

Yoga is an effective alternative to physical therapy for easing low back pain

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Credit: Anna Langova/public domain

A study of 320 predominantly low-income, racially diverse adults with chronic low back pain found that yoga was as safe and effective as physical therapy for restoring function and relieving pain. Compared to



an education only intervention, patients who did yoga or physical therapy were also less likely to take pain medications at 12 weeks. The findings are published in *Annals of Internal Medicine*.

Chronic low back pain affects approximately 10 percent of U.S. adults and has a greater impact on racial or ethnic minorities and in people of lower socioeconomic status. Physical therapy is the most common evidence-based, reimbursable, and non-pharmacologic therapy prescribed by physicians, but clinical guidelines, meta-analyses, and several large randomized controlled trials also support yoga. How these two therapies stack up against one another has not been studied. Moreover, little is known about yoga's effectiveness in underserved patients with more severe functional disability and pain.

Researchers from Boston Medical Center randomly assigned participants to 12 weekly yoga classes, 15 physical therapy visits, or an educational book and newsletters about coping with chronic low back pain. Following the intervention phase, participants continued with a maintenance phase and were followed to one year. The goal of the noninferiority trial was to determine if yoga was statistically as effective as physical therapy.

The researchers found that a yoga class designed for chronic <u>low back</u> pain patients was as effective as physical therapy for reducing pain, improving function, and lowering use of <u>pain medication</u>. Improvements in yoga and physical therapy groups were maintained at 1 year with no differences between maintenance strategies. The researchers conclude that yoga may be a reasonable alternative to <u>physical therapy</u> depending upon patient preferences, availability, and cost.

More information: Abstract:

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