39 (12.72)	-5.77 (-10.37, 21.16)	0.014	*Favours intervention*	Some concerns
			Footnotes:										
			Disease severity	End of treatment (8 wks)	UPDRS III	higher means more severe disease	65/65	8.86 (4.12)	13.66 (7.54)	−5.02 (−6.90, −3.13)	<0.001	*Favours intervention*	Some concerns

Li 2012	Adults with idiopathic Parkinson's disease	Tai Chi vs. stretching	Falls	End of treatment (8 wks)	Self-report falls (falls per participant-mo)	More falls means worse disease	65/65	0.22	0.62	NR	NR	*Not reported*	Some concerns
			Quality of life	End of treatment (8 wks)	PDQ-8	highers mean worse quality of life	65/65	15.48 (11.35)	25.10 (15.55)	−9.56 (−13.85, −5.29)	<0.001	*Favours intervention*	Some concerns
			Footnotes:										
Khuzema 2020	Adults with idiopathic Parkinson's disease	Tai Chi vs. yoga	Balance	End of treatment (8 wks)	Berg Balance Scale (14-items)	higher means better balance	9/9	53.333 (1.32)	48.000 (4.69)	NR	NR	*Not reported*	Some concerns
			Footnotes:										
Poier 2019	Adults with Parkinson's disease	Tai Chi vs. Tango Argentino	Motor function	End of treatment (10 wks)	PDQ-39 - activities of daily living	lowers means worse motor function	15/14	25 (26.13)	37.50 (25.34)	NR	>0.05	*No difference*	High
			Quality of life	End of treatment (10 wks)	PDQ-39	higher means worse quality of life	15/14	28.87 (11.20)	27.29 (10.48)	NR	>0.05	*No difference*	High
			Footnotes:										
Zhang 2015	Adults with idiopathic Parkinson's disease	Tai Chi vs. multimodal exercise	Balance	End of treatment (12 wks)	Berg Balance Scale (14-items)	higher means better balance	20/20	50.85 (5.20)	52.90 (2.51)	NR	0.532	*No difference*	High
			Disease severity	End of treatment (12 wks)	UPDRS III	Higher UPDRS III score means more severe disease	20/20	15.20 (10.96)	12.35 (6.66)	NR	0.703	*No difference*	High
			Footnotes:										

Abbreviations: PDQ-8, 8-item Parkinson's Disease Questionnaire; PDQ-39, 39-item Parkinson's Disease Questionnaire; UPDRS, Unified Parkinson's Disease Rating Score

RCT RESULTS (as reported by the study authors)												
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p*-value**	**direction of effect**	**RoB**
Intervention vs control													
Azimzadeh 2013	Women with multiple sclerosis	vs. no intervention	Balance	End of treatment (12 wks)	Berg balance scale	higher means better balance	16/18	53.94 (2.23)	53.61 (2.14)	NR	0.548	*No difference*	Some concerns
			Quality of life	end of treatment (12 wks)	Multiple Sclerosis Quality of Life (MSQOL-54)*	higher means better quality of life	16/18	NR	NR	NR	NR	*Not reported*	Some concerns
			Footnotes:	* The MSQoL-54 results are reported by the study authors in a publication that is in a language other than English. Results have not been translated here.									
Intervention vs 'other'													
No studies found													
Abbreviations: C, comparator; CI, confidence interval; I, intervention; N, number; SD, standard deviation; QoL, quality of life													

RCT RESULTS (as reported by the study authors)													
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p* -value**	**direction of effect**	**RoB**
Intervention vs control													
Abbot 2007	Adults with tension-type headache	Waitlist control	Psychosocial wellbeing	End of treatment (15 wks)	SF-36 - mental health summary score	highers means better health status	13/17	NR	NR	6.94 (2.70)*	NR	*No difference*	High
			Physical health	end of treatment (12 wks)	SF-36 - physical health summary score	highers means better health status	13/17	NR	NR	3.57 (1.87)*	NR	*No difference*	High
			Quality of life	End of treatment (15 wks)	Headache Impact Test (HIT-6)-total score	highers indiciate worse symptoms	13/17	NR	NR	6.94 (1.32)*	NR	*Favours intervention*	High
			Footnotes:	*Data reported as beta coefficient for control (SE).									
Intervention vs 'other'													
No studies found													
Abbreviations: SF-36, 36-item Short Form Survey													

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Intervention vs control													
Liu 2020b	Adults with CHD after PCI	Tai Chi vs. control (no intervention)	Stress	End of treatment (10 wks)	Perceived Stress Scale	higher means greater stress	30/31	40 (10)	46 (7)	NR	0.001	*No difference*	Some concerns
			Pain	End of treatment (10 wks)	SF-36-bodily pain	higher means greater pain	30/31	86.8 (8.2)	72.5 (7.9)	NR	0.023	*Favours intervention*	Some concerns
			Psychosocial wellbeing	End of treatment (10 wks)	SF-36 - mental health	higher means greater mental health	30/31	85.2 (7.9)	70.3 (8.3)	NR	0.001	*Favours intervention*	Some concerns
			Activities of daily living	End of treatment (10 wks)	SF-36 - physical functioning	higher means greater physical function	30/31	86.6 (8.5)	72.3 (7.2)	NR	0.011	*Favours intervention*	Some concerns
			Footnotes:	Perceived stress scores estimated from error bar graphs after intervention									
Zhang 2020	Adults (45-75 yrs) with CHD after PCI	Tai Chi vs. control (usual care)	Cardiorespiratory health	End of treatment (3 months) - 6 mo follow-up	Blood pressure (systolic)	The closer to 120, the more stable the function	19/17	126.32 (11.63)	139.06 (13.91)	NR	<0.01	*Favours intervention*	Some concerns
			Footnotes:										
Intervention vs 'other'													
Channer 1996	Cardiac rehabilitation, after acute myocardial	Tai Chi vs. cardiac support group	Cardiorespiratory health	End of treatment (10 wks)	Blood pressure (systolic)	The closer to 120, the more stable the function	38/47	Not reported	Not reported	NR	<0.05	*Favours intervention*	High
			Footnotes:										

RCT RESULTS (as reported by the study authors)													
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p* -value**	**direction of effect**	**RoB**
Channer 1996	Cardiac rehabilitation, after acute myocardial	Tai Chi vs. aerobic exercise	Cardiorespiratory health Footnotes:	End of treatment (10 wks)	Blood pressure (systolic)	The closer to 120, the more stable the function	38/41	Not reported	Not reported	NR	<0.05	*Not reported*	High
Nery 2015	Cardiac rehabilitation, after acute myocardial	Tai Chi (Beijin style) vs. stretching exercises	Fitness/Exercise Capacity Footnotes:	End of treatment (12 wks)	VO2 max	higher means greater fitness	31/30	24.6 (5.2)	19.4 (4.4)	5.2 (2.8, 7.7)	<.001	*Favours intervention*	Low
Abbreviations: CHD, coronary heart disease; PCI, percutaneous coronary intervention; SF-36, 36-item short form													

RCT RESULTS (as reported by the study authors)													
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p* -value**	**direction of effect**	**RoB**
Intervention vs control													
Ma 2018	Adults (60+ yrs) with hypertension	vs. attention control (no intervention)	HRQoL - physical	End of treatment (24 wks)	SF-36 (physical total)	higher means better QoL	55/58	82.84 (16.42)	76.63 (12.39)	Not reported	<0.01	*Favours intervention*	Some concerns
			HRQoL - mental	end of treatment (12 wks)	SF-36 (mental total)	higher means better QoL	55/58	89.17 (18.70)	83.54 (16.28)	Not reported	<0.01	*Favours intervention*	Some concerns
			Cardiovascular health	End of treatment (24 wks)	Blood pressure (systolic)	The closer to 120, the more stable the function	55/58	144.37 (17.08)	148.64 (19.46)	Not reported	<0.05	*Favours intervention*	Some concerns
			Cardiovascular health	End of treatment (24 wks)	Blood pressure (diastolic)	The closer score is to 80, the more stable the function	55/58	84.53 (8.91)	87.60 (7.78)	Not reported	<0.05	*Favours intervention*	Some concerns
			Footnotes:										
Tsai 2003	Adults with hypertension(pre/early)	vs. control (no intervention)	Cardiovascular health	End of treatment (12 wks)	Blood pressure (systolic)	The closer to 120, the more stable the function	37/39	126.8 (7.4)	154.6 (12.2)	Not reported	Not reported	*Not reported*	Some concerns
			Cardiovascular health	End of treatment (12 wks)	Blood pressure (diastolic)	The closer to 80, the more stable the function	37/39	78.6 (6.0)	89.6 (7.8)	Not reported	Not reported	*Not reported*	Some concerns
			Footnotes:										
Talebi 2017	Women with hypertension (60+ yrs)	vs. attention control (no intervention)	Psychosocial wellbeing	End of treatment (6 wks)	Perceived stress scale (14 items)	higher means greater stress	32/32	23.84 (6.64)	25.44 (9.87)	Not reported	0.115	*No difference*	Some concerns
			Footnotes:										

