**Evidence for Effectiveness of Alexander Technique Lessons for Musculoskeletal Conditions**

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**Introduction**

- The Alexander Technique (AT) is a self-management method to reduce maladaptive postural and movement habits.
- AT techniques are taught in one-to-one or group lessons by registered practitioners with a 3-year full-time training, and involves both cognitive and experiential learning.
- AT lessons have been shown to help people to better manage certain long-term health-related conditions. 1
- Here we draw together clinical evidence on AT lessons and musculoskeletal conditions, with physiological research, to provide a putative explanation of the observed benefits.

**Methods**

- Databases (Medline, Embase, CINAHL, AMED, Psycinfo and Cochrane Library) were searched in October 2016 using the term ‘Alexander Technique’ and no date limit.
- Citations were assessed to identify prospective studies evaluating AT instruction for any MSK condition, or assessing physiological effects of AT training.

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**Results: Search outcome**

- Of the 332 citations identified, 13 MSK intervention or mechanistic studies were included for further analysis (Figure 1).

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**Results: Clinical studies**

**Chronic back pain**

**Chronic neck pain**

**Other MSK conditions**

**Results: Mechanistic studies**

**Discussion**

**Funding**

**References**

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**Table 1: RCTs evaluating effect of AT lessons for people with chronic MSK conditions**

<table>
<thead>
<tr>
<th>Study</th>
<th>Risk of bias</th>
<th>Interventions</th>
<th>Main outcomes &amp; primary endpoint</th>
<th>Reported results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low back pain</strong></td>
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<tr>
<td>ATLEAM (N=579)</td>
<td>Low</td>
<td>24 AT lessons + UC</td>
<td>RMQ in all intervention groups but p&gt;0.05</td>
<td>At 1 year, the AT groups had significantly greater improvement than the UC group (p=0.001)</td>
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<tr>
<td>Vickers (N=91)</td>
<td>High</td>
<td>20 AT lessons + UC</td>
<td>PainVAS; Disability Not specified</td>
<td>Versus control groups, AT group had less: Disability at 3.6 months (p=0.005) Pain at 3.6 months (p&lt;0.05)</td>
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<tr>
<td>ASPEIM (N=99)</td>
<td>Low</td>
<td>10 AT lessons + UC</td>
<td>Feasibility of larger RCT (RMQ was a secondary outcome) 6 months</td>
<td>A full RCT would be feasible Versus UC, clinically important improvement in RMQ in all intervention groups but p&gt;0.05</td>
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<td><strong>Neck pain</strong></td>
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<tr>
<td>ATLAS (N=517)</td>
<td>Low</td>
<td>20 AT lessons + UC</td>
<td>NPD</td>
<td>Versus AT group, had less pain and disability at 3.6 and 12 months (p=0.01) Clinically meaningful improvement maintained at 1 year</td>
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<td>Lauche (N=72)</td>
<td>Moderate</td>
<td>5 AT lessons</td>
<td>PainVAS 5 weeks</td>
<td>AT group had less pain at 5 weeks than guided imagery group (p=0.01) but not heat treatment group</td>
</tr>
</tbody>
</table>

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