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White Paper

The State of the Energy Healing Practitioner Community in the USA in 2025

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Executive Summary:

Energy healing practices, also called “biofield” (human energy field) practices, are an extremely diverse group of complementary, and/or integrative health practices. These practices involve a wide range of modalities, including local skills like laying-on-of-hands, manipulating a client’s biofield using “universal life energy” from the environment, standing in presence, prayer to tissue manipulation and distance practices including intention, focus, prayer, and single point access. It is used primarily to treat clients who seek improved health and wellness, with a focus on mind/body/spirit (soul) interactions.

The number of energy practitioners as well as the types of practices have been growing over recent decades in the US, with the number of practitioners in the US estimated between 300,000 and 500,000. The community and their practices remain largely unregulated. This unregulated and largely unrecognized industry, has produced various issues with potential problems that require consideration. Though 24 states have now created licensing for energy practitioners (biofield practitioners) through the massage therapy regulatory pathway, this is not a long-term solution as practitioners range from physicians and surgeons to lay practitioners. While massage practitioners are certainly capable of regulating their own practices, they cannot regulate a physician, psychologist, physical therapist or other more senior practitioners within the hierarchy of medicine.

Organizations including the National Alliance of Energy Practitioners (NAOEP) and the National Certification Center of Energy Practitioners (NCCOEP) have been created to review the issues involving practitioner regulation, create a regulated certification process, move toward licensure, and recommend federal policymaking, in an attempt to resolve these issues and associated potential problems. Additional organizations with single practitioner focus such as Healing Touch Program Professional Association and organizations with single practitioner focus through style of work such as Energy Medicine Professional Association (an international organization) also support various aspects of the community.

This document clarifies a number of the issues facing the community and the US which need to be addressed including but limited to: funding for censuses of the community, ethical issues, state and Federal regulatory issues, and inter-country regulatory issues. It also gives a picture of the state of the community in 2025. While not presenting all the relevant references, readers should be aware there is an evidence base of over 15,000 peer reviewed journal which have been published doing study on the community, styles of work, effects of the practices on client’s, randomized clinical trials on effects on physiological and emotional issues and other aspects. Though not the focus of this document, devices, many unregulated, purporting to affect the client’s energy field/biofield are also at issue. Devices are brought in from around the world and rarely have had testing that meets US standards.

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Definitions:

Cognitive Somatic Energy Practices: a family of methods designed to strategically and methodically intervene with human energy fields in elevating physical, mental, emotional and spiritual wellbeing. These approaches are used by practitioners of psychotherapy, counseling, coaching, energy healing, and health optimization.

Cognitive Somatic Energy Practitioner: Uses one or more CSEP method(s) designed to strategically and methodically intervene with human energy fields in elevating physical, mental, emotional and spiritual wellbeing.

Clinical Intuition: A system of expanded perception gained through the development of the human sense of intuition. Clinical Intuition focuses on visualization skills and in-depth intuitive scanning to obtain information from the physical body and energy systems for health and well-being. It is designed to assist a practitioner in intuitively assessing imbalances in the physical systems of the body including thoughts, beliefs and emotions as well as in the energy systems of the body, including the auric field and chakras (part of the biofield). It looks closely at the influence of how these emotions, memories and traumas impact the health and well-being of the individual.

Clinical Intuitive Practitioner: focuses on visualization skills and in-depth intuitive scanning to obtain information from the physical body and energy systems for health and well-being.

Clinical Qigong: is the evaluation and support of the body, mind, emotions, and spirit based upon Chinese medical principles and skills derived through self-cultivation.

Clinical Qigong Practitioner: includes Qi transmission through non-touch and/or light touch methods and prescription of Qigong exercises and meditations. Cupping, guasha, moxibustion, external application of medicinal plants, eastern lifestyle suggestions, and other techniques, practices and adjunct therapies may be used by properly trained practitioners who's training programs include specific training in these areas of 22 classroom hours.

Please Note:

Nothing prohibits a person from engaging in the personal practice or instruction of Qigong self-improvement exercises or meditations that are not specifically defined as clinical/adjunct health care in a clinical setting.

Dowsing: Dowsing is the exercise of a human faculty, which allows one to obtain information in a manner beyond the scope and power of the standard human physical senses of sight, sound, touch, etc. This is generally done with the aid of a hand-held instrument, such as a forked stick, a pendulum bob on a string, L-shaped metal rods or a wooden or metal wand. (1)

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Energy Modalities: Energy Modalities are adjunctive health support. They are not to be construed as the practice of medicine, psychotherapy, or any other licensed healthcare practice, and as such are not to be considered a replacement for medical care, diagnosis, therapy, counseling or treatment of any kind. Clients are always to be referred to a licensed healthcare professional for health care.

Full Spectrum Healing: Using multi-sensory pathways in appropriate combination with but not limited to: listening, body awareness, observation, dialogue, spirituality and guidance; the practitioner determines the needs of their client and utilizes visible light, near infrared, and other wave lengths of light and changes in voltage transmitted through various models, such as harmonic induction, and electro-dermal transmission to support the client.

Full Spectrum Practitioner: Sources information from listening, body awareness, observation, dialogue, spirituality and guidance and then determines support for their client. This includes but is not limited to: utilizing visible light, near infrared, and other wave lengths of light and changes in vibration and voltage transmitted through various models, such as harmonic induction, and electro-dermal transmission to support the client. The practitioner operates in frequency ranges that extend from 3 Hz to 8 GHz that can be currently confirmed through laboratory testing. Training programs are three to four years in length and require a minimum of 250 hours.

Laying on of Hands Healing: A form of adjunct health care which may support healing and can include spiritual experiences; promoting personal and transcendental experiences for the client.

Laying on of Hands Practitioner: Supports the creation of a personal/transcendental experience of connecting with our true nature/essential being; the wise, loving, powerful, creative entity that we have the capacity to be. Uses single or multiple techniques, which support a combination of body, mind, heart and soul to promote the healing of an individual. Training programs are less than three years in length and require less than 250 hours.

Natural Practitioner: individuals who have experienced a natural opening to healing gifts/talents/techniques and some sort of increased sensing, who have developed one or more specific approaches or applications as a result of that opening, and are called by their heart, to share in the act of service, their individual methodology with others.
Single Practitioner premises

Radiesthesia: the act of using the vibrational fields of the human body to access information about other objects of animate or inanimate nature by establishing resonance with their fields, using specially calibrated instruments and a scale of qualitative measurement to decode this information.

Reiki: A system of care using spiritually sources human transmitted pulsed electro-magnetic wave (usually moving at between 7-11Hz and at a voltage of .3 mV to 2.7 V) that travels through a practitioner into and around a client and supports relaxation, stress reduction, and harmony of the body systems.

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Reiki Practitioner: Utilizes the Reiki system of care to provide support for a client promoting relaxation, stress reduction, and harmony of the body systems.

Shaman: Contemporary shamanic practitioners work with advanced compassionate spirits to alleviate pain and suffering and to restore power, balance, and wholeness to individuals asking for help for physical, emotional, and spiritual complaints. (2)

Shamanic Practice: 1. Acknowledgment of the existence of spirits (souls), including advanced helping spirits of great wisdom and compassion; 2. Ability to alter one's consciousness, most often through rhythmic percussion sound (particularly drums and rattles), and "journey" outside of time in order to interact with these advanced spirits in another reality and gain their assistance; 3. Offering, with appropriate training in shamanic healing methods, direct spiritual healing to individuals; 4. Such healing often involves the removal (extraction) of spiritual entities ("intrusions") not belonging to the client, and the restoration of the client's own spiritual power (soul retrieval) and power connections (power animal retrieval); 5. Consultation (divination) with the helping spirits on a person's behalf, using various methodologies to connect with the spirits, in order to gain knowledge and useful information to assist the client in resolving life issues.

(Note: This division is limited to non-indigenous practitioners as indigenous practitioners are covered under federal law.)

Spiritual Healing: Spiritual healing can be defined as the direct interaction between one individual (the healer) and a second (sick) individual with the intention of bringing about an improvement in health of the individual through prayer and transcendent experience.

Spiritual Practitioner: The practitioner uses prayer and their personal connection to the divine (in the form which they perceive it), to support the clients understanding, ability to re-conceptualize personal experience in a positive framework, and transform the clients body/mind, and experience a change in the client's sense of themselves and spiritual perception, in the promotion of health.

Tai Chi Practitioner: Uses a far eastern model of care including meridian system. Utilizes movement and breath patterns to promote balance within the body and as a result modulates electro-dermal skin response primarily along lymphatic system of the body of the client. This aids in the movement of the lymph fluid through the lymphatic system and promotes overall health and well-being through the promotion of removal of toxic material from the body.

Please Note:

Nothing prohibits a person from engaging in the personal practice or instruction of Tai Chi self-improvement exercises or meditations that are not specifically defined as clinical/adjunct health care in a clinical setting.

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I. Introduction:

Complementary and integrative health care involves many different disciplines. One of the broadest and most controversial is the energy healing community.

A. Energy healing is a broad category of complementary and integrative therapies based on the belief that the human body has a subtle energy system (biofield) that supports physical, emotional, and spiritual health. Energy healing practices aim to detect, balance, and restore the flow of this energy—often referred to as *life force*, *chi/qi*, *prana*, or *biofield*—to promote healing and well-being. Practitioners may use hands-on, hands-off, or distant (remote) techniques to influence, support and repair the body and the body's energy field. Examples are Reiki, Healing Touch, Therapeutic Touch, Qigong, and Tai Chi. (See Appendix A for a more complete list.)

