

Surge of Chi Exerciser Practitioner Trials 2005

Summary Report

Overview

In 2005 Energy for Health undertook a series of trials with 145 health professionals and yoga teachers. The trials ran from February to December with each individual asked to complete a 30 day trial log along with additional symptom charts and a short questionnaire. We have received 73% of the trial logs at the time of writing. All of the figures quoted in this summary report refer to the returned logs.

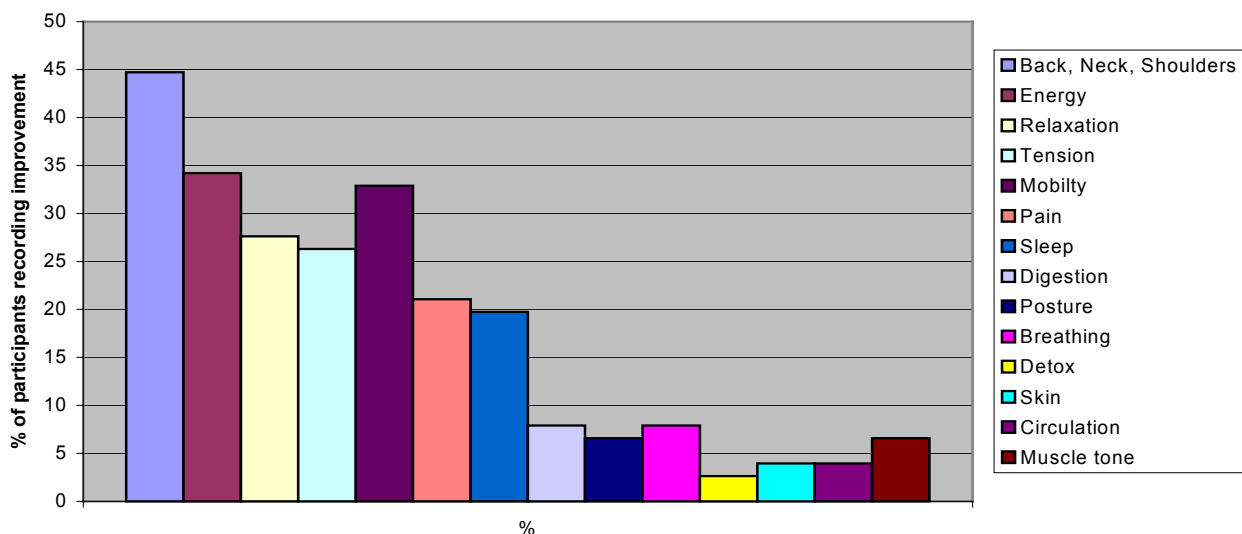
The aims of the trial were as follows:

1. To gather information from qualified professionals on the physical, mental and emotional benefits identified by them with regular use of the Surge of Chi Exerciser.
2. To gather information on the uses and benefits of the variable speed functionality and the Auto Programmes provided on the Surge of Chi Mark 2.
3. To gauge levels of recommendations from qualified therapists and to build a picture of possible future developments.
4. To get feedback on any possible negative aspects.

Summary of Benefits

76% of the participants in the trial commented on the physical benefits they experienced as a result of using the Surge of Chi Exerciser for 30 days. The main areas of improvement commented on were: decrease in tension and improvements in back, neck & shoulders; increase in energy levels; improved relaxation; increase in general mobility/flexibility; reduction in pain/discomfort; improved sleep patterns.

Areas of Physical Improvement



70% of the participants commented on the mental benefits, which included: increased clarity of thought and alertness; improved ability to cope with stress; improved focus and concentration; a calmer mind; a more positive outlook.

56% of the participants commented on the emotional benefits which included: improved emotional balance and stability; increased sense of well-being; feeling calmer and less stressed.

A number of the participants experienced relief of specific symptoms and conditions. These specific symptoms and conditions are covered more fully in the final report.

A few participants found that using the Surge of Chi initially aggravated a current condition, or brought old injuries and patterns to the surface. Most of these continued with the trial and found that their symptoms eased

off and/or were relieved. Two participants in the trial (3%) discontinued the trial for such reasons and stated that they would not recommend its use on that basis.

Adjustable Speeds and Auto Programmes

Participants experimented with the speed range of 80 – 160 RPM. The average top speed reported was 135 RPM, although the majority of participants found that they preferred a lower speed when in Manual mode. The ability to vary the speed of the exerciser was appreciated overall, and most of the participants reported that different speeds suited them according to their varying needs at different times.

There was a general consensus amongst those who commented that it is important to use a slower speed to start with. There was also a consensus that the slower speeds were more effective in helping relaxation, whilst the higher speeds were more energising.

Auto 1

The general consensus of those using this programme was that it was very relaxing and enjoyable. Some used this programme in the morning to get started, but most felt it was good for relaxing and unwinding at the end of the day - very good for de-stressing, but also energising.

Auto 2

Of those that expressed a specific preference for one of the Auto Programmes, most preferred Auto 2. The general effect was felt to be energising and invigorating.

Auto 3

Overall there was a consensus among those who tried this programme that it was calming, good for releasing tension, and for enhancing relaxation. The general opinion was that this programme either helped improve the quality of their sleep, or helped with getting to sleep.

Recommendations

Of those who have returned their trial logs at the time of writing, 78% would have no hesitation in recommending the Surge of Chi to others. Some of these stated that they would recommend it specifically for those who do not or cannot take exercise in other ways. Of the remaining participants, 19% did not complete this section of the trial log, and only 3% would not recommend (see Summary of Benefits above).

Negative Aspects

Overall the main areas of negative feedback related to design and programming of the Chi Exerciser, with some requesting greater flexibility in the programming, or suggesting specific improvements to detailed design aspects. In most cases any negative symptoms arising from using the exerciser dissipated after a short time of regular use, though in three cases there were symptoms severe enough for the participants to discontinue use. A few participants found problems in the knee area were aggravated, usually through hyperextension of the knee, but this was easily overcome in most cases.

Conclusion

With the majority of participants having reported, we are now able to reach some fairly concrete conclusions. The Surge of Chi Exerciser is of benefit in boosting energy levels; relieving tension, aches and pains in the back, shoulders & neck; reducing stress held in the body; and improving circulation and overall wellbeing. The ability each individual is given to vary the speed was found to be important. The Auto Programmes appear to have a variety of perceived benefits, depending on the individual, with identified effects ranging from relaxing and calming to invigorating and energising.

Overall this trial has confirmed the ease of use of the Chi Exerciser, and its broad range of potential benefits. The trials also showed that experience tends to vary from person to person, depending upon their condition, but that it is generally an enjoyable one, both mentally and physically. It has underlined the importance of providing users with a wide range of speeds and other programming possibilities, so that they can experiment and find the speed and comfort levels that suit their age, fitness level and general health condition best. Further investigation into clinical use and recommended treatment protocols will be the subject of a second phase of trials planned for 2006.