RCT RESULTS (as reported by the study authors)													
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p* -value**	**direction of effect**	**RoB**
Chan 2016	Adults with hypertension (with modifiable CVD risk factors)	Tai Chi vs. control (usual activities)	Cardiovascular health	End of treatment (12 wks) *	Blood pressure (systolic)	The closer to 120, the more stable the function	74/68	NR	NR	−10.28 (−16.47, −4.09)	0.001	*Not reported*	Low
			Cardiovascular health	End of treatment (12 wks) *	Blood pressure (diastolic)	The closer to 80, the more stable the function	74/68	NR	NR	−6.56 (−10.66, −2.47)	<0.001	*Not reported*	Low
			HRQoL - physical	End of treatment (12 wks) *	SF-12 physical component	higher means better QoL	74/68	NR	NR	4.04 (1.38, 6.70)	0.003	*Favours intervention*	Low
			HRQoL - mental	End of treatment (12 wks) *	SF-12 mental component	higher means better QoL	74/68	NR	NR	−0.23 (−3.37, 2.91)	0.89	*No difference*	Low
			Fitness/exercise capacity	End of treatment (12 wks) *	2 min step in place test	higher means greater fitness	74/68	NR	NR	NR	NR	*No difference*	Low
			Psychosocial wellbeing	End of treatment (12 wks) *	Perceived stress scale (PSS-10)	higher means greater stress	74/68	NR	NR	−1.69 (−3.78, 0.41)	0.11	*No difference*	Low
			Footnotes:	*Study only reported mean difference (Tai Chi - control)									
Intervention vs 'other'													
Sun 2015a	Persons with hypertension (45+ yrs)	Tai Chi vs. attention control	Cardiovascular health	End of treatment (12 months)	Blood pressure (systolic)	The closer score is to 120, the more stable the function	136/130	120.38 (14.63)	128.13 (14.55)	Not reported	<.001	*Favours intervention*	Some concerns
			Cardiovascular health	End of treatment (12 months)	Blood pressure (diastolic)	The closer score is to 80, the more stable the function	136/130	75.31 (14.53)	79.58 (12.44)	Not reported	<.001	*Favours comparator*	Some concerns

RCT RESULTS (as reported by the study authors)													
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p* -value**	**direction of effect**	**RoB**
			Footnotes:										
Shou 2019	Persons with hypertension (grade 1)	Tai Chi vs. wellness education program	Cardiovascular health	End of treatment (3 months)	Blood pressure (systolic)	The closer score is to 120, the more stable the function	104/104	126.68 (9.87)	142.91 (6.80)	Not reported	<.05	*Favours intervention*	High
			Cardiovascular health	End of treatment (3 months)	Blood pressure (diastolic)	The closer score is to 80, the more stable the function	104/104	76.28 (7.79)	83.29 (7.80)	Not reported	<.05	*Favours comparator*	High
			HRQoL	End of treatment (3 months)	SF-36 (total)	higher means better QoL	104/104	77.6 (16.3)	64.9 (11.9)	Not reported	<.05	*Favours intervention*	High
			Footnotes:										
Chan 2016	Persons with hypertension (with modifiable CVD risk factors)	Tai Chi vs. brisk walking	Cardiovascular health	End of treatment (12 wks) *	Blood pressure (systolic)	The closer to 120, the more stable the function	74/76	NR	NR	−11.03 (−16.60, −5.47)	<0.001	*Not reported*	Low
			Cardiovascular health	End of treatment (12 wks) *	Blood pressure (diastolic)	The closer score is to 80, the more stable the function	74/76	NR	NR	−6.56(−9.88, −3.24)	<0.001	*Not reported*	Low
			HRQoL - physical	End of treatment (12 wks) *	SF-12 physical component	higher means better QoL	74/76	NR	NR	1.23 (−0.99, 3.45)	0.276	*No difference*	Low
			HRQoL - mental	End of treatment (12 wks) *	SF-12 mental component	higher means better QoL	74/76	NR	NR	−1.29 (−3.74, 1.16)	0.301	*No difference*	Low
			Fitness/exercise capacity	End of treatment (12 wks) *	2 min step in place test	higher means greater fitness	74/76	NR	NR	NR	NR	*Not reported*	Low

RCT RESULTS (as reported by the study authors)													
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p* -value**	**direction of effect**	**RoB**
			Psychosocial wellbeing	End of treatment (12 wks) *	Perceived stress scale (PSS-10)	higher means greater stress	74/76	NR	NR	−0.068 (−1.83, 1.70)	0.94	*No difference*	Low
			Footnotes:	*Study only reported mean difference (Tai Chi - control)									
Young 1999	Persons with hypertension (early, 60+ yrs)	Tai Chi vs. aerobic exericses	Cardiovascular health	End of treatment (12 wks)	Blood pressure (systolic)*	The closer to 120, the more stable the function	30/30	-7.0 (1.6)	-8.4 (1.6)	-1.4 (-5.9, 3.1)	0.56	*Favours intervention*	High
			Cardiovascular health	End of treatment (12 wks)	Blood pressure (diastolic)*	The closer to 80, the more stable the function	30/30	-2.4 (1.0)	-3.2 (1.0)	-0.8 (-3.5, 1.9)	0.54	*Favours intervention*	High
			Footnotes:	* data reported as mean +/- standard error.									
Abbreviations: CVD, cardiovascular disease; SF-36, 36-item short form													

RCT RESULTS (as reported by the study authors)													
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p* -value**	**direction of effect**	**RoB**
Intervention vs control													
Liu 2010	Persons with CHD	Tai Chi vs. control	Study did not measure or report outcomes considered critical or important to this review. Footnotes:	end of treatment (12 wks)									
Sato 2010	Persons with CHD (18+ yrs)	Tai Chi vs. control	Cardiorespiratory health Footnotes:	End of treatment (52 wks)	Heart rate varaibility (Lf/HF power ratio)	Lower ratio means greater function	10/10	12 (12)	16 (29)	Not reported	0.38	*No difference*	Some concerns
Intervention vs 'other'													
Li 2019b	Persons with CHD (18+ yrs)	Tai Chi (Yang style) vs. physical exercise	Activties of daily living	End of treatment (6 months)	Assessment of Daily Living Ability	higher means reduced self-care	136/134	45.7 (6.5)	39.6 (4.8)	Not reported	<.007	*Favours intervention*	High
			HRQoL Footnotes:	End of treatment (6 months)	SF-36 total (average)	higher means better QoL	128/121	61.5 (7.4)	40.0 (5.3)	Not reported	<.001	*Favours intervention*	High
Abbreviations: CHD, chronic heart disease; HRQoL, health-related quality of life; SF-36, 36-item short form													

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Intervention vs control													
Barrow 2007	Persons with symptomatic chronic heart failure	Tai Chi (Wu Chian Chuan style and Chi Kung vs. control	Cardiorespiratory health	End of treatment (16 wks)	Blood pressure (systolic)	The closer to 120, the more stable the function	25/27	123 (NR)	124 (NR)	Not reported	Not reported	*Not reported*	Some concerns
			Cardiorespiratory health	end of treatment (12 wks)	Blood pressure (diastolic)	The closer to 80, the more stable the function	25/27	71 (NR)	71 (NR)	Not reported	Not reported	*Not reported*	Some concerns
			HRQoL	End of treatment (16 wks)	Minnesota Living with Heart Failure Questionnaire	Higher means lower health-related QoL	25/27	18.1 (NR)	31.6 (NR)	Not reported	Not reported	*Not reported*	Some concerns
			Footnotes: No standard deviations/standard errors were reported										
Redwine 2019	Persons with chronic heart failure	Tai Chi vs. control	Aerobic endurance	End of treatment (16 wks)	6-minute walk test (m)	Higher is better*	25/23	-49.38 (NR)	-62.48 (NR)	Not reported	0.51	*No difference*	Low risk
			Footnotes:	*mean change from baseline. No standard deviations/standard errors were reported.									
Yeh 2004	Persons with chronic heart failure (LVEF <40%)	Tai Chi (Yang style) vs. control	HRQoL	End of treatment (12 wks)	Minnesota Living with Heart Failure Questionnaire	Higher means lower health-related QoL	15/15	26 (23)	52 (25)	-25 (-36, -14)	0.001	*Favours intervention*	Low risk
			Aerobic endurance	End of treatment (12 wks)	6-minute walk test (m)	Higher is better	15/15	412 (116)	289 (165)	135 (85, 185)	0.001	*Favours intervention*	Low risk
			Biomarkers	End of treatment (12 wks)	Serum B-type natriuretic peptide (pg/mL)	Lower values means improvement	15/15	281 (365)	375 (429)	-138 (-257, -19)	0.03	*Favours intervention*	Low risk

