

# Complementary Practices

Chairperson: Tom Winters, MD

Tuesday, March 26<sup>th</sup>, 2019  
Interactive Workshops

12:45 – 1:30 pm

*Work Related Injuries Workshop*  
*March 25<sup>th</sup> & 26<sup>th</sup>, 2019*

# Current Evidence for Complementary Practices



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**UCONN** HEALTH

*Work Related Injuries Workshop  
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# Complementary and Alternative Medicine (CAM)

- What is CAM?
- How often do patients use CAM?
- Why discuss CAM?
- What is the clinical efficacy of CAM?
  - Brief summary of impressions
- What should practitioners think about when considering CAM?
- Where to look for information?

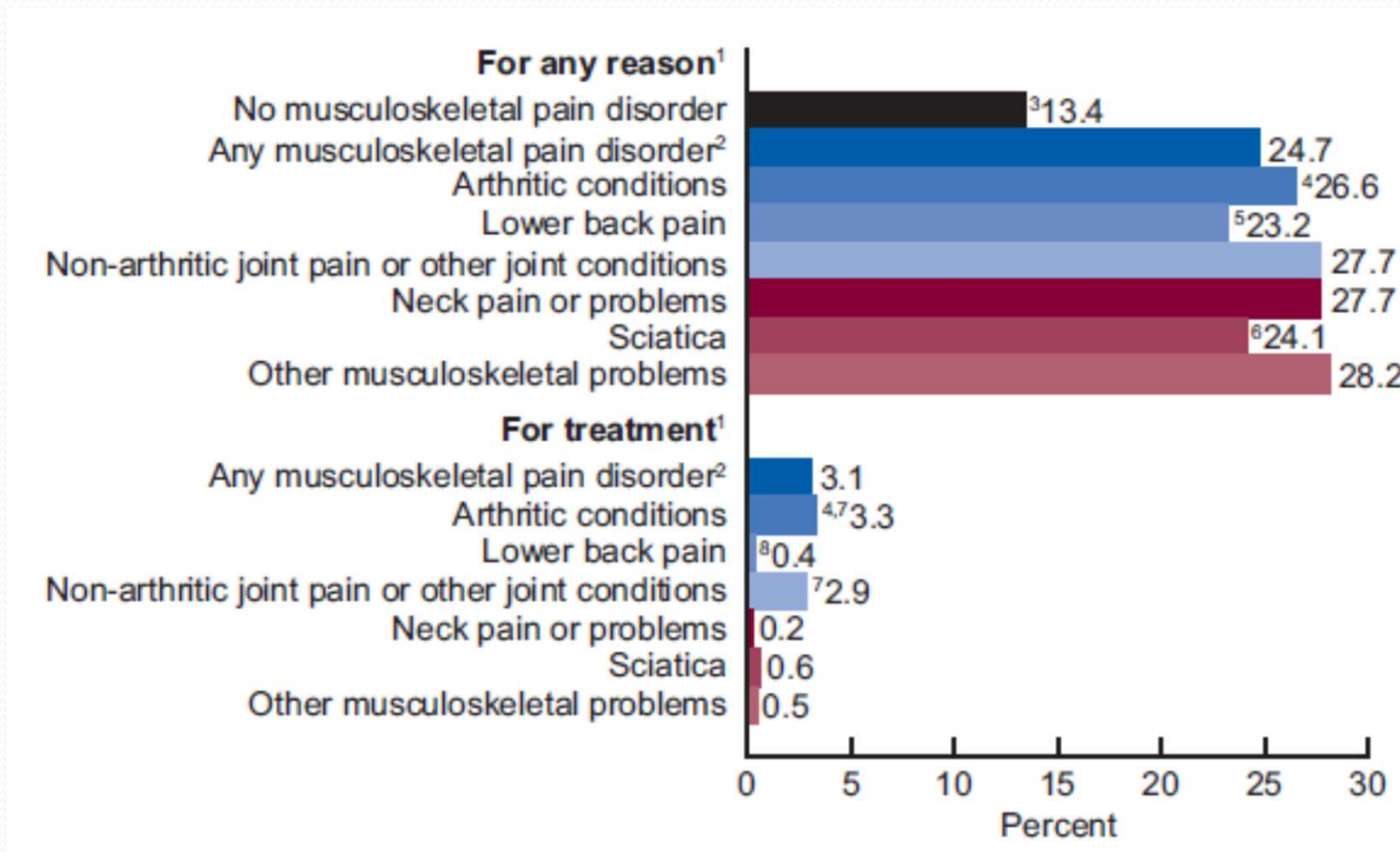


# Examples of Complementary and Alternative Medicine Options

- Physical medicine: Manipulation (chiro and osteopathic), massage, other
- Mind body: yoga, tai chi, Pilates, qi gong, meditation, relaxation, imagery, biofeedback, other
- Eastern medicine: acupuncture, other
- Medical systems: naturopathy, homeopathy, other
- Dietary products and supplements
- Modalities: magnets, low level laser, other

