**Table E18. Data abstraction of randomized controlled trials of yoga**

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| **Author, Year** | **Country Number of Centers and Setting** | **Inclusion Criteria** | **Number Randomized, Analyzed Attrition** | **Intervention** | **Study Participants** |
| Nambi, 2014 | 1 center: C.U. Shah Physiotherapy College, Gujarat, India | >18 years old with nonspecificLPB for 3 months;EXCLUDED: LBP due to nerve root compressing, disc prolapse, spinal stenosis, tumor, spinal infection, ankylosing spondylosis, spondylolisthesis, kyphosis or structural scoliosis, widespread neurological disorder, pre-surgical candidates, involved in litigationor compensation, compromised cardiopulmonary system, pregnant, BMI ?35, major depression or substance abuse, Yoga practitioners | Randomized: 60Analyzed:54Attrition: 10% (6/60) | A: 1 hour Iyengar class/week +30 minute home practice, 5 days/week for 4 weeks; with props; 29 poses introduced in stages simple to progressively more challenging; At end of 4weeks, participants encouraged to continue Yoga at home (n=30)B: Following 5-10 minute warm up(stretching exercises for soft tissue flexibility and range of motion); Taught specific exercises for strengthening abdominal and back muscles (depending on clinical findings) 3 days/week with5 repetitions in 3 sets with 30-s pause per set; repetitions gradually increased until reaching15 for 4 weeks: instructed to refrain from other back exercises, strenuous activities outside of normal activities of daily living during study (n=30) | A vs. BMean age: 44.26 vs. 43.66Female: 63.34% vs. 43.34% Race: NRBaselinePain intensity (10 cm VAS,0= no pain , 10=worst possible): 6.7 vs. 6.7Physically unhealthy days (from CDC HRQOL-4): 18 vs. 17.8Mentally unhealthy days (from CDC HRQOL-4):17.0 vs. 17.4Activity limitation days (fromCDC HRQOL- 4): 16.7 vs.17.1 |

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| **Author, Year** | **Duration of Pain (acute, subacute, chronic)** | **Duration of****Followup** | **Results** |
| Nambi, 2014 | Chronic (>3 months),mean duration;nonspecific | 6 months | A vs. BPain intensity (10 cm VAS, mean): 4weeks 3.8 vs. 5.3; 6 months 1.8 vs. 3.8, % improvement 72.81% vs.42.5%, p=0.001; SMD\* 4 weeks (-1.66, 95% CI -2.24 to -1.07); 6 months (-2.17, 95% CI -2.81 to -1.53) Physically unhealthy days (mean): 4 weeks 7.7 vs. 12.0; 6 months 2.6 vs. 6.9, % improvement 85.61% vs. 61.0%, p=0.001;Mentally unhealthy days (mean): 4 weeks 8.4 vs. 10.5; 6 months 2.6 vs. 6.9, % improvement 87.53%vs. 71.37%, p=0.001;Activity limitation days (mean): 4 weeks 7.5 vs. 12.0; 6 months 2.0 vs. 5.0, % improvement 87.83% vs.70.59%, p=0.001;\*SMD calculated from means and SD based on sample before attrition |

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| **Author, Year** | **Adverse Events Including Withdrawals** | **Funding Source** | **Quality****Rating** |
| Nambi, 2014 | Not evaluated or reported | None | Fair |

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| **Author, Year** | **Country Number of Centers and Setting** | **Inclusion Criteria** | **Number Randomized, Analyzed Attrition** | **Intervention** | **Study Participants** |
| Saper, 2013 | Boston MedicalCenter and 5 affiliated federally qualified community health centers | 18-64 years old, current non-specific LBP persisting ≥12 weeks with average intensity of ≥4 for previous week (0=no pain, 10 worst possible pain); sufficient English fluency to understand class instructions and complete questionnaires;EXCLUDED‐ known specific back pain pathology (spinal stenosis, spondylolisthesis, ankylosing spondylitis, severe scoliosis, malignancy, fracture); sciatic pain ≥ low back pain, spine surgery in previous 3 years, severe or progressive neurological deficit, new back pain treatment started within previous month or anticipated during study; pregnancy, Yoga practice in previous 6 months, active or planned workers compensation, disability or personal injury claims; perceived religious conflict. | Randomized: 95Analyzed: at 6 weeks - 88; at 12 weeks 91Attrition: 4.2 % (4/95) | A: 75 minute Hatha Yoga classonce per week + recommended30 minute home practice (n=49)B: 75 minute Hatha Yoga class twice per week + recommended30 minute home practice (n=46)12 weeks | Mean age: 46.4 vs. 48.7yearsFemale: 71% vs. 80% Race:White: 10% vs. 26% Black: 67% vs. 41% Other: 22% vs. 33% Hispanic: 6% vs. 13% Baseline pain (mean, lowback pain intensity, 11 point numeric scale) 7.1 vs. 6.7Back-specific function: (mean RDQ) 13.7 vs. 13.6SF-26 Physical: 37.5 vs.37.4; Mental 44.8 vs.44.1 |