			Footnotes:										
Hagglund 2018	Persons with chronic heart failure (LVEF <50%, 70+ yrs)	Tai Chi (Yang style) vs. control	Biomarkers	End of treatment (16 wks)	NTproBNP (ng/L)	Higher levels means left ventricular dysfunction and poorer cardiovasicular health	20/14	3279 (3448)	2736 (2594)	Not reported	0.81	*No difference*	High risk
			Footnotes:										
Intervention vs 'other'													
Caminiti 2011	Persons with chronic heart failure (LVEF <45%, NYHA class II)	Tai Chi vs. Endurance training	Aerobic endurance	End of treatment (12 wks)	6-minute walk test (m)	Faster is better	30/30	291.5 (46)	272.0 (33)	Not reported	0.031	*Favours intervention*	Some concerns
			Cardiorespiratory health	End of treatment (12 wks)	Blood pressure (systolic)	The closer the score is to 120, the more stable the function	30/30	115.6 (23)	127.7 (31)	Not reported	0.025	*Favours intervention*	Some concerns
			Cardiorespiratory health	End of treatment (12 wks)	Blood pressure (diastolic)	The closer the score is to 80, the more stable the function	30/30	79.6 (13)	79.6 (14)	Not reported	0.66	*No difference*	Some concerns
			Biomarkers	End of treatment (12 wks)	NT pro-BNP (ng/L)*	Increased levels means left ventricular dysfunction and poorer cardiovasicular health	30/30	99.7 (22)	111.7 (24)	Not reported	0.015	*Favours intervention*	Some concerns
			Footnotes:	*converted from pg/mL to align with how other studies have reported this									
			Aerobic endurance	End of treatment (12 wks)	6-minute walk test (m)	Higher is better	50/50	426	394	Not reported	0.95	*No difference*	Low risk

Yeh 2011	Persons with chronic heart failure (LVEF <40%, NYHA class I-III)	Tai Chi (Yang style) vs. wellness education program	HRQoL	End of treatment (12 wks)	Minnesota Living with Heart Failure Questionnaire	Higher means lower health-related QoL	50/50	9	22	Not reported	0.07	*No difference*	Low risk
			Psychosocial wellbeing	End of treatment (12 wks)	Profile of mood states (total mood disturbance)	Higher means worse mood disturbance	50/50	4	17	Not reported	0.01	*Favours intervention*	Low risk
			Footnotes:	All results from Yeh 2011 are median values									
Yeh 2013	Persons with chronic heart failure with preserved ejection fraction (LVEF >=50%, NYHA class I-III)	Tai Chi (Yang style) vs. conventional physical exercises (low impact aerobic)	Aerobic endurance	End of treatment (12 wks)	6-minute walk test (m)	Higher is better	8/8	404.2 (190)	360.1 (205)	Not reported	0.02	*No difference*	Some concerns
			HRQoL	End of treatment (12 wks)	Minnesota Living with Heart Failure Questionnaire	Higher means lower health-related QoL	8/8	28.7 (16)	28.6 (25)	Not reported	0.13	*No difference*	Some concerns
			Psychosocial wellbeing	End of treatment (12 wks)	Profile of mood states - total mood disturbance	Higher means worse mood disturbance	8/8	7.8 (8)	5.2 (15)	Not reported	0.13	*No difference*	Some concerns
			Footnotes:										
Redwine 2019	Persons with chronic heart failure	Tai Chi vs. resistance band	Aerobic endurance	End of treatment (16 wks)	6-minute walk test (m)	Higher is better	25/22	Not reported	Not reported	Not reported	Not reported	*Not reported*	Low risk
			Footnotes:										
Abbreviations: LVEF, left-ventricular ejection fraction; NYHA, New York Heart Association;													

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Intervention vs control													
Chan 2010	Persons with COPD	Tai Chi (Yang style) vs.control (usual care)	HRQoL	End of treatment (3 months)	St George Respiratory Questionnaire	High scores means more limitations	70/67	41.8 (15.2)	43.4 (14.8)	NR	0.065	*No difference*	High risk
			Footnotes:	end of treatment (12 wks)									
Leung 2011	Persons with COPD	Tai Chi (Sun style) vs. control (usual care)	HRQoL	End of treatment (12 wks)	Chronic Respiratory Disease Questionnaire	highers means better HRQoL	19/19	6.5 (5)	4.6 (1)	0.7 (0.3, 1.0)	NR	*Favours intervention*	High risk
			Functional capacity	End of treatment (12 wks)	Modified physical performance test battery	higher means better performance	19/19	2.31 (0.5)	2.25 (0.5)	(-)0.25(-0.3, -0.2)	NR	*No difference*	High risk
			Footnotes:	Point estimate presented as difference between groups: mean difference (95% CI)									
Wang 2019	Persons with COPD	Tai Chi (Yang style) vs.control (usual care)	Cardiorespiratory Health	End of treatment (3 months)	FEV1/FVC (%)	Normal ratio is between 70% and 80% in adults	26/24	56.43 (17.21)	55.47 (20.34)	4.42 (10.19, 22.06)	NR	*No difference*	Some concerns
			Footnotes:	Point estimate values are mean (95% CI)									
Yeh 2010	Persons with COPD	Tai Chi vs. control	Level of dyspnoea	End of treatment (12 wks)	UC, San Diego Shortness of Breath Questionnaire	lower is more favourable	5/5	27 (19, 58)	22 (12, 37)	NR	0.4	*No difference*	Some concerns
			Functional capacity	End of treatment (12 wks)	CHAMPS Physical Activity Questionnaire (kcal/wk)	highers means more physical activity	5/5	3570	1483	NR	0.09	*Favours intervention*	Some concerns

RCT RESULTS (as reported by the study authors)												
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p* -value**	**direction of effect**	**RoB**
Yeh 2010	(FEV1<65%, 45+ yrs)	control (usual care)	Cardiorespiratory Health	End of treatment (12 wks)	FEV1/FVC (%)	Normal ratio is between 70% and 80% in adults	5/5	69 (53, 85)	54 (43, 72)	NR	0.99	*No difference*	Some concerns
			HRQoL	End of treatment (12 wks)	Chronic Respiratory Disease Questionnaire	highers means better HRQoL	5/5	5.4 (4.1, 6.4)	5.3 (4.5, 6.4)	NR	0.03	*No difference*	Some concerns
			Footnotes:	Results presented as median (range) instead of mean SD and cannot be estimable in RevMan									
Zhu 2018	Persons with COPD (FEV1 <80%, 45+ yrs)	Tai Chi vs. educational advice	Level of dyspnoea	End of treatment (3 months)	Modified MRC dyspnoea scale	higher means more breathless	30/30	1.46 (0.76)	1.36 (0.81)	(-) 0.81 (-1.15, -0.47)	<0.001	*Favours intervention*	Some concerns
			Footnotes:										
Intervention vs 'other'													
Chan 2010	Persons with COPD	Tai Chi (Yang style) vs.Exercise	HRQoL	End of treatment (3 months)	St George Respiratory Questionnaire	High scores means more limitations	70/67	41.8 (15.2)	40.4 (16.1)	NR	0.065	*No difference*	High risk
			Footnotes:										
Kantatong 2019	Persons with COPD	Tai Chi Qigong vs. wkly meetings	HRQoL	End of treatment (12 wks)	St George Respiratory Questionnaire	High scores means more limitations	25/25	11.60 (5.97)	38.34 (15.34)	(-) 28.49 (-39.29, -17.68)	< 0.05	*Favours intervention*	Low risk
			Footnotes:										
		Tai Chi (Sun	HRQoL	End of treatment (6 months)	St George Respiratory Questionnaire	High scores means more limitations	68/70	28.60 (18.33)	26.72 (18.39)	(-) 1.880 (-5.965, 2.204)	0.365	*No difference*	High risk

RCT RESULTS (as reported by the study authors)													
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p* -value**	**direction of effect**	**RoB**
Ng 2014	Persons with COPD	style) vs. relaxation exercises	Cardiorespiratory Health	End of treatment (6 months)	FEV1/FVC (ratio)	Normal ratio is between 70% and 80% in adults	68/70	62.52 (27.65)	66.2 (24.75)	0.005(-0.021, 0.032)	0.412	*No difference*	High risk
			Footnotes:	Point estimate reported as regression coefficients from ANCOVA at 6 months									
Polkey 2017	Persons with COPD (GOLD II-IV)	Tai Chi (Yang style) vs. pulmonary exercise program	Level of dyspnoea	End of treatment (12 wks)	Modified MRC dyspnoea scale	higher means more breathless	55/55	0.7 (0.6)	0.9 (0.7)	0.32 (0.15, 0.49)	< 0.001	*Favours intervention*	Some concerns
			HRQoL	End of treatment (12 wks)	St George Respiratory Questionnaire	High scores means more limitations	55/55	12.4 (7.9)	14.8 (9.9)	45 (1.9, 7.0)	<0.001	*Favours intervention*	Some concerns
			Footnotes:										

Abbreviations: CHAMPS, Community Healthy Activities Model Program for Seniors; COPD, chronic obstructive pulmonary disease; FEV1, forced exporatory volume in 1 second; FVC, forced vital capacity; HRQoL, Health related Quality of Life; kCal/wk, mean weekly caloric expenditure; MRC, Medical Research Council; UC, University of California