II. Background:

The process of creating a more interconnected community among energy practitioner groups began in 2010 with a visit of Dr. and Professor Sally Anne Payton to the International Society for the Study of Subtle Energy and Energy Medicine leadership. Arranged by Dr. James Oschman, the meeting was to discuss a request of President Obama, that we organize a more effective leadership for the community as a whole. Meetings at the 2010 conference and a subsequent meeting at the 2011 conference took place. Some efforts were made to move forward primarily within the scientific community, but little overall progress was made within the larger community to create greater continuity and internal oversight at that time. The energy healing community is complex and very independent.

In 2017, the next administration, made the request through an HHS representative that the community organize a more cohesive form of leadership for the energy practitioner community. Arrangements were made and support for a series of meetings was found, bringing together various segments of the community. In March of 2018, several meetings were held which included some of the largest energy practitioner training programs (40+), representatives of medium and small training programs and leading scientists, who were studying energy practices, mechanisms and effects. These meetings were held at Arizona State University. At the end of the meetings, 14 working groups were developed to explore the range of options available to the community, where the communities' focus should be placed, and how best to support practitioners, clients and the country as a whole.

From these working groups emerged a plan of action and the plan to create several organizations. The first and second organizations have now been formed. The National Alliance of Energy Practitioners (NAOEP) and the National Certification Center of Energy Practitioners (NCCOEP) are now active. The National Alliance is accepting training programs for practitioners and continuing to develop our community with the goal of providing accurate information about energetic practices and promoting quality education in and the application of the energy skills. The National Certification Center developed to function in to function in a

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similar manner to the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), has completed the process of developing national standards to support qualified energy practitioners from a wide range of backgrounds and traditions. Eleven divisions have been established with national certification available for each division (see NCCOEP divisions). These include ethical standards and examinations and standard of practice and examinations. In addition, a sample licensing bill that can be used at the state level is available to everyone, free of charge, and posted on the web site (NCCOEP.org under Essentials tab.)

In the US, there are many organizations supporting individual practitioners. Some include ethical standards and some do not. The organizations vary from those developed for alumni of specific training programs to those that invite practitioners of any type to join. (Appendix D)

III. Literature Review:

A. Start of an Evidence Base of Research Studies

Dr. Rustum Roy, Ph.D. (1924-2010), in his book “Experimenting with Truth: The Fusion of Religion with Technology, Needed for Humanities Survival,” discusses a concept that “science progresses one death at a time.” With that statement Rustum meant the actual death of the scientist which holds a particular view point and who’s career depends on that view point. Energy healing/Biofield healing practices have encountered significant resistance in sharing accurate information about the processes and accurate information on studies done in this area of science. For example, when the new search strings for the National Library of Medicine database of research studies (pubmed) were put in place after 2010, the search string for “energy medicine” now returns nuclear medicine studies. This kind of subtle bias within the scientific community has limited accurate information on efficacy, effectiveness and outcomes. Yet, the energy healing/biofield healing community as a whole have continued to develop information even with significantly limited resources.

The largest number of studies on Energy Healing/Biofield Healing practices that have been done and collected are on Qigong and Tai Chi practitioners. In the US, we are fortunate that Dame Dr. Effie Chow (1933-2022), helped to develop the Qigong Institute, which has compiled a bibliography of over 14,800 research studies and abstracts.

The Energy Psychology community has developed a research base as of March 2025 with 103 randomized controlled trials, 95 pre-post clinical outcome studies, 9 meta-analyses, 10 systematic reviews and 27 comparative reviews in English. An additional 100 studies have been done and published in other language peer reviewed journals.

In spite of efforts to the contrary, as of Nov 2022, pubmed had 460 peer reviewed journal articles on various types of energy healing/biofield healing. In addition, the Chochrane Library, while known for their skeptical focus, has 864 trials related to the keyword “energy healing.” This is not a negative. Studies including both perspectives on the work involved, positive and negative, and the “experimenter effect” of bias, should be included in the development of the evidence base in this and any area of science.

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Healing Touch™ style of biofield healing has as a community done over 200 peer reviewed studies. Therapeutic Touch has over 500 peer reviewed studies. The Reiki community has done over 150 studies, though most are small. The Google Scholar database lists 5,540 results for “Biofield Healing” and 2,540,000 results for “Energy Healing.” So, while the community as a whole, is still early in developing an evidence base for this area of work, more studies are being done, catalogued, verified and evaluated.

B. Difficulties in researching this area of science:

There are issues with making broad generalizations due to the variety of modalities that fall under the scope of energy medicine. Additionally, and more difficult, is the problem of being able to blind energy healing studies to demonstrate efficacy beyond placebo effect. Medical data currently considers the gold standard for high quality evidence as the double blinded randomized control trial (DBRCT); this is easy to do for a drug is tested against a placebo drug that looks the same and is given the same way. However, for many modalities that fall within energy healing (as well as nutrition, mind-body modalities, acupuncture, etc.) it is not possible to blind modalities that are done directly upon a patient, i.e. who received the hands-on healing, the sound healing etc.

In addition, most are pilot studies with small numbers (fewer than 20) of participants per group, and many do not include appropriate control groups. For these reasons, the medical profession often dismisses these studies as inconclusive.

Finally, another primary issue in research in this area is to determine if there are devices that can accurately measure the changes in the biofield and if the practitioners themselves are competent to provide the intervention being used in a study. Early work has been developed by Musselman et al. (2015) on a list of devices which can be used to help measure changes in the biofield. Additional work has been done by Connor, et al. (2021) on a prospective test suite for practitioners to ensure competence prior to providing an intervention.

C. High level overview of the evidence:

Below a small example of some of the evidence available.

The following briefly summarize three systematic reviews that demonstrate benefit. Energy healing reduces pain and anxiety. In 2010, Jain et al published the most comprehensive systematic on 66 studies examining the effect of energy therapies on pain and anxiety. (Jain et al. 2010) They found evidence level 1 for decreasing pain using visual analog scales. Additionally, they found evidence level 2 for decreasing pain in hospitalized patients, pain in cancer patients, anxiety in hospitalized patients and behavior issues in dementia patients. Finally, they demonstrated a dose-response was present ($r = 0.321$, $p = 0.019$).

Energy healing improves mental health. In 2017, Mangione et al published a systematic review of energy therapies for mental health (Mangione et al., 2017) The authors examined 30 studies published between 2014-2016 on Healing Touch and Reiki for anxiety, stress and mood.

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This reviewed concluded that biofield therapies statistically decreased anxiety, improved mood and increased relaxation.

Distance healing can be effective. In 2014, Hammerschlag et al (2014) examined 90 distance healing studies on therapeutic touch, qi gong, healing touch and reiki. After excluding low quality studies, the authors concluded that two thirds of the good quality studies found benefit.

Studies using Reiki practitioners, on closer examination of overlapping data from some of the stronger pilot studies and the 13 larger scale clinical trials with 30 or more participants per group, supports the ability of Reiki to reduce anxiety and pain, and suggests its usefulness to induce relaxation, improve fatigue, burn-out and depressive symptoms, and strengthen overall wellbeing.

Four published literature reviews of Reiki research state that there is sufficient evidence to conclude that Reiki is more effective than placebo in reducing pain and anxiety and that it has the potential for managing chronic health conditions and postoperative recovery (see references). The research on Reiki's effectiveness is promising, but more large studies are needed to convince medical professionals to invest their time, finances, and effort in researching how Reiki can serve as an adjunct to allopathic medicine. Only through successful, scientifically robust, large-scale clinical trials will the decision-makers at top scientific and medical institutions be convinced to support the widespread use of Reiki in hospitals, clinics, and hospices.

While most studies done today have focused on the energy healing/biofield healing paradigm as being adjunct practice to western medicine, like all traditional medicine energy healing/biofield healing was a primary healing process for thousands of years. Aboriginal practitioners working in clinics in Australia speak of information as old as 60,000 years. Two single case study examples of this more direct healing work are listed in Appendix C.

IV. Key Concepts, Terms, and Foundations:

Energy healing practices today are founded on the concept of a "vital energy" although each has its own explanatory model and terminology that reflects a particular cultural context. In 1992, in an attempt to bring unity to the enormous diversity of energetic practices, the term "biofield" was proposed in 1992 by an *ad hoc* committee of complementary and alternative practitioners and researchers convened by the then newly established Office of Alternative Medicine (OAM) at the NIH, the precursor to the National Center for Complementary and Integrative Health. The biofield is the innate energy field of the organism hypothesized to hold bioinformation key to biological regulation and healing. The general terms, "biofield" and "biofield practitioner," were offered as more suitable to the scientific and broader healthcare communities, and in 1994 OAM accepted them. "Biofield" was also accepted then as a medical subject heading in Medline, gateway to the National Library of Medicine. Nonetheless, most practitioners today prefer to be recognized as "energy practitioners" or "energy healers."

In general, energy healing practitioners interact with biofields within and around patients, themselves, and also with a purported subtle universal or cosmic energy field throughout space

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that is considered supportive to life. This energy view of life is considered to be complementary to the biomolecular view in conventional medicine, since physics has shown that matter has both wave (energy) and particle (molecular) characteristics.

A. The Practice of an Energy Modality:

The practice of supportive/adjunctive health care based upon traditional theories; in an attempt to support relaxation, relieve pain and improve bodily function. Please note that these techniques are used by multiple modalities. This includes: MD's, DO, DC, ND, DHom, FNP, RN, MA, PT, Lac etc.