# US Adults Use of CAM 2012

NHSR Oct 12, 2016







# Reasons to Consider CAM

- Limited efficacy and / or potential harms of many commonly used treatments for chronic pain
  - Opioids
  - Benzodiazepines
  - Muscle relaxants
  - Injection therapies
  - Surgery for lumbar spondylosis absent guideline indication



# Evaluating Efficacy of CAM

- Methodologic issues e.g. inclusion, size, comparison, outcomes, duration, bias
- Clinical efficacy? Pain, Function vs MCID
  - Minimal Clinically Important Difference pain and function 20-30%?
  - AHRQ 2018, ACP LBP 2017 reviews assess moderate efficacy 10-20%, substantial > 20%
- Risks and side effects?
- Costs?





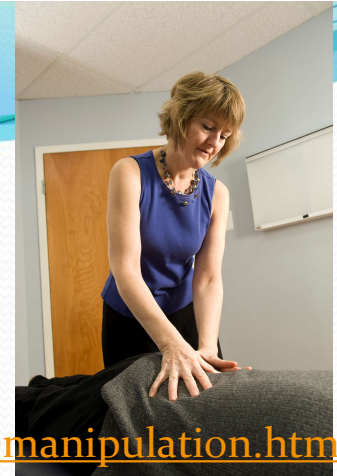
# Exercise e.g. LBP

- Benefit of PT for acute LBP with fear avoidance Fritz Pain 2001, George Spine 2003
- Otherwise inconsistent literature on early PT referral, specific rehab protocols; directional preference? Surkitt PT 2012
- Graded exercise with activity quotas, endurance and strength beneficial in subacute and chronic LBP Guzman Cochrane 2002
- Evidence small to moderate ↓ pain, ↑ function, ↓ work disability
- Benefits of integration with psychological interventions for chronic pain
- Low risk
- vanTulder Spine 2007, Busch Cochrane 2007, ACP AIM 2017, AHRQ 2018
- Also evidence neck pain, hip and knee OA, FM



# Spinal Manipulation

<https://nccih.nih.gov/health/pain/spinemanipulation.htm>



- Chiropractor, Osteopath, Physical Therapist
- Some evidence small short to intermediate benefit pain and function, unclear long term effect ACP AIM 2017, AHRQ 2018
- Some contraindications
- Small but occasionally significant risks
- Clinical Prediction Rule LBP: pain < 16d, no distal leg pain, no fear avoidance Flynn Spine 2002
- ↑ efficacy LBP with exercise Niemsto Spine 2003
- ↑ satisfaction vs. traditional care, possible effect of holistic approach Hertzman-Miller AJP 2002

# Acupuncture

- Evidence of small to moderate ↓ pain short to long term, unclear effect function chronic LBP and neck pain, FM
- Possible effect of expectations, subjective experience, provider characteristics
- Small risks
- Chou et al AnnIM 2007, Manheimer et al AnnIM 2005, Tan et al J Rehab Res Dis 2007, ACP AIM 2017, AHRQ 2018

<https://nccih.nih.gov/health/acupuncture>





# Yoga

- Physical activity / posture, breathing, meditation
- Evidence small to moderate ↓ pain, ↑ function short to intermediate duration LBP, FM
- Possible effect of patient motivation: active, self-care, open to new thinking and behaviors
- Low risk (↑ males)
- ACP AIM 2017, AHRQ 2018



<https://nccih.nih.gov/health/yoga/introduction.htm>

# Cognitive Behavioral Therapy

- Patient coping, symptom control, active vs. passive role, positive vs. negative thoughts, self-management, problem solving, acquisition and use of new skills
- Evidence small to moderate ↓ pain, small ↑ function LBP, FM
- Low risk
- How to integrate into primary care, rehab?
- Coaching, phone or web based, telemedicine opportunities?
- Henschle et al Cochrane 2010, Kroner-Hernig et al Curr Opin Psych 2009, Ostelo et al Cochrane 2005, ACP AIM 2017, AHRQ 2018
- Mindfulness Based Stress Reduction