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Intervention vs control													
Callahan 2016	Adults with arthritis (18+ yrs)	Tai Chi (Sun style) vs. control (waitlist)	Pain	End of treatment (8 wks)	Visual analogue scale (0-100)	higher means worse pain	151/133	28.17 (19.79)	33.03 (19.11)	0.23 (-0.01, 0.47)	NR	*No difference*	Some concerns
			Stiffness	end of treatment (12 wks)	Visual analogue scale (0-100)	higher means worse stiffness	151/133	30.80 (23.37)	38.20 (31.86)	0.18 (-0.06, 0.42)	NR	*No difference*	Some concerns
			Footnotes:										
Fransen 2007	Osteoarthritis of hip or knee (59-85 yrs)	Tai Chi (Sun style) vs. control (waitlist)	Functional status/ Disability	End of treatment (12 wks)	WOMAC - physical function*	higher means greater difficulty	56/41	36.6 (20.9)	49.9 (19.0)	Not reported	NR	*No difference*	Some concerns
			Psychosocial wellbeing	End of treatment (12 wks)	SF-12 - Mental component score	higher means better mental health	56/41	50.9 (10.7)	48.0 (11.4)	Not reported	NR	*No difference*	Some concerns
			Pain	End of treatment (12 wks)	WOMAC - pain*	higher means worse pain	56/41	30.7 (18.9)	40.0 (16.2)	Not reported	NR	*No difference*	Some concerns
			Footnotes:	*scores were standardised by the study authors to a 0-100 range.									
	Adults with knee	Tai Chi	Psychosocial wellbeing	End of treatment (8 wks)	SF- 36 Mental component score	higher means better mental health	29/15	67.1 (19.2)	52.4 (17.1)	Not reported	0.032	*Favours intervention*	Some concerns
			Quality of Life	End of treatment (8 wks)	WOMAC - global score (26 to 130)	higher means worse quality of life	29/15	20.8 (18.7)	28.5 (19.6)	Not reported	0.086	*No difference*	Some concerns

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Lee 2009	knee osteoarthritis (mean age 69.1 yrs)	(Qigong) vs. control (waitlist)	Functional status/ Disability	End of treatment (8 wks)	WOMAC - physical function (0-85)	higher means greater difficulty	29/15	14.7 (13.8)	20.8 (15.0)	Not reported	0.095	*No difference*	Some concerns
			Pain	End of treatment (8 wks)	WOMAC- Pain (0-35)	higher means worse pain	29/15	4.6 (4.0)	5.9 (3.7)	Not reported	0.088	*No difference*	Some concerns
			Stiffness	End of treatment (8 wks)	WOMAC - stiffness (0-10)	higher means worse stiffness	29/15	1.5 (1.7)	1.8 (1.7)	Not reported	0.3	*No difference*	Some concerns
			Footnotes:										
Nahayatbin 2018	Osteoarthritis (knee, 45-65 yrs)	Ta Chi (Yang style) vs. no intervention	Pain	End of treatment (12 wks)	KOOS - pain	Lower is worse	16/16	75.13 (12.33)	53.06 (9.36)	Not reported	<0.001	*Favours intervention*	Some concerns
			Stiffness	End of treatment (12 wks)	KOOS-symptoms	Lower is worse	16/16	68.94 (9.24)	34.62 (11.34)	Not reported	<0.001	*Favours intervention*	Some concerns
			Functional status/ Disability	End of treatment (12 wks)	KOOS-ADL	Lower is worse	16/16	76.50 (12.03)	61.69 (10.32)	Not reported	NR	*Favours intervention*	Some concerns
			Quality of Life	End of treatment (12 wks)	KOOS - QoL subscale	Lower is worse	16/16	63.63 (18)	40.44 (16.44)	Not reported	NR	*Favours intervention*	Some concerns
			Quality of Life	End of treatment (12 wks)	KOOS - TOTAL	lower means worse condition	16/16	72.12 (8.63)	51.5 (7.24)	Not reported	NR	*Favours intervention*	Some concerns
			Footnotes:										
	Osteoarthrit	Tai Chi (Yang	Pain	End of treatment (12 wks)	WOMAC - pain (0-20)	higher means worse pain	22/21	4.45 (2.61)	9.52 (4.69)	Not reported	0.03	*Favours intervention*	Some concerns

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Song 2007	Osteoarthritis (knee, 60-85 yrs)	Ta Chi (Yang style) vs. control (waitlist)	Stiffness	End of treatment (12 wks)	WOMAC - stiffness (0-8)	higher means worse stiffness	22/21	2.27 (1.57)	3.81 (1.80)	Not reported	0.03	*Favours intervention*	Some concerns
			Footnotes:	Korean version of WOMAC used									
Wortley 2013	Osteoarthritis (knee, 60-85 yrs)	Ta Chi (Yang style) vs. no intervention	Functional status/ Disability	End of treatment (10 wks)	WOMAC - physical function*	higher means greater difficulty	15/9	552 (392)	475 (282)	Not reported	NR	*No difference*	Some concerns
			Pain	End of treatment (10 wks)	WOMAC - pain*	higher indicates worse pain	15/9	71 (100)	141 (107)	Not reported	NR	*No difference*	Some concerns
			Stiffness	End of treatment (10 wks)	WOMAC - stiffness *	higher means worse stiffness	15/9	23 (24)	82 (61)	Not reported	NR	*No difference*	Some concerns
			Footnotes:	* WOMAC Visual analogue scale (version3.1) - not clear how the scores have been standardised.									
Intervention vs 'other'													
Brismee 2007	Knee osteoarthritis (adults 50+)	Tai Chi vs. health education group sessions	Pain	End of treatment (12 wks)	Visual analogue scale (0-10)	higher means greater pain	18/13	2.41 (2.05)	3.37 (1.78)	Not reported	<0.05	*Favours intervention*	Some concerns
			Functional status/ Disability	End of treatment (12 wks)	WOMAC - physical function (0-68)	higher means greater difficulty	18/13	31.82 (14)	37.77 (11.22)	Not reported	<0.05	*Favours intervention*	Some concerns
			Quality of Life	End of treatment (12 wks)	WOMAC - global score	lower means greater QoL	18/13	55.18 (24.2)	57.1 (16.95)	Not reported	NR	*No difference*	Some concerns
			Pain	End of treatment (12 wks)	WOMAC - pain (0-20)	higher indicates worse pain	18/13	14.6 (7.11)	15.55 (4.34)	Not reported	NR	*No difference*	Some concerns

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
			Stiffness	End of treatment (12 wks)	WOMAC - stiffness (0-8)	higher means worse stiffness	18/13	4.7 (1.66)	4.67 (1.4)	Not reported	NR	*No difference*	Some concerns
			Footnotes:										
Fransen 2007	Osteoarthritis of hip or knee (59-85 yrs)	Tai Chi (Sun style) vs. hydrotherapy	Functional status/ Disability	End of treatment (12 wks)	WOMAC - physical function (0-68)	higher means greater difficulty	56/55	36.6 (20.9)	34.8 (23.7)	Not reported	NR	*No difference*	Some concerns
			Psychosocial wellbeing	End of treatment (12 wks)	SF-12 - Mental component summary	higher means greater QoL	56/55	50.9 (10.7)	54.6 (8.9)	Not reported	NR	*No difference*	Some concerns
			Pain	End of treatment (12 wks)	WOMAC - pain (0-20)	higher means worse pain	56/41	30.7 (18.9)	27.3 (18.7)	Not reported	NR	*No difference*	Some concerns
			Footnotes:										
Li 2019d	Adult (65-74 yrs) with knee osteoarthritis, recovering from unilateral total knee arthroplasty	Tai Chi vs. traditional physical exercise	Functional status/ Disability	End of treatment (14 wks)	WOMAC - physical function (0-68)	higher means greater difficulty	54/53	35.5 (3.2)	41.6 (4.1)	Not reported	0.03	*Favours intervention*	Low risk
			Psychosocial wellbeing	End of treatment (14 wks)	SF-36 - Mental component summary	higher means greater QoL	54/53	58.5 (1.8)	54.1 (1.7)	Not reported	0.03	*Favours intervention*	Low risk
			Pain	End of treatment (14 wks)	WOMAC - pain (0-20)	higher indicates worse pain	54/53	9.1 (2.0)	9.3 (1.9)	Not reported	0.07	*No difference*	Low risk
			Footnotes:										
Nahayatbin 2018	Osteoarthritis (knee, 45-65 yrs)	Tai Chi (Yang style) vs. close kinetic chain exercise	Quality of Life	End of treatment (12 wks)	(KOOS) - QoL subscale	lower means worse condition	16/16	63.63 (18)	65.06 (19.35)	Not reported	NR	*No difference*	High risk
			Footnotes:										

