Floatation Therapy for chronic back pain A case study demonstrating the value of floatation therapy for chronic back pain

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ABSTRACT

Objective:

Chronic low back pain is of epidemic proportions. We are now experiencing an opioid crisis as a reflection of the way in which chronic back pain has been both misunderstood and managed. Pain management professionals are now seeking alternative methods to co-manage the serial mind and body implications of chronic pain. The objective of this case study is to observe the effects of four (4) weeks of floatation therapy upon chronic low pain and the collateral effects of sleep, depression and anxiety. A second objective is to determine if there is any difference between floating one (1) vs. two (2) times a week for the same time period.

Background:

To initiate this case study, participants were sought through an online screening process based on the following criteria:

- (a) low back pain for <u>more than</u> 5 years (self-rated as greater than 5 on a numerical 0-10 pain scale with 0=none and 10 =extreme);
- (b) no prior history of floating;
- (c) no surgery for this condition;
- (d) not taking opioids, and
- (e) not currently receiving medical treatment or alternative medicine intervention including injections or therapy.

Out of 180 applicants, only 20 fit the criteria and 8 participated in the case study, five (5) women and three (3) men.

Method:

The intervention for this case study involved "floating" in a 9' long x 5' wide fiberglass tank with a hinged lid, shaped like a large egg and filled with 175 gallons (10" deep) of a salt solution. This solution contains 1000 pounds of medical grade Epsom salt, or magnesium sulfate (MgSO4) and is maintained at skin temperature (94 degrees F).

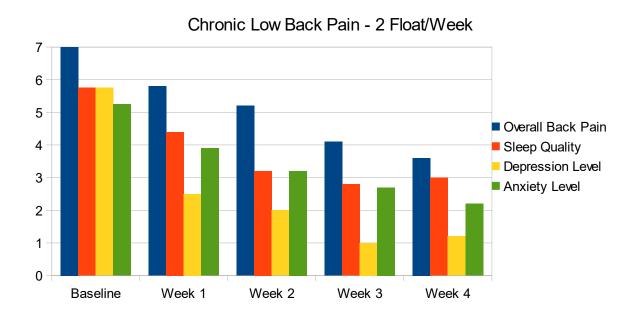
The study lasted four (4) weeks in duration and involved two random groupings of four participants per group. Group A floated once a week for four weeks for a total of 4 floats. Group B floated twice a week for four weeks, for a total of 8 floats. A daily subjective survey was completed by each individual, using a numeric scale on a 0-10 continuum with descriptors. For purposes of comparison, a baseline survey with the same questions was completed by the participants prior to their float to initiate the study.

Results:

Both Group A and Group B demonstrated positive improvement in pain intensity, sleep quality, depression and anxiety from beginning to end. All 8 participants not only noticed less pain intensity, but less frequency of pain. Group B that floated twice as frequently as Group A demonstrated significantly greater relative gains in all categories.

Results are based upon the group data from the 4 participants in Group A and 4 participants in Group B. All 8 participants reported daily overall scores for pain, sleep, anxiety and depression over a 30 day period, using a 0-10 scale with descriptors previously mentioned. Graphical and numeric comparisons considered the aggregate weekly averages for both groups for the four represented categories to the average baseline scores for each group.

There is a trend towards immediate improvement in both groups in all categories. However, for the one time a week floaters, this trend plateaus after week 1 and no further gains are made, despite overall making improvements compared to the baseline. The twice weekly float group made immediate, sustained and continuous improvements throughout the duration. Here is a graphical example of the improvements made by Group B in 4 categories over a 4 week period.



Conclusion:

Floatation therapy, otherwise known as floating, has a direct and positive effect on reducing the intensity and frequency of chronic back pain, as well as improving associated sleep quality, anxiety and depression.

Float frequency does make a difference, whereas floating twice weekly has a more pronounced effect than one float per week, for a period of 4 weeks. Patients, medical professionals and alternative health care providers should consider floatation therapy by itself and in tandem with other mind/body approaches to manage chronic back pain.