1. Energy modalities shall include, but not be limited to:
 - a. Full body, joint, hand, nose, face, foot and/or scalp energy modality techniques.
 - b. Stimulation to energy modalities points and channels by use of any of the following:
 - i. Magnets, patches, photobiomodulation, water and electromagnetic wave therapies.
 - ii. Manual stimulation which may include stimulation by an instrument or mechanical device that does not pierce the skin, or by traditional movement patterns.
 - iii. Modulated electro-magnetic, near infrared and other frequency stimulation produced by the practitioners' own body where it is provided to the client, without touching the client.
 - iv. Recommendation and teaching of affirmations, breathing techniques, therapeutic exercises, lifestyle, behavioral, supportive, educational and stress counseling.
 - v. Prayer.
 - vi. Shamanic techniques including but not limited to: meditation, visualization, journeying, dialogue and interaction with perceived spiritual connections.
2. Energy modalities diagnostic technique shall include but not be limited to:
 - a. The use of observation, dialogue, listening, smelling, and inquiring.
 - b. It will include FDA approved or 510k cleared devices or wellness devices; these devices may be using techniques such as Gas Discharge Visualization, interstitial resistance, Kirlian photography, and thermography. All practitioners must present documentation to the committee confirming appropriate training on devices employed. All devices must be used only for the purpose for which the FDA granted approval.
3. Nutritional, herbal, life or health coaching advice will be included in the scope of practice only if additional training and certification are provided to the committee at the level approved for an appropriately certified, registered or licensed health care provider.

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4. Western medical diagnoses will only be allowed if the practitioner is licensed to practice medicine, osteopathy, naturopathy, dentistry, chiropractic, veterinary medicine, nursing or similar when and if it is within the licensee's scope of practice.
5. Chinese medical diagnoses will only be allowed if the practitioner is either dually licensed to practice Acupuncture and Oriental Medicine according to the laws of the State in question or is a Clinical Qigong practitioner who has completed a course of study which includes a minimum of 500 hours of training and courses including 110 hours of supervised training in theory, Chinese medical diagnosis, and didactic support of clients for whom the applicant is primarily responsible.
6. Psychological diagnoses will only be allowed if the practitioner is licensed to provide a psychological diagnosis according to the laws of the local state
7. Nursing diagnosis will only be allowed if the practitioner is licensed registered professional nurse or licensed family nurse practitioner.
8. Unless being seen in a traditional health care setting (ex. physician's office, clinic, hospital), all practitioners and clients will be fully clothed at all times.

V. NCCOEP Guidelines:

NCCOEP currently defined divisions for which there are ethical standards, standards of practice, and national certifications standards are:

1. Full Spectrum
2. Laying on of Hands
3. Natural Healers
4. Reiki
5. Qigong/Tai Ji
6. Cognitive Somatic Energy Practices (Energy Psychology)
7. Spiritual Healing
8. Shamanism
9. Radesthesia/Radonics/Dowsing
10. Clinical (Medical) Intuition
11. Remote Viewing

National certifications standards for each division are available to the public in pdf form (nccoep.org). Please contact nccoep@earthlink.net for more information. For styles of practice involved in each division please see Appendix A.

VI. Overview of the Energy Community

A. Types of members

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The energy practitioner and energy practice consumer communities are extremely diverse. Practitioners vary in age from individuals in their teens to individuals in their 90's. They come from all income brackets and from every cultural background. Consumers range from the youngest infants to the oldest humans. In addition, there are practitioners who specialize in healing animals and those who heal plants. Styles and underlying philosophies on which the style of practices are based vary significantly. A listing of styles by grouping of common features and premises are in Appendix A.

B. Governing Bodies:

There are many different governing bodies within the community. Larger training organizations will often have either a professional practice or alumni organization. There are individual practitioner organizations (see appendix D). There are style organizations such as National Organization for Medical Intuition. There are training programs which are accredited through the Career and Technical Education schools, Accrediting Commission of Career Schools and Colleges and the continuing education bodies in Europe that operate programs in the US.

C. Numbers of members of the community

Research has been done by Mills et al 2022 on more exact numbers of practitioners in the State of Massachusetts. NAOEP has done additional research done between 2022-2024 (unpublished) on AZ, CA, WA, NY, MT, VA, NC, and FL. The data has demonstrated a base of 2,000 practitioners per state advertising over the web who are in full time practice (30 hours per week +) even in more rural states. In addition, in MA we were able to confirm an additional 4,000 individuals in part-time practice. There is also a group that does not charge, may work out of houses of worship, donates time to hospitals, veteran's groups, prisons, animal sanctuaries and many other worthy causes. Finally, there are those that only work by referral or on family members. At this time, we can confirm over 100,000 practitioners in the US in full-time practice and between 300,000 – 500,000 in part-time or service practice in the country. Because no actual complete census of the community has ever been done, the numbers may be significantly higher. A potential for support of rural health care environments may be possible with greater organization of practitioners so that they can provide support to individuals in care deserts.

D. Skill level of members

One of the challenges with in the energy practitioner community is the range of training received, the level of prior standard health care training, the level of willingness to invest in their skills and the quality of training for the average practitioner. Because NCCOEP has provided the first standards across the community, there are major differences.

At the bottom of the training process are the \$16 programs with 100 hours of video courses in on-line providers like Udemy, which claim to produce “master” practitioners. This is a problem for the community as there is no oversight of the resultant practitioners and no confirmation that any skill has been developed. These practitioners have been found to be unskilled to the point of being dangerous. They often prescribe, which is not legal and they often

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diagnose, which is not legal. Legislation to remove such programs from US on-line providers would help to protect the US consumer.

The next level of training is the weekend workshops. Some of these are only a single weekend or a single evening of training and some are a short series of trainings (2-3 weekends). They may be in person or via the web. Of these the most common style is the basic Reiki training programs. These programs vary from 1 or 2 weekends to 10,000 hours of training in traditional on-site mentored Reiki training program. Misinformation and lack of standards of practice and ethics training are common in these programs. In research done by Connor et al (2021) only 4 Reiki training programs in the US actually taught ethics. Legislation requiring ethics training, standards of practice training, training and mandatory reporting of child and elder abuse and basic training in anatomy and physiology would be of value to the country.

The next level of training includes hybrid courses which are more extensive training and often include ethics and appropriate professional practice skills. These classes often run over 100 hours to 250 hours of training and can provide good basic skills. Committing to healership, is a life-long learning process and skills, as in any health care field, need to be constantly and continuously updated. Training in houses of worship often fall into this category and focus on connection to the “divine” rather than direct skills training. This is a distinct category difference from those programs that focus on skills, methodology or techniques.

From this point on in the formal practitioner skills training the number of hours increase, professional practice and ethics training, understanding that a practitioner may not prescribe or diagnose are all included in the training. A number of the programs exceed 1000 hours of training and appropriate supervision.

In addition, to direct practitioner training, there are many individuals who are already in the health care field who are trained in a standard health care discipline(s) as well as having training in the energy skills. These include physicians, nurses, chiropractors, acupuncturists, psychologists and other mental health professionals, ordained religious practitioners who may include some kind of health care training, physical therapists, massage therapists, etc. In general, these groups bring a tremendous commitment to providing the highest quality of care and most comprehensive care to their clients.

It should be noted that distinct from commercial training, shamanism, lineage trainings and indigenous training are often long processes which may start in childhood and continue throughout the practitioner’s life-time. Training is always mentored. Training always involves ethics and care of the client. Training is always extensive. Drilling of skills is a regular process and practitioners are brought along only as fast as they have the personal, emotional, mental, spiritual and psychological development to handle the next stage of learning.

E. Average age of community members

Based on our current research, the average age of practitioners in the US is in the mid-40’s.

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F. Divisions within the community

In this area we have questions and no real answers at this time. The energy practitioner community is significantly divided and fragmented. The most virulent of these is licensing vs no-licensing. Often these divisions result in rhetoric which is incorrect in many of the suppositions and contentions, within specific small groups. These divisions encompass the philosophical including presence vs. skills, the range of techniques (surrender vs. direct manipulation vs. spiritual connection vs. frequency modulation and wave manipulation), the legal, including no licenses because it is all spiritual work, must be licensed because it protects the public from harm, must have another health care license because of the need for both quality of care and the range of results. Another group of divisions is how to teach the work, how to train practitioners, what training should encompass at a minimum. Should every practitioner have anatomy and physiology training? What about biochemistry? What constitutes the “best” energy work and the “best” style of energy work? Should the work and the practitioner be tuned to the client and their needs instead of standard of care as defined by traditional western health care? Yet another, is on how the work is tested to be validated. Then there are huge divisions on the issues of distance work. Should there be any regulation? How can it be regulated? How well can distance work be tracked? What about distance work from other countries?

Included in the discussions about quality of care is a set of major hot buttons: mandatory reporting of child and elder abuse, mandatory involvement of western physicians in treating children with cancer when the parents do not want standard care, issues of constitutionality around “faith” healing done in and out of houses of worship. All of these need resolution in order that the industry as a whole may be clearer and stronger.

G. Accurate information on the financial situation of the community

Limited researched and verified information has been done on the financial situation of members of the energy community and of the community’s stability as a whole as an industry. Mills et al. developed on the State of Massachusetts and subsequent review of various states has shown similar information. However, that information has not been fully researched. A study looking at financial data on practitioners from each state would be valuable. If we use the Mills study as a model of 2000+ practitioners in professional practice with the average salary of \$120-\$160/hour with a 30-hour full-time schedule for 48 weeks per year then the average practitioner in professional practice is \$230,000 per year. That puts income for the professional practitioners in the \$460,800,000 per state per year. With an additional 2,000-4,000 practitioners working in any given state at a part-time level of 15-20 hours per week and with a salary range of \$60 - \$160/per hour, practitioners as a group bring over a billion dollars a year to each state. Many practitioners work on a cash only basis. Most cannot accept insurance. Many within the Reiki community claim that they only make “pin money.” It would be valuable to explore how much money in taxable income are missing from both the state and federal governments understanding.

