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Craniosacral Therapy in chronic neck pain – a randomized sham-controlled trial.

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Abstract

Purpose: Chronic neck pain is a significant public health problem. With only a few evidence-based treatment options, Craniosacral Therapy (CST) might offer an alternative therapy for chronic pain management; however evidence for CST is limited. While there are several clinical trials, no randomized controlled trials with appropriate control conditions were available. Therefore this study aimed to investigate the efficacy of CST on chronic non-specific neck pain as compared to sham treatment.

Methods: A total of 54 patients suffering from chronic non-specific neck pain were randomized 1:1 to either a CST group or a sham control group. Patients were blinded to treatment allocation. The CST group was treated 8 times once a week for 45 minutes according to an Upledger standardized therapy protocol. During the sham sessions of the same duration, therapists placed their hands on various parts of the clothed body for two minutes each time. The primary outcome measure was pain intensity on a 100mm-visual analogue scale. Secondary outcomes included pain intensity related to motion of the head, pressure pain sensitivity, neck pain-related disability, quality of life, anxiety and depression, stress perception, physical well-being, pain acceptance, body awareness, global impression of improvement, and safety. Outcomes were analysed using ANCOVA with post-treatment as dependent variable, group as fixed factor, patients' expectations and respective baseline values as linear covariates.

Results: Intention-to-treat analysis revealed significantly less pain intensity in the CST group compared to the sham group ($p=.001$). Pain related to motion ($p=.003$), pressure pain sensitivity at the pain maximum ($p=.010$), neck pain-related disability ($p=.019$), quality of life ($p=.031$), and body awareness ($p=.001$) were also significantly improved in patients of the CST group compared to sham. No group differences were found for anxiety and depression, stress perception, physical wellbeing, and pain acceptance. CST patients reported on average strong global improvement ("much better"), while the sham group rated between "no change" and only "a little better". No severe adverse events were observed.

Conclusions: Results suggest that Craniosacral Therapy might be more effective in relieving chronic non-specific neck pain than an active attention-control condition.