

# OREGON HEALTH AND SCIENCE UNIVERSITY OFFICE OF CLINICAL INTEGRATION AND EVIDENCE-BASED PRACTICE

Evidence-Based Practice Summary Integration of Reiki, Healing Touch and Therapeutic Touch into Clinical Services

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# **BACKGROUND AND RATIONALE**

The concept of subtle energy and methods of its use for healing has been described by numerous cultures for thousands of years.<sup>13</sup> These vital energy concepts all refer to subtle or nonphysical energies that permeate existence and have specific effects on the body-mind of all conscious beings.<sup>13</sup> Although many of these practices have been used over millennia in various cultural communities for the purpose of healing physical and mental disorders, they have only recently been examined by current Western empirical methods.<sup>13</sup> These modalities, collectively termed by the National Center for Complementary and Alternative Medicine as biofield therapies <sup>19</sup>, began to be more widely taught and used by U.S. providers in many clinical and hospital settings starting in the 1970s.<sup>13</sup> Biofield therapies in clinical practice use both hands-on and hands-off (nonphysical contact) procedures.<sup>17, 29</sup> Biofield therapies have previously been used for reducing pain and discomfort in patients with cancer, chronic pain, and fatigue and anxiety, as well as for improving general health.<sup>23</sup> Additionally, biofield therapies have shown positive effects on biological factors, such as hemoglobin and hematocrit levels, immunological factors, vital signs, healing rate of wounds, and arterial blood flow in the lower extremities.<sup>23</sup> Patient demand and utilization of these modalities outside of conventional medicine settings have prompted scientists and clinicians to examine availability of research funding in this area to conduct large-scale randomized controlled trials (RCTs) of biofield therapies.<sup>13</sup> This evidence brief aims to determine from the available studies if biofield therapies of Reiki, Healing Touch and Therapeutic Touch improve patient outcomes when integrated into clinical services.

# ASK THE QUESTION

Does integrating Reiki, Healing Touch and/or Therapeutic Touch into clinical services improve patient outcomes (i.e. reduction in length of stay; reduction of pain, anxiety, stress, or depression; improvement in quality of life; reduction in use of opioids)?

# **SEARCH FOR EVIDENCE**

Databases included Ovid Medline



# Search strategy included:

- 1. exp Therapeutic Touch/ (871)
- 2. (Reiki or ((heal\* or therap\*) adj2 touch\*)).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms] (1338)
- 3. 1 or 2 (1338)
- 4. exp "Outcome and Process Assessment (Health Care)"/ (942749)
- 5. exp "Quality of Life"/ (157872)
- 6. exp Attitude to Health/ (364255)
- 7. exp Hospitalization/ (203372)
- 8. exp Affect/ (29927)
- 9. exp Mood Disorders/ (109331)
- 10. exp PAIN/ (353922)
- 11. exp Pain Measurement/ (75512)
- 12. exp NARCOTICS/ (111202)
- 13. exp Emotions/ (209480)
- 14. exp Anxiety Disorders/ (73313)
- 15. 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 (2180391)
- 16. 3 and 15 (471)
- 17. ((Reiki or ((heal\* or therap\*) adj2 touch\*)) adj7 (outcome\* or assess\* or predict\* or effectiv\* or ineffectiv\*)).mp. (180)
- 18. ((Reiki or ((heal\* or therap\*) adj2 touch\*)) adj7 ((qualit\* adj2 (life or living)) or qol or qaly or satisf\* or pleas\* or happy or happiness or emotion\* or mood\* or depress\* or sad or sadness or fear\* or anxi\*)).mp. (88)
- 19. ((Reiki or ((heal\* or therap\*) adj2 touch\*)) adj7 (hospitaliz\* or readmi\* or discharg\* or transfer\* or ((length or long\*) adj2 stay\*))).mp. (9)
- 20. ((Reiki or ((heal\* or therap\*) adj2 touch\*)) adj7 (pain\* or analges\* or discomfort\* or uncomfortab\*)).mp. (101)
- 21. ((Reiki or ((heal\* or therap\*) adj2 touch\*)) adj7 (opioid\* or narcotic\* or oxycodone or hydrocodone or morphine or heroin or oxymorphone or hydromorphone)).mp. (5)
- 22. 17 or 18 or 19 or 20 or 21 (283)
- 23. 16 or 22 (528)
- 24. limit 23 to English language (484)
- 25. limit 24 to (comparative study or controlled clinical trial or evaluation studies or guideline or meta-analysis or randomized controlled trial or systematic reviews) (195)
- 26. exp Epidemiologic Studies/ (2119661)
- 27. 25 and 26 (25)
- 28. 25 or 27 (195)
- 29. 24 not 28 (289)



Filters/limits included comparative study, controlled clinical trials, evaluation studies, guidelines, meta-analysis, RCTs, or systematic reviews in English language

# **CRITICALLY ANALYZE THE EVIDENCE**

The literature search resulted in numerous studies reporting on the different modalities of Reiki, Healing Touch, and Therapeutic Touch's effects on patient outcomes. In order to simplify the process, the evidence appraisal tables have been grouped based on the different modalities and outcomes reported in the literature.

Reiki appraisal tables include: (1) Reiki – Outcome of Depression; (2) Reiki – Outcome of Anxiety; (3) Reiki – Outcome of Pain; (4) Reiki – Outcome of Healing Effect; (5) Reiki – Outcome of Blood Pressure; (6) Reiki – Outcome of Respiration Rate; (7) Reiki – Outcome of Medication Usage; (8) Reiki – Outcome of Hospital Stay; and (9) Reiki – Outcome of Functional Recovery.

Healing Touch appraisal tables include: (1) Healing Touch – Outcome of Quality of Life; (2) Healing Touch – Outcome of Pain; (3) Healing Touch – Outcome of Anxiety; (4) Healing Touch – Outcome of Nausea; (5) Healing Touch – Outcome of Fatigue; (6) Healing Touch – Outcome of Healing Effect; (7) Healing Touch – Outcome of Joint Function; (8) Healing Touch – Outcome of Depression.

Therapeutic Touch appraisal tables include: (1) Therapeutic Touch – Outcome of Pain; (2) Therapeutic Touch – Outcome of Anxiety; (3) Therapeutic Touch – Outcome of Headache; (4) Therapeutic Touch – Outcome of Medication Usage; (5) Therapeutic Touch – Outcome of Withdrawal Symptoms; (6) Therapeutic Touch – Outcome of Vital Signs.

# REIKI:

<u>Reiki – Outcome of Depression</u>: Two systematic reviews reported Reiki's effect on treatment of depression. One systematic review (Joyce 2015) aimed to assess the effectiveness of Reiki for treating anxiety and depression in people aged 16 and over. Three studies were included in systematic review, and the study found insufficient evidence from randomized trials to draw any conclusions on whether Reiki is effective for the treatment of depression. The second systematic review (Lee 2008) included two RCTs that suggested beneficial effects of Reiki compared with sham control on depression, while another RCT did not report any effect differences between intervention arms for depression.
 *Quality of Evidence: Low*



- <u>Reiki Outcome of Anxiety</u>: Three systematic reviews and one RCT investigated Reiki's effect on anxiety. One systematic review (Joyce 2015) aimed to assess the effectiveness of Reiki for treating anxiety and depression in people aged 16 and over. Three studies were included in the systematic review, and the study determined there was insufficient evidence from randomized trials to draw any conclusions on whether Reiki is effective for the treatment of anxiety. Another systematic review (Thrane 2014) calculated the effect of Reiki therapy for pain and anxiety in randomized clinical trials. The study found that when calculating effect between interventions, the Reiki therapy group reported less anxiety in comparison to the control group using Cohen's *d* statistic with an effect of -4.5. The last systematic review (Lee 2008) included one RCT that showed a difference for Reiki intervention compared with sham control on the outcome of anxiety. Finally, one RCT (Baldwin 2017) investigated the effects of Reiki on patients undergoing knee replacement surgery. The study included 46 participants and was a 3-armed randomized study, testing Reiki versus other healing modalities or no treatment. Only the Reiki group demonstrated significantly reduced anxiety scores at discharge compared with intake (39.1 +/- 3.3 vs 32.1 +/- 2.7 [n = 14], P = .004, power = 0.88). *Quality of Evidence: Low*
- Reiki Outcome of Pain: Two systematic reviews and three RCTs were found evaluating Reiki's effect on pain. A systematic review . (Thrane 2014) calculated the effect of Reiki therapy for pain and anxiety in randomized clinical trials. The review found that when calculating effect between interventions, the Reiki therapy group reported less pain in comparison to the control group using Cohen's d statistic with an effect of 4.5. Another systematic review (Lee 2008) summarized and critically evaluated the evidence for the effectiveness of Reiki. Nine RCTS met inclusion criteria, with one trial reporting Reiki led to a reduction in pain compared with sham. One RCT (Baldwin 2017) investigated the effects of Reiki on patients undergoing knee replacement surgery. The study included 46 participants and was a 3-armed randomized study, testing Reiki versus other healing modalities or no treatment. There was a trend of pain reduction in the Reiki group (4.25 +/- 0.62 [SEM] vs. 2.62 +/- 0.42 [n=18]) that was not seen in the Sham Reiki (3.21 +/- 0.61 [SEM] vs 3.54 +/- 0.58 [n=12]) or the SOC groups (5.85 +/- 1.09 [SEM] vs 5.70 +/- 0.75 [n=10]. Another RCT (Sagkal Midilli 2016) was conducted to determine the effects of Reiki on pain and vital signs when applied for 15 minutes to the incision area of the body after cesarean section surgery. Forty-five patients were randomly assigned to the Reiki, sham Reiki, and control groups. Mean visual analog scale measurement values were significantly different from each other according to groups and times (P < .05). A reduction in pain of 76.06% was determined in the Reiki group patients between day 1 pre-treatment and after application on the second day (day 2 post-treatment) measurements. The last RCT (Notte 2016) evaluated the impact of Reiki therapy on the pain perception of patients undergoing total knee arthroplasty (TKA) following Reiki sessions. Patients received twenty-minute Reiki treatment at admission and 30-minute Reiki treatment after admission and initial assessment. Additionally, patients received Reiki at bedside for 20 minutes



while listening to relaxing music via headphones for three days after the operation. All Reiki therapy sessions resulted in statistically significant reductions in pain, except those sessions in the PACU. *Quality of Evidence: Low* 

- <u>Reiki Outcome of Healing Effect</u>: Three systematic reviews looked at Reiki's overall healing effect. This was done by including all outcome measures in the systematic reviews' analyses to determine Reiki's effect. One systematic review (Baldwin 2010) utilized the Touchstone Process as an ongoing process to systematically analyze published peer-reviewed studies of Reiki. The study found only 12 articles to be based on a robust experimental design and utilize well-established outcome parameters. Of these articles, two provided no support, five provided some support, and five demonstrated strong evidence for use of Reiki as a healing modality. Another systematic review (vanderVaart 2009) evaluated whether Reiki produces a significant treatment effect in 12 trials that met inclusion criteria. The study determined there were few studies available to evaluate the efficacy of Reiki. The few studies that were available are of poor quality. The last systematic review (Hammerschlag 2014) assessed the quality and reviewed the outcomes of RCTs of biofield therapies that report using only nonphysical forms of treatment. One trial on Reiki reported at least one primary outcome with statistically significant beneficial treatment outcomes. *Quality of Evidence: Low*
- <u>Reiki Outcome of Blood Pressure</u>: Two RCTs looked at Reiki's effect on patients' blood pressure. The first RCT (Baldwin 2017) included was a pilot study investigating the effects of Reiki on patients undergoing knee replacement surgery. The study included 46 participants and was a 3-armed randomized study, testing Reiki versus other healing modalities or no treatment. Blood pressure levels were significantly reduced when comparing pretreatment, before surgery versus posttreatment, after surgery (systolic: 141.4 +/- 3.7 [SEM] mm Hg vs 116.2 +/- 3.6 [n=18], P < .001, power = 0.99; diastolic: 73.6 +/- 1.9 [SEM] mm Hg vs 59.3 +/- 2.4, P < .001, power = 1.0). The last RCT (Sagkal Midilli 2016) sought to determine the effects of Reiki on pain and vital signs when applied for 15 minutes to the incision area of the body after cesarean section surgery. Forty-five patients were randomly assigned to the Reiki, sham Reiki, and control groups. The study found that mean systolic blood pressure measurement values were significantly different from each other according to groups (P < .05). *Quality of Evidence: Low*
- <u>Reiki Outcome of Respiration Rate</u>: Two RCTs looked at Reiki's effect on patients' respiration rate. The first RCT (Baldwin 2017) included was a pilot study investigating the effects of Reiki on patients undergoing knee replacement surgery. The study included 46 participants and was a three-armed randomized study, testing Reiki versus other healing modalities or no treatment. For the Reiki group, there was a trend toward reduced relative risk when comparing pretreatment, before surgery versus posttreatment, and 24

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hours after surgery. This trend became statistically significantly when data obtained from the Reiki group pretreatment, before surgery were compared with those taken posttreatment, and 48 hours after surgery (20.1 + - 0.5 [SEM] breath/min vs 17.7 +/- 0.5, P = .008). The last RCT (Sagkal Midilli 2016) sought to determine the effects of Reiki on pain and vital signs when applied for 15 minutes to the incision area of the body after cesarean section surgery. Forty-five patients were randomly assigned to the Reiki, sham Reiki, and control groups. Mean breathing rate pressure measurement values were significantly different from each other according to groups (P < .05). *Quality of Evidence: Low* 

- Reiki Outcome of Medication Usage: Three RCTs and one retrospective study looked at Reiki's effect on medication usage. The • first RCT (Baldwin 2017) included was a pilot study investigating the effects of Reiki on patients undergoing knee replacement surgery. The study included 46 participants and was a three-armed randomized study, testing Reiki versus other healing modalities or no treatment. The Reiki group used the lowest number of doses of as-needed pain medication (22 doses or 2.4 doses per patient) compared with Sham Reiki group (36 doses or six doses per patient) and the SOC group (29 doses or 5.5 doses per patient). The second RCT (Sagkal Midilli 2016) sought to determine the effects of Reiki on pain and vital signs when applied for 15 minutes to the incision area of the body after cesarean section surgery. Forty-five patients were randomly assigned to the Reiki, sham Reiki, and control groups. The Reiki group used fewer analgesics throughout the study and did not need them as early as the sham Reiki and control groups (P < .05). The third RCT (Notte 2016) evaluated the impact of Reiki therapy on the pain perception of patients undergoing total knee arthroplasty (TKA) following Reiki sessions.. No statistically significant differences were found in pain medication use (P = 0.92). One retrospective chart review (Bourgue 2012) sought to determine whether the use of Reiki decreases the amount of meperidine administered to patients undergoing screening colonoscopy. In the Reiki group, four of 25 patients (16%) received less than 50 mg of meperidine. Of these four patients, three received 25 mg and one patient received 37.5 mg. In comparison, there were no patients in the chart review group of the placebo Reiki group that received less than 50 mg of meperidine. Quality of Evidence: Low
- <u>Reiki Outcome of Hospital Stay:</u> One RCT (Baldwin 2017) reported on Reiki's effect on length of hospital stay. The pilot study investigated the effects of Reiki on patients undergoing knee replacement surgery. The study included 46 participants and was a three-armed randomized study, testing Reiki versus other healing modalities or no treatment. The Reiki group had the highest percentage of discharges at 48 hours rather than at 72 hours.
   *Quality of Evidence: Very Low*



<u>Reiki – Outcome of Functional Recovery:</u> One systematic review (Lee 2008) reported on Reiki's effect on functional recovery. The review found that after ischemic stroke, there were no differences in effect on functional recovery with Reiki intervention compared with sham.