<https://nccih.nih.gov/health/meditation>





# Other

- Massage: evidence small short term ↓ pain, ↑ function LBP
- Low level laser: some evidence short term ↓ pain LBP
- Lack of sufficient evidence
  - Prolotherapy
  - Ultrasound
  - Magnets
  - Kinesiology tape



# Managing Patients with CAM

- Acknowledge limits of efficacy of many commonly used treatments for chronic pain
- As clinicians, become more educated about CAM
- Understand availability of CAM providers, establish working relationships to better co-manage patients
- Educate patients about treatment options, especially lower risk alternatives including evidence based CAM
- Integrative approach: CAM as adjunct, bridge to self-care





# Managing Patients with CAM

- Ask patients about CAM interests, beliefs and expectations, prior use and perceived efficacy CAM
- Discuss evidence based use CAM, potential benefits, risks, alternatives
- Discuss expectations, goal setting, intensity and duration of use, integration with other treatments and self-care
- Monitor compliance, quantified efficacy



# Case

- 65 yo female with chronic LBP, exac x 2 months, mod pain and functional limitations
- PMH prior smoker, post-menopausal
- Prior treatment MRI no surgical lesion, NSAIDs, MR, opioids (oxycodone 5 qid), PT
- Frustrated with symptoms and exploring options





National Center for  
Complementary and  
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# Chronic Pain: In Depth

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## On This Page

- What's the Bottom Line?
- What Is Chronic Pain and Why Is It Important?
- What the Science Says About Complementary Health Approaches for Chronic Pain



<https://nccih.nih.gov/health/pain/chronic.htm>



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## 6 Things You Should Know: The Science of Chronic Pain and Complementary Health Practices

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1

Reviews of research on acupuncture, massage, and spinal manipulation for **chronic low-back pain** have found evidence that these therapies may be beneficial. There is also some evidence that mindfulness-based stress reduction and cognitive-behavioral therapy improves pain and functional limitation compared to usual care.

<https://nccih.nih.gov/health/tips/pain>



## Best and Safest Strategies for Pain Relief

Opioid medications are risky and not all that effective. Here are the right ways to ease common aches.

By Hallie Levine  
November 28, 2018

474 SHARES



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<https://www.consumerreports.org/pain/best-safest-strategies-for-pain-relief/>