With the advent of COVID, many practitioners switched to online practice and continued to practice full-time. While practitioners are generally paid with discretionary income and are vulnerable to market down-turns, practitioners are flexible and creative. Many charged more for distance healing work as it takes more preparation and greater skill and focus. So, while many

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people lost income during the COVID lockdowns, energy practitioners in clinical practice were less impacted than many individuals. Energy practitioners are experiencing more impact from the current changes in job growth and stability that was experienced during COVID. This is due to the changes in discretionary spending and country-wide economic insecurity.

In addition to failure to report barter, cash and other types of income, many practitioners are also unaware of state laws regarding business licenses, health and fire safety inspections, and ADA business accessibility laws. Because of ignorance, believing it is a religious practice and/or they are working out of their personal residence, they do not believe they are covered under business law, these practitioners are operating without these licenses and inspections, which is additional money missing from government income and places consumers' safety at risk.

VII. Issues of group management and security exposures:

A. Mental Health Screening:

At this time there is no mental health screening for energy practitioners. While some health care disciplines do include reporting of significant mental health crisis, there is nothing similar for energy practitioners. In addition, there is a segment of the community with significant mental health issues. This is in part because extended sensing skills were seen incorrectly as mental health issues rather than hold overs from hunter-gather skills. In addition, there were no concrete methods to distinguish between extended sensing skills and actual brain damage. As a group, energy practitioners function independently, and act in accordance with their personal ethical values. Those values may not be in alignment with the particular community in which the person lives. There is also no requirement for energy practitioners to undergo a therapeutic process to discover their personal unconscious issues. Many practitioners because of their deep longing to be of service are at risk of exploitation.

B. Ethical Issues:

While the community has now defined some basic ethical parameters there is still confusion and serious disagreement between groups. For example: ethical parameters for shaman and ethical parameters for individuals doing cognitive somatic energy work are very different. Ethical parameters on contact with a client including future personal relationship involvement are held differently even within the full-spectrum community. Some groups are saying no involvement with a client ever and some saying after a year or two years of no contact, a relationship would be permissible. It is important to note that these discussions are taking place but no formal meetings have been defined and no formal groupings for some of the segments of the community have been defined. This is a significant problem. Standards need to be created which encourage stable appropriate behavior.

No one wants some random person consciousness fusing with their consciousness without their permission, who then can share their personal issues in public without their permission. Meetings to define ethical standards with penalties attached to negative behaviors and violations for each community segment would be appropriate given our current society.

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C. Standards of Practice:

While NCCOEP has defined basic standards of practice, like ethical standards, these need to be normalized in the industry. At this time no significant effort has been made to resolve this issue. Only about 600 training programs from the more than 30,000 US energy training programs have agreed to support these standards of practice. Fewer still actually teach the material. As this is a consumer safety, national security and an interstate issue, legislation on the federal level might be something to consider.

D. On-line training vs. In person training:

There has been an explosion of online training platforms across the world which are accessible from the US via the internet. Most of the online training is of limited quality unless it is combined with on-site and hands-on training. This is a huge exposure issue in many of the energetic disciplines. Anything in health care can be used to help or to harm. It is very important to make sure that appropriate skills training and ethics training are done to maximize consumer protection. Because of the diversity of the practices and the practice community, developing legislation on a state level would be difficult. Legislation on a federal level would be appropriate as the online training in particular can cross both state and country lines and the enormous diversity contributes to the need for federal support in this area.

E. Distance skills:

Most all energy practitioners who have been in practice at any level for any length of time (plus three years) begin to develop distance skills. While their skill depends on the level of their training and the range of their natural perceptions, any practitioners who can do the most basic manipulations of the energy field (push, pull, stop, allow, grounded flow, modulating flow) can cause damage if improperly trained. While some energy practices use only intention setting and prayer, some practices reach from one point of space to another and are physically manipulating the body involved. Again, legislation on a federal level would be appropriate as the practitioner is able to cross both state and country lines. There is at this time a large community of international practitioners who work on US citizens on a regular basis. Verification of international practitioners, their training, their range and their ethics would be valuable information for national security purposes.

F. Human Trafficking:

Most energy practitioners are deeply shocked that human trafficking is involved even peripherally in energy practices. A percentage of trafficked individuals are forced into the sex trade and are then advertised as Reiki practitioners. These individuals are rarely trained in the actual skills though there are both those who come from South American countries for example, who have been trained as shaman, curanderos, or the equivalent, who have been placed in that position. Several years ago in Tucson, AZ, individuals were brought in, attuned to Reiki, ordained through an online ordination and then were put on the street to do “spiritual and sexual healing.” Individuals involved were arrested and prosecuted. This does show an example of the

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exposure issues. Deliberate efforts to remove human trafficking from the energy community would be greatly appreciated by the whole community.

VIII. Political and Judicial Issues to be Resolved

The following are issues that cannot be resolved without support from state and federal members of the US political and legal communities:

A. Licensing vs No License

As discussed previously there is a large controversy in the community about licensing practitioners. Many practitioners believe that health freedom acts are sufficient protection without understanding that it provides the individual practitioner with no protection from prosecution civil and criminal and it does not provide the consumer with protections from poorly trained practitioners seeking to practice medicine without a license.

A segment of the community wants to be able to practice “freely” and without any oversight. This group of practitioners believe that they are involved in a co-creative act of creation and as such the process needs to be considered as a form of art abet within the health care field. Further, they believe that anything that happens in a healing session as part of that process is reasonable and ethical. This is also a legal issue as the community has seen a group of inappropriate practitioners engaging in sexual activities with their clients without consent.

Another segment of the community would be grateful to be able to practice without ambiguity or fear. Being licensed provides boundaries on what comprises ethical behavior, and what provides information on advertising, reimbursement on referrals etc.

In spite of efforts on the part of members of NAOEP, NCCOEP, and various individual organizations these remain significant issues. Funding available for political advocacy is not sufficient. As a result, to solve licensing issues quickly and easily, 24 states are now licensing energy practices under massage. This is a significant problem for the energy healing industry as the training requirements are different and practitioners’ skill levels may be different. The average massage training to licensing levels runs between \$7,000-\$12,000 where a Reiki practitioner can be trained for less than \$1,000. In addition, there is a hierarchy of medicine. A board of massage practitioners is not able to tell a physician, a nurse, a chiropractor, a psychologist, a physical therapist, a pastor or an acupuncturist what they may do. Past legal precedents hold that the person’s highest licensing level is what they are judged upon. This also means that while providing a quick fix, the problems in the industry in those states will be promulgated. We have already seen segments of the industry go underground because they do not want to do the training required to become a massage therapist. They are different processes. It is like requiring a cello player to be also trained as a drummer when it is something they will never use in their musical performance work.

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B. Federal vs. State Licensing and cross-state workers.

As discussed in several sections of this paper, practitioners in the US regularly provide services in other states than their primary residence. While physicians, nurses, etc., must be licensed in each state or the states must have reciprocity, that is not the case with energy practitioners at this time. Federal legislation on this issue would help to resolve this problem, providing a country wide approval for energy practitioners who pass some sort of ethics test and qualifying test. Science does have sufficient information now to provide a tested and empirical qualifying exam for practitioners.

C. Non-State Licensing Boards Claiming to Provide Licensing to Practitioners.

There are a number of groups on the internet who are claiming to provide legal licensing for energy practitioners. In the absence of federal regulation, health care regulation for licensing at this time is only done by each state and on the state level.

D. Religious Practice and Religious Freedom

While the U.S. Constitution specifies a clear separation between church and state, the issues around practitioners who do not claim a religious position to do the energy practices are not clear. Those practitioners who do claim a religious certification/ordination or similar position, are also not clear on whether they are required to only work on members of their congregation and at religious facilities. Are they also required to offer religious services on a weekly or daily basis? Are they also required to provide spiritual counseling services? If yes, should the state also require that they are trained to provide standard counseling services?

E. Indigenous Practices on and off Reservations

There is confusion throughout the industry and on reservations on whether an indigenous practitioner is limited to practice only on reservation land and on registered members of a tribe recognized by the government. There are arguments that have been made that have been put forward on each side of the issues. It would be valuable to clarify this information so that indigenous members of the community could practice freely and without fear of confusion or reprisal. Federal legislation on this issue would be necessary since this is a federal issue.

F. Insurance support for the industry

Recently the NAOEP board received a letter from the CHUBB insurance group saying that it would no longer provide board insurance for NAOEP as it was a “medical credentialing organization.” While gratifying to be recognized for our efforts, insurance reimbursement for energy practitioner services have still not been addressed appropriately. There are only a limited number of billing codes for energy practices, primarily listed for relaxation. Placing energy practitioners and indigenous providers on the list as Medicare and Medicaid providers of services can help reduce dependence on physician services, especially in areas of provider deserts.

G. Legislative Creep

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Another concern in the community, which is part of the excuses to refuse to license energy practices, is the issue of legislative creep. It is a continuing increase of requirements for practitioners to meet to be able to practice. For example: many practitioners do not keep any records at all. While a lack of record keeping does not meet other health care segments industry standards, energy practitioners claim it protects confidentiality of the client. As practitioners do not have the option to bill insurance in most instances, even in states that require massage licensing, practitioners see this as an example of burdensome requirements.