Quality of Evidence: Low

# HEALING TOUCH:

- <u>Healing Touch Outcome of Quality of Life:</u> Two systematic reviews and one RCT reported on Healing Touch's effect on quality of life. One systematic review (Anderson and Taylor 2011) critically evaluated the data from randomized clinical trials examining the clinical efficacy of Healing Touch as a supportive case modality for any medical condition. The systematic review included 5 studies that met inclusion criteria and found that although studies support the potential clinical effectiveness of Healing Touch in improving health-related quality of life in chronic disease management, more studies are required given that even the studies included with high-quality scores had limitations. The second systematic review (Hersch 2009) summarized the evidence of the effectiveness of psychosocial interventions in women with gynecological cancers on their quality of life outcomes. The study concluded there was limited evidence in support of Healing Touch for improving quality of life in women with gynecological cancers. The last RCT (FitzHenry 2014) investigated the effect of Healing Touch (HT) on fatigue in breast cancer patients undergoing radiation therapy (RT). There was no statistically significant differences between the groups in terms of global quality of life or breast cancer-specific quality of life, nor were there statistically significant differences in the patterns of change in those measures between the 2 groups over the course of the study. *Quality of Evidence: Low*
- Healing Touch Outcome of Pain: One quasi-experimental study and one RCT reported Healing Touch's effect on pain. The quasi-experimental study (Anderson 2015) sought to determine the feasibility of a Healing Touch intervention for reducing pain, nausea, and anxiety in patients undergoing laparoscopic bariatric surgery. Following surgery and admission to the surgical unit, a nurse on the unit trained in Healing Touch and familiar with the study protocol delivered the Healing Touch intervention. Individuals in the Healing Touch group had clinically (>20% reduction) and statistically significant differences in post-intervention pain, on post-operative day one (P = .003) two (P = .001); and three (P = .034). One RCT (Lu 2013) investigated the effects of Healing Touch (HT) on the pain level, joint function, mobility, and depression in persons with osteoarthritis (OA) of the knee joint(s). The follow-up t-test for the between group comparison of scores indicated that the Healing Touch group's perception of OA pain interference with life improved significantly more (t = 2.47, p = 0.02) than that of the comparison group. While the Healing Touch group had a significant



improvement (t = -2.26, p = 0.04) in their perception of pain intensity (as measured by BPI), the two groups did not significantly differ (t = 0.92, p = 0.37) on this measure at six weeks. *Quality of Evidence: Low* 

- <u>Healing Touch Outcome of Anxiety</u>: One quasi-experimental study (Anderson 2015) aimed to determine the feasibility of a Healing Touch intervention for reducing anxiety in patients undergoing laparoscopic bariatric surgery. Individuals in the Healing Touch group had clinically (>20% reduction) and statistically significant differences in anxiety on post-operative day one (P < .001), two (P = .001), and three (P = .041). Additionally, participants in the Healing Touch group demonstrated significant decreases in pre-intervention anxiety on days two and three compared with the previous day (P < .05). *Quality of Evidence: Very Low*
- <u>Healing Touch Outcome of Nausea</u>: One quasi-experimental study (Anderson 2015) aimed to determine the feasibility of a Healing Touch intervention for nausea in patients undergoing laparoscopic bariatric surgery. Differences in post-intervention nausea on post-operative day three were clinically significant but not statistically significant (P = .066). Additionally, participants in the Healing Touch group demonstrated significant decreases in pre-intervention nausea on days two and three compared with the previous day (P < .05).</li>

Quality of Evidence: Very Low

- <u>Healing Touch Outcome of Fatigue</u>: One RCT (FitzHenry 2014) investigated the effect of Healing Touch (HT) on fatigue in breast cancer patients undergoing radiation therapy (RT). The Healing Touch participants tended to report higher levels of fatigue throughout the study than the control participants. Those differences were statistically significant for interference (P = .010) and usual fatigue (P = .024).
   *Quality of Evidence: Very Low*
- <u>Healing Touch Outcome of Healing Effect</u>: One systematic review reported on the overall healing effect of Healing Touch. The study (Hammerschlag 2014) assessed the quality and reviewed twenty-eight trials RCTs of biofield therapies that report using only nonphysical forms of treatment. Out of the twenty-eight trials included in systematic review, one trial on Healing Touch reported at least one primary outcome with statistically significant beneficial treatment outcomes.
   *Quality of Evidence: Very Low*



- <u>Healing Touch Outcome of Joint Function</u>: One RCT (Lu 2013) investigated the effects of Healing Touch (HT) on the joint function in persons with osteoarthritis (OA) of the knee joint(s). Two measures of joint function (extension and extensor lag of the "better" knee) exhibited significant group by time interactions (F (1, 12) = 5.85, p = 0.03; and F (1,12) = 5.89, p = 0.03 respectively). Two significant interactions occurred, and the follow up within group comparisons found that the Healing Touch group after 6 weeks, experienced significant improvement from baseline in 9 or 12 joint functions. None of the joint functions showed significant change over time in the comparison group. *Quality of Evidence: Very Low*
- <u>Healing Touch Outcome of Depression</u>: One RCT (Lu 2013) investigated the effects of Healing Touch on depression in participants with osteoarthritis (OA) of the knee joint(s). Levels of depression in both groups, as measured by the PHQ-9, decreased over the course of the intervention. The scores of both groups indicated mild depression at baseline. Although the Healing Touch group's score moved to a level commensurate with no depression (6.4-2.3) and changes in the comparison group's score remained at the mild depression level (8.3-6), the interaction effect was not significant.
   *Quality of Evidence: Low*

# THERAPEUATIC TOUCH:

• <u>Therapeutic Touch – Outcome of Pain:</u> One systemic review and three RCTs were found evaluating the effects of Therapeutic Touch on pain. One systematic review (Monroe 2009) aimed to better understand how Therapeutic Touch can be used in today's health care arena. Four of the five studies included found that pain was reduced after Therapeutic Touch intervention. The fifth study had too many limitations to support the use of Therapeutic Touch. An RCT (Busch 2012) included in the appraisal evaluated Therapeutic Touch (TT) in the nursing of burn patients. Patients received Therapeutic Touch or nursing presence (NP) for 10 consecutive days after being given medication and before dressing changes. No significant differences were found between the intervention groups. The second RCT (Frank 2007) included sought to determine whether a Therapeutic Touch administered at the time of stereotactic core biopsy of suspicious breast lesions results in a reduction in anxiety and pain. No significant differences between the arms were seen regarding post-biopsy pain (P = 0.95). The final RCT (McCormack 2009) investigated the effects of non-contact Therapeutic Touch on post-surgical pain in an elderly population receiving occupational therapy in an acute care hospital unit in the United States. Participants were randomly assigned to three groups (experimental, control and placebo). The experimental group received the non-contact touch intervention, the control group received routine care and the placebo group received the sound of a metronome set at a steady slow pace. Objective measures included the Memorial Pain Scale, the Tellegen Absorption Scale, the

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Health Attribution Scale and measures of pulse rate and pupil size, which were performed as repeated measures. In the experimental group, 22 out of 30 (73%) demonstrated a statistically significant decrease in pain intensity scores from pre-test (M = 44.57) to post-test (30.97) (t [7] = 7.24, p < 0.01) and were better able to participate in occupations. In contrast, the pain intensity scores for both the control and placebo groups remained the same or increased slightly from pre-test to post-test, but not significantly. The sham group showed a slight increase in pain intensity from pre-test (M = 22.70) to post-test (M = 25.23). Furthermore, the control group showed only a slight increase from pre-test (M = 45.23) to post-test (M = 45.30). *Quality of Evidence: Low* 

- <u>Therapeutic Touch Outcome of Anxiety:</u> One systematic review and 3 RCTs were found reporting on the effects of Therapeutic Touch (TT) for anxiety. The systematic review (Robinson 2007) examined the efficacy and adverse effects of Therapeutic Touch (TT) for anxiety disorders. No randomized or quasi-randomized controlled trials of Therapeutic Touch for anxiety disorders were identified. One RCT (Busch 2012) evaluated Therapeutic Touch (TT) in the nursing of burn patients. Patients daily received Therapeutic Touch or nursing presence (NP) for 10 consecutive days after being given medication and before dressing changes. No statistically significant differences were found between the intervention groups for mean anxiety scores. The second RCT (Frank 2007) sought to determine whether Therapeutic Touch administered at the time of stereotactic core biopsy of suspicious breast lesions results in a reduction in anxiety and pain. No significant differences between the arms were seen regarding post biopsy anxiety (P = 0.66). The last RCT (Larden 2004) included was conducted to determine if women hospitalized for treatment of their chemical dependency who were randomly assigned to daily Therapeutic Touch (TT) would have less withdrawal symptoms than those randomly assigned to receive daily companionship by nurses or standard ward care. Anxiety score were significantly less on Days 1, 2, and 3 (P < .05) for the group receiving Therapeutic Touch. *Quality of Evidence: Low*
- <u>Therapeutic Touch Outcome of Headache:</u> One systematic review (Bronfort 2004) was found quantifying and comparing the magnitude of short- and long-term effects of non-invasive physical treatments for chronic/recurrent headaches. The study determined there was moderate evidence that Therapeutic Touch is superior to placebo for pain reduction for headaches within a few hours of a single treatment.

Quality of Evidence: Very Low

• <u>Therapeutic Touch – Outcome of Medication Usage:</u> One RCT (Busch 2012) evaluated the effect of Therapeutic Touch (TT) on medication usage. Patients in this study received Therapeutic Touch or nursing presence (NP) daily for 10 consecutive days after



being given medication and before dressing changes. Analysis found that there was no significant difference when considering all pain medications (morphine, tramal, paracetamol and diclofenac) on all measurements days. *Quality of Evidence: Very Low* 

- <u>Therapeutic Touch Outcome of Withdrawal Symptoms:</u> One RCT (Larden 2004) evaluated the effect of Therapeutic Touch (TT) on withdrawal symptoms. The study aimed to determine if women hospitalized for treatment of their chemical dependency who were randomly assigned to daily Therapeutic Touch (TT) would have less withdrawal symptoms than those randomly assigned to receive daily companionship by nurses or standard ward care. There were no statistically significant differences in total symptom scores between groups over the 7 days of the study.
   *Quality of Evidence: Very Low*
- <u>Therapeutic Touch Outcome of Vital Signs</u>: One RCT (Madrid 2010) evaluated the effect of Therapeutic Touch on vital signs. The study was conducted to determine whether Therapeutic Touch (TT) can be effectively used in the operative setting and whether it could produce positive outcomes in the period from cerebral angiography to discharge. The research data were collected in the normal course of the angiogram procedure and recovery room. The blood pressure, pulse, and respirations were routinely noted before, during, and after the procedure. The efficacy of TT on the blood pressure, respirations, and pulse of the experimental group was not statistically significant.
   *Quality of Evidence: Very Low*

In conclusion, there is low to very low quality evidence to support the integration of: (1) Reiki to improve outcomes of pain, blood pressure, respiration rate, medication usage and hospital stay; (2) Healing Touch to improve the outcomes of pain, anxiety, and joint function; and (3) Therapeutic Touch to improve outcome of pain from headaches.

Additionally, there is low to very low quality evidence showing no effect and/or inconclusive results for the integration of (1) Reiki on the outcomes of depression, anxiety, healing effect and functional recovery; (2) Healing Touch on the outcomes of quality of life, nausea, fatigue, depression, and healing effect; and (3) Therapeutic Touch on the outcomes of pain, medication usage, withdrawal symptoms and anxiety.

The majority of the modalities were rated low to very low due to inconsistency between study results and variation in treatment, and due to imprecision when studies included few patients and/or events. Additionally, a summary is provided below on the variation in outcomes reported for the different modalities:



- The evidence on Reiki showed effect for the outcomes of pain (Low Quality Evidence), blood pressure (Low Quality Evidence), respiration rate (Low Quality Evidence) and hospital stay (Very Low Quality Evidence). Also, the evidence for medication usage (Low Quality Evidence) showed a reduction in medication usage in 3 of 4 studies. The outcomes of depression (Low Quality Evidence), anxiety (Low Quality Evidence), healing effect (Low Quality Evidence), and functional recovery (Low Quality Evidence) were inconclusive due to inconsistency in outcomes or because no statistically significant effect was reported in the studies.
- The evidence for **Healing Touch** showed effect for the outcomes of pain (Low Quality Evidence), anxiety (Very Low Quality Evidence), and joint function (Very Low Quality Evidence). The outcome of nausea (Very Low Quality Evidence) was inconclusive because the outcomes were determined to be clinically significant but not statistically significant. The appraisal on fatigue (Very Low Quality Evidence) showed a statistically significant increase in fatigue for participants receiving Healing Touch. Finally, depression (Low Quality Evidence) and quality of life (Low Quality Evidence) were not statistically significant and healing effect (Very Low Quality Evidence) outcomes were inconclusive due to few studies found reporting positive effect.
- The evidence for **Therapeutic Touch** showed effect on headache pain (Very Low Quality Evidence). The appraisal for the outcome of pain (Low Quality Evidence) and anxiety were inconclusive with studies showing both no effect and positive effect. Additionally, the outcomes of medication usage (Very Low Quality Evidence) and withdrawal symptoms (Very Low Quality Evidence) showed no significant effect.

# Overall, Reiki and Healing Touch showed some effect on pain level based on low quality evidence. While Therapeutic Touch showed effect on headache pain based on very low quality evidence.

# **Reiki Appraisal Tables:**

PICO Question: Does intereduction of pain, anxiety, Modality: Reiki; Outcomes	Low Quality Rating if: Studies inconsistent (wide variation of treatment effect					
Study Acronym; Author; Year Published:	Aim of Study; Study Type: Study Size (N)	Patient Population	Study Intervention (#	Endpoint Results / Outcome (Absolute	Design Limitations	across studies, population, interventions, or outcomes
Location	1 ypc, study size (11)		Comparator	Event Rates, P values;		varied)
				OR or RR; & 95% CI)		
Journal: Cochrane	Aim: To assess the	Inclusion Criteria:	Intervention: Any type of	Results: Researchers	Study Limitations:	Studies are indirect (PICO
Database of Systematic	effectiveness of Reiki	Randomised trials in	Reiki	could only include a few	None	question is quite different
Reviews	for treating anxiety and	adults with anxiety or		participants (45	Systematic Review	from the available evidence in
Author: Joyce, J. and	depression in people	depression or both, with		anxious/depressed out of	Review did not address	regard to population,
G.P. Herbison	aged 16 and over	at least one arm treated		124 randomised) from	focused clinical question	intervention, comparison, or
Year Published: 2015		with Reiki delivered by a		subgroups of the three	Search was not detailed	outcome)
Location: Dunedin, New	Study Type: Systematic	trained Reiki		studies meeting the	or exhaustive	
Zealand	Review	practitioner.		inclusion criteria; this		Studies are imprecise
				evidence was of		(when studies include few



					-	
	Size: 3 studies; All			moderate quality, at best.	$\boxtimes$ Quality of the studies	patients and few events, and
	studies were small (n =			There is therefore	was not appraised or	thus have wide confidence
	59 in three arms; and n			insufficient evidence	studies were of low quality	intervals, and the results are
	= 25 and n = 40 in the			from randomized trials to	Methods and/or results	uncertain)
	two-arm studies).			draw any conclusions on	were inconsistent across	
				whether Reiki is effective	studies	Publication Bias (e.g.
				for the treatment of		pharmaceutical company
				depression.		sponsors study on
Journal: International	Aim: To summarise and	Inclusion Criteria: RCTs	Intervention: Reiki	<u>Results</u> : Two RCTs	Study Limitations:	effectiveness of drug only
Journal of Clinical	critically evaluate the	were included if they		suggested beneficial	🗌 None	small, positive studies found)
Practice	evidence for the	assessed human		effects of Reiki compared	Systematic Review	
Author: Lee, M.S., et al.	effectiveness of Reiki	subjects who received		with sham control on	Review did not address	Increase Quality Rating if:
Year Published: 2008		Reiki alone or adjunctive		depression, while one	focused clinical question	Large effect
Location: Universities of	Study Type: Systematic	to conventional		RCT did not report	Search was not detailed	Dose-response gradient
Exeter & Plymouth, UK	Review	treatment.		intergroup differences in	or exhaustive	Plausible confounders or
				outcome measures.	Quality of the studies	other biases increase
	<u>Size</u> : 9 RCTs				was not appraised or	certainty of effect
					studies were of low quality	
					Methods and/or results	<u>Quality (certainty) of</u>
					were inconsistent across	evidence for studies as a
					studies	whole:
						📙 High
						U Moderate
						🛛 Low
						Very Low

- 1. Joyce, J. and G. P. Herbison (2015). "Reiki for depression and anxiety." <u>Cochrane Database of Systematic Reviews(4)</u>: CD006833.
- 2. Lee, M. S., et al. (2008). "Effects of Reiki in clinical practice: a systematic review of randomised clinical trials." International Journal of Clinical Practice 62(6): 947-954.

