



“Only 10% of non-surgical treatments for back problems kill pain, says review”. This was the title of a recent article in the Guardian, and its main conclusion was that: “Only six out of 56 treatments analysed yielded ‘small’ relief according to most comprehensive worldwide study, with some even increasing pain” [1].

However, what the Guardian article failed to mention is that the study on which it is based exclusively researched clinical trials that were placebo controlled [2]. In other words, the study made no attempt to cover any randomised controlled trials of back pain (of which there are many hundreds) that compared interventions with other treatments (for example, usual care) instead of with placebo. The study provides a valid rationale for reviewing only placebo-controlled trials but it’s important to understand that the result is ignoring those interventions that have been robustly evaluated by other means. As such, any claims made on the basis of this research should not imply that all back pain interventions were studied.

The way that clinical medicine usually works is that when a new disease or condition is identified and a new drug or treatment is developed, the first efficacy trials compare the intervention with placebo. However, once some kind of treatment is available this becomes the usual care until the time when something better comes along. In other words, future clinical trials of new interventions are compared with this usual care to see whether or not they are more efficacious, well tolerated etc, and, if they are, then they will become the standard usual care. This is because for many conditions (think, for example, of a life-threatening illness), it would be unethical to compare a new treatment with placebo because another intervention already exists. Back pain is not (usually) a life-threatening illness and some back pain trials still do use a placebo comparison. However, it is much more common for clinical trials to compare with existing treatments –often this is the usual care provided by a GP.

Because the study restricted its remit to placebo-controlled trials, it ignored interventions that have been evaluated against usual care. There are no placebo-controlled trials of the Alexander Technique – it would be extremely difficult to design one (what would a ‘placebo’ Alexander teacher look like?). However, there is a good evidence base for Alexander Technique lessons leading to reduced pain and disability for people living with chronic back pain. Most notably the ATEAM randomised controlled trial demonstrated that one-to-one Alexander lessons from STAT-registered teachers led to long-term reductions in pain and disability, compared with usual GP-led care [3]. Importantly, the ATEAM trial aimed to allow for any non-specific benefits from touch and attention by including another control group who received massage (the Alexander lessons were not only more effective than usual care but also more effective than massage). Other smaller studies of people with chronic back pain support the conclusions about the effectiveness of Alexander lessons [4–7]. A second large randomised, controlled trial, called ATLAS demonstrated that Alexander lessons led to long-term reductions in pain and disability for people with chronic neck pain [8]. This means that two large, robust randomised controlled trials have demonstrated the effectiveness of Alexander lessons in reducing long term pain and disability associated with chronic musculoskeletal conditions.

It’s easy to make big claims about research but we also need to look behind the headlines.



References

- [1] Denis Campbell, The Guardian 18 March 2025.
<https://www.theguardian.com/society/2025/mar/18/only-10-of-non-surgical-treatments-for-back-problems-kill-pain-says-review>.
- [2] Cashin AG et al. Analgesic effects of non-surgical and non-interventional treatments for low back pain: a systematic review and meta-analysis of placebo-controlled randomised trials. *BMJ Evidence-Based Medicine*. Published Online First: 18 March 2025. doi: 10.1136/bmjebm-2024-112974.
- [3] Little P; Lewith G; Webley F; et al. Randomised controlled trial of Alexander Technique lessons; exercise and massage (ATEAM) for chronic and recurrent back pain. *British Medical Journal* 2008;337:a884.
- [4] Little P, Stuart B, Stokes M, Nicholls C, Roberts M, et al. Alexander Technique and supervised physiotherapy exercises in back pain (ASPEN): a four-group randomised feasibility trial. *Efficacy Mech Eval* 2014;1(2).
- [5] Little J, Geraghty AWA, Nicholls C, Little, P. [Findings from the development and implementation of a novel course consisting of both group and individual Alexander Technique lessons for low back pain](#). *BMJ Open* 2022;12:e039399. doi:10.1136/bmjopen-2020-039399.
- [6] Vickers AP; Ledwith F; Gibbens AO. The impact of the Alexander Technique on chronic mechanical low back pain (unpublished report). 2000.
- [7] Cacciatore TW. Improvement in automatic postural coordination following Alexander Technique lessons in a person with low back pain. *Physical Therapy* 2005;85:565–78.
- [8] MacPherson H, Tilbrook H, Richmond S, Woodman J, Ballard K, Atkin K, Bland M, Eldred J, Essex H, Hewitt C, Hopton A, Keding A, Lansdown H, Parrott S, Torgerson D, Wenham A, Watt I. Alexander Technique lessons or acupuncture sessions for persons with chronic neck pain: A randomized trial. *Annals of Internal Medicine* 2015;163:653–62.