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| **Author, Year** | **Duration of Pain (acute, subacute, chronic)** | **Duration of****Followup** | **Results** |
| Saper, 2013 | Chronic (nonspecific,≥ months); reported duration varied from <1 year to≥10 years; statistical difference between groups at baseline treated as confounder | 12 weeks | A vs. BChange from baseline, *between group* difference in means:Pain: 6 weeks, −0.3 (−1.1 to 0.6), p=0.49; 12 weeks, 0.3 (−0.2 to 0.8), p=0.62RDQ: 6 weeks −0.6 (−2.7 to 1.6), p-0.62; 12 weeks, −0.1 (−1.4 to 1.2), p= 0.83Pain: proportion experiencing ≥30% improvement from baseline: 29% (23/47) vs. 59%(26/44), p=0.33, RR 0.83 (95% CI 0.57 to 1.12): proportion experiencing ≥50% improvement from baseline: 57% (27/47) vs. 66% (29/44), p=0.41, RR 1.14 (95% CI 0.64 to 2.02;RDQ proportion experiencing ≥30% improvement from baseline: 57% (27/47) vs. 66%(29/44), p=0.41, RR 0.87 (95% CI 0.63 to 1.21 ): proportion experiencing ≥50% improvement from baseline:47% (22/47) vs. 50% (22/44), p=0.76, RR 0.94 (95% CI 0.61 to 1.43) Change from baseline, between group difference in meansSF-36 Physical: 6 weeks 1.6 (95% CI -1.6 to 4.9) p=0.33; 12 weeks 0.2 (-3.4 to 3.7) p =0.93; SF-36Mental 6 weeks 2.2 (-1.9 to 6.3) p=0.29; 12 weeks 1.5 (-2.6 to 5.6) p=0.47A vs. BOther outcomes:Overall improvement scores: Same for A and B (mean 4.5, median 5) Satisfaction scores: mean 1.3 vs. 1.5, median 1 for bothMedication use: Use of any pain medication decrease at 6 weeks (27% vs. 35%) and remained similar at 12 weeks, but NS difference in use of any pain medication or specific analgesic categories.Per protocol analyses did not reveal any statistical differences between groups for any outcome;Dose-response: Substantial variability in data; authors report potential for a "modest" dose-response" relationship with decrease in relationship slope for change in pain at approximately 12 class and approximately 9 classes for RDQ -figure provided, but not detailed data -Authors indicated the conclusions regarding the causality of the association are not possible.Adherence: Class attendance: 65% (32/47) vs. 44% (20/44), p=0.04; weekly amount of home practice93 vs. 97 minutes; home practice for both groups a median of 4 days/week; Hours of class + home 37 vs. 29, p =0.037 |

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| **Author, Year** | **Adverse Events Including Withdrawals** | **Funding Source** | **Quality****Rating** |
| Saper, 2013 | A vs. BTotal: 27% (13/49) vs. 37% (17/46), p= 0.47; mostly musculoskeletal with LBP exacerbation most common;Related to intervention (total events): Definitely 1. vs. 2 ; Possibly 12 vs. 15; Serious 0 vs. 1 (persistent symptoms of cervical radiculopathy possibly from hyperextension in setting of preexisting cervical disc disease;Detailed list (number) of adverse events: Back pain 5 vs.8Neck pain 1 vs. 3 (includes the participant with radiculopathy) Sciatica 1 vs. 2Headache 1 vs. 2Dizziness 1 vs. 1Knee pain 1 vs. 0Ankle pain 0 vs. 1Shoulder pain 1 vs. 0Abdominal pain 1 vs. 0Wheezing 1 vs. 0 | NCCAM, NIH RO1 grant | Fair |

**Please see Appendix C. Included Studies for full study references.**