<b>PICO Question:</b> Does interreduction of pain, anxiety,	Low Quality Rating if:					
Modality: Reiki; Outcome	variation of treatment effect					
Study Acronym; Author;	Aim of Study; Study	Patient Population	Study Intervention (#	Endpoint Results /	Design Limitations	across studies, population,
Year Published;	Type; Study Size (N)		patients) / Study	Outcome (Absolute		interventions, or outcomes
Location			Comparator	Event Rates, P values; OR		varied)
				or RR; & 95% CI)		l
Journal: Cochrane	Aim: To assess the	Inclusion Criteria:	Intervention: Any type of	Results: Researchers	Study Limitations:	Studies are indirect (PICO
Database of Systematic	effectiveness of Reiki	Randomised trials in	Reiki	could only include a few	None	question is quite different
Reviews	for treating anxiety and	adults with anxiety or		participants (45	Systematic Review	from the available evidence in
Author: Joyce, J. and	depression in people	depression or both, with		anxious/depressed out of	Review did not address	regard to population,
G.P. Herbison	aged 16 and over	at least one arm treated		124 randomised) from	focused clinical question	intervention, comparison, or
Year Published: 2015		with Reiki delivered by a		subgroups of the three	Search was not detailed	outcome)
Location: Dunedin, New	Study Type: Systematic	trained Reiki		studies meeting the	or exhaustive	
Zealand	Review	practitioner.		inclusion criteria; this	igtimes Quality of the studies	Studies are imprecise
				evidence was of	was not appraised or	(when studies include few
				moderate quality, at best.	studies were of low quality	patients and few events, and



		1				
	Size: 3 studies; All studies were small (n = 59 in three arms; and n = 25 and n = 40 in the two-arm studies).			There is therefore insufficient evidence from randomized trials to draw any conclusions on whether Reiki is effective for the treatment of anyiety	Methods and/or results were inconsistent across studies	thus have wide confidence intervals, and the results are uncertain) Publication Bias (e.g. pharmaceutical company sponsors study on
Journal: Pain Management Nursing Author: Thrane S. and S.M. Cohen Year Published: 2014 Location: University of Pittsburg	Aim: To calculate the effect of Reiki therapy for pain and anxiety in randomized clinical trials Study Type: Systematic Review Size: Seven studies met the inclusion criteria: four articles studied cancer patients; one examined post-surgical patients; and two analyzed community dwelling older adults. Total sample sizes for seven studies = 328 particinants	Inclusion Criteria: Studies that used randomization and a control or usual care group, used Reiki therapy in one arm of the study, published in 2000 or later in peer- reviewed journals in English, and measured pain or anxiety were included.	Intervention: Reiki Therapy Data were extracted from each study including: (a) sample population (disease process, gender, mean age, and race if available), (b) study design, (c) outcome measures for anxiety or pain or both and (d) statistical significance for within group and between group differences including p values, means, standard deviations, and z values for calculating Cohen's d statistic for effect sizes.	Results: Researchers found there were very few high quality studies that explore the use of Reiki therapy for anxiety. The majority of studies that were included in the review did report statistical significance or near significant differences on anxiety. When calculating effect between interventions, Reiki therapy group reported less anxiety in comparison to the control group (d= -4.5).	Study Limitations: None Systematic Review Review did not address focused clinical question Search was not detailed or exhaustive Quality of the studies was not appraised or studies were of low quality Methods and/or results were inconsistent across studies	effectiveness of drug only small, positive studies found) Increase Quality Rating if: Dose-response gradient Plausible confounders or other biases increase certainty of effect Quality (certainty) of evidence for studies as a whole: High Moderate Low Very Low
Journal: International Journal of Clinical Practice Author: Lee, M.S., et al. Year Published: 2008 Location: Universities of Exeter & Plymouth, UK	Aim: To summarise and critically evaluate the evidence for the effectiveness of Reiki <u>Study Type</u> : Systematic Review <u>Size</u> : 9 RCTs	Inclusion Criteria: RCTs were included if they assessed human subjects who received Reiki alone or adjunctive to conventional treatment.	Intervention: Reiki	Results:       One RCT         showed intergroup       differences compared         with sham control.       There was also no         difference for anxiety       between groups of         pregnant women       undergoing         amniocentesis.       A further RCT failed to         show the effects of Reiki       for anxiety and         depression in women       undergoing breast biopsy         compared with       conventional care.	Study Limitations: None Systematic Review Review did not address focused clinical question Search was not detailed or exhaustive Quality of the studies was not appraised or studies were of low quality Methods and/or results were inconsistent across studies	



Journal: Holistic Nursing	Aim: Pilot study that	Inclusion Criteria: Male	Study Design: 3-armed	Results <sup>.</sup> Only the Reiki	Study Limitations:	
Practice	investigated the effects	and female natients	randomized study testing	group demonstrated		
Author: Baldwin A L et	of Reiki on patients	between 50 and 85	Reiki versus other healing	significantly reduced	RCTs	
al	undergoing knee	years who were	modalities or no treatment	State Anviety scores at	$\square$ Lack of blinding	
Vear Published: 2017	replacement surgery	admitted to an acute	modalities of no treatment.	discharge compared with		
Location: University of	replacement surgery	care bosnital for a	Poiki intervention group	intako (201 $\pm$ / $\pm$ 2.3 vc		
	Study Type: DCT		received three or four 20	$22.1 \pm (27.1 \pm )^{-} 3.3 \text{ VS}$		
Anzona	Bilot Study	scrieduled kriee	minute treatments plus	$32.1 \pm 7 = 2.7 [11 = 14], P = 0.001 moves = 0.99$	banafit	
	Pilot Study	replacement.	atom dord of core (SOC)	.004, power – 0.88).		
	Size: 44 metionto	Evaluation Criteria: (a)	standard of care (SOC)	50		
	<u>Size</u> : 40 patients	Exclusion Criteria: (a)	throughout their history	900 00 40		
		Joint replacement	stay; second arm received	30 30	measures (e.g., no effect	
		surgery on an urgent	three or four 30-minute	₹ 20	outcome)	
		basis and/or previous	Sham Reiki sessions	₩	Large losses to F/U	
		Joint replacement	(placebo) plus SOC; and a	pre surg, before 48 hrs post surg, after	Difference in important	
		revision, (b) patients	third group received 3 or 4	Intepoint	prognostic factors at	
		who could not reach or	sessions of "quiet time"		baseline	
		understand English, (c)	plus SOC.			
		patients with a history				
		of	For all groups, the first			
		emotional/psychological	treatment/session was 1			
		or anxiety-related	hour prior to surgery, with			
		diagnosis, (d) patients	subsequent			
		who received	treatments/sessions 24,			
		antianxiety or	48, and 72 hours after			
		psychotropic medication	surgery. All			
		within 2 weeks of the	treatments/sessions were			
		scheduled surgery, and	performed in the patient's			
		(e) patients whose	room on the postsurgical			
		surgery would be	floor, except for the			
		performed using	preoperative session that			
		anesthetic agents other	was carried out in a private			
		than standard general	patient room in the			
		anesthesia.	preoperative area.			

1. Baldwin, A. L., et al. (2017). "Effects of Reiki on Pain, Anxiety, and Blood Pressure in Patients Undergoing Knee Replacement: A Pilot Study." Holistic Nursing Practice 31(2): 80-89.

2. Joyce, J. and G. P. Herbison (2015). "Reiki for depression and anxiety." <u>Cochrane Database of Systematic Reviews</u>(4): CD006833.

3. Lee, M. S., et al. (2008). "Effects of Reiki in clinical practice: a systematic review of randomised clinical trials." International Journal of Clinical Practice 62(6): 947-954.

4. Thrane, S. and S. M. Cohen (2014). "Effect of Reiki therapy on pain and anxiety in adults: an in-depth literature review of randomized trials with effect size calculations." Pain Management Nursing 15(4): 897-908.

PICO Question: Does inte	Low Quality Rating if:					
reduction of pain, anxiety,	Studies inconsistent (wide					
Modality: Reiki; Outcome: Pain						
Study Acronym; Author;	Aim of Study; Study	Patient Population	Study Intervention (#	Endpoint Results /	Design Limitations	across studies, population,
Year Published;	interventions, or outcomes					
Location			Comparator			varied)



				Event Rates P values		
				OR or RR; & 95% CI)		Studies are indirect (PICO
Journal: Pain Management Nursing Author: Thrane S. and S.M. Cohen Year Published: 2014 Location: University of Pittsburg	Aim: To calculate the effect of Reiki therapy for pain and anxiety in randomized clinical trials Study Type: Systematic Review Size: Seven studies met the inclusion criteria: four articles studied cancer patients; one examined post-surgical patients; and two analyzed community dwelling older adults. Total sample sizes for seven studies = 328 particinante	Inclusion Criteria: Studies that used randomization and a control or usual care group, used Reiki therapy in one arm of the study, published in 2000 or later in peer- reviewed journals in English, and measured pain or anxiety were included.	Intervention: Reiki Therapy Data were extracted from each study including: (a) sample population (disease process, gender, mean age, and race if available), (b) study design, (c) outcome measures for anxiety or pain or both and (d) statistical significance for within group and between group differences including p values, means, standard deviations, and z values for calculating Cohen's d statistic for effect sizes.	Results: Researchers found there were very few high quality studies that explore the use of Reiki therapy for anxiety. The majority of studies that were included in the review did report statistical significance or near significant on pain. The calculated effect size for the between group difference was very large (d = 4.5).	Study Limitations: None Systematic Review Review did not address focused clinical question Search was not detailed or exhaustive Quality of the studies was not appraised or studies were of low quality Methods and/or results were inconsistent across studies	□ Statues are induced (FEO         question is quite different         from the available evidence in         regard to population,         intervention, comparison, or         outcome)         ⊠ Studies are imprecise         (when studies include few         patients and few events, and         thus have wide confidence         intervals, and the results are         uncertain)         □ Publication Bias (e.g.         pharmaceutical company         sponsors study on         effectiveness of drug only         small, positive studies found)         Increase Quality Patients if:
Journal: International Journal of Clinical Practice Author: Lee, M.S., et al. Year Published: 2008 Location: Universities of Exeter & Plymouth, UK	participants.         Aim: To summarize and critically evaluate the evidence for the effectiveness of Reiki         Study Type: Systematic Review         Size: 9 RCTs	Inclusion Criteria: RCTs were included if they assessed human subjects who received Reiki alone or adjunctive to conventional treatment.	Intervention: Reiki	Results: One RCT showed group effect compared with sham control. For diabetic neuropathy there was no effects of Reiki on pain.	Study Limitations: None Systematic Review Review did not address focused clinical question Search was not detailed or exhaustive Quality of the studies was not appraised or studies were of low quality Methods and/or results were inconsistent across studies	Increase Quality Rating if: Large effect Dose-response gradient Plausible confounders or other biases increase certainty of effect Quality (certainty) of evidence for studies as a whole: High Moderate Low Very Low
Journal: Holistic Nursing Practice Author: Baldwin, A.L., et al. Year Published: 2017 Location: University of Arizona	Aim: Pilot study that investigated the effects of Reiki on patients undergoing knee replacement surgery <u>Study Type</u> : RCT – Pilot Study <u>Size</u> : 46 patients	Inclusion Criteria: Male and female patients between 50 and 85 years who were admitted to an acute care hospital for a scheduled knee replacement. Exclusion Criteria: (a) joint replacement	Study Design: 3-armed randomized study, testing Reiki versus other healing modalities or no treatment. Reiki intervention group received three or four 30- minute treatments plus standard of care (SOC) throughout their history stay; second arm received	Results: There was a trend of pain reduction in the Reiki group (4.25 +/- 0.62 [SEM] vs. 2.62 +/- 0.42 [n=18]) that was not seen in the Sham Reiki (3.21 +/- 0.61 [SEM] vs 3.54 +/- 0.58 [n=12]) or the SOC groups (5.85 +/- 1.09 [SEM] vs 5.70 +/- 0.75 [n=10].	Study Limitations: None RCTs Lack of blinding Lack of allocation concealment Stopped early for benefit Incorrect analysis of ITT	



		surgery on an urgent basis and/or previous joint replacement revision, (b) patients who could not reach or understand English, (c) patients with a history of emotional/psychological or anxiety-related diagnosis, (d) patients who received antianxiety or psychotropic medication within 2 weeks of the scheduled surgery, and (e) patients whose surgery would be performed using anesthetic agents other than standard general anesthesia.	three or four 30-minute Sham Reiki sessions (placebo) plus SOC; and a third group received 3 or 4 sessions of "quiet time" plus SOC. For all groups, the first treatment/session was 1 hour prior to surgery, with subsequent treatments/sessions 24, 48, and 72 hours after surgery. All treatments/sessions were performed in the patient's room on the postsurgical floor, except for the preoperative session that was carried out in a private patient room in the preoperative area.	r region de la constanti de la	<ul> <li>☐ Selective reporting of measures (e.g., no effect outcome)</li> <li>△ Large losses to F/U</li> <li>☐ Difference in important prognostic factors at baseline</li> </ul>
Journal: Holistic Nursing Practice e Author: Sagkal Midilli, T. and N. Ciray a Gunduzoglu to Year Published: 2016 th Location: Health School of Celal Bayar Su Univeristy, Manisa, Turkey <u>Si</u>	<b><u>Aim</u>:</b> To determine the effects of Reiki on pain and vital signs when applied for 15 minutes o the incision area of he body after assarean section urgery <b>Etudy Type</b> : RCT <b>Size</b> : 45 patients	Inclusion Criteria: (1) planned or unplanned cesarean section; (2) Turkey nationality; (3) the ability to speak Turkish; (4) age between 18 and 45 years; (5) a stay of at least 2 days in the unit; (6) orientation in place and time; (7) operative with general anesthesia; and (8) using only the non-opioid analgesic drug diclofenac 75 mg/3 mL, intramuscular, prescribed by doctor Exclusion Criteria: (1) operation with spinal or epidural anesthesia; (2) any psychiatric disease, or an allergy to analgesic	Study Design: Patients, equalized by age and number of births, were randomly assigned to the Reiki, sham Reiki, and control groups. The treatment, which was applied to the patients in these 3 groups, was applied for 15 minutes to the incision area of body in the first 24 and 48 hours after the operation within 4 to 8 hours of the application of standard analgesics. The study data were collected using a patient follow-up form and a visual analog scale.	Results: Mean visual analog scale measurement values were significantly different from each other according to groups and times (P < .05). A reduction in pain of 76.06% was determined in the Reiki group patients between day 1 pre-tx and after application on the second day (day 2 post-tx) measurements.	Study Limitations:         None         RCTs         ▲ Lack of blinding         ▲ Lack of allocation         concealment         □ Stopped early for         benefit         □ Incorrect analysis of ITT         □ Selective reporting of         measures (e.g., no effect         outcome)         □ Large losses to F/U         □ Difference in important         prognostic factors at         baseline



Journal: Nursing Author: Notte, B.B., et al. Year Published: 2016 Location: Bryn Mawr Hospital, PA St St Sigr Re
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1. Baldwin, A. L., et al. (2017). "Effects of Reiki on Pain, Anxiety, and Blood Pressure in Patients Undergoing Knee Replacement: A Pilot Study." Holistic Nursing Practice 31(2): 80-89.

2. Lee, M. S., et al. (2008). "Effects of Reiki in clinical practice: a systematic review of randomised clinical trials." International Journal of Clinical Practice 62(6): 947-954.

3. Notte, B. B., et al. (2016). "Reiki's effect on patients with total knee arthroplasty: A pilot study." Nursing 46(2): 17-23.

4. Sagkal Midilli, T. and N. Ciray Gunduzoglu (2016). "Effects of Reiki on Pain and Vital Signs When Applied to the Incision Area of the Body After Cesarean Section Surgery: A Single-Blinded, Randomized, Double-Controlled Study." <u>Holistic Nursing Practice</u> **30**(6): 368-378.

5. Thrane, S. and S. M. Cohen (2014). "Effect of Reiki therapy on pain and anxiety in adults: an in-depth literature review of randomized trials with effect size calculations." <u>Pain Management Nursing</u> **15**(4): 897-908.



