

The Alexander Technique: Questions and Answers

Randomized controlled trial of Alexander Technique lessons, Exercise And Massage (ATEAM) for chronic and recurrent back pain

Questions on the AT resulting from interest in the trial are handled by STAT on the basis of this briefing note and passed to Iliia Daoussi, STAT Grove Business Centre Unit W48 560-568 High Road London N17 9TA Tel: 020 8885 6524 email: ilia@stat.org.uk, (wording and explanation is consistent with that used in the papers reporting trial results and with neuroscience).

Core Messages

- 24 AT lessons proved to be most beneficial
- 6 lessons followed by exercise were about 70% as effective as 24 lessons
- Long-term benefits unlikely to be due to placebo effect
- Lessons were one-to-one, provided by experienced STAT teachers
- This was a scientific randomised controlled trial

The Trial. This research trial compared the long-term benefits of:

- 6 lessons in the Alexander Technique (AT)
- 24 lessons in the AT
- 6 sessions of a classical massage
- GP- prescribed aerobic exercise with GP normal care (control group) for NHS patients with significant chronic or recurrent non-specific low back pain.

Half the patients in four groups (6 AT lessons, 24 AT lessons, massage and control) were provided with a GP prescription for taking general aerobic exercise (mainly 30 minutes of brisk walking or the equivalent each day) with practice nurse behavioural counselling. The prescription was given six weeks after patients entered the trial so that exercise followed the 6 massage sessions and 6 AT lessons, but often overlapped with most lessons for the 24 AT lesson group.

579 patients were recruited from 64 GP practices and 59 Alexander Technique teachers participated in the trial.

How were the results/outcomes measured?

Two main outcome measures were used, the principal one being the Roland Morris disability scale. This consists of 28 statements representing the ways that back pain affects a patient's life - the number of statements agreed with is the score. The lower the score, the better is the patient's condition. Functional improvement was assessed by using this scale. The other main outcome measure was of days in pain in the past four weeks and the number was recorded. Ten secondary outcome measures were also used.

What were the main results of the trial?

1. The best results were seen in the 24 AT lesson group, with important improvements in function, quality of life and reduction in days in pain. One year after the trial started, the average number of activities limited by low back pain (the RM disability score) had fallen by 42%, and the number of days in pain was only three per month, compared with 21 days in pain in the control group.
- 2 At three months after the trial started all the intervention groups – 6 and 24 AT lessons, exercise and massage – showed some significant benefit compared with the normal GP care control group.
3. One year results for Exercise and Massage The exercise groups had improved function, with the disability score better at one year than at three months; days in pain were not significantly different from the control group (21 days). The massage group's three month improvement in the disability score was not maintained; days in pain (14) were still less than the control group (21 days).
4. Since the effect of massage on the disability score was no longer significant by one year, but the three month beneficial effect of 6 AT lessons was maintained, the authors concluded that the long-term benefits of taking Alexander Technique lessons are unlikely to be due to placebo effects of attention and touch and more likely to be due to active learning of the technique.
5. At one year, a series of 6 AT lessons followed by GP prescribed aerobic exercise (mainly walking) was about 70% as beneficial as a series 24 AT lessons alone.

The results show that taking AT lessons can have a long-term beneficial effect, significantly decreasing days in pain and improving the functioning and quality of life of patients.

Funding of the trial

The Medical Research Council (MRC) funded the trial (£585,000). The NHS Research and Development Fund contributed an additional £186,000.

The trial was run from Southampton and Bristol University Departments of Primary Care. The trial management team was led by Professor Paul Little (Southampton) and Professor Debbie Sharp (Bristol).

The Alexander Technique component of the trial was taught by STAT teachers. STAT and the interests of the Alexander Technique were represented on the trial management team by Kathleen Ballard and Frances Oxford.

References

For ATEAM paper and the BMJ, visit: <http://www.bmj.com/channels/research.dtl>

For research papers on the AT, visit: <http://www.stat.org.uk/pages/research1.htm>

Note on lessons in the trial

All AT lessons were provided individually on a one-to-one basis. Teachers had to agree to use both hands-on teaching and adequate verbal explanation. Trial participants were taught and helped to make use of the Alexander Technique to improve muscle tone, co-ordination, balance, and movement skills, - and to recognise and avoid habits that caused or aggravated their pain.