H. Inter-Country Trade

There are literally thousands of international practitioners providing services to individuals who are living on US soil. This is a loss of income for the states, a loss of billable trade interaction for the federal government and a national security issue. It would be useful to have it addressed at the federal level at the very least. For a more complete discussion of these issues please read “Healing at the Borderland of Medicine and Religion” and “Complementary and Alternative Medicine, Legal Boundaries and Regulatory Perspective” by Michale H. Cohen, Esq.

IX. Artificial Intelligence scraping of Energy Practices materials and potential for Human Harm:

This is already an issue all over the planet as some of the protocol books for energy practices have been AI scraped without permission of the authors or the copyright holders. This means that the “horse is already out of the barn.” It is common information in the AI community that teaching ethics to AI systems has been poor to non-existent. AI systems lie. AI systems do what they are requested to do without appropriate ethical exploration prior to the system taking action. Given a frequency generator, a sound projection device and a protocol book, an AI system given the correct opportunity, could wipe humans from the face of the earth. Everything in health care can be used to both help and harm.

X. Distinguishing Energy Practices from different types of Complementary practices:

There are many different types of alternative practices which contribute to the well-being of Americans. (For a list of alternative practices see Appendix B) Many are practiced regularly in the US. Most of these have little or no research support for the efficacy or effectiveness of the modality. Meditation, massage and music therapy are the most researched in the alternative practices’ community with meditation and music therapy having had a recent growth in research which has shown significant value for the practices.

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Appendix A: List of styles of Energy Practices

Please note: There are many styles of energy practices which are not yet categorized and not listed here. Collection of this information is ongoing.

Styles of Energy Healing		
<u>Full Spectrum</u>	<u>Short training - Laying on of Hands</u>	<u>Spiritual Healing</u>
Bruyere/also spiritual	The Reconnection	Calling in Holy Spirit
Brennan Healing Science	Matrix Energetics	Peruvian Shamanic Healing
Resonance Modulation	Matrix Reimprinting	Shaktis
Polarity Therapy	Xponential Intelligence	Ascended Masters
Healing Touch Program	Archangel Michael	Rings of Oden
Healing Beyond Borders	Archangel Raphael	Godess Healing
Integrative Energy Healing/AIEH	EMF Balancing	Direct Divine Light Healing
Eden Method	Chakra Balancing	Energy Touch Spiritual Ministry
Touch Healing	Altar of Creation	Healing Light Center Church
Core Star Healing	Energetic Healing	Marconic Ascension Energy
Energy Healing Institute	Energy Balancing Technique	Kabbalah
Rhys Thomas	Trauma Release Exercises	All Souls (jason shulman)
Energy Medicine Partnerships	Esoteric Healing	Divine Intervention
	Shamballa Multi-Dimensional Healing	Earth Shamanism
	Solar Star	Modern Mystery School
<u>Laying on of Hands</u>	Morphogenic Field Technique	Universal Kabbalah
	Rising Star	Collective Souls
Theta Healing	Prima Birthing	Prananadi (Tibetan)
Quantum Healing	Language of Light	School of Energy Mastery
Quantum Touch	Light Language	All Souls Healing
Pranic Healing	Life Activation Initiation	Four Winds
Integrated Energy Healing	Bengston Energy Healing	
Body Talk	Still Point	<u>Shaman</u>
Light Body	White Time Healing	
Therapeutic Touch	Polarity Energy Balancing	Celtic Shaman Ritual
Krysantha Healing (matrix/threading)	Foot Zone	Peruvian
HBLU	Pleiadian Lightwork	Cuendaro
Institute for Integrated Healing	Ancestral Healing/illumination	Foundation for Shamanic Studies

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Herquala Healing	Karmaic Regression Therapy	Sky Shaman (Mongolia)
Field Dynamics Healing	Ruach Healing Method	Nigerian Shaman
	Hermetics	Australian Indigenous Shaman
	Sekhem Energy Healing	
Cognitive Somatic Energy Practices	Chakracologist	
	Core Alignment	Radiesthesia
TAPAS Acupresure Technique (TAT)		Vessica Institute (school)
Allergy Antidotes (AA)		Altera (spanish devices)
Emotional Freedom Technique (EFT)		Radionics
Wholistic Hybrid Energy (WHEE)		Supersensonics
Thought Field Therapy (TFT)		Psychotronics
Comprehensive Energy Psychology		Physical Radisthesia
Body Code		Phosphenism
Emotion Code		Biogeometry
Repatterning Association		Abrams Method
Heart Asisted Therapy (HAT)		AetherForce
Usui Based Reiki Styles		
Abundance Reiki	New Life Reiki	
Adama Starfire Reiki	New Usui Reiki	
Alchemy Reiki	Ni Kawa Reiki	
Alef Reiki	OBE Reiki	
Aloha Reiki	Oktagonal Reiki	
Amanohuna Reiki	Original seven degree reiki	
Angelic Raykey	Osho Neo Reiki	
Angel Touch Reiki	Planetary Reiki	
Anugraha Reiki	Purple Reiki	
Archangelic Seichim Reiki	Radiance Technique	
Archangelic Reiki Attunments	Rainbow Reiki	
Ascension Reiki	Rainforest Reiki	
Authentic Reiki	Raku Reiki	
Ayurveda Reiki	Raku Kei Reiki	
Blue Star Reiki	Real Reiki	
Brahma Satya Reiki	Reido Reiki	
Buddho Ennersense Reiki	Reiki Hijau "green reiki"	
Celestial Reiki	Reiki Jin Kei Do	
Celtic Reiki	Reiki Kotodama	

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Chakra Reiki	Reiki Nur Ilahi
Crystal Reiki	Reiki Plus
Dentou Teki Usui Reiki	Rei Ki Tummo
Dragon Reiki	Reiki Ryoho
Dolphin Reiki	Rodari Reiki
Dolphin Trilogy Reiki	Runic Reiki
Dorje Reiki	Sacred Flames Reiki
Dos Rios Reiki	Sacred Moon Reiki
Dragon Reiki	Sacred Path Reiki
Elemental Reiki	Sai baba Reiki
El Moyra Reiki	Saku Reiki
EnerSense-Buddha	Sangye Menlha Reiki
Faery Reiki	Satya Japanese Reiki
Fire Serpent Reiki	Seichem Reiki
Fusion Reiki	Seichim Reiki
Gakkai Reiki	Sekhem Reiki
Gayatri Reiki	Sekhem-Seichim-Reiki
Gendai Reiki Ho	Shakyamuni Reiki
Gold Reiki	Shamanic Breathwork Reiki
Golden Age Reiki	Shamanic Reiki
Golden Triangle Reiki	Shin Reiki
Huna Reiki	Shin Jiro Reiki
Ichi Sekai Reiki	Siddhearta Reiki
Imara Reiki	Silverwolf Reiki
Inga Reiki	SKHM Reiki
Innersun Reiki	Snow White Reiki
Intuitive Reiki	Spider Reiki
Isis Seichim Reiki	Stellar Reiki
Japanese Reiki	Stellar Reiki
Jikiden Reiki	Sufi Reiki
Jin-Kei Do	Sun Li Chung Reiki
Jinlap Maitre Reiki	Tachyon Reiki
Jinlap Maitri Tebetan Tantic Reiki	Tanaki Reiki
Johrei Reiki	Taokan Reiki
Kabbalah Reiki	Taa Reiki
KaHuna Reiki	Tera-Mai and Tera-Mai Seichim
Kamic Reiki	Threshold Reiki
Karuna Ki	Real Tibetan *****
Karuna Reiki	Tibetan Reiki
Kava Reiki	Tibetan Soul Star Reiki
Ken Reiki-do	Truth Ray Infushion Reiki
Komyo Reiki Kai	Tummo Reiki
Kundalini Reiki	Uhane Nui Reiki
Kuanyin Reiki	Universal Reiki Dharma
Lavender Flame Reiki	Usui-Do
Lemuian Reiki	Usui Reiki Ryoho
Lightarian Reiki	Usui Shiki Ryoho

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Lotus Reiki	Usui Shin Kai
Lotus Blossom Reiki	Usui Teate Reiki
Lunarr Reiki	Usui/Tibetan Reiki
Magnussa Phoenix Reiki	Usui Universal Healing Reiki
Mori Reiki	Vajra Reiki
Mari El	Violet Flame Reiki
Maitri Vihara Reiki	Violet Light Reiki
Ma heo'o Reiki	Wei Chi Tibetan Reiki
Mayan Reiki	White Dove Reiki
Medicine Buddha Reiki (sangye menlha reiki)	White Light Reiki
Medicine Dharma Reiki	
Medicine Reiki	
Melchizedek Method Reiki	
Men Chhos Rei-ki	
Merfolk Reiki	
Monastic Seven Degree Reiki	
Qigong	
Three principal types (7000 types practiced in the US)	
Martial Qigong	
General Maintenance Qigong	
Medical Qigong (There is contraversey about this seperation.)	
Muscle-Tendon Change Classic (Yi Jīn Jīng 易筋經).	
Five Animals (Wu Qin Xi 五禽戲).	
Six Healing Sounds (Liu Zi Jue 六字訣).	
Eight Pieces of Brocade (Ba Duan Jin 八段錦).	
Five Elements	
Shi Er Duan Jin	
Daoyin Yang Sheng Gong Shi Er 12 routines guiding and pulling qi.	
Mawangdui Daoyin- guiding qi along the meridians with awareness.	
Da Wu (大舞): choreographed exercises to lubricate joints and guide qi.	
Iron Shirt	
Soaring Crane Qigong	
Wisdom Healing Qigong	
Pan Gu Mystical Qigong	
Wild Goose (Dayan) Qigong	
Dragon and Tiger Qigong	
Primordial Qigong (Wujigong)	
Zhang Zhuan (Standing Meditation, done in various postures)	
Wu Xing-Five Organs (Tonifying each organ system.)	
3 Dantians	
Cloudy Hands (Arms movements which integrate other types of qigong)	