# Yoga for Nonspecific Chronic Low Back Pain



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# Yoga



Postures  
*Asanas*

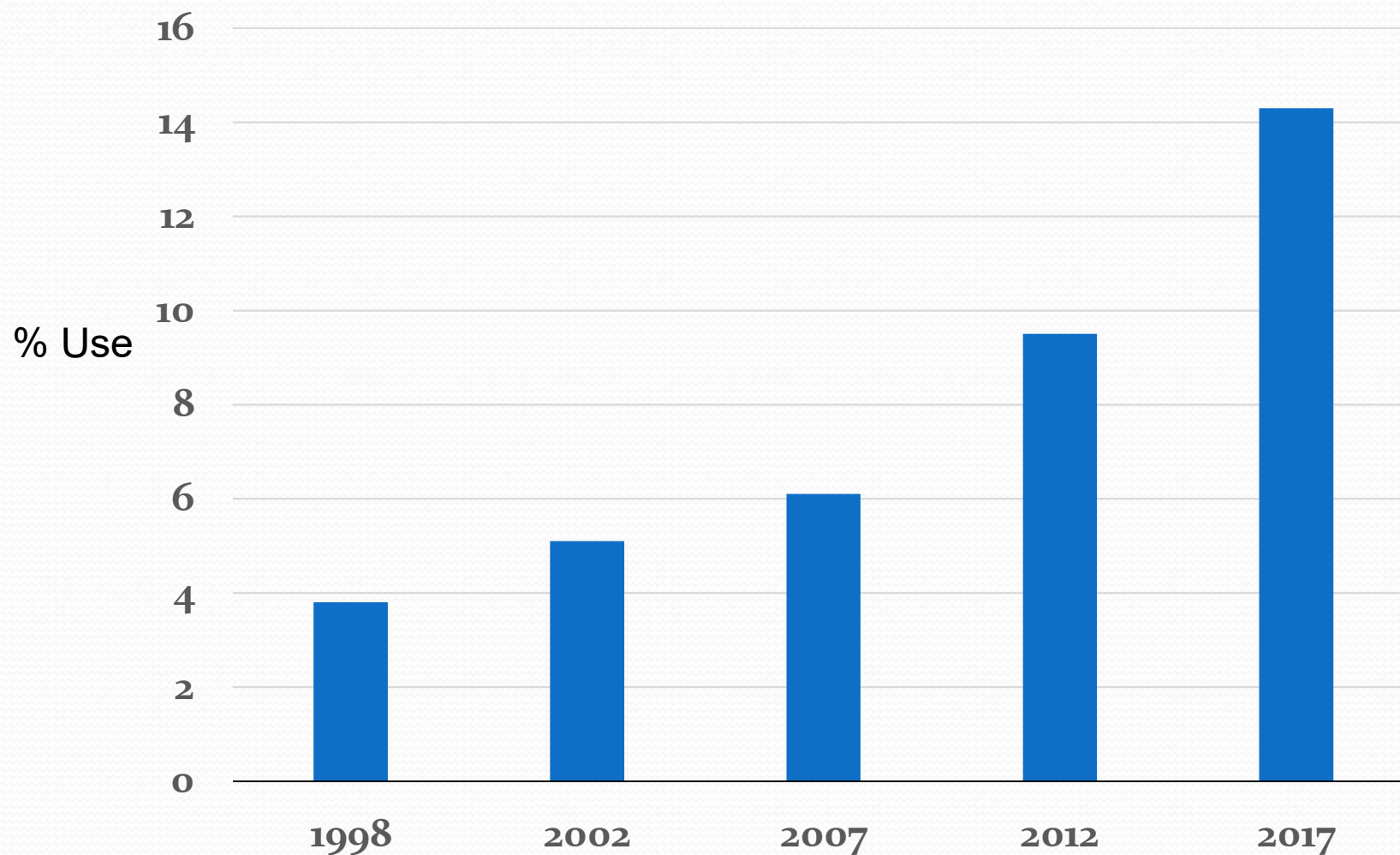


Breathing  
*Pranayama*



Meditation

# Yoga Use in U.S. Adults 1998-2017

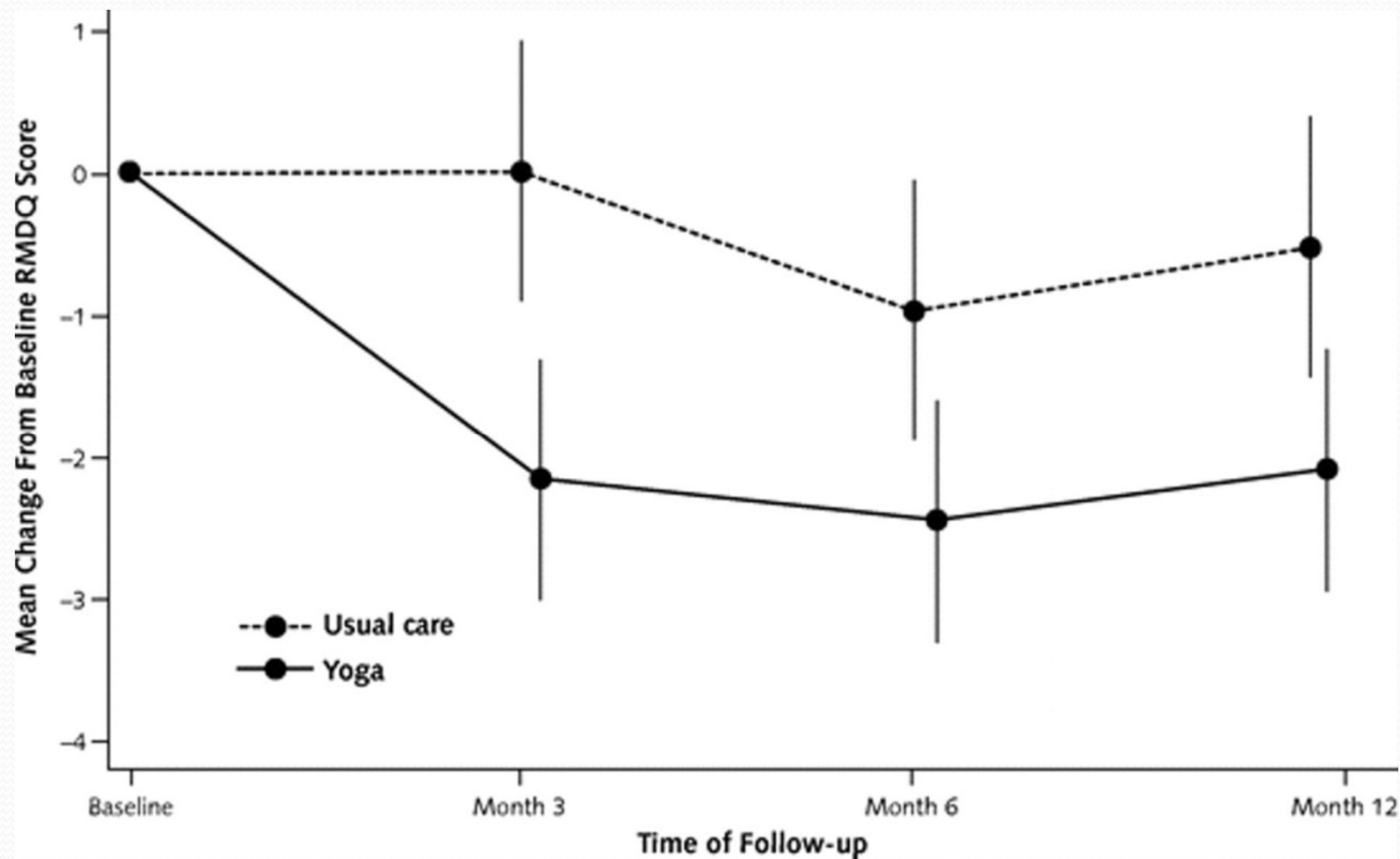