All the AT teachers had been teaching for at least three years and were members of STAT, the Society of Teachers of the Alexander Technique.

FREQUENTLY ASKED QUESTIONS on the Alexander Technique

What is the Alexander Technique?

The AT is a taught life-long self-help method that can enable patients with chronic or recurrent non-specific low back pain to reduce number of days in pain and overcome associated incapacity. Experience shows it can also help patients avoid recurrence.

AT Lessons provide an individualized approach to learning this technique for general self-improvement, through the practical teaching of self-care skills that help people recognize, understand and avoid poor habits adversely affecting their postural muscle tone and neuromuscular coordination.

Are good results guaranteed?

Both learning and applying the Alexander Technique demand the active participation of patients/pupils. Learning to change long established habits can be a gradual and challenging process. Good results depend on the interest and ability of individuals to follow the advice received and on their resolve to apply what they have learnt to their daily activities. Although teachers do not aim to, nor offer a 'cure', people usually experience valuable benefits.

What makes people come for lessons?

Back pain is one of the most common reasons. Even though people often contact us after they have tried everything else, they can still gain significant benefit. However, if they make the AT teaching profession an early point of call, following a medical diagnosis of non-specific low back pain, they might save themselves a lot of pain and money.

Is it safe to take AT lessons?

Participants in the ATEAM back pain trial were asked to report any adverse events that occurred during AT lessons that were part of the trial. 288 people had Alexander Technique lessons -making a total of more than 2,400 lessons- and no reports of adverse events were received.

Are teachers regulated and insured?

Members of STAT (The Society of Teachers of the Alexander Technique) have successfully completed the three-year training on a course recognized by the Society, have professional indemnity insurance, and are subject to a Code of Professional Conduct. There is an established Complaints procedure.

Do all teachers teach the same way?

All STAT teachers teach the same principles and other core material but the approach will vary according to their training, experience, personality and interests – and according to the needs of a pupil.

How much do AT lessons cost?

The cost of lessons varies according to locality and a teacher's overhead expenses and experience. Currently, the cost of a lesson is similar to the cost of an osteopathy or physiotherapy session.

Are AT lessons funded through the NHS or private insurance companies?

NHS departments in different areas and various insurance companies seem to follow different policies. On occasion, the NHS may pay for AT lessons. The research results clearly show that AT lessons can be effective

for back pain patients and as a result we look forward to AT lessons being more widely available on the NHS. There are some private medical insurance companies that already agree to reimburse AT lessons, a list we hope will expand.

How many AT teachers are there?

In the UK there are about 900 teachers who are registered members of STAT. Only STAT teachers took part in the trial. STAT and its overseas affiliated societies represent in total nearly 3,000 teachers.

How do I find a teacher?

You can contact the Society of Teachers of the Alexander Technique on:

Tel: 020 8885 6524 - email: enquiries@stat.org.uk Visit the website: www.stat.org.uk which includes a teacher search facility, or write to: STAT Grove Business Centre Unit W48 560-568 High Road London N17 9TA.

The back pain trial shows that AT lessons help people with chronic non-specific low back pain. Who else does it help?

There is some research evidence that learning and applying the Alexander Technique is likely to benefit most moderately mobile, non-demented people with Parkinson's who are interested in a self-help technique.

Although there are no other randomised, controlled clinical trials to date, anecdotal and pilot trial evidence suggests that learning the AT can help with neck pain, high blood pressure, respiratory function and stress.

Teachers know from experience that people with many other conditions can benefit from learning and applying the Alexander Technique, to the extent that poor habits affecting coordination, postural problems and movement are a factor in the causation and/or continuance of their particular disorder.

Many sports people and other performers (actors and musicians in particular) learn and apply the Alexander Technique to reduce the risk of injury and to improve their performance. People also learn the AT to develop ease and elegance in movement, enhance business and self-presentation skills. Also women find using the Alexander Technique helpful during pregnancy and childbirth.