PICO Question: Does inte	Low Quality Rating if:					
Modality: Reiki: Outcome	, stress, or depression; impr • Healing Effect	ovement in quality of life; re	auction in use of opioids):			variation of treatment effect
Study Acronym; Author; Year Published; Location	Aim of Study; Study Type; Study Size (N)	Patient Population	Study Intervention (# patients) / Study Comparator	Endpoint Results / Outcome (Absolute Event Rates, P values; OR or RR: & 95% Cl)	Design Limitations	across studies, population, interventions, or outcomes varied)
Journal: Holistic Nursing Practice Author: Baldwin, A.L., et al. Year Published: 2010 Location: University of Arizona	Aim: To utilize the Touchstone Process as an ongoing process to systematically analyze published peer- reviewed studies of Reiki <u>Study Type</u> : Systematic Review with critical evaluation of literature <u>Size</u> : 26 articles	Inclusion Criteria: Articles from peer- reviewed journals.	Intervention: Evaluate Reiki interventions using the Touchstone Process. The Touchstone Process encompasses a specialized team of research experts, who collectively conduct a comprehensive and ongoing critique of all published, peer-reviewed, Reiki research, using a rigorous, project-managed team approach. Team scores each article with impact section. Team scores are compared and averaged.	Results: Only 12 articles were based on robust experimental design and utilized well-established outcome parameters. Of these articles, 2 provided no support, 5 provided some support, and 5 demonstrated strong evidence for use of Reiki as a healing modality.	Study Limitations: None Systematic Review Review did not address focused clinical question Search was not detailed or exhaustive Quality of the studies was not appraised or studies were of low quality Methods and/or results were inconsistent across studies	<ul> <li>☐ Studies are indirect (PICO question is quite different from the available evidence in regard to population, intervention, comparison, or outcome)</li> <li>☑ Studies are imprecise (when studies include few patients and few events, and thus have wide confidence intervals, and the results are uncertain)</li> <li>☐ Publication Bias (e.g. pharmaceutical company sponsors study on effectiveness of drug only small, positive studies found)</li> </ul>
Journal: Journal of Alternative & Complementary Medicine Author: vanderVaart, S., et al. Year Published: 2009 Location: University of Toronto, Canada	Aim: To evaluate whether Reiki produces a significant treatment effect <u>Study Type</u> : Systematic Review <u>Size</u> : 12 trials Aim: To assess the	Inclusion Criteria: RCTs with Reiki intervention	Intervention: Reiki	Results:9 studies statedsignificant positivefindings on at least oneoutcome measure (notnecessarily the primaryoutcome, as it was oftennot stated), while theother 3 studies showedno significant outcomes.Study determined therewere few studiesavailable to evaluate theefficacy of Reiki. The fewstudies that wereavailable are of poorquality.Results: The research	Study Limitations: None Systematic Review Review did not address focused clinical question Search was not detailed or exhaustive Quality of the studies was not appraised or studies were of low quality Methods and/or results were inconsistent across studies Study Limitations:	Increase Quality Rating if: Large effect Dose-response gradient Plausible confounders or other biases increase certainty of effect Quality (certainty) of evidence for studies as a whole: High Moderate Low Very Low
Alternative & Complementary Medicine	quality and review the outcomes of	that used only nontouch	therapies (external qigong, Healing Touch, Johrei.	designs of the 28 trials revealed marked	Svstematic Review	



		( ) ( D) ( )				1
Author: Hammerschlag,	randomized controlled	forms of Biofield	Reiki, and Therapeutic	heterogeneity in regard	Review did not address	
R., et al.	trials of biofield	therapies	Touch)	to condition treated,	focused clinical question	
Year Published: 2014	therapies that report			number and duration of	Search was not detailed	
Location: The Institute	using only nonphysical			treatments, nature of the	or exhaustive	
for Integrative Health,	though form of			control/comparison	$\boxtimes$ Quality of the studies	
Baltimore, MD	treatment.			group, and outcome	was not appraised or	
,				measures, 10 trials were	studies were of low quality	
	Study Type: Systematic			excluded on the basis of	Methods and/or results	
	Review			low quality assessment	were inconsistent across	
	Review			scores Twelve of the	studies	
	Size: 28 trials involving			remaining 18 trials (7	studies	
	1774 participants for			Thorapoutic Touch 2		
	1/74 participants for			interapeutic rouch, 5		
	all biofield therapies			external digong, I Reiki,		
				and 1 Healing Touch)		
				reported at least one		
				primary outcome with		
				statistically significant		
				beneficial treatment		
				outcomes.		

1. Baldwin, A. L., et al. (2010). "The Touchstone Process: an ongoing critical evaluation of Reiki in the scientific literature." Holistic Nursing Practice 24(5): 260-276.

2. Hammerschlag, R., et al. (2014). "Nontouch biofield therapy: a systematic review of human randomized controlled trials reporting use of only nonphysical contact treatment." Journal of Alternative & Complementary Medicine **20**(12): 881-892.

3. vanderVaart, S., et al. (2009). "A systematic review of the therapeutic effects of Reiki." Journal of Alternative & Complementary Medicine 15(11): 1157-1169.

<b>PICO Question:</b> Does intereduction of pain, anxiety,	ion in length of stay;	Low Quality Rating if:				
Modality: Reiki; Outcome	Blood Pressure					variation of treatment effect
Study Acronym; Author;	Aim of Study; Study	Patient Population	Study Intervention (#	Endpoint Results /	Design Limitations	across studies, population,
Year Published;	Type; Study Size (N)		patients) / Study	Outcome (Absolute		interventions, or outcomes
Location			Comparator	Event Rates, P values;		varied)
				OR or RR; & 95% CI)		
Journal: Holistic Nursing	Aim: Pilot study that	Inclusion Criteria: Male	Study Design: 3-armed	Results: Only the Reiki	Study Limitations:	Studies are indirect (PICO
Practice	investigated the effects	and female patients	randomized study, testing	group showed a	🗌 None	question is quite different
Author: Baldwin, A.L., et	of Reiki on patients	between 50 and 85	Reiki versus other healing	significant difference	RCTs	from the available evidence in
al.	undergoing knee	years who were	modalities or no treatment.	among the 4 BP readings	Lack of blinding	regard to population,
Year Published: 2017	replacement surgery	admitted to an acute		taken pre- and	Lack of allocation	intervention, comparison, or
Location: University of		care hospital for a	Reiki intervention group	postintervention before	concealment	outcome)
Arizona	Study Type: RCT -	scheduled knee	received three or four 30-	and 24 hours after	Stopped early for	
	Pilot Study	replacement.	minute treatments plus	surgery. Both systolic and	benefit	Studies are imprecise
			standard of care (SOC)	diastolic BP levels were	Incorrect analysis of ITT	(when studies include few
	Size: 46 patients	Exclusion Criteria: (a)	throughout their history	significantly reduced	Selective reporting of	patients and few events, and
		joint replacement	stay; second arm received	when comparing	measures (e.g., no effect	thus have wide confidence
		surgery on an urgent	three or four 30-minute	pretreatment, before	outcome)	intervals, and the results are
		basis and/or previous	Sham Reiki sessions	surgery versus	☑ Large losses to F/U	uncertain)



		joint replacement revision, (b) patients who could not reach or understand English, (c) patients with a history of emotional/psychological or anxiety-related diagnosis, (d) patients who received antianxiety or psychotropic medication within 2 weeks of the scheduled surgery, and (e) patients whose surgery would be performed using anesthetic agents other than standard general anesthesia.	(placebo) plus SOC; and a third group received 3 or 4 sessions of "quiet time" plus SOC. For all groups, the first treatment/session was 1 hour prior to surgery, with subsequent treatments/sessions 24, 48, and 72 hours after surgery. All treatments/sessions were performed in the patient's room on the postsurgical floor, except for the preoperative session that was carried out in a private patient room in the preoperative area.	posttreatment, after surgery (systolic: 141.4 +/- 3.7 [SEM] mm Hg vs 116.2 +/- 3.6 [n=18], P < .001, power = 0.99; diastolic: 73.6 +/- 1.9 [SEM] mm Hg vs 59.3 +/- 2.4, P < .001, power = 1.0).	Difference in important prognostic factors at baseline	<ul> <li>Publication Bias (e.g. pharmaceutical company sponsors study on effectiveness of drug only small, positive studies found)</li> <li>Increase Quality Rating if:         <ul> <li>Large effect</li> <li>Dose-response gradient</li> <li>Plausible confounders or other biases increase certainty of effect</li> </ul> </li> <li>Quality (certainty) of evidence for studies as a whole:         <ul> <li>High</li> <li>Moderate</li> <li>Low</li> </ul> </li> </ul>
Journal: Holistic Nursing Practice Author: Sagkal Midilli, T. and N. Ciray Gunduzoglu Year Published: 2016 Location: Health School of Celal Bayar Univeristy, Manisa, Turkey	Aim: To determine the effects of Reiki on pain and vital signs when applied for 15 minutes to the incision area of the body after cesarean section surgery <u>Study Type</u> : RCT <u>Size</u> : 45 patients	Inclusion Criteria: (1) planned or unplanned cesarean section; (2) Turkey nationality; (3) the ability to speak Turkish; (4) age between 18 and 45 years; (5) a stay of at least 2 days in the unit; (6) orientation in place and time; (7) operative with general anesthesia; and (8) using only the non-opioid analgesic drug diclofenac 75 mg/3 mL, intramuscular, prescribed by doctor <b>Exclusion Criteria</b> : (1) operation with spinal or epidural anesthesia; (2) any psychiatric disease, or an allergy to analgesic drugs; (3) any visual or hearing impairment; (4) previous experience	Study Design: Patients, equalized by age and number of births, were randomly assigned to the Reiki, sham Reiki, and control groups. The treatment, which was applied to the patients in these 3 groups, was applied for 15 minutes to the incision area of body in the first 24 and 48 hours after the operation within 4 to 8 hours of the application of standard analgesics. The study data were collected using a patient follow-up form and a visual analog scale.	Results: Mean systolic blood pressure measurement values were significantly different from each other according to groups (P < .05).	Study Limitations: None RCTs Lack of blinding Lack of allocation concealment Stopped early for benefit Incorrect analysis of ITT Selective reporting of measures (e.g., no effect outcome) Large losses to F/U Difference in important prognostic factors at baseline	Very Low



with Reiki; (5) serious		
complications during or		
after the cesarean		
section operation in the		
patient or the infant(s);		
and (6) use of a patient-		
controlled analgesic in		
treatment		

1. Baldwin, A. L., et al. (2017). "Effects of Reiki on Pain, Anxiety, and Blood Pressure in Patients Undergoing Knee Replacement: A Pilot Study." Holistic Nursing Practice 31(2): 80-89.

2. Sagkal Midilli, T. and N. Ciray Gunduzoglu (2016). "Effects of Reiki on Pain and Vital Signs When Applied to the Incision Area of the Body After Cesarean Section Surgery: A Single-Blinded, Randomized, Double-Controlled Study." <u>Holistic Nursing Practice</u> **30**(6): 368-378.

<b>PICO Question:</b> Does interreduction of pain, anxiety,	Low Quality Rating if:					
Modality: Reiki; Outcome:	variation of treatment effect					
Study Acronym; Author;	Aim of Study; Study	Patient Population	Study Intervention (#	Endpoint Results /	Design Limitations	across studies, population,
Year Published;	Type; Study Size (N)		patients) / Study	Outcome (Absolute		interventions, or outcomes
Location			Comparator	Event Rates, P values;		varied)
				OR or RR; & 95% CI)		
Journal: Holistic Nursing	<u>Aim</u> : Pilot study that	Inclusion Criteria: Male	<u>Study Design:</u> 3-armed	<u>Results</u> : The 4 RRs (pre-	Study Limitations:	Studies are indirect (PICO
Practice	investigated the effects	and female patients	randomized study, testing	and posttreatment,	∐ None	question is quite different
Author: Baldwin, A.L., et	of Reiki on patients	between 50 and 85	Reiki versus other healing	before and 24 hours after	<u>RC</u> Ts	from the available evidence in
al.	undergoing knee	years who were	modalities or no treatment.	surgery) were	Lack of blinding	regard to population,
Year Published: 2017	replacement surgery	admitted to an acute		significantly different	Lack of allocation	intervention, comparison, or
Location: University of		care hospital for a	Reiki intervention group	from each other within	concealment	outcome)
Arizona	Study Type: RCT -	scheduled knee	received three or four 30-	the Reiki group but not	Stopped early for	
	Pilot Study	replacement.	minute treatments plus	within the other 2 groups.	benefit	Studies are imprecise
			standard of care (SOC)	For the Reiki group, there	Incorrect analysis of ITT	(when studies include few
	<u>Size</u> : 46 patients	Exclusion Criteria: (a)	throughout their history	was a trend toward	Selective reporting of	patients and few events, and
		joint replacement	stay; second arm received	reduced RR when	measures (e.g., no effect	thus have wide confidence
		surgery on an urgent	three or four 30-minute	comparing pretreatment,	outcome)	intervals, and the results are
		basis and/or previous	Sham Reiki sessions	before surgery versus	Large losses to F/U	uncertain)
		joint replacement	(placebo) plus SOC; and a	posttreatment, 24 hours	Difference in important	
		revision, (b) patients	third group received 3 or 4	after surgery. This trend	prognostic factors at	Publication Bias (e.g.
		who could not reach or	sessions of "quiet time"	became statistically	baseline	pharmaceutical company
		understand English, (c)	plus SOC.	significantly when data		sponsors study on
		patients with a history		obtained from the Reiki		effectiveness of drug only
		of	For all groups, the first	group pretreatment,		small, positive studies found)
		emotional/psychological	treatment/session was 1	before surgery were		
		or anxiety-related	hour prior to surgery, with	compared with those		Increase Quality Rating if:
		diagnosis, (d) patients	subsequent	taken posttreatment, 48		Large effect
		who received	treatments/sessions 24,	hours after surgery (20.1		□ Dose-response gradient
		antianxiety or	48, and 72 hours after	+/- 0.5 [SEM] breath/min		
		psychotropic medication	surgery. All	vs 17.7 +/- 0.5, P = .008).		



