



7075 Veterans Boulevard, Burr Ridge, IL 60527  
Toll-free: (866) 960-6277 Phone: (630) 230-3600  
Fax: (630) 230-3700 Web: [www.spine.org](http://www.spine.org)

## **Yoga and Low Back Pain**

- There is evidence that yoga may be helpful for some people with low back pain.
- Yoga has been shown to be superior to self-care, but has not been proven to be superior to other forms of exercise for low back pain.
- Minor injuries may occur, like with any exercise, though serious injuries are rare.
- Yoga classes can be costly, though can also be transitioned to a home program.

Yoga is an umbrella term that encompasses many different practices rooted in Eastern philosophy, including mindfulness, breathe control, and specific physical postures. Some styles of yoga are very gentle and involve little physical movement, while others are much more vigorous, combining aerobic, strengthening, stretching, and balance exercises. This variety makes it easy for patients with back pain to find a style of yoga that appeals to them, but makes it challenging to issue generic recommendations about “yoga” since its practice can vary so much.

Many scientific studies have examined the efficacy of yoga for back pain, and their findings have been summarized in two recent systematic reviews of the literature. A systematic review in 2013 identified 8 randomized controlled trials (RCTs) evaluating different forms of yoga for chronic low back pain (LBP) <sup>1</sup>. This review reported that yoga provided short-term improvements in both pain and physical function for patients with chronic LBP. And while its benefits appeared to decrease over time, yoga remained effective even at longer term follow-up periods.

Another systematic review in 2013 identified 10 RCTs evaluating yoga for chronic LBP, 8 of which had a low risk of bias <sup>2</sup>. This review found strong evidence that yoga provided short-term improvements in pain, physical function, and global improvement, strong evidence for long-term improvement in pain, and moderate evidence for long-term improvement in physical function. Yoga did not appear to have an impact on health related quality of life.

Surveys have reported that minor strains are common, being reported by approximately 20% of those who practice yoga <sup>3</sup>. More serious injuries appear rare. A study in 2014 examined a

sample of 23,393 adults who completed the supplemental portion of the 2007 National Health Interview Survey (NHIS) related to complementary and alternative medicine [3]. Of the 2,230 individuals who reported having tried yoga, only 13 (0.6%) reported an injury that made them stop practicing yoga. Among those 13 injuries, 6 were related to back pain, 5 to other types of musculoskeletal pain, and 2 to digestive problems; 4 of 13 injuries required medical attention.

There is a fair amount of high-quality scientific evidence supporting the efficacy of yoga for back pain. However, as with all forms of exercise for back pain, there is insufficient evidence to determine if yoga is superior to other forms of exercise such as walking, swimming, or lifting weights, or back-specific exercises such as core stabilization or back strengthening. If other recommended interventions such as brief education and self-care are not sufficient to help a patient with back pain, it appears reasonable to recommend they try yoga <sup>2</sup>.

Yoga classes lasting 60-90 minutes generally cost \$10-20 per class. Although it may help patients with back pain, yoga is not considered a health care intervention and is therefore unlikely to be covered by a health plan or third-party payer and must be paid out of pocket. It may be possible to lower these costs by transitioning to a home practice after learning basic postures, since minimal equipment is required. Since the physical benefits of yoga are not specific to back pain, it may also help other musculoskeletal comorbidities such as arthritis.

## References

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3. Hsu C, Sherman KJ, Eaves ER, Turner JA, Cherkin DC, et al. New perspectives on patient expectations of treatment outcomes: results from qualitative interviews with patients seeking complementary and alternative medicine treatments for chronic low back pain. *BMC Complement Altern Med*, 2014; 14(1): 276.