

Table 11: Summary of Recommendations in Included Guidelines

Recommendations	Strength of Evidence and Recommendations
Brosseau, 2017 ¹³	
"Recommendations: The eight-week Hatha Yoga program (60 minute classes once per week, plus 30 minute home program four times per week) for older women with knee osteoarthritis for management for pain relief (WOMAC subscale) at the eight weeks end of treatment measure is recommended. Participation in the program is also suggested for improved physical function (WOMAC subscale) at end of treatment of	Positive recommendation for pain relief – Grade B (clinically important benefit demonstrated) Positive recommendation for physical function – Grade C+ (clinically important benefit demonstrated without statistical significance)
eight weeks. There is a neutral improvement for quality of life (SF-12 subscale) at end of treatment of eight weeks." (p. 588)	Neutral recommendation for QoL – Grade C (no benefit demonstrated)
Bruce, 2017 ¹⁴	
Recommended non-pharmacological treatments for people with HIV and chronic pain: "11. Yoga is recommended for the treatment of chronic neck/back pain, headache, rheumatoid arthritis, and general musculoskeletal pain." (p. 1603)	Strong recommendation Moderate quality evidence
Qaseem / ACP, 2017 ¹⁶	
"Recommendation 2: For patients with chronic low back pain, clinicians and patients should initially select nonpharmacologic treatment with exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction (moderate-quality evidence), tai chi, yoga, motor control exercise, progressive relaxation, electromyography biofeedback, low-level laser therapy, operant therapy, cognitive behavioral therapy, or spinal manipulation (low-quality evidence)" (p. 523)	Strong recommendation Low quality evidence



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VA/DoD, 2017 ¹⁵	
"Recommendation 16: For patients with chronic low back pain, we suggest offering an exercise program, which may include Pilates, yoga, and tai chi." (p. 6)	Weak recommendation
	The yoga-specific recommendation was based on low-to-moderate quality evidence
 Note: Chronic pain was defined as > 4 weeks This recommendation replaced a previous recommendation based on systematic review evidence 	
Bussieres, 2016 ¹⁷	
Recommendation: "For patients with persistent (>3 months) grades I to II neck pain and disability, we suggest supervised yoga over education and home exercises for short term improvement in neck pain and disability." (p. 546)	Weak recommendation, low-quality evidence
Evidence: "Baseline intensity of pain was more than 40/100 and duration was at least 3 months. Yoga was specific to the lyengar type, with a maximum of 9 sessions over 9 weeks." (p. 546)	
Cote, 2016 ¹⁸	
"Recommendation 5: For NAD grades I–II >3 months duration, clinicians may consider structured patient education in combination with: range of motion and strengthening exercises, qigong, yoga, multimodal care (exercise with manipulation or mobilization), clinical massage, low-level laser therapy, or non-steroidal anti-inflammatory drugs. In view of evidence of no effectiveness, clinicians should not offer strengthening exercises alone, strain-counterstrain therapy, relaxation massage, relaxation therapy for pain or disability, electrotherapy, shortwave diathermy, clinic-based heat, electroacupuncture, or botulinum toxin injections." (p. 2001)	Not graded.
This recommendation was based on one RCT with low risk of bias that found lyengar yoga was more beneficial than education and a home exercise program.	
Further guidance: clinicians may offer a program of lyengar yoga supervised by a certified lyengar yoga teacher, limited to a maximum of nine sessions over 9 weeks.	
Note: Grade I-II NAD indicates no signs or symptoms of major structural pathology with no-to-major interference with ADL	

ADL = activities of daily living; HIV = human immunodeficiency virus; NAD = neck pain and associated disorders; RCT = randomized controlled trial; SF-12 = Short Form 12-item general health questionnaire; WAD = whiplash associated disorders; WOMAC = Western Ontario and McMaster Universities Osteoarthritis Index.