

# Zentrum für Qigong und Alexander-Technik

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## The MRC ATEAM trial of Alexander technique, exercise and massage for chronic & recurrent back pain Is there hope for chronic back pain sufferers?

Prof. Dr. Paul Little (UK), lecture MA8-1, Sunday May 13, 2007,  
11:30 International Congress on Complementary Medicine  
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**Context:** Chronic back pain is a major problem for patients, health care providers, and society but there are very few proven interventions.

**Objective:** To assess the effectiveness of massage, a physical activity prescription, and the Alexander Technique (a self-care approach that facilitates avoidance of pain-producing misuse and the re-establishment of normal neuro-muscular co-ordination) for back pain.

**Design:** Randomised controlled trial.

**Setting:** Primary care.

**Patients:** 579 patients with chronic or recurrent back pain.

**Intervention:** Four groups: normal care (control);  
6 sessions of massage;  
6 lessons of Alexander Technique (6AT);  
24 lessons of Alexander Technique (24AT).

**Results:** At 3 months all interventions improved the Roland Morris (RM) function score (the main outcome). By 1 year the effect of massage was no longer significant, but the effect of Alexander Technique was maintained (mean reduction in RM score compared to the control group).

Exercise combined with 6AT achieved 71% of the impact of Exercise and 24AT (RM score respectively)

At 1 year the median number of days of back pain reported in the last 4 weeks was much lower with Alexander Technique:

Alexander Technique also improved quality of life, and both exercise and Alexander Technique reduced fear avoidance (fear of harm due to physical activity).

**Conclusion:** The Alexander Technique has a major long term effect on both pain and function, and improves quality of life for patients with chronic or recurrent back pain.

A short course of Alexander Technique lessons combined with exercise prescription is nearly as effective as a longer course of lessons and could feasibly be considered by health care providers.

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Half of each of these groups was also randomised to GP exercise prescription with follow-up behavioural counselling sessions from the practice nurse.

groups:	95% confidence intervals:
massage	-0.58 (-1.94 to 0.77)
6 AT	-1.40 (-2.77 to -0.03)
24 AT	-3.40 (-4.76 to -2.03)
Exercise	-1.29 (-2.25 to -0.34)
6 AT	-2.98 (-4.99 to -1.07)
24 AT	-4.22 (-6.13 to -2.31)
control group:	21 days,
6 massage:	15 days,
6 AT:	10 days,
24 AT:	3 days.

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