

Oral Presentation Session 12: Clinical Research – CAM

OS12.01

A randomized controlled trial comparing yoga, physical, therapy, and education for chronic low back pain in predominantly low income minorities



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Purpose: Chronic low back pain (CLBP) causes substantial morbidity and cost to society while disproportionately impacting low income and minorities. RCTs show yoga is effective for CLBP. However, the comparative effectiveness of yoga to physical therapy (PT), a common mainstream CLBP treatment, is unknown.

Methods: From June 2012–October 2014 we conducted a one year RCT (n=320) comparing yoga, PT, and education for CLBP in predominantly low-income minority adults recruited from diverse Boston, USA neighborhoods. Inclusion criteria were adult s 18-64 with non-specific CLBP lasting >12 weeks and self-reported average pain >4 on a 0-10 scale. Participants were randomized in a 2:2:1 ratio into (1) a standardized weekly hatha yoga class supplemented with a DVD for home practice; (2) a standardized PT protocol adapted from the Treatment Based Classification method, individually delivered by a physical therapist and supplemented by home practice; and (3) education delivered through a self-care book. Co-primary outcome measures were 12 week pain intensity measured on an 11 point numerical rating scale and back-specific function measured using the modified Roland Morris Disability Questionnaire (RMDQ). We used multiple regression and intent-to-treat to test non-inferiority of yoga to PT at 12 weeks. Non-inferiority margins for pain were established a priori as -1 and -1.5 for pain and RMDQ, respectively.

Results: Participant mean age was 47 years; 64% were female; 77% were non-white; 41% had high school education or less; and 53% had an annual income ≤\$20,000. Baseline pain intensity and RMDQ were 7.1 (1.4) and 14.8 (5.3), respectively. At 12 weeks, LBP intensity decreased -1.7 compared to -2.3 for PT. RMDQ improved -3.9 and -3.6 for yoga and PT, respectively.

Conclusion: For chronic LBP, yoga was non-inferior to physical therapy for reduction in pain and improvement in function at 12 weeks.

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OS12.02

Multifaceted effects of Animal-Assisted Therapy in a lethargic patient with colon cancer and comorbidities: a case report



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Purpose: It is realized that an Animal-Assisted Therapy (AAT) is a complementary medicine lacking empirical evidence on its efficacy and methodology in clinical settings. We conducted a pilot AAT program for a patient with a number of critical medical issues and severe communication difficulties to evaluate the multifaceted effects of AAT.

Methods: A 79-year-old Japanese man was hospitalized because of colon cancer (undergoing treatment), lumbar abscess, diabetes mellitus and stroke history (onset in April 2011), and required full tubal feeding. He had experienced a dog ownership. Before the beginning of an AAT program, he had less alertness and concentration. Although patient's facial expression, verbal communication, eye contact and responses to questions were nearly absent, he could nod and had limited vocabulary ("No", "Ouch"). An AAT program consisted of 4 sessions, 15 minute-visit by the dog/handler in each session, and was held on weeks 1, 3, 5, and 6. The dog was encouraged to interact with the patient.

Results: On the day following Session 1, the patient said "Dog". During Session 2, the patient spoke two more words, smiled and moved his right arm to touch the dog. During Sessions 3 and 4, the patient communicated verbally in sentences with the handler, smiled and moved his upper limbs to beckon to the dog. During AAT sessions, the patient was significantly more alert and showed stronger concentration, and did not complain during the wheelchair transfer for AAT.

Conclusion: AAT, particularly with dogs, may be useful for patients with communication difficulties who have owned dogs. AAT could provide motivation for rehabilitation of physical and speech disorder, and may reduce patient's pain when changing positions during transfer. Improved communication skills with dog/handler could be applied to communication with clinical staff. AAT is considered to be a possible treatment that elicits multifaceted effects in clinical settings.

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Cyanogen OS 12.1 Review: We've tested out this "Android evolved" operating system on the Wileyfox Swift smartphone, which boasts impressive customisation and loads of genuinely useful tweaks. Here's our full review of the very best features and how to get the most from Cyanogen. Same, but different. The Wileyfox Swift is the first phone we've fondled to rock Cyanogen OS 12.1, and if that means nothing to you, don't worry: Cyanogen is basically a new... Zorin OS 12.1 Lite is the first distribution from the Zorin team featuring Xfce desktop environment. Maybe that's the reason why I was not too convinced with its stability. Apart from the issue with Parole player that I mentioned above, I also received a black screen during my Live run of this operating system. Upgraded to Monterey 12.0 from Big Sur 11.4 with no hiccups whatsoever. OpenCore v0.6.9 / OCLP 0.1.5 setup, no changes made at all from OC setup for Big Sur. Downloaded the InstallAssistant.pkg, got the Install Mac OS 12 Beta .app installer out of it, then ran it from within Big Sur like any other Mac OS installer. Rebooted a few times (be very patient, it took a while on each step on my machine, and the reboot timing is quite different from Big Sur) and in due time it rebooted to my login screen, running Mac OS 12.0 Beta. Zorin OS 12.1 introduces an updated hardware enablement stack. The newly-included Linux kernel 4.8 as well as an updated X server graphics stack adds compatibility for newer computers and hardware in Zorin OS. One of the new desktop features is an easy way to add app icons to the desktop. We are providing you virtual images for latest version of Zorin OS 12.1 for VirtualBox and VMware. You can download VDI and VMDK images for VirtualBox & VMware from here. Share this post.