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Muscle Tendon Lengthening (The art of stretching)
Golden Ball (Moving qi around the dantian)
8 Extraordinary Meridians
Heaven & Earth (Micro/macro cosmic orbit, three dimensional pulsing & elasticity)
Spine training (Drawing qi into the spine for healing, power)
Chan Su Jing , (Silk Spinning –joint releasing & spiraling movements) go
Immortals Dancing in the Clouds (Includes Bone Marrow Washing)
Daoyin , An orthodox Daoist Lineage Hermit Practice.
Hunyuan (Prenatal movement emphasis on the movement of fluids.)
8 Silken Brocades (8 Sinew lengthening and integrating movements)
Gold Bell
Seated Qigong of various lineages.
Daoist meditation
Iron palm
Stillness Qigong
Sleeping Qigong
5 animal play qigong
Fragrant Qigong
Walking Qigong
Slight Improving Qigong
Weight Loss Qigong
Beauty Qigong
Relaxation Qigong
Longevity Self Massage
Shibashi
Mobility Improving Qigong
Wai Qi (external qigong)
Warrior Qigong - Luohan Carrying Water
Ba Gua
Push Hands
CHOW qigong
International College of Medical Qigong
Franzas (school)
Cohen Qigong (school)
Spirit Dragon Institute (school)
Chung Nan Style
Neigong
Flying Phoenix Qigong
White Tiger Qigong
Three treasures
Dragon's Way Qigong
Spring Forest Qigong

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Ma-qigong
Radiant Lotus Qigong
Integral Qigong
Dancing Qigong
White Crane Qigong
Emei Qigong
Pangu Qigong
Energy Gates Qigong
Recharging Qigong
Organ Harmony Qigong
Horse Stance (Horse Ridding Stance Ma Bu) Qigong
Chiang Mai Qigong
Chi-Lel Qigong
Dragon-in-the Woods Qigong
<u>Taiji</u>
Main Styles
Yang
Chen
Wu/Hao (1st Wu)
Wu (2nd Wu)
Sun (used in physical therapy)

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Appendix B: List of Common Alternative Practices

Alternative Therapies Listings	
<i>Additional Techniques</i>	Medicine
	Chelation therapy
Activated charcoal cleanse	Blood irradiation therapies
Autogenic training	
Affirmative prayer	Osteopathy
Animal-Assisted Therapy	Manipulative therapy
Apitherapy (bee products)	
Aromatherapy	Functional medicine
Astrology	Eclectic medicine
Bach flower therapy	Detoxification
Bio-resonance therapy	
Chromotherapy (color therapy, colorpuncture)	Holistic medicine
Cinema therapy	Biofeedback
Coding (therapy)	Gut Rebalancing
Colloidal silver therapy	Hair Analysis
Colon cleansing	Light therapy
Colon hydrotherapy (Enema)	Occupational Therapies
Creative visualization	Phototherapy
Crystal healing	Photobiomodulation
Dietary supplements	Mega-vitamin therapy
Ear candling	Micro-dosing
Equine-assisted therapy	Mycotoxin Therapies
Faith healing	Neurofeedback
Fasting	Trace Metals
Feng shui	
Flower essence therapy	
Grahamism Diet Therapy	Naturopathic medicine
Graphology	Herbal therapy
Herbalism	Nutritional healing
Holistic living	Bio-resonance
Iridology	Prokarin- medication
Korean Hand Therapy	
Laughter therapy	
Macrobiotic lifestyle	Chiropractic

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Magnet therapy	Applied kinesiology
Nutritional supplements	Craniosacral therapy
Numerology	Manipulative therapy
Orthopathy	Network Chiropractic
Pilates	
Prayer	
Radionics	Acupuncture
Recreational Therapy	Auriculotherapy
Salt Therapy	Chinese medicine
Support groups	Chinese food therapy
Therapeutic horseback riding	Chinese pulse diagnosis
Tibetan eye chart	Meridian (Chinese medicine)
Traditional Chinese medicine	Five elements
Traditional Korean medicine	Gua sha
Traditional Japanese medicine	Moxibustion
Traditional Mongolian medicine	Cupping
Traditional Tibetan medicine	Zang fu
Vaginal steaming	Tui Na
Visualization	Qigong

Massage therapy	Dance therapy
Massage	Body Mind Centering
Swedish	Breath of Life
Craniosacral therapy	Leonard Therapy
Deep Tissue	
Sports Massage	
Chair Massage	Yoga
Pregnancy Massage	Hatha yoga
Cupping	Yoga
Gua sha	Ashtanga yoga
	Ashtanga vinyasa yoga
	Bikram yoga
Body-based manipulative therapies	Iyengar yoga
Reflexology	Kundalini yoga
Manual lymphatic drainage	Siddha yoga
Myofascial release	Sivananda yoga
Trager approach	Tantric yoga
Trigger point	Viniyoga
Acupressure	Vinyasa yoga
	Yoga Therapy
Asian Body work	Daoyin Taoist Yoga

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Shiatsu	
Thai massage	
Tui Na	Martial arts
	Chinese martial arts
Hawaiian Body Work	Qigong
Lomi Lomi	T'ai chi ch'uan
Kumu Kahi Lowa	Asahi Health
	neigong
Ayurveda	Tao yin
Siddha medicine	
Herbalism	
Chakra	Optometry
Urine therapy	Oculomotor coordination
	Bates method
Structural Integration	
Rolfing Structural Integration	Unani Tibb
Rosen Method	Urine therapy
Alexander technique	Hijama
Heller Work	
Trigger point	
(Polarity Therapy)	Earthing
Feldenkrais method	
Grinberg Method for pain	
Naprapathy (connective tissue)	
Homeopathy	
Electrohomeopathy	
Isopathy	

Psychotherapeutic	Art Therapies
Attachment therapy	altar
Autogenic training	Collage
Bioenergetics	cut and paste
CORE energetics	Forgiveness box
EMDR	paint body state
Family Systems	paint emotion state
Havening Technique	power mask
Light therapy	zentangle
Neuro-linguistic reprogramming	

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Rebirthing	
Support groups	Music Therapy
Neurofeedback	Composing
	Drumming
	Improvisation
Meditation	Hemi-Sync
Mind–body intervention	music assisted relaxation
Mindfulness meditation	Recreation
Transcendental meditation	Spatial Angular Modulation
Vipassana	Spiritual Music
Autogenic training	
	Sound Therapy
Hypnosis	Biodanza
Hypnotherapy	Entrainment
Past Life Regression	Goldman Method
Autosuggestion	Sonic tuning
Self-hypnosis	
	Aqua Therapies
	Balneotherapy (hot water mineral bath)
	Detoxification foot baths
	Hydrotherapy
	Hyperbaric Chamber
	Isolation Tank
	Thalassotherapy (sea water)
	Watsu

Recovery of Range of Motion in the Hands in Diagnosed Non-differentiated Arthritis using Resonance Modulation Technique

Purpose

Female Client in her 60's with diagnosed non-differentiated arthritis participated in five on-site and two distance Resonance Modulation energy healing sessions with the goal of restoring functional mobility of thumbs of both hands. At the start of the sessions the client had no freedom of movement of the thumbs and significant stiffness in the hands. Significant jerking of the thumbs tendons was necessary to enable movement over existing calcium deposits. MRI's of hands will be presented pre-sessions. Video of hands post-sessions will be available for viewing.

Materials

Energy Healer Resonance Modulation technique
MRI X-ray Pre-session Video post-session

Methods

Calcium was dissolved by the application of the following Resonance Modulation procedure:

Step one: Practitioner made contact with the space time continuum wave which seats in the center of the tips of the torsion electromagnetic field of the heart (heart chakra).

Step two: Practitioner sent the space-time continuum wave into practitioner hands.

Step three: Practitioner's energy field was sunk into client's thumb tissue.

Step four: Practitioner shifted the consciousness into client's thumb tissue to direct the flow of the space time continuum wave.

Step five: Practitioner sought contact with 'key cells' of the thumb tissue. These cells hold conscious awareness of the purpose of any particular grouping of cells.

Step six: Practitioner made contact with the client's heart-longing for resolution.



Step seven: Practitioner maintained conscious connection with the space time continuum wave, the truth of the client's heart-longing, key cells and the thumb tissue until the Client's thumb tissue once again recognized the truth of it's function and structure.

Step eight: Excess calcium dissolved real time.

Step nine: Practitioner re-gridded the resonances of the water molecules which hold the cells together to allow tissue to complete the return to truth.

Step ten: Practitioner modulated resonance to the divine light of love and began the flow of the divine light of love from practitioners crown down the body, through the heart, down the arms, into the hands of practitioner and into the client's thumb tissue.

Step eleven: Practitioner re-seated and confirmed restoration of client consciousness into thumb tissue.

Step twelve: Client tissue was energetically palpated to confirm that the client's tissue full of the new resonances and then practitioner consciousness and energy field was withdrawn. Client resolution was evident within three sessions and resolution was complete within ten days.

Results

Client resolution was evident within three sessions and resolution was complete within ten days.

Conclusion

The resolution which was produced with this client is sufficient to warrant pilot study of the Resonance Modulation technique on nondifferentiated arthritis.