Eisenberg JAMA 1998; Clarke TC et al, National Health Statistics Reports #79, 2015; Clarke TC et al, NCHS Data Brief, #325, 2018

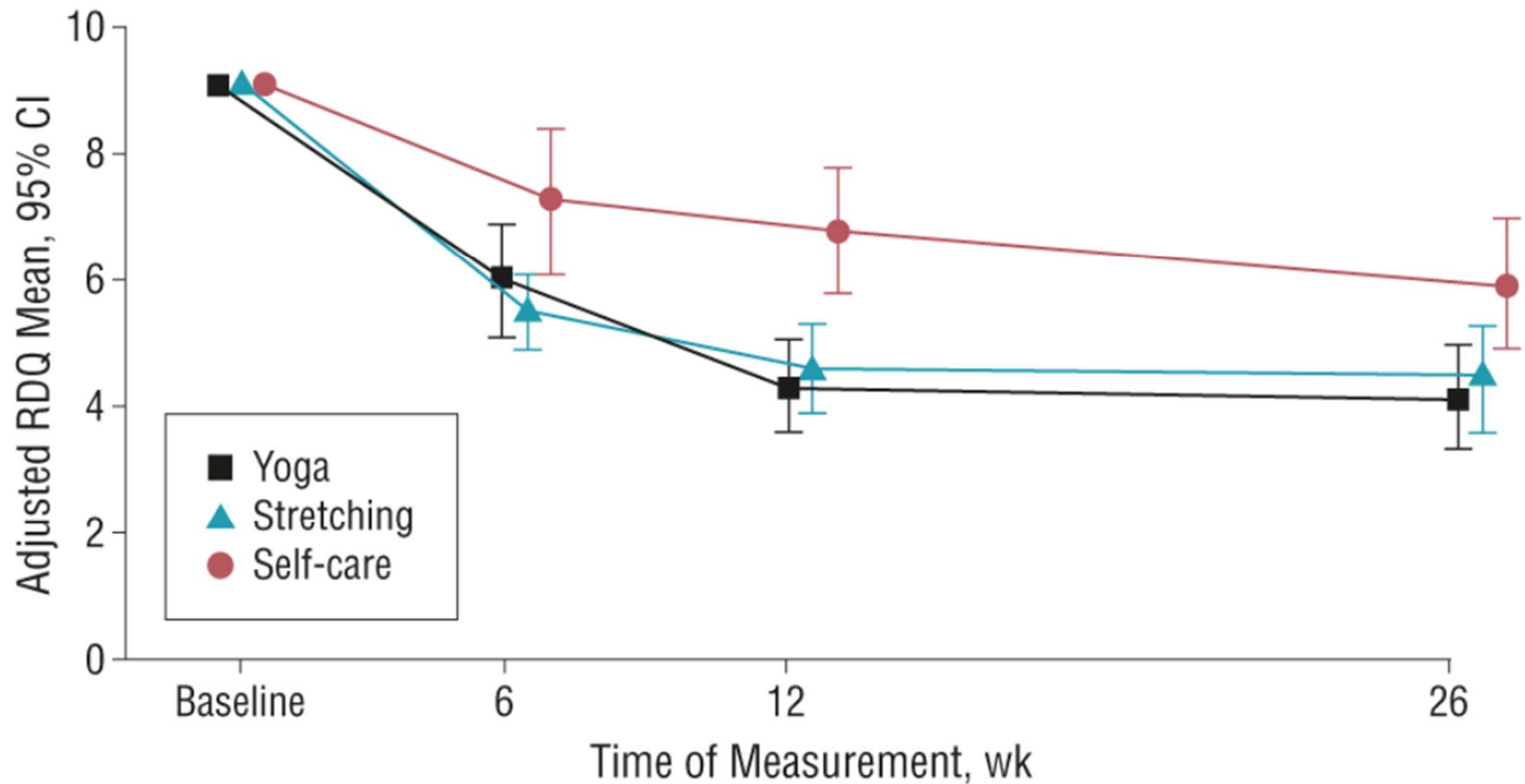
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## Yoga vs. Usual Care (n=313)