Journal: Holistic Nursing Particle     Aim: To determine the effects of Reiki on particle and N. Ciray Author: Saglal Midilli, T, Yaar Published: 2016 to be dupt a set the casaran section, comparison is when and N. Ciray War Published: 2016 to calcal particle searan section, comparison is when and N. Ciray War Published: 2016 to calcal particle searan section, comparison is when and N. Ciray War Published: 2016 to calcal particle searan section, comparison is when and N. Ciray War Published: 2016 to calcal particle searan section, comparison is when and N. Ciray War Published: 2016 to calcal particle searan section, comparison is when and N. Ciray War Published: 2016 to calcal particle searan section, comparison is when and Vital signs when and N. Ciray War Published: 2016 to calcal particle searan section, comparison is when and Vital signs when and wital signs when and wital signs when and wital signs when and vital signs when and wital signs when and wi	Journal: Holistic Nursing Practice Author: Sagkal Midilli, T. and N. Ciray Gunduzoglu Year Published: 2016 Location: Health School of Celal Bayar Univeristy, Manisa, Turkey Study Type: RCT Size: 45 patients Study Type: RCT Size: 45 patients Muthin 2 Weeks of the scheduled surgery, an (e) patients whose surgery would be performed using anesthetic agents oth than standard general anesthesia. Inclusion Criteria: (1) planned or unplanned cesarean section; (2) Turkey nationality; (3) the ability to speak Turkish; (4) age betwe cesarean section surgery Study Type: RCT Size: 45 patients Size: 45 patients Muthin 2 Weeks of the surgery would be performed using anesthesia, Muthing the anesthesia, and (8) usi only the non-opioid analgesic drug diclofenac 75 mg/3 m intramuscular, prescribed by doctor Exclusion Criteria: (1) operation with spinal epidural anesthesia; (2 any psychiatric diseass or an allergy to analge drugs; (3) any visual of hearing impairment; (4 previous experience with Reiki; (5) serious complications during o after the cesarean section operation in the	treatments/sessions were			Deusible confoundars or
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Journal: Holistic Nursing Practice Author: Sagkal Midlii, T. and N. Ciray Gunduzoglu Year Published: 2016 Location: Health School of Cela Bayar Turkey     Aim: To determine the effects of Rekis on pain antesthesia.     Interface of the instant and argeneral anesthesia.     Results: Mean breathing preopretative session that was carried out in a private patient room in the preopretative session patient room in the preopretative session and N. Ciray Gunduzoglu Year Published: 2016 Location: Health School of Cela Bayar Turkey     Aim: To determine the effects of Rekis on pain and N. Ciray Gunduzoglu Year Published: 2016 Location: Health School of Cela Bayar Turkey     None Results: Mean breathing measurement values stay of at least 2 days in the sessing soups, was anglied for 15 minutes to heody after escarean section; (2) gerative with general an eschesic and (8) using only the non-opioid analgesic drug diclofenca 75 mg/3 mL, intramucular, prescribed by doctor     Results: Mean breathing measurement values applied for 15 minutes to heody after escarean section; (2) operative with general an eschesic and diclofenca 75 mg/3 mL, intramucular, prescribed by doctor     None Results: Mean breathing measurement values applied for 15 minutes to the incision area of body in the first 24 and 48 hours after the operation with spinal or epidural anesthesis; (2) any private painet diclofenca 75 mg/3 mL, intramucular, prescribed by doctor     Study Lisses to F/U beneritic and prevision sduring or after the cesarean a visual analog scale.     Study Lisses to full different from cash of body in the first 24 and 48 hours a discut follow-up form and a visual analog scale.     Study Lisses to full different from cash of body in the first 24 and 48 hours a discut	Journal: Holistic Nursing Practice Author: Sagkal Midilli, T. and N. Ciray Gunduzoglu Year Published: 2016 Location: Health School of Celal Bayar Univeristy, Manisa, Turkey Study Type: RCT Size: 45 patients Size: 45 patients Journal: Holistic Nursing Practice Author: Sagkal Midilli, T. and N. Ciray Gunduzoglu Year Published: 2016 Location: Health School of Celal Bayar Univeristy, Manisa, Turkey Journal: Holistic Nursing Study Type: RCT Size: 45 patients Journal: Holistic Nursing Author: Sagkal Midilli, T. and N. Ciray Gunduzoglu Year Published: 2016 Location: Health School of Celal Bayar Univeristy, Manisa, Turkey Journal: Holistic Nursing Manda Superative Mither Action Study Type: RCT Size: 45 patients Journal: Holistic Nursing Manda Superative Mither Action Size: 45 patients Journal: Holistic Nursing Manda Superative Mither Action Size: 45 patients Journal: Holistic Nursing Manda Mither Action Journal: Holistic Mither	for an and the postsurgical			certainty of effect
Journal: Holistic Nursing Practice     Am: To determine the anesthesia.     Inclusion Criteria (1) preoperative area.     Main Standard general anesthesia.     Study Design: Patients, equalized by age and motorel by age and start of body after cascrean section (2) Turkish; (4) age between 10 wire styr, Manisa, Turkey     Main Standard general and Victa signs when and victa signs when and victa signs when and victa signs when and victa signs when surgery     Inclusion Criteria (1) preoperative area.     Study Design: Patients, equalized by age and the ability to speak trastment which was asplied for 15 minutes to the body after cascrean section surgery     Study Timitations: Patients, the which (4) speak (1) the was in place and time; (7) operative with general anesthesis; and (8) usin only the non-opidi dictorer 25 mg/3 mt, intramuscular, prescribed by doctor     Study Timitations: Patients, the weits, (6) orientation anagesic: drug dictorer 25 mg/3 mt, intramuscular, prescribed by doctor     Study Timitations: Patients, and the second surgery, start of at least 2 days in the weits, (3) any visual on a visual analog scale.     Study Limitations: Patients, and the second surgery, start of at least 2 days in the weits (2) any visual or analgesic drug any psychiatri disease, or an allergy to analgesic drugs; (3) any visual or analgesic on an allergy to analgesic drugs; (3) any visual or analgesic on analergy to analgesic drugs; (3) any visual or analergy to analgesic drugs; (3) a	Journal: Holistic Nursing Practice Author: Sagkal Midilli, T. and N. Ciray Gunduzoglu Year Published: 2016 Location: Health School of Celal Bayar Univeristy, Manisa, Turkey Size: 45 patients Size: 45 patients Journal: Holistic Nursing Practice Author: Sagkal Midilli, T. and N. Ciray Gunduzoglu Year Published: 2016 Location: Health School of Celal Bayar Univeristy, Manisa, Turkey Juniveristy, Manisa, Juniveristy, Manisa, Juniver	floor, except for the			
Journal: Holistic Nursing Practice Author: Sagkal Midilli, T. and N. Ciray Gunduzoglu     Aim: To determine the effects of Relix on pain and vital signs which spatient of the body after the body after cesarean section; (2) Of Celal Bayar University, Manisa,     Aim: To determine the effects of Relix on pain and vital signs which spatient of the pained or unplanned cualized by age and murbus or births, were randomly assigned to the restment values were significantly different from each other control groups. The treatment, which was applied for 15 minutes to the incision area of the body after cesarean section; (2) of Celal Bayar University, Manisa,     Aim: To determine the effects of Relix on pain and vital signs which control groups. The treatment, which was applied to the patients in the unit; (6) orientation only the non-opioid analgesic drug diclofena c75 mg/3 mL, intramuscular, prescribed by doctor     Study Design: Patients, ever significantly different from each other control groups. (P- in place and time; (7) operative with general and discless. The study data were cellected using a patient follow-up from and a visual analog scale.     Study Limitations: massument values were significantly different from each other control groups. (P- in place and time; (7) operative with general and discless. The study data were cellected using a patient follow-up from and a visual analog scale.     Study Limitations: massument values were significantly different form each other in place and time; (7) operative with spinal or epidural anesthesia; (2) any psychiatric disease, drugs; (3) any visual analgesic drug atfer the cesarean section correction in the ariting inpairment; (4) previous experience     Study Limitations: massument values section correction within a visual analog scale.     Study Limitations: massument values section correction in the avisual analog scale. <td>Journal: Holistic Nursing Practice Author: Sagkal Midilli, T. and N. Ciray Gunduzoglu Year Published: 2016 Location: Health School of Celal Bayar Univeristy, Manisa, Turkey Study Type: RCT Size: 45 patients Size: 45 patients Author: Sagkal Midilli, T. and N. Ciray Gunduzoglu Year Published: 2016 Location: Health School of Celal Bayar Univeristy, Manisa, Turkey Juniveristy, Manisa, Juniveristy, Manisa, Juniverist</td> <td>preoperative session that</td> <td></td> <td></td> <td>Quality (certainty) of</td>	Journal: Holistic Nursing Practice Author: Sagkal Midilli, T. and N. Ciray Gunduzoglu Year Published: 2016 Location: Health School of Celal Bayar Univeristy, Manisa, Turkey Study Type: RCT Size: 45 patients Size: 45 patients Author: Sagkal Midilli, T. and N. Ciray Gunduzoglu Year Published: 2016 Location: Health School of Celal Bayar Univeristy, Manisa, Turkey Juniveristy, Manisa, Juniveristy, Manisa, Juniverist	preoperative session that			Quality (certainty) of
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Journal: Holistic Nursing Practice Author: Sagkal Midili, T. and N. Ciray Gunduzoglu Year Published: 2016 Location: Health School Of Celal Bayar University, Manisa,     Aim: To determine the effects of Reliki on pain applied for 15 minutes to the incision area of the body after cesarean section: 18 and 45 years; (5) a University, Manisa,     Study Limitations: measurement values rate pressure randomly assigned to the RCTs     Study Limitations: Moderate     High Study Limitations: Moderate       Sudy University, Manisa, Turkey     Study University, Manisa, Turkey     Turkey nationality; (3) to the incision area of the body after cesarean section University, Manisa, Turkey     Study University, Manisa, Turkey     Study University, Manisa, Turkey     Study University, Study Type; RCT     Study Core in place and time; (2) any porchiatric disease, or an allergy to analgesic drugs; (3) any visual or hearing impairment; (4) previous experience with Relik; (5) serious complications drug and analgesic drug dictionera (5 prig/3 mL, intramuscular, prescribed by doctor     Study Core aptient follow-up form and a visual analog scale.     Study Limitations: measures (e.g., no effect outcome)     Important prognosite factors at baseline	Journal: Holistic Nursing Practice Author: Sagkal Midilli, T. and N. Ciray Gunduzoglu Year Published: 2016 Location: Health School of Celal Bayar Univeristy, Manisa, Turkey Study Type: RCT Size: 45 patients Size: 45 patients Jurch State	patient room in the			whole:
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Practice Author: Sagkal Midill, T, and N. Gray Gunduzgiu Year Published: 2016 Location: Health School Of Celal Bay ar Univeristy, Manisa, Turkey     effects of Reiki on pain and vital signs when applied for 15 minutes to the incision area of the body after cesarean section Study Type: RCT     planned or unplanned cesarean section the unit (6) orientation the unit (6) orientation analgesic drug diciofena 75 mg/3 mL, intramuscular, prescribed by dotor     equalized by age and namebr of births, were randomly assigned to the treatment, which was according to groups (P      None     None     Iow       Study Type: RCT     in Jacc and time, prace and time, only the non-opioid analgesic drug diciofena 75 mg/3 mL, intramuscular, prescribed by dotor     intramuscular, prescribed by dotor     prescribed by dotor     None     None     None     None       Exclusion Criteria: (1) operative with general analgesis. Criug: any psychiatric disease, or an allergy to analgesis. drugs; (3) any visual or hearing inpairment; (4) previous experience with Reiki; (5) serious complication a drug after the operation with spinal or eqidiural anesthesis; and (2) any psychiatric disease, or an allergy to analgesis.     None     None     None       With Reiki, (5) serious complication situary     prescribed by dotor     prescribed by dotor     None     None	Practiceeffects of Reiki on pain and vital signs when applied for 15 minutes to the incision area of the body after cesarean section surgeryplanned or unplanned cesarean section; (2) Turkey nationality; (3) the ability to speak Turkish; (4) age betwee 18 and 45 years; (5) a stay of at least 2 days the unit; (6) orientatio in place and time; (7) operative with genera anesthesia; and (8) usi only the non-opioid analgesic drug diclofenac 75 mg/3 mi intramuscular, prescribed by doctorExclusion Criteria: (1) operation with spinal epidural anesthesia; (2) any psychiatric diseas or an allergy to analge drugs; (3) any visual on hearing impairment; (4 previous experience with Reiki; (5) serious complications during o after the cesarean section operation in the	Study Design: Patients,	<u>Results</u> : Mean breathing	Study Limitations:	└ Moderate
Author: Sagkal Midili, T., and vital signs when and N. Ciray Gunduzgiu       and N. Liray applied for 15 minutes to the incision area of Year Published: 2016       incukey nationality (3) the ability to speak Turkiy (3) age between 18 and 45 years; (5) a stay of at least 2 days in place and time; (7) operative with general anesthesia; and (8) using only the non-opioid anagesic drug (1c) formatow, visual or the finity manuges. The study data prescribed by doctor       measurement values wees ignificantly different from each other according to groups (P >)5.       RCTs       Icack of billing         Size: 45 patients       Size: 45 patients       and 45 years; (5) a stay of at least 2 days in place and time; (7) operative with general anesthesia; and (8) using only the non-opioid anslegsic drug gital anesthesia; and (8) using only the non-opioid anesthesia; and (8) using only the non-opioid an anesthesia; and (8) using only the non-opioid anesthesia; and (8) using only the non-opioid anesthesia; and (8) using only the indicion area of the indicion area of ota shadrad anterworks (1) operation within spinal or evicine analgesic. The study data were collecture using a patient follow-up form and a visual analog scale.       Size: 45 patients       Exclusion Criteria: (1) operation with spinal or evicine complexiting impairment; (4) are visual analog scale.       avisual analog scale. <t< td=""><td>Author: Sagkal Midilli, T. and N. Ciray Gunduzoglu Year Published: 2016 Location: Health School of Celal Bayar Univeristy, Manisa, Turkeyand vital signs when applied for 15 minutes to the incision area of the body after cesarean section surgerycesarean section; (2) Turkey nationality; (3) the ability to speak Turkish; (4) age betwe 18 and 45 years; (5) a stay of at least 2 days the unit; (6) orientatio in place and time; (7) operative with genera anesthesia; and (8) usi only the non-opioid analgesic drug diclofenac 75 mg/3 m intramuscular, prescribed by doctorExclusion Criteria: (11) operation with spinal epidural anesthesia; (2)Exclusion Criteria: (12) operation with spinal epidural anesthesia; (2)Gunduzoglu year vublished: 2016 Location: Health School of Celal Bayar Univeristy, Manisa, TurkeyStudy Type: Study Type: Size: 45 patientsSize: 45 patientsSize: 45 patientsSize: 36 patientsSize: 45 patientsSize: 37 patientsSize: 45 patientsSize: 30 patientsSize: 45 patientsSize: 45 patientsSize: 30 patientsSize: 30 patientsSize: 31 patientsSize: 32 patientsSize: 32 patientsSize: 33 patientsSize: 45 patientsSize: 45 patientsSize: 45 patientsSize: 31 patientSize: 32 patientSize: 32 patientSize: 33 patientSize: 34 patientSize: 35 patientSize: 35 patientSize: 35 patientSize: 35 patient<!--</td--><td>equalized by age and</td><td>rate pressure</td><td>□ None</td><td>🖾 Low</td></td></t<>	Author: Sagkal Midilli, T. and N. Ciray Gunduzoglu Year Published: 2016 Location: Health School of Celal Bayar Univeristy, Manisa, Turkeyand vital signs when applied for 15 minutes to the incision area of the body after cesarean section surgerycesarean section; (2) Turkey nationality; (3) the ability to speak Turkish; (4) age betwe 18 and 45 years; (5) a stay of at least 2 days the unit; (6) orientatio in place and time; (7) operative with genera anesthesia; and (8) usi only the non-opioid analgesic drug diclofenac 75 mg/3 m intramuscular, prescribed by doctorExclusion Criteria: (11) operation with spinal epidural anesthesia; (2)Exclusion Criteria: (12) operation with spinal epidural anesthesia; (2)Gunduzoglu year vublished: 2016 Location: Health School of Celal Bayar Univeristy, Manisa, TurkeyStudy Type: Study Type: Size: 45 patientsSize: 45 patientsSize: 45 patientsSize: 36 patientsSize: 45 patientsSize: 37 patientsSize: 45 patientsSize: 30 patientsSize: 45 patientsSize: 45 patientsSize: 30 patientsSize: 30 patientsSize: 31 patientsSize: 32 patientsSize: 32 patientsSize: 33 patientsSize: 45 patientsSize: 45 patientsSize: 45 patientsSize: 31 patientSize: 32 patientSize: 32 patientSize: 33 patientSize: 34 patientSize: 35 patientSize: 35 patientSize: 35 patientSize: 35 patient </td <td>equalized by age and</td> <td>rate pressure</td> <td>□ None</td> <td>🖾 Low</td>	equalized by age and	rate pressure	□ None	🖾 Low
and N. Ciray       applied for 15 minutes       Turkey nationality: (a)       randomly assigned to the       were significantly       (ack of blinding         Orderal Bayar       the body after       18 and 45 years; (b) a       applied to the participation in the unit; (a) operative with general       applied to the participation in the unit; (b) orientation       Trakey       Study Type: RCT       in place and time; (7)       applied for 15 minutes to       the incision area of body in       the incision area of body in       anesthesia; and (8) using       the first 24 and 48 hours of the incision area of body in       anesthesia; and (8) using       anesthesia; and (8) using       the first 24 and 48 hours of the incision area of body in       analgesics. The study data       analgesics. The study data         give after to any sis of 17       operative with general       anesthesia; and (8) using       analgesics. The study data       analgesics. The study data       application of standard         analgesics drug       analgesics. Criteria: (1)       operative with general       analgesics. The study data       avisual analog scale.       analgesic factors at       analgesic factors at         or an allergy to analgesic       any psychiatric disease, or an allergy to analgesic.       or anallergy to analgesic.       analges cale.       analges cale.       analges cale.       analges cale.       analges cale.       analges cale.       analergy to analegy to analgesic.       analergy to analges	and N. Ciray Gunduzoglu Year Published: 2016 Location: Health School of Celal Bayar Univeristy, Manisa, Turkey Study Type: RCT Size: 45 patients Size: 45 patients Just and 45 years; (5) a stay of at least 2 days the unit; (6) orientatio operative with genera anesthesia; and (8) usi only the non-opioid analgesic drug diclofenac 75 mg/3 m intramuscular, prescribed by doctor Exclusion Criteria: (1) operation with spinal epidural anesthesia; (3) the ability to speak Turkish; (4) age betwe 18 and 45 years; (5) a stay of at least 2 days the unit; (6) orientatio only the non-opioid analgesic drug diclofenac 75 mg/3 m intramuscular, prescribed by doctor Exclusion Criteria: (1) operation with spinal epidural anesthesia; (2) any psychiatric diseas or an allergy to analge drugs; (3) any visual of hearing impairment; (4) previous experience with Reiki; (5) serious complications during of after the cesarean section operation in th	number of births, were	measurement values	RCTs	U Very Low