This study was funded with a grant from the EarthSongs Group

Genevieve Tau, BA, Honors
Melinda H. Connor, D.D., Ph.D., AMP
Optimal Healing Research

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Appendix D: Partial List of Practitioner Focused US based organizations

Name	Web address
Energy Healers Association South Africa	www.energyhealersassociation.org
International Energetic Healing Associaton	www.internationaleha.org
Energy Medicine Professional Association	www.energymedicineprofessionalassociation.com
Energy Medicine Association	www.energymedicineassociation.com
International Association of Reiki Professionals	www.iarp.org
Reiki Healing Association	www.reikihealingassociation.com
Healing Touch Professional Association	www.htpa.wildapricot.org
Energy Practitioner Association eft n uk	www.energypractitionersassociation.org
International Reiki Association	www.reikiassociation.com
Energy Therapies Association	www.energytherapiesassociation.org
Association for Advancement of Energy Medicine QEST	www.aaemqest.org
International Natural Healers Association	www.internationalhealers.com
American Holistic Health Association	www.ahha.org
National Association of Holistic Wellness	www.nahw.net
Natural Healers schools posting	www.naturalhealers.com
Brennan Healing Science Association	www.brennanhealingscience.org
International Association of Chiron Healers Inc	www.iachi.com
National Spritualist Association of Churches	www.nsac.org
National Qigong Association	www.nqa.org
American Tai Chi and Qigong Association	www.americantaichi.org
Energy Medicine Directory	www.energymedicinedirectory.com
International Association of Natural Health Professionals (naturapath)	www.ianhpinternational.org
Federation of Spiritual Healer Licensing Boards	www.fshlb.info
Natural Healing Alliance	www.naturalhealingalliance.org
National Association of Complementary and Alternative Practitioners	www.nacams.org
Crystal Healing	www.crystalhealer.org
alternatives for healing	www.alternativesforhealing.com

Appendix E: Standards of Practice for Energy Practitioners

Standards for the Energy Practitioner

Preamble

Energy practices are in the service of individuals with needs in mental health, physical health, habilitation, rehabilitation, special education, self-care or personal growth. Services are rendered to individuals of every chronological age, mental age, and adaptive level of functioning in a variety of health care, habilitative, rehabilitative, educational, community, and private practice settings. In each instance, the purpose is to help individuals attain and maintain their maximum levels of functioning.

Concomitant with the Energy Practitioner Code of Ethics, these Standards of Practice are designed to assist practicing Energy Practitioners and their employers in their endeavor to provide quality services. The Energy Practitioner will utilize “best professional judgment” in the execution of these standards.

Principles of Professional Practice

Clients must be able to trust Energy Practitioners. To justify that trust you must show respect for human life and you must:

1. A practitioner follows all aspects of the Code of Ethical Practice, specifically those regarding knowledge of state and federal regulations.
2. A practitioner in private practice establishes financial arrangements for professional services consistent with the fees charged by other professionals for comparable work.
3. On-going training, peer review or supervision in energy practices and skills is essential.
4. An understanding of Psychotherapy through study is essential.
5. An understanding of Anatomy and Physiology is essential.

Duties of an Energy Practitioner

- Providing good quality care
- Make the care of your client your first concern
- Treat clients as individuals and respect their dignity
- Treat clients politely and considerately
- Respect clients' right to confidentiality
- Never abuse your clients' trust in you or the public's trust in the profession.
- You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

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- Practitioners are to practice and serve in ways that cultivate awareness, empathy, compassion, appropriate boundaries and wisdom.

Timely evaluation of clients:

- The Practitioner should see the client within a period of time commensurate with the needs of the patient.
- If the Practitioner is unable to schedule the client for services in a reasonable period of time the practitioner should provide the client with alternative referrals.
- If there is any significant change in the client's condition, the client's team members and/or the client's physician should be contacted.

Maintaining good practice standards:

- Provision of an appropriate setting for clinical work with reasonable standards of safety, security and privacy correct for the style of practice in which the Energy Practitioner is engaged.
- A record of all sessions should be maintained. This can be a written record in notated, coded or specific form, taped, video or audio taped, computerized etc.
- Practitioners shall assist with only those practices for which they are qualified by personal experience and by training or education.
- Practitioners shall strive to be aware of how their own belief systems, values, needs, and limitations affect their work. Always recognizing that participants may be especially open to suggestion, manipulation, and exploitation in this process.
- Energy Practitioners sessions are to be conducted in the spirit of service.
- Practitioners shall practice openness and respect towards people whose beliefs are in apparent contradiction to their own.
- Establishment with the responsible parties (client where possible, parent, guardian, or appropriate authority), of a mutually acceptable contract, regarding treatment goals, methods of implementation, relation to other therapists, and conditions of termination.
- Practitioners will terminate services when the client has attained stated goals and objectives, fails to benefit from services, can no longer be scheduled, or is discharged.
- Practitioners will give consideration at the time of termination for scheduling periodic reevaluation to determine the need for follow-up services.

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- If appropriate for their tradition Practitioners will prepare termination plan in accordance with applicable regulations. The termination plan will include a list of optimized the goals of the individualized program plan. Coordinate with the individualized program plans of other services received by the client. Allow sufficient time for approval, coordination, and effective implementation whenever possible. Summarize the client's progress and functioning level at the time of termination.
- Practitioners will provide all active clients with information on how they may contact a covering provider when they are on vacation, ill, on family leave or equivalent circumstance.

Relationships with clients:

- Practitioners must strive for good communication with their clients.
- Practitioners should work in partnership with their clients.
- Listen to patients and respond to their concerns and preferences.
- Practitioners shall make reasonable preparations to protect each client's health and safety during sessions and in the periods of vulnerability that may follow.
- Give clients the information they want or need in a way they can understand.
- Be open and honest with clients if things go wrong.
- Respect patients' right to reach decisions with you about their care and support.
- Support clients in caring for themselves to improve and maintain their health.
- Limits on the behaviors of clients and practitioners are to be made clear and agreed upon in advance of any session.
- A Practitioner does not work with clients in a role that is either exploitive or decreases objectivity.
- Practitioners must maintain awareness of the potentially powerful role between practitioners and persons such as clients, students, and subordinates and avoids exploitation of the trust and dependency of such persons.
- These practices are to be designed and conducted in ways that respect the common good, with due regard for public safety, health, and order. Because the increased awareness gained from energy practices can catalyze desire for personal and social change, Practitioners shall use special care to help direct the energies of those they serve, as well as their own, in responsible ways that reflect a loving regard for all life.

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- Practitioners do not offer ongoing clinical services to persons currently receiving treatment from another professional without prior knowledge of and in consultation with the other professional, with the clients' informed consent. Soliciting such clients is unethical.
- Practitioners exercise care and inter-professional courtesy when approached for services by persons who claim or appear to have inappropriately terminated treatment with another professional.

Consent:

- Practitioner shall respect and seek to preserve the autonomy and dignity of each person.
- Participation in any session must be voluntary and based on prior disclosure and consent given individually by each participant while in an ordinary state of consciousness.
- Disclosure shall include, at a minimum, discussion of any elements of the practice that could reasonably be seen as presenting physical or psychological risks.
- In particular, clients must be aware that an energy experience may cause the client to have a range of responses from relaxation, to insightful, to difficult and transformative.
- Documentation of Informed Consent should be maintained when applicable.
- Informed consent must be obtained prior to any procedure. Risks, benefits and alternatives must be specifically addressed.

Confidentiality:

- Respect patients' right to confidentiality.
- Appropriate customs of confidentiality are to be established and honored.
- Maintains the confidentiality of written records.
- Engages in discussion of clients for professional purposes only, and avoids identity of client except when essential.
- Obtains permission before using any client information contained within audio or videotapes.
- Respects right of informed consent and other legal requirements when involving clients, client's records or videotapes for research purposes.
- Preserves the client's anonymity outside the clinical setting.

Protect and promote the health of clients and the public:

- Practice good self-care.
- Do not provide sessions when you are ill.
- Do not provide sessions when you are medicated.

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- Keep your professional knowledge and skills up to date.
- Recognize and work within the limits of your competence.
- Referral of the client to the appropriate professional or agency when circumstances might result in either ineffective or harmful treatment.
- Raise concerns about client safety.
- Practitioners must report to the local authorities any cases or suspected cases of physical or sexual abuse involving children.
- Practitioners who are not licensed medical professionals or do not have training in emergency medical support may not provide emergency services that they have not been trained to provide except in situations where the “Good Samaritan” rule applies. Instead, those practitioners should do all that is reasonable to support the client receiving appropriate emergency care.

Avoid treating those close to you

- Do not solicit or accept requests from individuals with whom the therapist/practitioner is in a dual relationship where one of these roles represents conflicting or competitive interests. Examples of such dual relationships include but are not limited to, research and treatment with students, supervisory, friends, employees, or relatives.
- Sexual intimacies with clients are unethical.
- If it appears that a Practitioner cannot maintain appropriate boundaries with a client, that client should be referred to an alternate provider immediately.
- A Practitioner may never become involved in an intimate relationship with a client even after termination of services and an appropriate waiting period. Once a person becomes a Practitioner's client that relationship must be maintained throughout the client's lifetime.

Teaching and training, appraising and assessing:

- Practitioners will be honest and open and act with integrity.
- Each Practitioner shall seek the counsel of other Practitioners to help ensure the wholesomeness of his or her practices and shall offer counsel when there is need.
- Each Practitioner should take actions from a place that will allow the public, students and fellow colleagues to maintain trust in the profession.
- Each Practitioner should demonstrate a respect for colleagues.
- Each Practitioner should seek to establish good working relationships when working with colleagues.