# Yoga vs. Stretching vs. Education (n=228)





# Cochrane Meta-analysis of Yoga for LBP


Outcomes	Follow-up duration	# Trials (n)	Pooled Result
<b>Back-specific disability</b>	Short-term	7 (667)	SMD (95% CI) -0.40 (-0.66 to -0.14)
	Long-term	2 (365)	SMD (95% CI) -0.26 (-0.46 to -0.05)
<b>Pain</b>	Short-term	5 (458)	$\Delta$ pain scale (95% CI) -4.6 (-7.0 to -2.1)
	Long-term	2 (355)	$\Delta$ pain scale (95% CI) -5.4 (-14.5 to -3.7)

# American College of Physicians Clinical Practice Guidelines for Treatment of LBP

## Chronic LBP

Use nonpharmacologic tx 1<sup>st</sup>

- Exercise
- Spinal manipulation
- Acupuncture
- Yoga
- MBSR
- CBT
- Tai chi



American College of Physicians™  
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CLINICAL GUIDELINE

Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians

Amir Qaseem, MD, PhD, MHA; Timothy J. Wilt, MD, MPH; Robert M. McLean, MD; and Mary Ann Forciea, MD; for the Clinical Guidelines Committee of the American College of Physicians\*

**Description:** The American College of Physicians (ACP) developed this guideline to present the evidence and provide clinical recommendations on noninvasive treatment of low back pain.

**Methods:** Using the ACP grading system, the committee based these recommendations on a systematic review of randomized, controlled trials and systematic reviews published through April 2015 on noninvasive pharmacologic and nonpharmacologic treatments for low back pain. Updated searches were performed through November 2016. Clinical outcomes evaluated included reduction or elimination of low back pain, improvement in back-specific and overall function, improvement in health-related quality of life, reduction in work disability and return to work, global improvement, number of back pain episodes or time between episodes, patient satisfaction, and adverse effects.

**Target Audience and Patient Population:** The target audience for this guideline includes all clinicians, and the target patient population includes adults with acute, subacute, or chronic low back pain.

**Recommendation 1:** Given that most patients with acute or subacute low back pain improve over time regardless of treatment, clinicians and patients should select nonpharmacologic treatment with superficial heat (moderate-quality evidence), massage, acupuncture, or spinal manipulation (low-quality evidence). If pharmacologic treatment is desired, clinicians and patients should select nonsteroidal anti-inflammatory drugs or skeletal muscle relaxants (moderate-quality evidence). (Grade: strong recommendation)

**Recommendation 2:** For patients with chronic low back pain, clinicians and patients should initially select nonpharmacologic treatment with exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction (moderate-quality evidence), tai chi, yoga, motor control exercise, progressive relaxation, electromyography biofeedback, low-level laser therapy, operant therapy, cognitive behavioral therapy, or spinal manipulation (low-quality evidence). (Grade: strong recommendation)

