

New research on Alexander Technique lessons for people with chronic neck pain

Clinical research has already shown that lessons in the Alexander Technique lead to significant reductions in the pain and disability associated with chronic back pain.¹ Now a new clinical trial will investigate how effective Alexander Technique lessons are for people with chronic neck pain.

Neck pain is the second most common health problem in the UK, after back pain. In a national survey, 18 per cent of people said they currently had neck pain, with over half still in pain 1 year later. Furthermore, chronic (long-term) neck pain has been estimated to account for 1% of total UK healthcare costs.

The Alexander Technique is a taught practical method for self care and self improvement. There is clear evidence that lessons in the Technique lead to reductions in pain and stiffness, improved postural muscle activity, co-ordination, balance and movement skills.¹⁻⁵ Lessons relate to the way we go about simple everyday activities and are based on the premise that *how* we conduct our daily lives has long-term consequences for our health and well being. Teachers combine spoken advice with special hands-on gentle guidance to help people reduce unwanted muscle tension and overcome poor habits of posture and movement that can cause or aggravate pain.

The £719,000 clinical trial is being funded by Arthritis Research UK, the UK's fourth-largest medical research charity. The trial will compare the effectiveness of Alexander Technique lessons for chronic neck pain with usual GP care. In parallel, the trial will also look at the effectiveness of acupuncture compared with usual GP care. Like Alexander Technique lessons, acupuncture is known to be effective for chronic back pain, and both have been shown to be cost-effective for this condition, so there is good reason for including these two interventions in the new trial.

The study, which began on 1st October 2011, is being led by Dr Hugh MacPherson from the Department of Health Sciences at the University of York. In this 3-year trial, 450 people with chronic neck pain will be studied. Patients will be randomly allocated so that one third will receive Alexander Technique lessons plus usual GP care, one third will receive acupuncture plus usual GP care, and one third usual GP care alone. The trial participants will be recruited from around 20 GP practices in York, Sheffield, Leeds and Manchester and their progress will be followed over a 12 month-period. They will be asked about pain levels, the effects of their neck pain on their daily lives and for their opinions about the care received.

As with the clinical trial into back pain, all the Alexander Technique teachers involved in this study are STAT-certified teachers. STAT (Society of Teachers of the Alexander Technique) is the largest and longest established professional body of AT teachers in the UK and world-wide.

Although both Alexander Technique lessons and acupuncture are frequently used by people with chronic neck pain, neither intervention is widely available on the NHS. The study will address clinical and cost effectiveness as well as safety issues.

Dr MacPherson said: “Our research will provide data which will help patients, practitioners, providers and policy-makers make informed choices about care. If the evidence from the new trial justifies it, then both interventions should be offered routinely as referral options to patients within the NHS, which would mean that patients would no longer have to pay for these interventions themselves.”

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Notes to Editors

For further information on:

- the Alexander Technique visit www.stat.org.uk or contact Ilia Daoussi on 020 7482 5135
- Arthritis Research UK visit www.arthritisresearchuk.org. Note: You may also like to refer to the corresponding press release on this trial issued by Arthritis Research UK and the University of York
- the University of York Department of Health Sciences visit www.york.ac.uk/healthsciences

References

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5. Reddy PP, Reddy TP, Roig-Francoli J, et al. The impact of the Alexander Technique on improving posture and surgical ergonomics during minimally invasive surgery: pilot study. *J Urol* 2011; **186**: 1658–62.