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- Each Practitioner should seek to be an active and effective member of any team when working in teams.
- Each Practitioner should teach and support the knowledge of students with the highest degree of truth, knowledge and professional ethical behavior available at the time.
- Practitioners do not engage in ongoing relationships with current supervisees, students, and employees.
- Practitioners do not engage in sexual or other harassment of supervisees, students, employees, research subjects or colleagues.
- Practitioner should seek to promote truth in all of their actions and interactions.
- Practitioners advise students, supervisees, and employees against offering or engaging in, or holding themselves out as competent to engage in, professional services beyond their training, level of experience, expertise and competence.
- Practitioners need to act without delay if you have good reason to believe that any colleague may be putting clients at risk.
- Never discriminate unfairly against patients or colleagues.
- Practitioners do not harass or dismiss an employee who has acted in a reasonable, responsible and ethical manner to protect, or intervene on behalf of, a client or other member of the public or another employee.

Probity

- Practitioners are honest and trustworthy.
- Practitioners always provide accurate information in CV's, publishing and information about services.
- Practitioners may provide written reports when requested in the appropriate way and by the appropriate parties.
- Practitioners provide accurate information in giving evidence.
- Practitioners may be involved in research.
- Practitioners may not involve clients in research with express written consent.
- Practitioners must be honest in all financial and commercial dealings.

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- Practitioners must provide written notification if there is a potential conflict of interest between client's and commercial dealings.
- Notification of all conflicts of interest resulting from or by being involved in research must be made to all appropriate parties.

Advertising

- Announcements and brochures promoting our services describe them with accuracy and dignity, devoid of all claims or evaluation. We may send them to professional persons, religious institutions and other agencies, but to prospective individual clients only in response to inquiries.
- We do not make public statements which contain any of the following:
 1. A false, fraudulent, misleading, deceptive or unfair statement.
 2. A misrepresentation of fact or a statement likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts.
 3. A testimonial from a client regarding the quality of services or products
 4. A statement intended or likely to create false or unjustified expectations of favorable results.
 5. A statement implying unusual, unique, or one-of-a-kind abilities, including misrepresentation through sensationalism, exaggeration or superficiality.
 6. Statement intended or likely to exploit a client's fears, anxieties or emotions.
 7. A statement concerning the comparative desirability of offered services.
 8. A statement of direct solicitation of individual clients.
- We do not compensate in any way a representative of the press, radio, television or other communication medium for the purpose of professional publicity and news items. A paid advertisement must be identified as such, unless it is contextually apparent that it is a paid advertisement. We are responsible for the content of such advertisement. Any advertisement to the public by radio or television is to be pre-recorded, approved by us and a recording of the actual transmission retained in our possession.
- Advertisements or announcements by us of workshops, clinics, seminars, growth groups or similar services or endeavors, are to give a clear statement of purpose and a clear description of the experiences to be provided. The education, training and experience of the provider(s) involved are to be appropriately specified.
- Advertisements or announcements soliciting research participants, in which clinical or other professional services are offered as an inducement, make clear the nature of the services as well as the cost and other obligations or risks to be accepted by participants in the research.

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Appendix F: Listing of current licensing requirements in the US by state as of 2022. Developed by Dr. David Comings

State	Massage Exemption*	License Required?	Penalty**	Law Last Reviewed	
Alabama	No.	Yes, massage	Class C misdemeanor	2022	Alabama Specifically includes "Polarity Therapy" in the definition of massage.
Alaska	No	Yes, massage	Class B Misdemeanor	2022	
Arizona	Yes	No	N/A	2022	Exemption Location: Title 32, Chapter 42, Article 2 § 32-4421.B.6
Arkansas	No	Yes, massage	Misdemeanor	2022	
California	N/A	No	N/A	2022	State law required voluntary certification (law sunset on Jan. 1 2022). Local jurisdictions may have other restrictions.
Colorado	Unclear	Probably Not		2022	Exemption for "polarity bodywork therapy" was eliminated, however energy based work is allowed. See: https://dpo.colorado.gov/MassageTherapy/FAQ for additional information.
Connecticut	No	Yes, massage	Class C misdemeanor	2022	
Delaware	No	Yes, massage and bodywork	Enjoined from practice, public nuisance	2022	
District of Columbia	Yes	No	N/A	2022	Exemption Location: District of Columbia Municipal Regulations Title 17, Chapter 25 § 7510.2
Florida	No	Yes, massage	Misdemeanor of the	2022	

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			first degree		
Georgia	Yes	No	N/A	2022	Exemption Location: O.C.G.A. 43-24A-19 (2010) 43-24A-19. Exceptions
Hawaii	No	Yes, massage	petty misdemeanor	2022	This provision is vague, although is unlikely to exempt Polarity Therapy: "...nor services by persons holding any valid license, permit, or certificate dealing with the healing arts"
Idaho	Yes	No	N/A	2022	Exemption Location: Title 54, Chapter 40 § 54-4003
Illinois	Yes	No	N/A	2022	Exemption Location: 225 ILCS 57/25 Sec. 25
Indiana	Yes	No	Class C misdemeanor	2022	Exemption Location: IC 25-21.8-4-5
Iowa	Yes	No	N/A	2022	Exemption Location: Chapter 152C § 152C.9.7
Kansas	N/A	N/A	N/A	2022	Kansas has no state-wide massage law. Localities may have massage laws.
Kentucky	Yes	No	N/A	2022	
Louisiana	No	Yes, massage	misdemeanor	2022	
Maine	Yes	No	N/A	2022	Exemption Location: Title 32, Chapter 127 § 14307-2
				2022	The way the definitions are written, we are included and excluded. Please consult a cognizant attorney prior to practicing.
Maryland	Unclear	Unclear			
Massachusetts	Yes	No	N/A	2022	Exemption Location: Part 1, Title XVI, Chapter 112 § 228.(b)
Michigan	Yes	No	N/A	2022	Exemption Location: MI Comp L § 333.17957 (2018)
Minnesota	N/A	N/A	N/A	2022	Minnesota is a "Health Freedom" state and currently has no state-wide massage law.
Mississippi	No	Yes, massage	Not identified	2022	

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Missouri	No	Yes, massage	Class A misdemeanor	2022	
Montana	Yes	No	N/A	2022	Exemption Location: Title 37, Chapter 33, Part 4 § 37-33-404(5)
Nebraska	No	Yes, massage	Not identified	2022	
		Yes, massage,			
Nevada	No	reflexology, or structural	Not identified	2022	
		integration			
New Hampshire	Yes	No	N/A	2022	Exemption Location: NH Rev Stat § 328-B:10 (2013)
New Jersey	No	Yes, massage	Unclear	2022	
New Mexico	Yes	No	N/A	2022	Exemption Location: NM 61-12C-5.1. Exemptions.
New York	Yes	Yes, massage	Class E felony***	2022	Massage is defined as being "... for the purpose of improving muscle tone and circulation."
North Carolina	Yes	No	N/A	2022	Exemption Location: Chapter 90, Article 36, § 90.624(7)
North Dakota	Partial	No	N/A	2022	Light touch or tap only. Exception Location: Title 43 § 43-25-04.6
Ohio	No	Yes, massage	"For a first violation, impose a civil penalty of not more than five thousand dollars"	2022	"Q: Is a license required to practice reflexology, reiki, or polarity? A: A modality that involves the manipulation of the soft tissue for a therapeutic purpose constitutes massage therapy even if commonly known by another name. The practitioner must obtain a massage therapy license from the State Medical Board of Ohio."
Oklahoma	No	Yes, massage	Misdemeanor	2022	

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Oregon	Yes	No	N/A	2022	Exemption Location: Chapter 687 § 687.031(B)(iii) Exemption Location: Act 118 of 2008, Section 13.(6) Chapter 23-74 Unlicensed Health Care Providers. This Chapter allows Polarity Therapists to practice in RI. CRITICAL - All practitioners must comply with § 23-74-14 Unlicensed health care client bill of rights
Pennsylvania	Yes	No	N/A	2022	
Rhode Island	No	No	N/A	2022	
South Carolina	No	Yes, massage	"...a fine of no more than one thousand dollars"	2022	
South Dakota	No	Yes, massage	Class 1 misdemeanor	2022	
Tennessee	No	Yes, massage	Class B misdemeanor	2022	
Texas	No	Yes, massage	Class B misdemeanor	2022	
Utah	No	Yes, massage	Class A Misdemeanor	2022	
Vermont	No	No, State Registration is required	"...a civil penalty of not more than \$5,000.00."	2022	Licensing is not required, however registration with the State of Vermont is required.
Virginia	N/A	N/A	N/A	2022	
Washington	No	Yes, massage	Misdemeanor	2022	
West Virginia	No	Yes, massage	Unclear	2022	Localities may also enact massage regulations.
Wisconsin	Yes	No	N/A	2022	Exemption Location: Chapter 460 § 460.03
Wyoming	N/A	N/A	N/A	2022	Wyoming has no state-wide massage law.

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Note: This information was not compiled by a lawyer or expert in law and is not to be considered legal advice. Please consult a cognizant attorney for definitive information on the legal practice of Polarity Therapy in your state or commonwealth.

*** A "massage exemption" refers to the situation where Polarity Therapy is either explicitly or implicitly exempted from the state's massage law**

**** The "Penalty" listed is the penalty for practicing massage without a license. If a practitioner is charged with a different infraction, the penalty may be different.**

***** The penalty for practicing any licensed profession in New York without a license is a class E felony.**

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