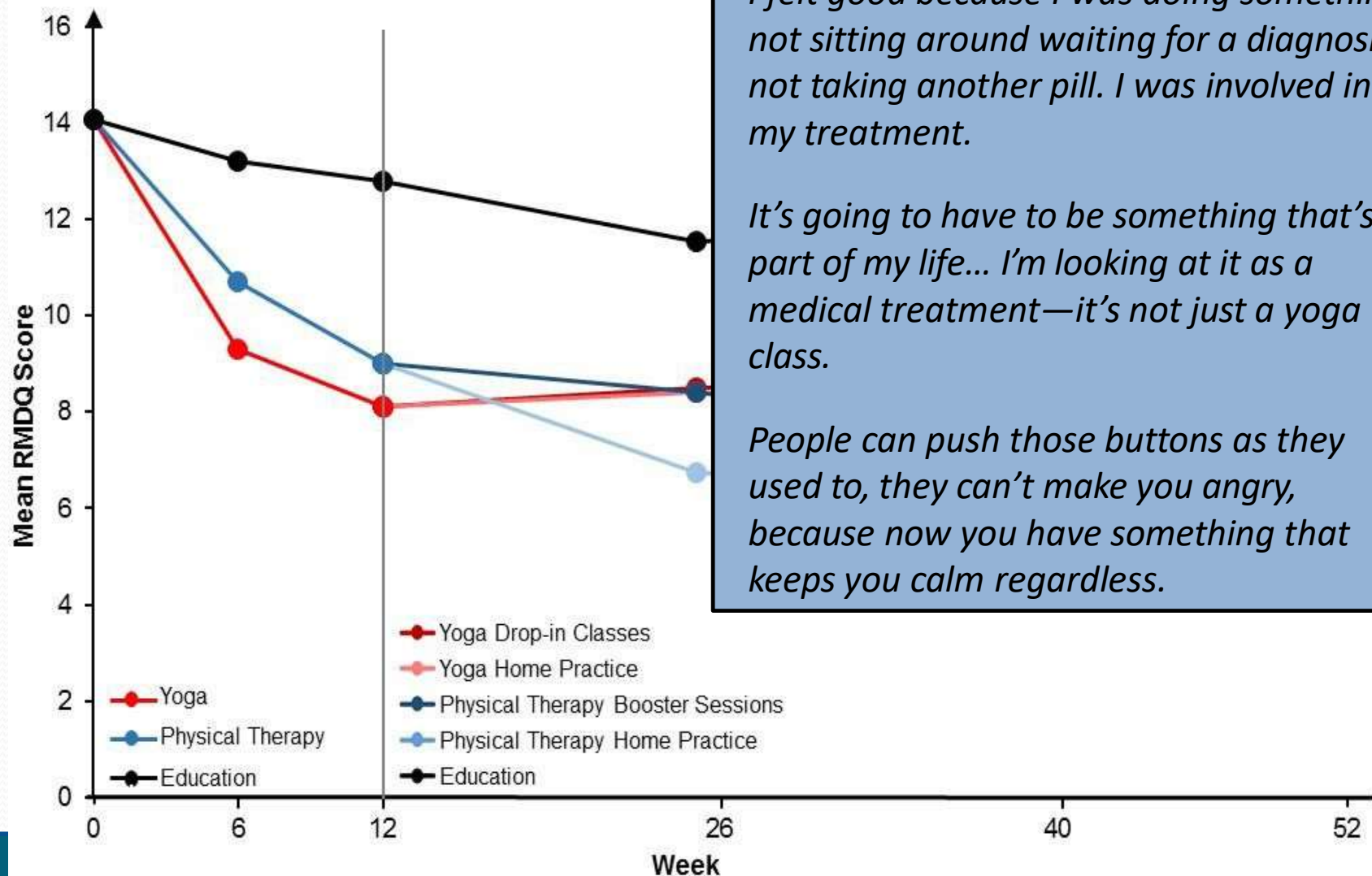
**Recommendation 3:** In patients with chronic low back pain who have had an inadequate response to nonpharmacologic therapy, clinicians and patients should consider pharmacologic treatment with nonsteroidal anti-inflammatory drugs as first-line therapy, or tramadol or duloxetine as second-line therapy. Clinicians should only consider opioids as an option in patients who have failed the aforementioned treatments and only if the potential benefits outweigh the risks for individual patients and after a discussion of known risks and realistic benefits with patients. (Grade: weak recommendation, moderate-quality evidence)

Ann Intern Med. doi:10.7326/M16-2367  
For author affiliations, see end of text.  
This article was published at Annals.org on 14 February 2017.