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Tsai 2013	Osteoarthritis (knee, 60+yrs)	Tai Chi (Sun style) vs. health education and cultural activities	Functional status/ Disability	End of treatment (21 wks)	WOMAC - physical function (0-68)	higher means greater difficulty	28/27	-6.82 (-10.26, -3.39)	-1.30(-3.69, 1.09)	-5.98(-12.47, 0.51)	0.071	*No difference*	Some concerns
			Pain	End of treatment (21 wks)	WOMAC - pain (0-20)	higher indicates worse pain	28/27	-2.609 (-3.59 to -1.62)	-1.02 (-1.69 to -0.36)	-2.28 (-2.89 to -0.66)	0.006	*Favours intervention*	Some concerns
			Stiffness	End of treatment (21 wks)	WOMAC	higher means worse stiffness	28/27	-1.79 (-2.31 to -1.26)	-0.22 (-0.67 to 0.22)	-1.30 (-2.28 to -0.32)	0.01	*No difference*	Some concerns
			Footnotes:	Results reported as median (range)									
Wang 2005	Rheumatoid arthritis (class I or II)	Tai Chi (Yang style) vs. wellness education and stretching	Pain	End of treatment (12 wks)	Visual analogue scale (0-10)	higher means worse condition	10/10	2.3 (2.0)	3.0 (2.4)	Not reported	0.12	*No difference*	High risk
			Psychosocial wellbeing	End of treatment (12 wks)	SF-36- Mental component Score	higher means greater QoL	10/10	56.9 (5.4)	54.2 (9.2)	Not reported	0.22	*No difference*	High risk
			Footnotes:										
Wang 2008b	Osteoarthritis (knee, 55+ yrs)	Tai Chi (Yang style) vs. wellness education and stretching	Functional status/ Disability	End of treatment (12 wks)	WOMAC - physical function (0-68)	higher means greater difficulty	20/20	-506.75 (-640.66, -372.84)	-182.15 (-316.06, -48.24)	-324.60 (-513.98, -135.22)	0.001	*Favours intervention*	Low risk
			Pain	End of treatment (12 wks)	Visual analogue scale (0-10)	higher means worse condition	20/20	-2.98 (-4.16, -1.80)	-0.83 (-2.00, 0.35)	-2.15 (-3.82, -0.49)	0.01	*No difference*	Low risk
			Psychosocial wellbeing	End of treatment (12 wks)	SF-36- Mental component Score	higher means greater QoL	20/20	2.14 (-2.35, 6.64)	1.93 (-2.56, 6.43)	0.21 (-6.15, 6.57)	0.9	*No difference*	Low risk
			Footnotes:	Results reported as median (range)									

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Wang 2013a	Osteoarthritis (knee, women, 60-70 yrs)	Tai Chi vs. wellness education	Pain	End of treatment (24 wks)	Visial analogue scale (0-10)	higher means worse condition	23/23	NR	NR	Not reported	NR	*Not reported*	Some concerns
			Functional status/ Disability	End of treatment (24 wks)	WOMAC - physical function (0-68)	higher means greater difficulty	23/23	-8.85 (-12.38, -5.31)	-1.52 (-3.30, -6.34)	-11.04 (-18.70, -3.39)	0.06	*No difference*	Some concerns
			Balance	End of treatment (24 wks)	Berg balance scale	lower means worse condition	23/23	NR	NR	Not reported	NR	*Not reported*	Some concerns
			Psychosocial wellbeing	End of treatment (24 wks)	SF-36- Mental component Score	higher means greater QoL	23/23	NR	NR	Not reported	NR	*Not reported*	Some concerns
			Footnotes:	Results reported as median (range)									
Wang 2015a	Osteoarthritis (knee, 40+ yrs)	Tai Chi (Yang style) vs. physical therapy	Pain	End of treatment (12 wks)	Visual analogue scale (0-10)	higher means worse condition	106/98	-0.3 (-0.3, -0.2)	-0.2 (-0.3, -0.2)	-0.7 (-0.15, 0.02)	0.06	*No difference*	High risk
			Functional status/ Disability	End of treatment (12 wks)	WOMAC - physical function (0-68)	higher means greater difficulty	106/98	-608.3 (-695.3, -521.4)	-494.2 (-585.3, -403.2)	-114.1 (-240, 118)	0.06	*No difference*	High risk
			Psychosocial wellbeing	End of treatment (12 wks)	SF-36- Mental component Summary	higher means greater QoL	106/98	1.6 (-0.1, 3.2)	-0.03 (-1.7, 1.7)	1.6 (-0.8, 3.9)	0.18	*No difference*	High risk
			Pain	End of treatment (21 wks)	WOMAC	higher indicates worse pain	106/98	-167.2 (-190.4, -144.9)	-143 (-167.4, -118.6)	24.2 (-57.9, 9.6)	0.16	*No difference*	High risk
			Footnotes:	Results reported as change (95% CI)									

RCT RESULTS (as reported by the study authors)													
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p* -value**	**direction of effect**	**RoB**
Wortley 2013	Osteoarthritis (knee, 60-85 yrs)	Tai Chi (Yang style) vs. resistance training	Functional status/ Disability	End of treatment (10 wks)	WOMAC - physical function*	higher means worse condition	15/15	552 (392)	240 (249)	Not reported	NR	*No difference*	Some concerns
			Footnotes:	* WOMAC Visual analogue scale (version3.1) - not clear how the scores have been standardised.									
Abbreviations: WOMAC, Western Ontrio and McMaster Universities Osteoasthritis Index; QoL, Quality of Life; SF-12 short form 12 health survey; SF-36, short form 36 item health survey; KOOS, Knee injury and osteoarthritis outcome score													

RCT RESULTS (as reported by the study authors)													
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p*-value**	**direction of effect**	**RoB**
Intervention vs control													
Hall 2009	Adults with chronic nonspecific LBP	Tai Chi vs. no intervention	Pain	End of treatment (10 wks)	Numerical rating scale (0-10)	higher means greater pain	80/80	3.4 (2.91, 3.8)	4.7 (4.2, 5.1)	1.3 (0.7,1.9)	0	*No difference*	Some concerns
			Disability	end of treatment (12 wks)	Roland Morris Disability Questionnaire	higher means greater disability	80/80	7.01(5.88, 8.14)	9.1(8.0, 10.2)	2.6 (1.1, 3.7)	0	*No difference*	Some concerns
			Footnotes:	Results presented as mean (95% CI), extracted from Hall 2011									
Liu 2019b	Adults with chronic nonspecific LBP	Tai Chi vs. usual care	Pain	End of treatment (12 wks)	Visual Analogue Scale (0-10)	higher means greater pain	15/13	3.47 (0.99)	5.58 (0.8)	Not reported	<0.01	*Favours intervention*	Some concerns
			Footnotes:										
Weifen 2013	Retired athletes with chronic nonspecific	Tai Chi (Chen style) vs. no intervention	Pain	End of treatment (6 months)	Visual Analogue Scale (0-100)	higher means greater pain	141/47	22.5 (2.6)	32.4 (4.2)	Not reported	<0.05	*Favours intervention*	Some concerns
			Footnotes:	Scores recorded from 0-100mm which is the same as 0-10cm									
Zou 2019	Nonspecific chronic LBP	Tai Chi Chuan (Chen style) vs. usual	Pain	End of treatment (12 wks)	Visual Analogue Scale (0-10)	higher means greater pain	15/13	3.47 (0.99)	5.85 (0.8)	Not reported	<0.01	*Favours intervention*	Some concerns
			Footnotes:										
Intervention vs 'other'													
Cho 2014	Males with lower back pain, acute	Tai Chi vs. stretching	Pain	End of treatment (4 wks)	Visual Analogue Scale (0-10)	higher means greater pain	20/20	2.1 (0.5)	2.8 (0.5)	Not Reported	<0.05	*Favours intervention*	High risk
			Footnotes:										
Jang 2015	Feamles with acute LBP	Tai Chi vs. stretching	Pain	End of treatment (8 wks)	Visual Analogue Scale (0-10)	higher means greater pain	15/15	2.1 (0.6)	2.5 (0.6)	Not reported	<0.05	*Favours intervention*	High risk
			Footnotes:										

RCT RESULTS (as reported by the study authors)													
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p*-value**	**direction of effect**	**RoB**
Liu 2019b	Adults with chronic nonspecific LBP	Tai Chi vs. core stabilisation exercises	Pain Footnotes:	End of treatment (12 wks) P value relates to differenece between intervention and control	Visual Analogue Scale (0-10)	higher means greater pain	15/15	3.47 (0.99)	4.27 (0.79)	Not reported	<0.01	*Favours intervention*	Some concerns
Weifen 2013	Retired athletes with chronic nonspecific	Tai Chi (Chen style) vs. swimming	Pain Footnotes:	End of treatment (6 months) Scores recorded from 0-100mm	Visual Analogue Scale (0-100)	higher means greater pain	141/38	22.5 (2.6)	24.3 (2.5	Not reported	Not reported	*No difference*	Some concerns
Weifen 2013	Retired athletes with chronic nonspecific	Tai Chi (Chen style) vs. jogging	Pain Footnotes:	End of treatment (6 months) Scores recorded from 0-100mm	Visual Analogue Scale (0-100)	higher means greater pain	141/47	22.5 (2.6)	30.6 (3.8)	Not reported	Not reported	*Favours intervention*	Some concerns
Weifen 2013	Retired athletes with chronic nonspecific	Tai Chi (Chen style) vs. walking backwards	Pain Footnotes:	End of treatment (6 months) Scores recorded from 0-100mm	Visual Analogue Scale (0-100)	higher means greater pain	141/47	22.5 (2.6)	29.2 (3.6)	Not reported	Not reported	*Favours intervention*	Some concerns
Zou 2019	Nonspecific chronic LBP	Tai Chi Chuan (Chen style) vs. Core	Pain Footnotes:	End of treatment (12 wks)	Visual Analogue Scale (0-10)	higher means greater pain	15/15	3.47 (0.99)	4.27 (0.79)	Not reported	Not reported	*Not reported*	Some concerns
Abbreviations: LBP, low back pain													