Gunduzglu Year Published: 2016 Location: Health School of Celal Bayar       to the inicision area of the body after       the ability to speak Turkisk; (4) age between cesarean section of Celal Bayar       Turkisk; (4) age between cesarean section of Celal Bayar       Reiki, sham Reiki, and control groups. The treatment, which was applied to the patients in these 3 groups, was applied for 15 minutes to the incision area of body in these 3 groups, was applied for 15 minutes to the incision area of body in these 3 groups, was applied for 15 minutes to the incision area of body in these 3 groups, was applied for 15 minutes to the incision area of body in the first 24 and 48 hours after the operation with ginal of operation with spinal of epidural anesthesia; (2) any psychiatric disease, or an allergy to analgesic drugs; (3) any visual or hearing impriment; (4) previous experience with Reiki, (5) serious control groups. The treatment, which was applied for 15 minutes to the incision area of body in the first 24 and 48 hours after the operation within a patient follow-up form and a visual analog scale.       different from each other according to groups (P        Difference in important prognostic factors at baseline         University. Manisa, Turkey       Size: 45 patients       Size: 45 patients       Reiki, ison in place and time; (7) operation with spinal of epidural anesthesia; (2) any psychiatric disease, drugs; (3) any visual or hearing impriment; (4) previous experience with Reiki; (5) serious complications during or after the cesarean section onestion in the       Reiki, ison control to the application of standard a visual analog scale.       Reiki, ison disease       Reiki, ison control to the application of standard a visual analog scale.       Reiki, ison disease       Reiki, ison disease       Reiki, ison control	Gunduzoglu Year Published: 2016 Location: Health School of Celal Bayar Univeristy, Manisa, Turkeyto the incision area of the body after cesarean section surgerythe ability to speak Turkish; (4) age betwe 18 and 45 years; (5) a stay of at least 2 days the unit; (6) orientatio in place and time; (7) operative with genera anesthesia; and (8) usi only the non-opioid analgesic drug diclofenac 75 mg/3 m intramuscular, prescribed by doctorExclusion Criteria: epidural anesthesia; (3) any visual of hearing impairment; (4 previous experience with Reiki; (5) serious complications during of after the cesarean section operation in the 	randomly assigned to the	were significantly	🛛 Lack of blinding	
Year Published: 2016 Location: Health School of Celal Bayar Univeristy, Manisa, Turkey       the body after cesarean section surgery       Turkish; (A) age between 18 and 45 years; (S) a stay of at least 2 days in the unit; (A) orientation operative with general anesthesia; and (B) using only the non-opoidi analgesic drug diclofenac 75 mg/3 mL, intramuscular, prescribed by doctor       correling to groups. (P < 0.5).       concelament bactoring to groups (P < 0.5).       concelament 0.5).         Size: 45 patients       in place and time: (7) operative with general anesthesia; and (B) using only the non-opoidi analgesic drug diclofenac 75 mg/3 mL, intramuscular, prescribed by doctor       sols.       concelament 0.5).       concelament 0.5).         Image: Charger and the concelament bace of the patients in the unit; (A) orientation operative with general anesthesia; and (B) using anagesic drug diclofenac 75 mg/3 mL, intramuscular, prescribed by doctor       sols.       concelament 0.5).       concelament 0.5).         Image: Charger and the concelament prognostic factors at a visual analog scale.       sols.       concelament 0.5).       concelament 0.5).       concelament 0.5).         Image: Charger and the concelament prognostic factors at analgesic.       sols.       concelament 0.5).       concelament 0.5).       concelament 0.5).       concelament 0.5).         Image: Charger and the concelament prognostic factors at analgesic charger and the the cesarean after the cesarean	Year Published: 2016 Location: Health School of Celal Bayar Univeristy, Manisa, Turkeythe body after cesarean section surgeryTurkish; (4) age betwee 18 and 45 years; (5) a stay of at least 2 days the unit; (6) orientatio in place and time; (7) operative with genera anesthesia; and (8) usi only the non-opioid analgesic drug diclofenac 75 mg/3 m intramuscular, prescribed by doctorExclusion Criteria: (1) operation with spinal epidural anesthesia; (2) any psychiatric diseas- or an allergy to analge drugs; (3) any visual on hearing impairment; (4) previous experience with Reiki; (5) serious complications during of after the cesarean section operation in the	Reiki, sham Reiki, and	different from each other	Lack of allocation	
Location: Health School of Celal Bayar       cesarean section surgery       18 and 45 years; (5) a stay of at least 2 days in the unit; (6) orientation in place and time; (7) operative with general anesthesia; and (8) using only the non-opioid analgesic drug       the unit; (6) orientation the unit; (6) orientation operative with general anesthesia; and (8) using       05).       50.         Size: 45 patients       Size: 45 patients       Size: 45 patients       In place and time; (7) operative with general analgesic drug       the size 3 groups, was applied for 15 minutes to the incision area of body in the first 24 and 48 hours after the operation within application of standard analgesic. The study data were collected using a patient follow-up form and a visual analog scale.       05).         Were collected using a patient follow-up form and application during or after the cesarean sertion operation with rekix; (5) serious complications during or after the cesarean sertion operation withe after the cesarean       05).	Location: Health School of Celal Bayar Univeristy, Manisa, Turkeycesarean section surgery18 and 45 years; (5) a stay of at least 2 days the unit; (6) orientatic in place and time; (7) operative with genera anesthesia; and (8) usi only the non-opioid analgesic drug diclofenac 75 mg/3 m intramuscular, prescribed by doctorExclusion Criteria: (1) operation with spinal epidural anesthesia; (2) any psychiatric diseas- or an allergy to analge drugs; (3) any visual on hearing impairment; (4 previous experience with Reiki; (5) serious complications during of after the cesarean section operation in the	en control groups. The	according to groups (P <	concealment	
of Celal Bayar       surgery       stay of at least 2 days in       applied to the patients in       the unit; (6) orientation         Turkey       Study Type: RCT       in place and time; (7)       operative with general       anesthesia; and (8) using       applied for 15 minutes to         Size: 45 patients       analgesic drug       dictofenac 75 mg/3 mL,       intramucular,       prescribed by doctor       prescribed by doctor         Exclusion Criteria: (1)       operation with spinal or       analgesic drug; (3) any visual or       hearing impairment; (4)       previous experience         mixt Mekki; (5) serious       or an allergy to analgesic       or analgergis to serience       situal nalog scale.	of Celal Bayar Univeristy, Manisa, Turkeysurgerystay of at least 2 days the unit; (6) orientatic in place and time; (7) operative with genera anesthesia; and (8) usi only the non-opioid analgesic drug diclofenac 75 mg/3 m intramuscular, prescribed by doctorExclusion Criteria: equival anesthesia; (2 any psychiatric diseas- or an allergy to analge drugs; (3) any visual on hearing impairment; (4 previous experience with Reiki; (5) serious complications during on after the cesarean section operation in the	treatment, which was	.05).	Stopped early for	
Univeristy, Manisa, Turkey       Study Type: RCT       the unit; (6) orientation in place and time; (7) operative with general anesthesia; and (8) using only the non-opioid analgesic drug diclofena 75 mg/3 mL, intramuscular, prescribed by doctor       these 3 groups, was applied for 15 minutes to the incision area of body in the first 24 and 48 hours after the operation within analgesic. The study data were collected using a patient follow-up form and a visual analog scale.           □ Incorrect analysis of ITT □ Selective reporting of measures (e.g., no effect outcome)            □ Large losses to F/U □ Difference in important prescribed by doctor          □ Large losses to F/U □ Difference in important prognostic factors at baseline            ■ allegy to analgesic drugs; (3) any visual or hearing impairment; (4) previous experience with Reiki; (5) serious complication in the after the cesarean sertion operation in the	Univeristy, Manisa, Turkey  Study Type: RCT  Size: 45 patients  the unit; (6) orientatic in place and time; (7) operative with genera anesthesia; and (8) usi only the non-opioid analgesic drug diclofenac 75 mg/3 m intramuscular, prescribed by doctor  Exclusion Criteria: (1) operation with spinal epidural anesthesia; (2 any psychiatric diseas or an allergy to analge drugs; (3) any visual on hearing impairment; (4 previous experience with Reiki; (5) serious complications during of after the cesarean section operation in th	in applied to the patients in		benefit	
Turkey       Study Type: RCT       in place and time; (7) operative with general anesthesia; and (8) using only the non-opioid analgesic drug diclofenac 75 mg/3 mL, intramuscular, prescribed by doctor       applied for 15 minutes to the incision area of body in the first 24 and 48 hours after the operation within analgesic. The study data were collected using a patient follow-up form and a visual analog scale.       gplied for 15 minutes to the incision area of body in the first 24 and 48 hours after the operation within the first 24 and 48 hours after the operation within analgesic. The study data were collected using a patient follow-up form and a visual analog scale.       gplied for 15 minutes to the incision area of body in the first 24 and 48 hours after the operation within analgesic. The study data were collected using a patient follow-up form and a visual analog scale.       gplied for 15 minutes to the incision area of body in the first 24 and 48 hours after the operation within analgesic. The study data were collected using a patient follow-up form and a visual analog scale.	TurkeyStudy Type: RCTin place and time; (7) operative with genera anesthesia; and (8) usionly the non-opioid analgesic drug diclofenac 75 mg/3 m intramuscular, prescribed by doctorExclusion Criteria: (1) operation with spinal epidural anesthesia; (2) any psychiatric diseas or an allergy to analged drugs; (3) any visual of hearing impairment; (4) previous experience with Reiki; (5) serious complications during of after the cesarean section operation in the	h these 3 groups, was		☐ Incorrect analysis of ITT	
Size: 45 patients       operative with general anesthesia; and (8) using only the non-opioid analgesic drug diclofenac 75 mg/3 mL, intramuscular, prescribed by doctor       the incision area of body in the first 24 and 48 hours after the operation within analgesic. The study data analgesics. The study data analgesics. The study data analgesics. The study data analgesics. The study data analgesic arug potention of standard analgesic. The study data analgesic. The study data analgesic arug potention with spinal or epidural anesthesia; (2) any psychiatric disease, or an allergy to analgegic drugs; (3) any visual or hearing impairment; (4) previous experience with Reiki; (5) serious complications during or after the cesarean section operation in the       a visual analog scale.       measures (e.g., no effect outcome)         With Reiki; (5) serious complications during or after the cesarean section operation in the       analgesic. The study data analges cale.       measures (e.g., no effect outcome)	Size: 45 patients       operative with general anesthesia; and (8) us only the non-opioid analgesic drug diclofenac 75 mg/3 m intramuscular, prescribed by doctor         Exclusion Criteria: (1) operation with spinal epidural anesthesia; (2 any psychiatric diseas or an allergy to analged drugs; (3) any visual on hearing impairment; (4 previous experience with Reiki; (5) serious complications during of after the cesarean section operation in the second operation in the section operation is the section	applied for 15 minutes to		Selective reporting of	
Size: 45 patients       anesthesia; and (8) using only the non-opioid analgesic drug diciofena 75 mg/3 mL, intramuscular, prescribed by doctor       the first 24 and 48 hours of the application of standard analgesics. The study data were collected using a patient follow-up form and a visual analog scale.       outcome)         Exclusion Criteria: (1) operation with spinal or epidural anesthesia; (2) any psychiatric disease, or an allergy to analgesic drugs; (3) any visual or hearing impairment; (4) previous experience with Reliki; (5) serious complications during or after the cesarean serier on previous in the       a visual analog scale.	Size:45 patientsanesthesia; and (8) us only the non-opioid analgesic drug diclofenac 75 mg/3 m intramuscular, prescribed by doctorExclusion Criteria:(1) operation with spinal epidural anesthesia; (2 any psychiatric diseas or an allergy to analge drugs; (3) any visual of hearing impairment; (4 previous experience with Reiki; (5) serious complications during of after the cesarean section operation in the	the incision area of body in		measures (e.g., no effect	
Disc is patients       only the non-opioid analgesic drug diclofenac 75 mg/3 mL, intramuscular, prescribed by doctor       after the operation within 4 to 8 hours of the application of standard analgesics. The study data were collected using a patient follow-up form and a visual analog scale.       Difference in important prognostic factors at baseline         Exclusion Criteria: (1) operation with spinal or epidural anesthesia; (2) any psychiatric disease, or an allergy to analgesic drugs; (3) any visual or hearing impairment; (4) previous experience with Reiki; (5) serious complications during or after the cesarean sector on or after the cesarean       a	<ul> <li>Institution of the non-opioid analgesic drug diclofenac 75 mg/3 m intramuscular, prescribed by doctor</li> <li>Exclusion Criteria: (1) operation with spinal epidural anesthesia; (2 any psychiatric diseas or an allergy to analge drugs; (3) any visual on hearing impairment; (4 previous experience with Reiki; (5) serious complications during of after the cesarean section operation in the section operatio</li></ul>	ng the first 24 and 48 hours		outcome)	
analgesic drug       4 to 8 hours of the application of standard analgesic. The study data were collected using a patient follow-up form and a visual analog scale.               □ Difference in important prognostic factors at baseline          Exclusion Criteria: (1) operation with spinal or epidural anesthesia; (2) any psychiatric disease, or an allergy to analgesic drugs; (3) any visual or hearing impairment; (4) previous experience with Reiki; (5) serious complications during or after the cesarean exerction constrained on the spinal or epidural methods and the spinal or epidural anesthesia; (2) any psychiatric disease, or an allergy to analgesic drugs; (3) any visual or hearing impairment; (4) previous experience with Reiki; (5) serious complications during or after the cesarean exerction constrained on the spinal exerction exerction on the spinal exerction exerction on the spinal exerction exerctio	analgesic drug diclofenac 75 mg/3 m intramuscular, prescribed by doctor <u>Exclusion Criteria</u> : (1) operation with spinal epidural anesthesia; (2 any psychiatric diseas or an allergy to analge drugs; (3) any visual of hearing impairment; (4 previous experience with Reiki; (5) serious complications during of after the cesarean section operation in th	after the operation within		$\Box$ Large losses to F/U	
diclofena 75 mg/3 mL, intramuscular, prescribed by doctor Exclusion Criteria: (1) operation with spinal or epidural anesthesia; (2) any psychiatric disease, or an allergy to analgesic drugs; (3) any visual or hearing impairment; (4) previous experience with Reiki; (5) serious complications during or after the cesarean sertion porecration in the	analysis       analysis         diclofenac 75 mg/3 m         intramuscular,         prescribed by doctor         Exclusion Criteria:         (1)         operation with spinal         epidural anesthesia;         (2)         any psychiatric diseas         or an allergy to analge         drugs;       (3) any visual or         hearing impairment;         previous experience         with Reiki;       (5) serious         complications during or         after the cesarean         section operation in th	4 to 8 hours of the		$\square$ Difference in important	
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Intraining cutar,       analogics: The study data       baseline         prescribed by doctor       were collected using a       patient follow-up form and         Exclusion Criteria:       a visual analog scale.       a visual analog scale.         operation with spinal or epidural anesthesia;       analegesic disease, or an allergy to analgesic drugs;       a visual or hearing impairment;         hearing impairment;       (4)       previous experience       with Reiki;       (5) serious         complications during or after the cesarean sertion operation in the       a visual analog scale.       a visual analog scale.	Intranuscular,         prescribed by doctor         Exclusion Criteria: (1)         operation with spinal         epidural anesthesia; (2         any psychiatric diseas         or an allergy to analge         drugs; (3) any visual of         hearing impairment; (4         previous experience         with Reiki; (5) serious         complications during of         after the cesarean         section operation in th	application of standard		baseline	
Exclusion Criteria: (1)       operation with spinal or         epidural anesthesia; (2)       any psychiatric disease,         any psychiatric disease,       or an allergy to analgesic         drugs; (3) any visual or       hearing impairment; (4)         previous experience       with Reiki; (5) serious         complications during or       after the cesarean	Exclusion Criteria:         (1)         operation with spinal         epidural anesthesia;         any psychiatric diseas         or an allergy to analge         drugs;       (3) any visual or         hearing impairment;         previous experience         with Reiki;       (5) serious         complications during or         after the cesarean         section operation in the	analgesics. The study data		Dasenne	
Exclusion Criteria: (1)       operation with spinal or       a visual analog scale.         operation with spinal or       epidural anesthesia; (2)       any psychiatric disease,         any psychiatric disease,       or an allergy to analgesic       drugs; (3) any visual or         hearing impairment; (4)       previous experience       with Reiki; (5) serious         complications during or       after the cesarean         section operation in the       section operation in the	Exclusion Criteria:(1)operation with spinalepidural anesthesia;any psychiatric diseasor an allergy to analgedrugs;(3) any visual orhearing impairment;previous experiencewith Reiki;(5) seriouscomplications during orafter the cesareansection operation in th	nations follow up form and			
Exclusion Criteria: (1)       a visual analog scale.         operation with spinal or       epidural anesthesia; (2)         any psychiatric disease,       or an allergy to analgesic         drugs; (3) any visual or       hearing impairment; (4)         previous experience       with Reiki; (5) serious         complications during or       after the cesarean         section operation in the       ection operation in the	Exclusion criteria: (11)         operation with spinal         epidural anesthesia; (2         any psychiatric diseas         or an allergy to analge         drugs; (3) any visual or         hearing impairment; (4         previous experience         with Reiki; (5) serious         complications during or         after the cesarean         section operation in th	patient follow-up form and			
operation with spinal or epidural anesthesia; (2) any psychiatric disease, or an allergy to analgesic drugs; (3) any visual or hearing impairment; (4) previous experience with Reiki; (5) serious complications during or after the cesarean section operation in the	operation with spinal epidural anesthesia; ( <i>i</i> any psychiatric diseas or an allergy to analge drugs; (3) any visual o hearing impairment; ( <i>e</i> previous experience with Reiki; (5) serious complications during o after the cesarean section operation in th	a visual allalog scale.			
epidural anestnesia; (2) any psychiatric disease, or an allergy to analgesic drugs; (3) any visual or hearing impairment; (4) previous experience with Reiki; (5) serious complications during or after the cesarean section operation in the	epidural anestnesia; (, any psychiatric diseas or an allergy to analge drugs; (3) any visual o hearing impairment; (4 previous experience with Reiki; (5) serious complications during o after the cesarean section operation in th	br			
any psychiatric disease, or an allergy to analgesic drugs; (3) any visual or hearing impairment; (4) previous experience with Reiki; (5) serious complications during or after the cesarean section operation in the	any psychiatric diseas or an allergy to analge drugs; (3) any visual o hearing impairment; (4 previous experience with Reiki; (5) serious complications during o after the cesarean section operation in th	)			
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patient or the infant(s);	patient or the infant(s	,			
and (6) use of a patient-	and (6) use of a patier	t-			
controlled analgesic in	controlled analgesic ir				
	treatment				