Annals.org



# Yoga, PT, or Education for Chronic Low Back Pain

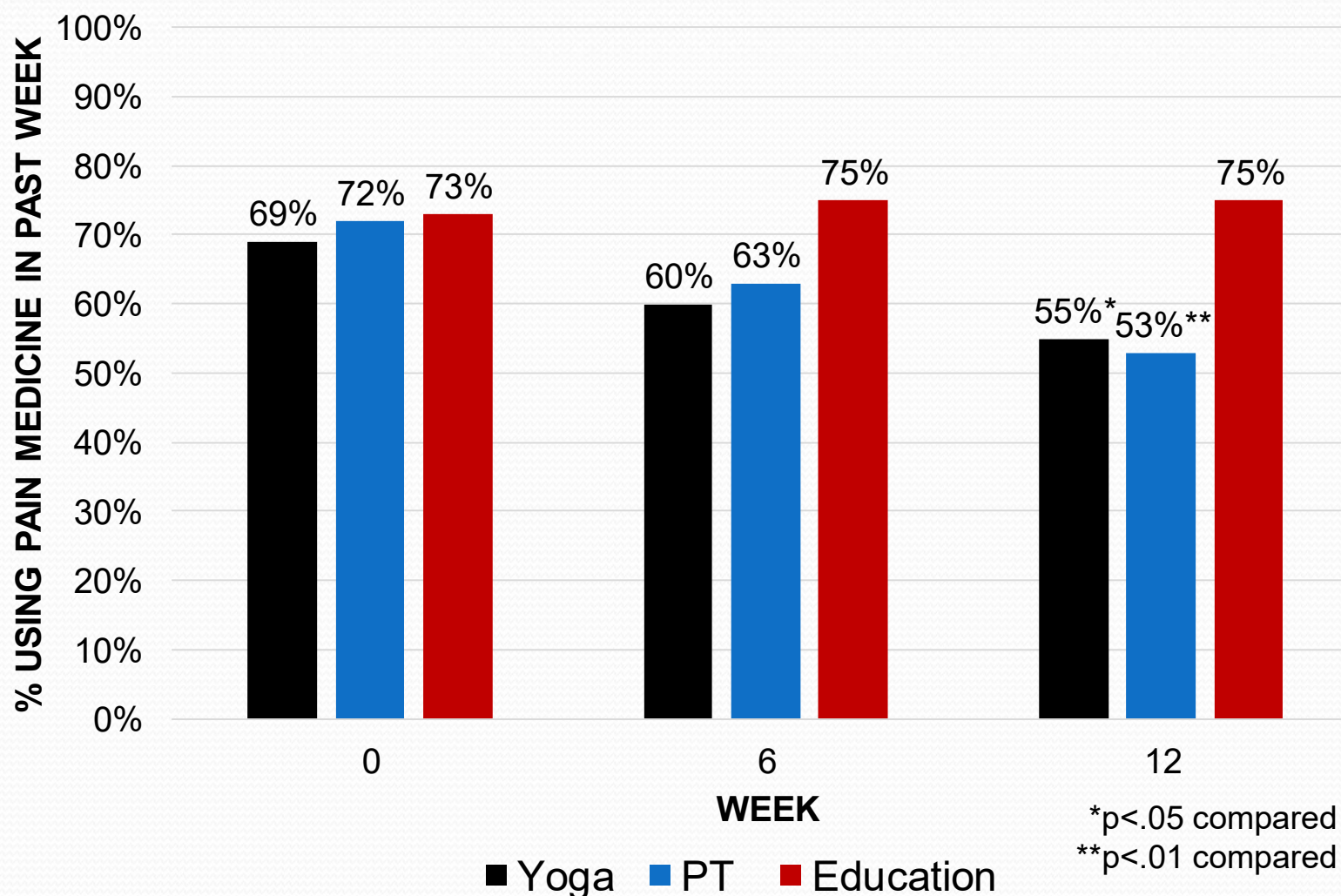


*I felt good because I was doing something, not sitting around waiting for a diagnosis, not taking another pill. I was involved in my treatment.*

*It's going to have to be something that's part of my life... I'm looking at it as a medical treatment—it's not just a yoga class.*

*People can push those buttons as they used to, they can't make you angry, because now you have something that keeps you calm regardless.*

## Pain Medication Use





# Counseling Patients

- Yoga similar in benefits/safety to other forms of low-moderate exertion exercise
- Choice of Style
  - Gentle Yoga
  - Restorative Yoga
  - Yoga Therapy
  - Iyengar Yoga
  - Viniyoga
  - Kripalu Yoga
- Choice of Teacher
  - Colleague/Patient recommendations
  - Certified yoga therapists ([www.iayt.org](http://www.iayt.org))
  - Yoga Alliance ([www.yogaalliance.org](http://www.yogaalliance.org))
- Avoid painful poses, extremely difficult poses, prolonged or extreme ROM.

# Back to Health Protocol

- [Instructor Manual](#)
- [Participant Manual](#)
- [Home Practice Videos](#)



Knee to chest



Knee to chest with twist



Cat and Dog Pose



Chair Pose



Chair Pose Modified



Mountain Pose



Shoulder Opener



Half Moon (Crescent)



Child's Pose



Cobra and variation



Bridge pose



Cat and Dog Pose Variation



Table Top Leg Extension