RCT RESULTS (as reported by the study authors)												
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p*-value**	**direction of effect**	**RoB**
Intervention vs control													
Lauche 2016	Adults with chronic nonspecific neck pain	Tai Chi vs. control (waitlist)	Pain intensity	End of treatment (12 wks)	Visial analogue scale (0-10)	higher means worse pain	38/39	32.4 (23.5)	41.8 (22.5)	-10.5 (-20.3, -0.9)	0.033	*Favours intervention*	Some concerns
			Disability/ Function	end of treatment (12 wks)	Neck disability index (100 item)	higher means greater disability	38/39	21.5 (12.2)	27.5 (11.4)	-7.2 (-11.7, -2.7)	NR	*Not reported*	Some concerns
			Psychosocial wellbeing	End of treatment (12 wks)	Perceived stress scale (PSS)	higher means greater stress	38/39	16.9 (7.2)	16.3 (6.1)	.3 (-1.8. 2.4)	NR	*Not reported*	Some concerns
			QoL - mental	End of treatment (12 wks)	SF-36: Mental component summary	higher means better QoL	38/39	46.8 (11.9)	46.1 (10.7)	1.1 (-2.9, 5.1)	NR	*Not reported*	Some concerns
			QoL - physical	End of treatment (12 wks)	SF-36: Physical component summary	higher means better QoL	38/39	47.3 (9.1)	42.9 (5.4)	4.1 (1.1, 7.0)	NR	*Not reported*	Some concerns
			Footnotes:										
Rajalaxmi 2018	Adults with chronic mechanical neck pain	Tai Chi vs. control	Pain intensity	End of treatment (3 wks)	Northwick Park Pain Questionnaire	higher means worse pain	10/10	48.8 (7.03)	56.7 (5.43)	Not reported	NR	*No difference*	Some concerns
			Footnotes:										
Intervention vs 'other'													
			Pain intensity	End of treatment (12 wks)	Visial analogue scale (0-10)	higher means worse pain	38/37	32.4 (23.5)	25.2 (18.3)	3.4 (-5.5. 12.3)	0.45	*No difference*	Some concerns
			Disability/ Function	End of treatment (12 wks)	Neck disability index (100 item)	higher means greater disability	38/37	21.5 (12.2)	22.7 (9.3)	1.7(-5.9, 2.4)	NR	*Not reported*	Some concerns

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Lauche 2016	Adults with chronic nonspecific neck pain	Tai Chi vs. neck exercises	Psychosocial wellbeing	End of treatment (12 wks)	Perceived stress scale	higher means greater stress	38/37	16.9 (7.2)	15.5 (5.4)	.3 (-1.7, 2.3)	NR	*Not reported*	Some concerns
			QoL - mental	End of treatment (12 wks)	SF-36: Mental component summary	higher means better QoL	38/39	46.8 (11.9)	47.7 (8.5)	-1.2 (-15.1, 12.7)	NR	*Not reported*	Some concerns
			QoL - physical Footnotes:	End of treatment (12 wks)	SF-36: Physical component summary	higher indicats better QoL	38/37	47.3 (9.2)	45.2 (5.4)	0.1 (-5.1, 5.3)	NR	*Not reported*	Some concerns
Rajalaxmi 2018	Adults with chronic mechanical neck pain	Tai Chi vs. Pilates	Pain intensity Footnotes:	End of treatment (3 wks)	Northwick Park Pain Questionnaire	higher means worse pain	10/10	48.8 (7.03)	29.2 (5.33)	Not reported	NR	*No difference*	Some concerns
Rajalaxmi 2018	Adults with chronic mechanical neck pain	Tai Chi vs. Yoga	Pain intensity Footnotes:	End of treatment (3 wks)	Northwick Park Pain Questionnaire	higher means worse pain	10/10	48.8 (7.03)	24.6 (4.35)	Not reported	NR	*No difference*	Some concerns

Abbreviations: SF-36, Short form 36 item survey; QoL, Quality of Life

RCT RESULTS (as reported by the study authors)													
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p* -value**	**direction of effect**	**RoB**
Intervention vs control													
Wong 2018	Women with fibromyalgia	Tai Chi (Yang style) vs. control	Pain	End of treatment (12 wks)	Visual analogue scale	higher means worse pain*	17/14	-2.2 (-2.8, -1.7)	-0.3 (-0.8. 0.2)	Not reported	0.006	*Favours intervention*	Some concerns
			Footnotes:	*Results reported as mean change from Baseline (95% CI)									
Intervention vs 'other'													
Bongi 2016	Persons with Fibromyalgia Syndrome	Tai Chi (Quan style) vs. Educational control	Quality of Life	End of treatment (16 wks)	Fibromyalgia Impact Questionnaire	Higher means worse QoL	22/22	54.33 (14.61)	46.39 (14.46)	Not reported	Not significant	*No difference*	High risk
			Function	End of treatment (16 wks)	SF-36 - Physical functioning	higher means better QoL	22/22	63.64 (14.64)	67.27 (15.02)	Not reported	Not significant	*No difference*	High risk
			Function	End of treatment (16 wks)	SF-36 - role - physical subscale	higher means better QoL	22/22	25.00 (30.86)	38.64 (31.55)	Not reported	Not significant	*No difference*	High risk
			Psychosocial wellbeing	End of treatment (16 wks)	SF-36 - Mental health subscale	higher means better QoL	22/22	47.27 (14.79)	59.27 (18.13)	Not reported	Not significant	*No difference*	High risk
			Fatigue	End of treatment (16 wks)	FACIT-fatigue	higher means worse fatigue	22/22	20.55 (8.89)	17.09 (8.41)	Not reported	Not significant	*No difference*	High risk
			Sleep	End of treatment (16 wks)	Pittsburgh sleep quality index	higher means worse sleep	22/22	8.73 (3.58)	9.36 (3.03)	Not reported	Not significant	*No difference*	High risk
			Footnotes:										
			Quality of Life	End of treatment (12 wks)	Fibromyalgia Impact Questionnaire	Higher means worse QoL*	51/47	-16.5	-3.1	Not reported	0.0002	*Favours intervention*	Some concerns

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Jones 2011	Adults with fibromyalgia	Tai Chi (Yang style) vs. Edicuation intervention meeting	Pain	End of treatment (12 wks)	FIQ numeric rating scale for pain severity	higher means worse pain*	51/47	-1.6	-0.5	Not reported	0.0002	*Favours intervention*	Some concerns
			Function	End of treatment (12 wks)	FIQ - perceived physical function subscale	Higher means worse function*	51/47	-1.2	-0.5	Not reported	0	*No difference*	Some concerns
			Sleep	End of treatment (12 wks)	Pittsburgh sleep quality index	higher means worse sleep*	51/47	-2.0	0.03	Not reported	0	*No difference*	Some concerns
			Footnotes:	*Results reported as mean change from baseline									
Wang 2009	Adults with fibromyalgia	Tai Chi (Yang style) vs. Wellness education and stretching program	Quality of Life	End of treatment (12 wks)	Fibromyalgia Impact Questionnaire	Higher means worse QoL*	32/29	-27.8 (-33.8, -21.8)	9.4 (-15.5, -3.4)	-18.4(-26.9, -9.8)	<0.001	*Favours intervention*	Some concerns
			Pain	End of treatment (12 wks)	Visual analogue scale	higher means worse pain*	32/29	-2.5 (-3.3, -1.7)	-0.6 (-1.4, 0.2)	-1.9 (-3.1, -0.7)	0.002	*Favours intervention*	Some conerns
			Psychosocial wellbeing	End of treatment (12 wks)	SF-36 - Mental health subscale	Higher means better QoL*	33/29	7.7 (3.9, 11.6)	1.6 (-2.2, 5.4)	6.1 (0.7, 11.6)	0.03	*Favours intervention*	Some conerns
			Sleep	End of treatment (12 wks)	Pittsburgh sleep quality index	higher means worse sleep*	32/29	-3.6 (-4.8, -2.4)	-0.7 (-1.9, 0.5)	-2.9 (-4.6, -1.2)	0.001	*Favours intervention*	Some conerns
			Footnotes:	*Results reported as mean change from Baseline (95% CI)									
			Function	End of treatment (24 wks)	Fibromyalgia Impact Questionnaire	Higher means worse function*	39/75	-16.7 (-23.4, -10.1)	-9.2 (-14.3, -4.1)	4.5 (-2.5, 11.4)	0.21	*No difference*	High risk

