

LETTER TO THE EDITOR

Pilates method and back pain: Physiotherapy and epistemology

Luís Coelho ¹

¹ Escola Superior de Saúde do Alcoitão

✉ Luís Coelho. Rua Actor Vale 10,
r/c esq., 1900-025 Lisboa
coelholewis@hotmail.com

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Whether through fashion, whim, or commercial or professional strategy, Pilates method has been subjugating physiotherapy and physical exercise market, moving us from the illusion of merely manual intervention to the illusion of selling a methodology that claims to be unique and exemplary. We will see that there is no justification for physiotherapy, and fitness, to be represented by this model.

We will focus on the topic of back pain, because it is this that best addresses methodological and epistemological questions that encompass the entire field of “therapies”. A cursory review of the literature provides us with several systematic reviews unanimously concluding that Pilates is not superior to other forms of exercise^[1-11] or physiotherapy^[9, 12, 13] in treating back pain, especially in the long term^[1, 4, 5].

Wells et al.^[4] report that Pilates offers similar benefits to massage. Indeed, it is the “exercise” factor that seems to transcend Pilates, with benefits, once again, especially in the long term. In the review by Chou et al.^[14], the authors report that, despite the importance of exercise, in the short term, the only therapy with good evidence is superficial heat. Other authors compare the effects of exercise with manual therapy^[15].

According to Wells et al.^[16], it is the “posture” variable that seems to be most present in research that crosses Pilates with “low back pain” and it is also this variable that invites us most to belief and dogma.

Literature still largely fails to understand the role of “posture” in low back pain, if this relationship doesn’t even consider it a consequence of the pain. Old myths, such as the effectiveness of swimming and superficial abdominal strengthening, no longer seem to be of interest to research (and the (lack of) evidence is clear). Even core training lacks the same evidence as Pilates, and only a few reviews place it above other forms of exercise^[17-19] in the treatment of low back pain (but, again, only in the short term).

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It is the “movement” that communicates local methodologies with collective ones, anti-symptomatic approaches with “psychosocial” ones, with the former being able to create new challenges for the latter, and the latter being able to exhaust themselves to reduce the great models to their prescriptive ingredients.

In this “vicious cycle” context, only a global intervention encompassing multiple variables can recreate stability. Literature should be brought into the patient’s ecological arena as an “end in itself”, with clinical reasoning being the ultimate decision-maker. Collective approaches, on the other hand, will essentially serve placebo needs, fostering a process that pleases the “vanitas” of the patient-therapist group, multiplying the cycle that will ultimately question the role of physical therapy itself as something mandatory, or as something not to be compensated for in the battle of therapeutic virtues. If we consider, for example, the fact that most experimental studies lack a “placebo group”, coupled with the limitations of questionnaire-based studies, we clearly see that in the world of therapies, everything remains to be done, a terrain where it is difficult to define what is “falsifiable” (Popper). It is also important to define the therapeutic safety zone; the excesses of Pilates, as well as Postural Reeducation, represent the dogmatic hegemonies that, to the extent that they placebo, disguise the disaster zone, and this viaticum of illusions contaminates, just as much, the therapist, pregnant with needs.

It is essential that “posture” be respected in its “life cycle”, recognizing within it the ingredients that will create “totality” and establish the stage for scientific “commonality”, for “ethos”, reducing the context of physical and psychosocial distress. Only then can this nomothetic, clinical terrain begin to act at the group level, in a sufficiently safe and parsimonious manner, preserving the set of elements that allow postural balance to be compatible with the nature of physiological harmony, as far as pain management is concerned. This work requires a retreat and a clinical respect that a physiotherapy granted to “Fitness” does not contemplate. When dialectical reasoning, clinical phenomenology, assumes the grotesque simplicity currently seen, the fulcrum is definitively lost, and this Physiotherapy is destined to play the inexhaustible “puzzle” of an “eternal return” that loses and vulgarizes it. Its appearance as a “physiology of pain” must be restored, draining the stage of parasitic and intermittent variables, and only then should the product be topped with the capital of psychic variables that, if not well managed, are destined to modify the “focus” of psychosocial violence.

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