

Letter-to-Editor

Role of structured exercise and relaxation techniques in managing post-COVID paraspinal myalgia

Sir,

We would like to acknowledge the study titled, “Efficacy of structured exercise and relaxation techniques in managing post-COVID paraspinal myalgia in manual labourers of Belagavi, Karnataka: A quasi-experimental study,” published in the September 2025 issue of the Indian Journal of Medical Research.¹ The authors have made a commendable effort in investigating the effectiveness of interventions for back pain among manual labourers in Belagavi, Karnataka.

The study’s exploration of the efficacy of Progressive Muscle Relaxation Technique (PMRT) and Spinal Muscle Training (SMT) in managing paraspinal myalgia is highly commendable, as both techniques are well-recognised techniques to reduce muscle tension and improve muscular function, which are crucial factors in alleviating back pain related to paraspinal myalgia but still require further investigation for their specific applications.

The usage of the term ‘Efficacy’ in the title suggests that the trial mentioned is an explanatory trial, which helps in assessing whether the said intervention produces the expected result under ideal circumstances. Whereas the term that has been used in the objective and the abstract section is Effectiveness. Our understanding of the term effectiveness trial is a pragmatic trial that assesses the benefit of the intervention under real world clinical settings.^{2,3} Again, the term ‘efficacious’ has been used in the conclusion section, thus in need of clarification. Also, the term paraspinal myalgia has been used by the author, which appreciates the amount of morbidity caused due to COVID-19, but that particular reference for term usage can be cited.

It is unclear whether this study was registered as a trial or not. Inclusion criteria specified that participants must have a confirmed history of COVID-19 infection to be eligible for the study, reinforcing the relevance

of the sample to post-COVID paraspinal myalgia research. It would be useful to confirm whether the study utilized official online records for COVID-19 confirmation as it was made mandatory during the period. Additionally, clarification is needed on whether patients’ COVID-19 vaccination history and prior history of chronic back issues were considered during participant selection or analysis. These factors are critical for accurately interpreting outcomes, as unaccounted chronic conditions unrelated to post-COVID paraspinal myalgia could potentially confound the results leading to misinterpretation. Discussion mentions about telerehabilitation and its importance in overcoming rural socio-economic barriers. To align this with the results and methods, the study should have clearly described the background of study population, including socio-demographic characteristics. Explicitly mentioning these factors in methods or results sections provides the necessary context to support the statement made in the discussion about telerehabilitation’s key role in ensuring supervised rehabilitation and adherence beyond these barriers.

While the study duration is currently reported as starting from November, it should be noted that recruitment actually began in October 2023. It is more precise to state that the intervention period spanned from November to January. Additionally, the recruitment process can be better explained by specifying that out of 127 individuals screened, 60 participants were ultimately enrolled.

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Conflicts of Interest: None.

Use of Artificial Intelligence (AI)-Assisted Technology for manuscript preparation: The authors confirm that there was no use of AI-assisted technology for assisting in the writing of the manuscript and no images were manipulated using AI.

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Authors' response

We appreciate Dr. Mithun Rao and Dr. Ramesh Holla for their thoughtful engagement with our article.¹ Our study followed a pragmatic approach that employed a quasi-experimental design within a real-world clinical setting. We used the word effectiveness in the abstract and objectives to describe this context.² The word efficacy was intentionally used in the title and conclusion to signify the primary aim of the study, which was to determine if the intervention could produce the expected therapeutic result under the structured and supervised conditions of our protocol. We acknowledge that this dual terminology could be confusing and thank the authors for allowing us to clarify this distinction.

The term paraspinal myalgia was used to describe localized paraspinal discomfort experienced by patients, based on existing literature describing musculoskeletal symptoms in post-COVID patients.^{3,4} COVID-19 infection history was confirmed by official RT-PCR

test reports and discharge summaries for hospitalized individuals. We acknowledge that specific data on COVID-19 vaccination history was not analyzed as a distinct variable. This is a valid limitation of the study.

Prospective registration with the Clinical Trials Registry of India (CTRI) was not undertaken at the time of study initiation. However, this study received prior approval from the Institutional Ethics Committee, and the ethical and safety standards were adhered to throughout the conduct of our study. We recognize that trial registration enhances transparency and scientific credibility, and the absence of CTRI registration is therefore acknowledged as a limitation of the present study.

It is important to clarify the function of our exclusion criteria with respect to the history of chronic back issues. Patients with significant comorbidities and autoimmune diseases (*e.g.*, rheumatoid arthritis, myositis) were excluded from the study.² This was intentionally implemented to create a homogenous study population focused on post-COVID sequelae, excluding individuals with chronic back pain caused by other pathologies.

The cohort of male manual laborers aged 40-50 yr from Belagavi inherently represents a population facing socioeconomic challenges, for whom telerehabilitation is a particularly relevant and scalable solution to prevent loss of wages. While detailed sociodemographic data were not presented, the homogeneity of the recruited participants and zero losses to attrition over the 12 wk intervention period provided the context for the statement in the discussion on role of telerehabilitation in overcoming the socioeconomic barriers.

As stated in the materials and methods, recruitment and baseline assessments were conducted in October 2023. This was followed by the 12 wk intervention period from November 2023 to January 2024.² We confirm that 60 participants were ultimately enrolled from 127 individuals screened for eligibility.

Overall, we believe our work to be a valuable contribution to the evolving rehabilitation strategies for post-COVID syndromes in underserved populations. We thank the authors for their valuable feedback and commentary that allowed us to add clarity to our study methodology and findings.