RCT RESULTS (as reported by the study authors)													
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p* -value**	**direction of effect**	**RoB**
Wang 2015b	Adults with fibromyalgia	Tai Chi (Yang style) vs. Tai Chi twice wkly	Psychosocial wellbeing	End of treatment (24 wks)	SF-36 - Mental Subscale	Higher means better QoL*	39/75	5.3 (1.9, 8.7)	7.4 (3.6, 11.2)	-0.4 (-4.0, 3.2)	0.62	*No difference*	High risk
			Sleep	End of treatment (24 wks)	Pittsburgh sleep quality index	higher means worse sleep*	39/75	-1.9 (-3.2, -0.6)	-2.1 (-3.5, -0.7)	0.3 (-1.0, 1.7)	0.62	*No difference*	High risk
			Footnotes:	*Results reported as mean change from Baseline (95% CI)									
Wang 2015b	Adults with fibromyalgia	Tai Chi (Yang style) vs Aerobic exercise	Function	End of treatment (24 wks)	Fibromyalgia Impact Questionnaire	Higher means worse function*	39/36	-16.7 (-23.4, -10.1)	-9.2 (-14.3, -4.1)	5.5 (0.6, 10.4)	0.03	*Favours intervention*	High risk
			Psychosocial wellbeing	End of treatment (24 wks)	SF-36 - Mental Subscale	Higher means better QoL*	39/36	5.3 (1.9, 8.7)	0.9 (-1.8, 3.6)	2.5 (-0.1, 5.0)	0.06	*No difference*	High risk
			Sleep	End of treatment (24 wks)	Pittsburgh sleep quality index	higher means worse sleep*	39/36	-1.9 (-3.2, -0.6)	-1.1 (-2.1, -0.1)	0.3 (-0.6, 1.3)	0.49	*No difference*	High risk
			Footnotes:	*Results reported as mean change from Baseline (95% CI)									
Abbreviations: FACIT, Functional assessment of chronic illness; FIQ, Fibromyalgia Impact Questionnaire													

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Intervention vs control													
Chewning 2019	Adults with history of falls/ fear of falling (65+ years)	Tai Chi (Yang style short form) vs. control	Mobility	End of treatment (6 wks)	Timed up and go (s)	higher means worse performance	94/103	10.6 (3.8)	11.9 (6.1)	-1.824 (-3.238, -0.409)	0.012	*Favours intervention*	Some concerns
			Fear of falling	end of treatment (12 wks)	ABC Scale	higher means lower fear of falling	94/103	82.9 (12.4)	76.8 (16.5)	7.216 (3.162, 11.271)	0.001	*Favours intervention*	Some concerns
			Footnotes:										
Choi 2005	Fall prone older adults, 60 + yrs	Tai Chi vs. control	Falls	End of treatment (12 wks)	N (%) at least one fall episode	higher means more falls	29/30	9 (31.03%)	15 (50%)	NR	0.187	*No difference*	Some concerns
			Fear of falling	End of treatment (12 wks)	Fall avoidance efficacy scale	higher means less fear	29/30	5.62 (10.35)	4.17 (8.65)	NR	<0.001	*Favours intervention*	Some concerns
			Footnotes:										
Gatts 2007	Adults with history of falls/ fear of falling (65+ years)	Tai Chi (Yang style short form) vs. control	Mobility	End of treatment (3 wks)	Timed up and go (s)	faster means better mobility	11/8	NR	NR	NR	NR	*Not reported*	Some concerns
			Balance	End of treatment (3 wks)	Berg balance scale	higher means better balance	11/8	NR	NR	NR	NR	*Not reported*	Some concerns
			Footnotes:	Authors only reported before treatment results									
	Adults with a high risk of falling	Tai Chi	Falls	End of treatment (12 mos)	N (%) at least one fall episode	higher means more falls	138/131	58 (42%)	59 (45%)	NR	NR	*No difference*	Some concerns
			Falls	End of treatment (12 mos)	Number of falls**	higher is worse	138/131	90	115	adjusted HR 1.16 (0.84, 1.60)	NR	*No difference*	Some concerns

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Logghe 2009	of falling, living at home (mean age 77 yrs)	Tai Chi (chuan) vs. control	Fear of falling	End of treatment (12 mos)	Falls efficacy scale	higher means less fear	138/131	5.2 (4.8)	4.7 (4.7)	NR	1	*No difference*	Some concerns
			Balance	End of treatment (12 mos)	Berg balance scale	higher means better balance	138/131	50.4 (5.1)	50.2 (5.1)	NR	0.9	*No difference*	Some concerns
			Footnotes:	* adjusted for age, sex, living alone, fell in the year preceding the study (yes/no), and mean balance score at baseline.									
Maciaszek	Falls, men (60+ yrs) with dizziness	Tai Chi vs. control	Mobility	End of treatment (18 wks)	Timed up and go (s)	faster means better mobility	20/20	5.51	5.74	NR	0.003	*Favours intervention*	Some concerns
			Footnotes:	Scores presented as psottest mean only									
Zhang 2006	Adults at risk of falls (community dwelling,	Tai Chi (chuan) vs. control	Fear of falling	End of treatment (8 wks)	Falls efficacy scale (FES)	higher means less fear	24/23	78.3 (4.0)	75.3 (5.9)	NR	0.006	*Favours intervention*	Some concerns
			Footnotes:										
Zhao 2017	Adults at risk of falls (community centre, 65 to	Tai Chi vs. control	Mobility	End of treatment (16 wks)	Timed up and go (s)	faster means better mobility	20/21	6.07 (0.916)	7.04 (1.25)	NR	NR	*No difference*	Some concerns
			Footnotes:										
Intervention vs 'other'													
Aviles 2019	Frail older adults (70+ yrs, t-score > -2.0) at risk of falls	Tai Chi (Yang form) vs. reactive balance training	Mobility	End of treatment (5 wks)	Timed up and go (s)	faster means better mobility	15/16	NR	NR	NR	NR	*Not reported*	High risk
			Balance	End of treatment (5 wks)	Berg balance scale	higher means better balance	15/16	NR	NR	NR	NR	*Not reported*	High risk
			Fear of falling	End of treatment (5 wks)	ABC Scale	higher means more confidence	15/16	NR	NR	NR	NR	*Not reported*	High risk
			Footnotes:	Data provided for selective measures only not including required outcomes									

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Day 2012	Community-dwelling adults, preclinically disabled (70+ yrs)	Tai Chi vs. control	Mobility	End of treatment (24 wks)	Timed up and go (s)*	faster means better mobility	171/190	-0.35 (0.61)	NR	-0.53 (-1.81, 0.75)	NR	*Not reported*	Some concerns
			Balance	End of treatment (24 wks)	Berg balance scale*	higher means better balance	171/190	-0.03 (0.10)	NR	0.04 (-0.16, 0.24)	NR	*Not reported*	Some concerns
			Falls	End of treatment (24 wks)	Number of falls (total)**	higher is worse	204/205	53 (47.2%)	58 (51.9%)	adjusted IRR 1.08 (0.64, 1.81)	NR	*Favours intervention*	Some concerns
			Falls	End of treatment (24 wks)	N (%) at least one fall episode	higher means more falls	204/205	38 (18.6)	42 (20.5)	NR	0.71	*No difference*	Some concerns
			Falls	End of treatment (24 wks)	Falls per 100 person years (95% CI)	higher is worse	204/205	56.7 (46.7, 66.7)	60.6 (50.8, 70.4)	NR	NR	*No difference*	Some concerns
			Footnotes:	*difference in mean change between groups (SE).									
Hwang 2016	Adults with history of	Tai Chi (Yang style SF) vs. lower	Falls	End of treatment (6 months)	number of falls, mean (SD)	higher means more falls	182/175	0.3 (0.7)	0.6 (0.9)	NR	0.002	*Favours intervention*	Some concerns
			Falls	End of treatment (6 months)	N (%) at least one fall episode	higher means more falls	182/175	41 (22.2)	75 (41.0)	NR	0.001	*Favours intervention*	Some concerns
			Falls	End of treatment (6 months)	Falls per person month (95% CI)	higher means more falls	182/175	1.01 (NR)	2.04 (NR)	NR	<0.001	*Favours intervention*	Some concerns
			Number of falls	End of treatment (6 months)	incident rate ratio (95% CI)	higher is worse	182/175	NR	NR	IRR 0.30 (0.15, 0.60)	<0.05	*Favours intervention*	Some concerns