1. Baldwin, A. L., et al. (2017). "Effects of Reiki on Pain, Anxiety, and Blood Pressure in Patients Undergoing Knee Replacement: A Pilot Study." Holistic Nursing Practice 31(2): 80-89.



2. Sagkal Midilli, T. and N. Ciray Gunduzoglu (2016). "Effects of Reiki on Pain and Vital Signs When Applied to the Incision Area of the Body After Cesarean Section Surgery: A Single-Blinded, Randomized, Double-Controlled Study." <u>Holistic Nursing Practice</u> **30**(6): 368-378.

PICO Question: Does integrating Reiki, Healing Touch and/or Therapeutic Touch into clinical services improve patient outcomes (i.e. reduction in length of stay;								
reduction of pain, anxiety, stress, or depression; improvement in quality of life; reduction in use of opioids)?								
Modality: Reiki; Outcome: Medication Usage						variation of treatment effect		
Study Acronym; Author;	Aim of Study; Study	Patient Population	Study Intervention (#	Endpoint Results /	Design Limitations	across studies, population,		
Year Published;	Type; Study Size (N)		patients) / Study	Outcome (Absolute		interventions, or outcomes		
Location			Comparator	Event Rates, P values;		varied)		
				OR or RR; & 95% CI)				
Journal: Holistic Nursing	Aim: Pilot study that	Inclusion Criteria: Male	Study Design: 3-armed	Results: The Reiki group	Study Limitations:	Studies are indirect (PICO		
Practice	investigated the effects	and female patients	randomized study, testing	used the lowest number	🗌 None	question is quite different		
Author: Baldwin, A.L., et	of Reiki on patients	between 50 and 85	Reiki versus other healing	of doses of as-needed	RCTs	from the available evidence in		
al.	undergoing knee	years who were	modalities or no treatment.	pain medication (22	Lack of blinding	regard to population,		
Year Published: 2017	replacement surgery	admitted to an acute		doses or 2.4 doses per	Lack of allocation	intervention, comparison, or		
Location: University of		care hospital for a	Reiki intervention group	patient) compared with	concealment	outcome)		
Arizona	Study Type: RCT -	scheduled knee	received three or four 30-	Sham Reiki group (36	Stopped early for	_		
	Pilot Study	replacement.	minute treatments plus	doses or 6 doses per	benefit	Studies are imprecise		
			standard of care (SOC)	patient) and the SOC	Incorrect analysis of ITT	(when studies include few		
	Size: 46 patients	Exclusion Criteria: (a)	throughout their history	group (29 doses or 5.5	Selective reporting of	patients and few events, and		
		joint replacement	stay; second arm received	doses per patient).	measures (e.g., no effect	thus have wide confidence		
		surgery on an urgent	three or four 30-minute		outcome)	intervals, and the results are		
		basis and/or previous	Sham Reiki sessions		Large losses to F/U	uncertain)		
		joint replacement	(placebo) plus SOC; and a		Difference in important			
		revision, (b) patients	third group received 3 or 4		prognostic factors at	Publication Bias (e.g.		
		who could not reach or	sessions of "quiet time"		baseline	pharmaceutical company		
		understand English, (c)	plus SOC.			sponsors study on		
		patients with a history				effectiveness of drug only		
		of	For all groups, the first			small, positive studies found)		
		emotional/psychological	treatment/session was 1					
		or anxiety-related	hour prior to surgery, with			Increase Quality Rating if:		
		diagnosis, (d) patients	subsequent			Large effect		
		who received	treatments/sessions 24,			Dose-response gradient		
		antianxiety or	48, and 72 hours after			Plausible confounders or		
		psychotropic medication	surgery. All			other biases increase		
		within 2 weeks of the	treatments/sessions were			certainty of effect		
		scheduled surgery, and	performed in the patient's					
		(e) patients whose	room on the postsurgical			Quality (certainty) of		
		surgery would be	floor, except for the			evidence for studies as a		
		performed using	preoperative session that			wnoie:		
		anesthetic agents other	was carried out in a private					
		than standard general	patient room in the					
		anesthesia.	preoperative area.		l			
Journal:	Aim: To determine	Inclusion Criteria:	Intervention: Patients who	<u>Results</u> : In the Reiki	Study Limitations:	L very Low		
Gastroenterology Nursing	whether the use of	English-speaking	received Reiki	group, four of 25 patients	🖾 None			



Author: Bourque, A.L., et al. Year Published: 2012 Location: Boston Medical Center	Reiki decrease the amount of meperidine administered to patients undergoing screening colonoscopy <u>Study Type</u> : Retrospective chart review <u>Size</u> : 30 patients, 25 of the study arm patients received Reiki in conjunction with meperidine. Five randomly chosen study arm patients received placebo Reiki in conjunction with meperidine.	patients between the ages of 50 and 60 years undergoing screening colonoscopy Exclusion Criteria: Patients with any history of abdominal or colorectal surgery or past or present narcotic use or patients who had previously experienced Reiki	<u>Comparator</u> : Placebo Reiki and	(16%) received less than 50 mg of meperidine. Of these four patients, three received 25 mg and one patient received 37.5 mg. In comparison, there were no patients in the chart review group of the placebo Reiki group that received less than 50 mg of meperidine.	Non-Randomized Studies Failure to develop and apply appropriate eligibility criteria Flawed measurement of both exposure and outcome Failure to adequately control confounding Incomplete or inadequately short follow- up Differences in important prognostic factors at baseline
Journal: Holistic Nursing Practice Author: Sagkal Midilli, T. and N. Ciray Gunduzoglu Year Published: 2016 Location: Health School of Celal Bayar Univeristy, Manisa, Turkey	<u>Aim</u> : To determine the effects of Reiki on pain and vital signs when applied for 15 minutes to the incision area of the body after cesarean section surgery <u>Study Type</u> : RCT <u>Size</u> : 45 patients	Inclusion Criteria: (1) planned or unplanned cesarean section; (2) Turkey nationality; (3) the ability to speak Turkish; (4) age between 18 and 45 years; (5) a stay of at least 2 days in the unit; (6) orientation in place and time; (7) operative with general anesthesia; and (8) using only the non-opioid analgesic drug diclofenac 75 mg/3 mL, intramuscular, prescribed by doctor <u>Exclusion Criteria</u> : (1) operation with spinal or epidural anesthesia; (2) any psychiatric disease, or an allergy to analgesic drugs; (3) any visual or hearing impairment; (4) previous experience	Study Design: Patients, equalized by age and number of births, were randomly assigned to the Reiki, sham Reiki, and control groups. The treatment, which was applied to the patients in these 3 groups, was applied for 15 minutes to the incision area of body in the first 24 and 48 hours after the operation within 4 to 8 hours of the application of standard analgesics. The study data were collected using a patient follow-up form and a visual analog scale.	<u>Results</u> : The Reiki group was observed to use fewer analgesics throughout the study and to need them after a longer time than the sham Reiki and control groups (P < .05).	Study Limitations:         None         RCTs         Lack of blinding         Lack of allocation         concealment         Stopped early for         benefit         Incorrect analysis of ITT         Selective reporting of         measures (e.g., no effect         outcome)         Large losses to F/U         Difference in important         prognostic factors at         baseline



Journal: <i>Nursing</i> Author: Notte, B.B., et al. Year Published: 2016 Location: Bryn Mawr Hospital, PA	Aim: To determine the impact of Reiki therapy on the pain perception of patients undergoing total knee arthroplasty (TKA) following Reiki sessions. Study Type: RCT Size: 43 patients; Reiki group = 23 and non- Reiki group = 20	with Reiki; (5) serious complications during or after the cesarean section operation in the patient or the infant(s); and (6) use of a patient- controlled analgesic in treatment <u>Inclusion Criteria</u> : Aged 18 to 80, English- speaking, able to read and understand the subject pamphlet, and consent form, and consent form, and consent formed consent. <u>Exclusion Criteria</u> : Patients were excluded from the study if they had chronic pain	Intervention: 20-minute Reiki treatment at admission and 30-minute Reiki treatment after admission and initial assessment. On each of the 3 postoperative days, the subjects received Reiki at bedside for 20 minutes while listening to relaxing music via headphones. Pain was assessed before	<u>Results</u> : No statistically significant differences were found in pain medication use <i>P</i> = 0.92	Study Limitations: None RCTs Lack of blinding Lack of allocation concealment Stopped early for benefit Incorrect analysis of ITT Selective reporting of measures (e.g., no effect outcome) Large losses to F/U
al.	on the pain perception	speaking, able to read	admission and 30-minute	were found in pain	RCTs
Year Published: 2016	of patients undergoing	and understand the	Reiki treatment after	medication use P = 0.92	Lack of blinding
Location: Bryn Mawr	total knee arthroplasty	subject pamphlet, and	admission and initial		☑ Lack of allocation
Hospital, PA	(TKA) following Reiki	consent form, and	assessment. On each of		concealment
	sessions.	competent to give	the 3 postoperative days,		Stopped early for
		informed consent.	the subjects received Reiki		benefit
	Study Type: RCT		at bedside for 20 minutes		Incorrect analysis of ITT
		Exclusion Criteria:	while listening to relaxing		Selective reporting of
	Size: 43 patients; Reiki	Patients were excluded	music via headphones.		measures (e.g., no effect
	group = 23 and non-	from the study if they	Dain was assessed before		outcome)
	Reiki group = 20	disordors such as	and after Reiki therapy		Difference in important
		fibromyalgia migraine	using numeric rating scale		prognostic factors at
		headaches rheumatoid	in the preoperative area		haseline
		arthritis, or neurologic	post anesthesia care unit		busenite
		impairment that	(PACU), and on each of 3		
		precluded full	postoperative days (POD).		
		participation in the	, ,		
		study. Patients with a	Comparator: non-Reiki		
		history of or current			
		substance abuse and			
		those recovering from			
		recent surgery were also			
		excluded.			

1. Baldwin, A. L., et al. (2017). "Effects of Reiki on Pain, Anxiety, and Blood Pressure in Patients Undergoing Knee Replacement: A Pilot Study." Holistic Nursing Practice 31(2): 80-89.

2. Bourque, A. L., et al. (2012). "Reiki as a pain management adjunct in screening colonoscopy." Gastroenterology Nursing 35(5): 308-312.

- 3. Notte, B. B., et al. (2016). "Reiki's effect on patients with total knee arthroplasty: A pilot study." Nursing 46(2): 17-23.
- 4. Sagkal Midilli, T. and N. Ciray Gunduzoglu (2016). "Effects of Reiki on Pain and Vital Signs When Applied to the Incision Area of the Body After Cesarean Section Surgery: A Single-Blinded, Randomized, Double-Controlled Study." Holistic Nursing Practice **30**(6): 368-378.

PICO Question: Does integrating Reiki, Healing Touch and/or Therapeutic Touch into clinical services improve patient outcomes (i.e. reduction in length of stay;	Low Quality Rating if:
reduction of pain, anxiety, stress, or depression; improvement in quality of life; reduction in use of opioids)?	Studies inconsistent (wide
Modality: Reiki; Outcome: Hospital Stay	variation of treatment effect



Study Acronym; Author; Year Published; Location	Aim of Study; Study Type; Study Size (N)	Patient Population	Study Intervention (# patients) / Study Comparator	Endpoint Results / Outcome (Absolute Event Rates, P values; OR or RR; & 95% Cl)	Design Limitations	across studies, population, interventions, or outcomes varied)
Journal: Holistic Nursing Practice Author: Baldwin, A.L., et al. Year Published: 2017 Location: University of Arizona	Alm: Pilot study that investigated the effects of Reiki on patients undergoing knee replacement surgery Study Type: RCT - Pilot Study Size: 46 patients	Inclusion Criteria: Male and female patients between 50 and 85 years who were admitted to an acute care hospital for a scheduled knee replacement. Exclusion Criteria: (a) joint replacement surgery on an urgent basis and/or previous joint replacement revision, (b) patients who could not reach or understand English, (c) patients with a history of emotional/psychological or anxiety-related diagnosis, (d) patients who received antianxiety or psychotropic medication within 2 weeks of the scheduled surgery, and (e) patients whose surgery would be performed using anesthetic agents other than standard general anesthesia.	Study Design: 3-armed randomized study, testing Reiki versus other healing modalities or no treatment. Reiki intervention group received three or four 30- minute treatments plus standard of care (SOC) throughout their history stay; second arm received three or four 30-minute Sham Reiki sessions (placebo) plus SOC; and a third group received 3 or 4 sessions of "quiet time" plus SOC. For all groups, the first treatment/session was 1 hour prior to surgery, with subsequent treatments/sessions 24, 48, and 72 hours after surgery. All treatments/session swere performed in the patient's room on the postsurgical floor, except for the preoperative session that was carried out in a private patient room in the preoperative area.	Results: The Reiki group had the highest percentage of discharges at 48 hours rather than at 72 hours.	Study Limitations:         None         RCTs         Lack of blinding         Lack of allocation         concealment         Stopped early for         benefit         Incorrect analysis of ITT         Selective reporting of         measures (e.g., no effect         outcome)         Large losses to F/U         Difference in important         prognostic factors at         baseline	□ Studies are indirect (PICO question is quite different from the available evidence in regard to population, intervention, comparison, or outcome)         ☑ Studies are imprecise (when studies include few patients and few events, and thus have wide confidence intervals, and the results are uncertain)         □ Publication Bias (e.g. pharmaceutical company sponsors study on effectiveness of drug only small, positive studies found)         Increase Quality Rating if:         □ Large effect         □ Dose-response gradient         □ Plausible confounders or other biases increase certainty of effect         Quality (certainty) of evidence for studies as a whole:         □ High         □ Moderate         □ Low
						very Low

1. Baldwin, A. L., et al. (2017). "Effects of Reiki on Pain, Anxiety, and Blood Pressure in Patients Undergoing Knee Replacement: A Pilot Study." Holistic Nursing Practice 31(2): 80-89.