RCT RESULTS (as reported by the study authors)													
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p* -value**	**direction of effect**	**RoB**
Hwang 2018	falls (60+ yrs)	extremity training (LET)	Falls injury	End of treatment (6 months)	Injurious falls per person month (95% CI)	higher means more falls	182/175	0.58 (NR)	1.06 (NR)	NR	0.002	*Favours intervention*	Some concerns
			Falls injury	End of treatment (6 months)	incident rate ratio (95% CI)	higher means more falls	182/175	NR	NR	IRR 0.33 (0.16, 0.68)	<0.05	*Favours intervention*	Some concerns
			Fear of falling	End of treatment (6 months)	Falls Efficacy Scale - International	higher means less fear	182/175	11.7 (4.7)	11.1 (3.9)	NR	<0.05	*Favours intervention*	Some concerns
			Footnotes:										
Li 2018	Adults with history of falls or impaired mobility (community dwelling, >70 yrs)	Tai Chi (therapeutic quan) vs. stretching exercise	Falls	End of treatment (6 months)	number of falls (mean) [SD]	higher means more falls	224/223	152 (0.68) [1.3]	363 (1.63) [3.9]	NR	NR	*Favours intervention*	Some concerns
			Falls	End of treatment (6 months)	N (%) at least one fall episode	higher means more falls	224/223	85 (37.9)	127 (57)	NR	NR	*Favours intervention*	Some concerns
			Mobility	End of treatment (6 months)	Timed up and go (s)	faster means better mobility	224/223	20.86 (5.13)	23.09 (7.89)	-2.42 (-3.19, -1.65)	NR	*No difference*	Some concerns
		Tai Chi (therapeutic quan) vs. multimodal exercise	Falls	End of treatment (6 months)	number of falls (mean) [SD]	higher means more falls	224/223	152 (0.68) [1.3]	218 (0.98) [1.8]	NR	NR	*Favours intervention*	Some concerns
			Falls	End of treatment (6 months)	N (%) at least one fall episode	higher means more falls	224/223	85 (37.9)	112 (50)	NR	NR	*Favours intervention*	Some concerns
			Mobility	End of treatment (6 months)	Timed up and go (s)	faster means better mobility	224/223	20.86 (5.13)	20.89 5.92)	-0.22 (-0.83, 0..39)	NR	*No difference*	Some concerns
			Footnotes:										

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Ni 2014a	Adults with a history of falls (mean age 74+ yrs)	Tai Chi vs. standard balance program	Balance	End of treatment (12 wks)	Functional reach (right)	higher means greater balance	11/15	38.33 (1.91)	35.13 (1.63)	1.04 (1.02, 1.07)	0.439	*No difference*	High risk
			Balance	End of treatment (12 wks)	Functional reach (left)	higher means greater balance	11/15	36.73 (1.73)	33.60 (1.47)	-0.38 (-0.89, -0.86)	0.285	*No difference*	High risk
			Mobility	End of treatment (12 wks)	Timed up and go (s)	faster means better mobility	11/15	6.77 (0.46)	7.23 (0.39)	-0.77 (-0.93, -0.61)	0.564	*No difference*	High risk
			Footnotes:	Scores for balance reported individually for left and right sides									
Ni 2014a	Adults with a history of falls (mean age 74.15 yrs)	Tai Chi vs. yoga	Balance	End of treatment (12 wks)	Functional reach (right)	higher means greater balance	11/13	38.33 (1.91)	36.04 (1.75)	2.01 (2.0, 2.29)	0.439	*No difference*	High risk
			Balance	End of treatment (12 wks)	Functional reach (left)	higher means greater balance	11/13	36.73 (1.73)	34.98 (1.60)	-1.24 (-1.27, -1.22)	0.285	*No difference*	High risk
			Mobility	End of treatment (12 wks)	Timed up and go (s)	higher means greater fitness	11/15	6.77 (0.46)	6.55 (0.42)	-0.65 (-0.74, -0.55)	NR	*No difference*	High risk
			Footnotes:	Scores for balance reported individually for left and right sides									
Nnodim 2006	Adults with balance impairment ^ (> 65 yrs)	Tai Chi vs. combined balance and stepping	Balance	End of treatment (10 wks)	Timed up and go (s)	faster means better mobility	81/81	00899 (0.03)	NR	1.094 (1.041, 1.149)	0.001	*No difference*	Some concerns
			Footnotes:	^ at least mild impairment in the ability to perform unipedal stance and tandem walk									
			Balance	End of treatment (10 wks)	Berg balance scale	higher means better balance	34/31	52.3 (4.7)	51.3 (5.4)	NR	<0.05	*Favours intervention*	Some concerns

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
Quigley 2014	Distal symmetric polyneuropathy	Tai Chi vs. education classes	Mobility	End of treatment (10 wks)	Timed up and go (s)	faster means better mobility	34/31	8.3 (2.0)	8.7 (3.4)	NR	<0.05	*Favours intervention*	Some concerns
			Fear of falling	End of treatment (10 wks)	Modified Falls Efficacy Scale	higher means less fear	34/31	123.1 (27.3)	121.5 (19.9)	NR	<0.05	*Favours intervention*	Some concerns
			Footnotes:										
Quigley 2014	Distal symmetric polyneuropathy	Tai Chi vs. balance training	Balance	End of treatment (10 wks)	Berg balance scale	higher means better balance	34/31	52.3 (4.7)	51.2 (7.0)	NR	<0.05	*Favours intervention*	Some concerns
			Mobility	End of treatment (10 wks)	Timed up and go (s)	faster means better mobility	34/31	8.3 (2.0)	8.7 (4.6)	NR	<0.05	*Favours intervention*	Some concerns
			Fear of falling	End of treatment (10 wks)	Modified Falls Efficacy Scale	higher means less fear	34/31	123.1 (27.3)	113.7 (32.2)	NR	<0.05	*Favours intervention*	Some concerns
			Footnotes:										
Taylor 2011	Adults (community dwelling, mean 74.5 years) with at least one falls risk	Tai Chi 1 vs. low level exercise	Falls	End of treatment (5 months)	N (%) at least one fall episode	higher means greater falls	223/231	132 (59.5)	140 (65.1)	NR	NR	*Not reported*	Low risk
			Falls	End of treatment (5 months)	Falls rate per person, years (95% CI)	higher is worse	223/231	1.55 (1.23, 1.97)	1.38 (1.24, 1.53)	Adjusted IRR 1.05 (0.83, 1.33)	0.7	*No difference*	Low risk
			Mobility	End of treatment (5 months)	Timed up and go (s)	faster means better mobility	223/231	8.5 (3.3)	8.6 (3.6)	NR	NR	*Not reported*	Low risk
			Falls	End of treatment (5 months)	N (%) at least one fall episode	higher means greater falls	220/231	111 (53.1)	140 (65.1)	NR	NR	*Not reported*	Low risk

RCT RESULTS (as reported by the study authors)

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	*p* -value	direction of effect	RoB
	falls risk factor	Tai Chi 2 vs. low level exercise	Falls	End of treatment (5 months)	Falls rate per person, years (95% CI)	higher is worse	220/231	1.16 (0.92, 1.48)	1.38 (1.24, 1.53)	Adjusted IRR 0.88 (0.68, 1.16)	0.37	*No difference*	Low risk
			Mobility	End of treatment (5 months)	Timed up and go (s)	faster means better mobility	220/231	8.4 (3.4)	8.6 (3.6)	NR	NR	*Not reported*	Low risk
			Footnotes:										
Tsousignant 2012	Adults admitted to a geriatric day hospital program (65+ yrs)	Tai Chi vs. conventional physiotherapy	Fear of falling	End of treatment (12 wks)	Survey of activities and fear of falling in the elderly (SAFE)	higher means less fear	44/45	0.8 (0.6)	0.8(0.6)	NR	0.436	*No difference*	Some concerns
			Balance	End of treatment (12 wks)	Berg balance scale	higher means better balance	43/36	42.4 (6.6)	42.0 (8.3)	NR	0.814	*No difference*	Some concerns
			Mobility	End of treatment (12 wks)	Timed up and go (s)	faster means better mobility	26/34	20.5 (6.8)	21.7 (30.0)	NR	0.964	*No difference*	Some concerns
			Footnotes:										
Wolf 2001	Adults (70+ years) transitioning to frailty	Tai Chi vs. wellness education (WE) program	Falls	End of treatment (48 wks)	N (%) at least one fall episode*	higher means greater falls	145/141	69 (47.6%)	85 (60.3%)	RR 0.75 (0.52, -1.08)	0.13	*Favours intervention*	High risk
			Fear of falling	End of treatment (48 wks)	ABC Scale	higher means more confidence	145/141	NR	NR	NR	NR	*No difference*	High risk
			Balance	End of treatment (48 wks)	Berg balance scale	higher means better balance	145/141	NR	NR	NR	NR	*Not reported*	High risk
			Footnotes:	*presented as the number of people who fell at least once during each month for the 48 week evaluation period									

RCT RESULTS (as reported by the study authors)													
Study ID	**Condition**	**Comparison**	**Outcome**	**Timing**	**Outcome measure**	**measure details**	**# participants (I/C)**	**[intervention] n/N (%) or mean (SD)**	**[comparator] n/N (%) or mean (SD)**	**Point estimate (95% CI)**	***p* -value**	**direction of effect**	**RoB**
Zhao 2017	Adults at risk of falls (community centre, 65 to	Tai Chi vs. exercise for balance improvemen	Mobility Footnotes:	End of treatment (16 wks)	Timed up and go (s)	faster means better mobility	20/21	6.07 (0.916)	5.93 (0.935)	-0.91 (-0.678, 0.496)	NR	*No difference*	Some concerns
Abbreviations: ABC, Activities-specific Balance Confidence													