PICO Question: Does integrating Reiki, Healing Touch and/or Therapeutic Touch into clinical services improve patient outcomes (i.e. reduction in length of stay;	Low Quality Rating if:
reduction of pain, anxiety, stress, or depression; improvement in quality of life; reduction in use of opioids)?	Studies inconsistent (wide
Modality: Reiki; Outcome: Functional Recovery	variation of treatment effect



Study Acronym; Author; Year Published; Location	Aim of Study; Study Type; Study Size (N)	Patient Population	Study Intervention (# patients) / Study Comparator	Endpoint Results / Outcome (Absolute Event Rates, P values; OR or RR; & 95% Cl)	Design Limitations	across studies, population, interventions, or outcomes varied)
Journal: International Journal of Clinical Practice Author: Lee, M.S., et al. Year Published: 2008 Location: Universities of Exeter & Plymouth, UK	Aim: To summarise and critically evaluate the evidence for the effectiveness of Reiki <u>Study Type</u> : Systematic Review <u>Size</u> : 9 RCTs	Inclusion Criteria: RCTs were included if they assessed human subjects who received Reiki alone or adjunctive to conventional treatment.	Intervention: Reiki	Results: After ischemic stroke, there was no intergroup differences compared with sham.	Study Limitations: None Systematic Review Review did not address focused clinical question Search was not detailed or exhaustive Quality of the studies was not appraised or studies were of low quality Methods and/or results were inconsistent across studies	□ Studies are indirect (PICO question is quite different from the available evidence in regard to population, intervention, comparison, or outcome)         ○ Studies are imprecise (when studies include few patients and few events, and thus have wide confidence intervals, and the results are uncertain)         □ Publication Bias (e.g. pharmaceutical company sponsors study on effectiveness of drug only small, positive studies found)         Increase Quality Rating if:         □ Large effect         □ Dose-response gradient         □ Plusible confounders or other biases increase certainty of effect         Quality (certainty) of evidence for studies as a whole:         □ High         □ Moderate         ○ Low

1. Lee, M. S., et al. (2008). "Effects of Reiki in clinical practice: a systematic review of randomised clinical trials." International Journal of Clinical Practice 62(6): 947-954.

# Healing Touch Appraisal Tables:

PICO Question: Does integrating Reiki, Healing Touch and/or Therapeutic Touch into clinical services improve patient outcomes (i.e. reduction in length of stay; reduction of pain, anxiety, stress, or depression; improvement in quality of life; reduction in use of opioids)?



Modality: Healing Touch;	; Outcome: Quality of Life					Studies inconsistent
Study Acronym;	Aim of Study; Study	Patient Population	Study Intervention (#	Endpoint Results /	Design Limitations	(wide variation of treatment
Author; Year	Type; Study Size (N)		patients) / Study	Outcome (Absolute		effect across studies,
Published; Location			Comparator	Event Rates, P values;		population, interventions, or
				OR or RR; & 95% CI)		outcomes varied)
Journal: Journal of	Aim: To critically	Inclusion Criteria: RCTs with	Intervention: Healing	Results: Very few RCTs	Study Limitations:	
Holistic Nursing	evaluate the data from	assessment of Healing	Touch	were identified in the	└ None	Studies are indirect
Author: Anderson, J.G.	randomized clinical	Touch		process of conducting	Systematic Review	(PICO question is quite
and A.G. Taylor	trials examining the			the review. Though the	Review did not address	different from the available
Year Published: 2011	clinical efficacy of			studies support the	focused clinical question	evidence in regard to
Location: University of	Healing Touch as a			potential clinical	Search was not	population, intervention,
Virginia	supportive case			effectiveness of Healing	detailed or exhaustive	comparison, or outcome)
	modality for any			Touch in improving	$\boxtimes$ Quality of the studies	
	medical condition			health-related quality of	was not appraised or	Studies are imprecise
				life in chronic disease	studies were of low	(when studies include few
	Study Type:			management, more	quality	patients and few events, and
	Systematic Review			studies are required given	Methods and/or	intervals and the results are
	<b>Circ</b> E studios			that even the studies	results were inconsistent	uncortain)
	<u>size</u> : 5 studies			included with high-	across studies	uncertainy
				limitations		Publication Bias (e.g.
laurrali Davaha		Inducion Critorio	Intervention, Developped	Deculto: Study concluded	Study Limitations	nharmaceutical company
Oncology	Aim: To summarize	Comparative studies with	Intervention: Psychosocial	Results: Study concluded		sponsors study on
Author: Horsch I at al	offectiveness of	concurrent controls were		ovidence in support of	Systematic Pavian	effectiveness of drug only
Ver Published: 2009	nsychosocial	eligible for inclusion if they		Healing Touch for	D Peview did not address	small positive studies found)
Location: University of	interventions in	evaluated quality of life		improving quality of life	focused clinical question	sinali, positive staales found,
York LIK	women with	outcomes after		in women with	$\square$ Search was not	Increase Quality Rating if:
	gynecological capers	nsychosocial interventions in		gynecological cancers	detailed or exhaustive	☐ Large effect
	on their quality of life	women diagnosed with		gyneeelegieur eureerer	$\boxtimes$ Quality of the studies	Dose-response gradient
	outcomes.	gynecological cancer of the			was not appraised or	Plausible confounders or
		cervix, uterus, ovaries, vulva.			studies were of low	other biases increase
	Study Type:	or vagina. Studies of			quality	certainty of effect
	Systematic Review	patients with breast			Methods and/or	
	,	cancer were also included if			results were inconsistent	Quality (certainty) of
	Size: 1 RCT	at least one third of the			across studies	evidence for studies as a
		patient sample had				whole:
		gynecological cancer.				🔲 High
Journal: Integrative	Aim: To investigate	Inclusion Criteria:	Intervention: 45-minute	Results: There was no	Study Limitations:	☐ Moderate
Cancer Therapies	the effect of Healing	Histologically proven breast	session of Healing Touch	statistically significant	🖾 None	Low
Author: FitzHenry, F.,	Touch (HT) on fatigue	cancer surgically treated	once a week during RT.	differences between the	RCTs	U Very Low
et al.	in breast cancer	with lumpectomy or		groups in terms of global	Lack of blinding	
Year Published: 2014	patients undergoing	mastectomy. Patients were	Comparator: 45-minute	Quality of Life (QOL) or	Lack of allocation	
Location: Vanderbilt	radiation therapy (RT)	limited to English-speaking	Sham therapy with	breast cancer-specific	concealment	
University, Nashville,		adults aged 21 to 75 years	placebo.	QOL, nor were there	Stopped early for	
TN	Study Type: RCT	old.		statistically significant	benefit	
				differences in the		



Size: 41; 20 received	Exclusion Criteria: Patients	patterns of change in	Incorrect analysis of	
sham therapy and 21	with stage IV cancer and	those measures between	ITT	
received HT therapy	patients with active	the 2 groups over the	Selective reporting of	
	psychiatric illness.	course of the study.	measures (e.g., no effect	
			outcome)	
		$\begin{tabular}{lllllllllllllllllllllllllllllllllll$	Large losses to F/U	
		βλητί μετατό μετατοί το μετά το μετ	Difference in important	
		005,407,471ar 444.05 574.652,442,0 452,0 574.07 91,03 905,807,90 005,807,448,400 7145,0 1155,0 1145,0 1145,0 1145,0 1145,0 1145,0 1145,0 1145,0 1145,0 1145,0 1145,0 1145,0 1145,0 1155,0 1155,0 1155,0 1155,0 1155,0 1155,0 1155,0 1155,0 1155,0 1155,	prognostic factors at	
		Bitenierie QG, andre H R Laing web K senterieren (ECER/research Annexer: of Low Trange Encerbitme Senterierie Annexer: Annexer and Annexer Senterierierierierierierierierierierierierie	baseline	

1. Anderson, J. G. and A. G. Taylor (2011). "Effects of Healing Touch in clinical practice: a systematic review of randomized clinical trials." Journal of Holistic Nursing 29(3): 221-228.

2. FitzHenry, F., et al. (2014). "A randomized placebo-controlled pilot study of the impact of Healing Touch on fatigue in breast cancer patients undergoing radiation therapy." Integrative Cancer <u>Therapies</u> 13(2): 105-113.

3. Hersch, J., et al. (2009). "Psychosocial interventions and quality of life in gynaecological cancer patients: a systematic review." Psycho-Oncology 18(8): 795-810.

PICO Question: Does inte	Low Quality Rating if:					
reduction of pain, anxiety,	stress, or depression; impr	ovement in quality of life; re	duction in use of opioids)?			Studies inconsistent (wide
Modality: Healing Touch;	Outcome: Pain				<b>—</b> • • • • •	variation of treatment effect
Study Acronym; Author;	Aim of Study; Study	Patient Population	Study Intervention (#	Endpoint Results /	Design Limitations	across studies, population,
Year Published;	Type; Study Size (N)		patients) / Study	Outcome (Absolute		Interventions, or outcomes
Location			Comparator	Event Rates, P values;		variea)
	A			OR or RR; & 95% CI)		
Journal: Explore: The	<u>Aim</u> : To determine the	Inclusion Criteria: (1)	Intervention: Following	Results: Individuals in the	Study Limitations:	Studies are indirect (PICO
Journal of Science &	feasibility of a Healing	scheduled for	surgery and admission to	Healing Touch group had		question is quite different
Healing	Touch intervention for	laparoscopic bariatric	the surgical unit, a nurse	clinically (>20%	Non-Randomized Studies	from the available evidence in
Author: Anderson, J.G.,	reducing pain, nausea,	surgery (gastric	on the unit trained in	reduction) and	Failure to develop and	regara to population,
et al.	and anxiety in patients	bypass/Roux-en-Y or	Healing Touch and familiar	statistically significant	apply appropriate eligibility	intervention, comparison, or
Year Published: 2015	undergoing	gastric sleeve), (2) the	with the study protocol	differences in post-	criteria	outcome)
Location: University of	laparoscopic bariatric	ability to ensure	delivered the Healing	intervention pain (P =	Flawed measurement of	
Virginia	surgery	informed consent and	Touch intervention.	.003) on post-operative	both exposure and	Studies are imprecise
		completion of		day and day two (P =	outcome	(when studies include few
	Study Type: Quasi-	assessments, and (3) the	Comparator: Data from	.001; and for pain (P =	Failure to adequately	patients and few events, and
	experimental study	ability to speak and	matched controls were	.034) on post-operative	control confounding	thus have wide confidence
		understand English.	obtained from the	day three.	Incomplete or	intervals, and the results are
	<u>Size</u> : 46 participants;		electronic medical record.		inadequately short follow-	uncertain)
	21 in Healing Touch	Exclusion Criteria: (1)		Reductions in symptom	up	_
	intervention and 25 in	prior regular use of		scores following the	Differences in	Publication Bias (e.g.
	the control comparison	Healing Touch (>one		Healing Touch	important prognostic	pharmaceutical company
	group	session/month) within		intervention using the	factors at baseline	sponsors study on
		three months of		numeric rating scale		effectiveness of drug only
		enrolling in the study		ranged from two to eight		small, positive studies found)
		and (2) concurrent		points. There was no		
		Healing Touch or other		significant difference in		Increase Quality Rating if:
		mind-body/biofield		post-operative average		Large effect
		therapy outside of the		daily pain ratings or LOS		Dose-response gradient
		study protocol.		(Healing Touch 1.95 +/-		



				0.848, control 1.64 +/- 0.638; <i>P</i> = .241) between those in the Healing Touch group and historical controls.		<ul> <li>Plausible confounders or other biases increase certainty of effect</li> <li>Quality (certainty) of evidence for studies as a whole:</li> </ul>
Journal: Geriatric Nursing Author: Lu, D.F., et al. Year Published: 2013 Location: The University of Iowa, Iowa City, IA	Aim: To investigate the effects of Healing Touch (HT) on the pain level, joint function, mobility, and depression in person with osteoarthritis (OA) of the knee joint(s). <u>Study Type</u> : RCT <u>Size</u> : 19; Healing Touch = 12 and Friendly Visits = 7	Inclusion Criteria: (a) age greater than or equal to 65 years old, (b) had received a diagnosis of OA from their doctor and were experiencing OA-related discomfort of the knee(s), (c) able to stand and walk unaided, (d) pain experienced is primarily related to OA, (e) able to speak English, and (f) cognitively intact Exclusion Criteria: (a) history of stroke or other CNS disease, (b) diagnosis of rheumatoid arthritis, or (c) having received a cortisol injection during the 3 months pre-study.	Intervention: H1 sessions delivered by a team of two nurses three times per week for 6 weeks Comparator: Friendly visits (FV) delivered by nurse for 20 min weekly for 6 weeks. Visits included talking about topics that the subject selected. Outcome variables were measured at baseline and at the end of the treatment period in the sixth week. Assessment at 9 weeks was used to determine maintenance of changes without additional intervention.	<u>Results</u> : The follow up t- test for the between group comparison of BPI change scores indicated that the HT group's perception of OA pain interference with life improved significantly more (t = 2.47, p = 0.02) than that of the FV group. While the HT group had a significant improvement (t = -2.26, p = 0.04) in their perception of pain intensity (as measured by BPI [SF]) the two groups did not significantly differ (t = 0.92, p = 0.37) on this measure at 6 weeks. The lessening of pain severity (according to the WOMAC) was significantly greater (t = 2.47, p = 0.02) in the HT group than in the FV group. In summary, significant interactions occurred with the survey (BPI and WOMAC) measures of pain. In addition, the follow up analysis of between group comparisons indicated that as compared to the FV group, the HT group showed significantly greater decreases in two	Study Limitations: None RCTs Lack of blinding Lack of allocation concealment Stopped early for benefit Incorrect analysis of ITT Selective reporting of measures (e.g., no effect outcome) Large losses to F/U Difference in important prognostic factors at baseline	☐ High ☐ Moderate ⊠ Low ☐ Very Low



1			
	of the pain vari (severity WOM interference w activities (BPI).	ables 1AC) and in ith life	
	BPS	Cateron	

1. Anderson, J. G., et al. (2015). "The effects of Healing Touch on pain, nausea, and anxiety following bariatric surgery: a pilot study." Explore: The Journal of Science & Healing 11(3): 208-216.

2. Lu, D. F., et al. (2013). "The effect of Healing Touch on the pain and mobility of persons with osteoarthritis: a feasibility study." Geriatric Nursing 34(4): 314-322.

PICO Question: Does integrating Reiki, Healing Touch and/or Therapeutic Touch into clinical services improve patient outcomes (i.e. reduction in length of stay; reduction of pain, anxiety, stress, or depression; improvement in quality of life; reduction in use of opioids)?								
Modality: Healing Touch;	Outcome: Anxiety					variation of treatment effect		
Study Acronym; Author; Year Published; Location	Aim of Study; Study Type; Study Size (N)	Patient Population	Study Intervention (# patients) / Study Comparator	Endpoint Results / Outcome (Absolute Event Rates, P values; OR or RR; & 95% CI)	Design Limitations	across studies, population, interventions, or outcomes varied)		
Journal: Explore: The Journal of Science & Healing Author: Anderson, J.G., et al. Year Published: 2015 Location: University of Virginia	Aim: To determine the feasibility of a Healing Touch intervention for reducing pain, nausea, and anxiety in patients undergoing laparoscopic bariatric surgery Study Type: Quasi- experimental study Size: 46 participants; 21 in Healing Touch intervention and 25 in the control comparison group	Inclusion Criteria: (1) scheduled for laparoscopic bariatric surgery (gastric bypass/Roux-en-Y or gastric sleeve), (2) the ability to ensure informed consent and completion of assessments, and (3) the ability to speak and understand English. Exclusion Criteria: (1) prior regular use of Healing Touch (>one session/month) within three months of enrolling in the study and (2) concurrent Healing Touch or other mind-body/biofield therapy outside of the	Intervention: Following surgery and admission to the surgical unit, a nurse on the unit trained in Healing Touch and familiar with the study protocol delivered the Healing Touch intervention. Comparator: Data from matched controls were obtained from the electronic medical record.	<b><u>Results</u>:</b> Individuals in the Healing Touch group had clinically (>20% reduction) and statistically significant differences in post- intervention and anxiety ( $P < .001$ ) on post- operative day and day two ( $P = .001$ ), and for anxiety ( $P = .041$ ) on post-operative day three. Additionally, participants in the Healing Touch group demonstrated significant decreases in pre-intervention anxiety on days two and three compared with the previous day ( $P < .05$ ).	Study Limitations: None Non-Randomized Studies Failure to develop and apply appropriate eligibility criteria Flawed measurement of both exposure and outcome Failure to adequately control confounding Incomplete or inadequately short follow- up Differences in important prognostic factors at baseline	□ Studies are indirect (PICO question is quite different from the available evidence in regard to population, intervention, comparison, or outcome)         □ Studies are imprecise (when studies include few patients and few events, and thus have wide confidence intervals, and the results are uncertain)         □ Publication Bias (e.g. pharmaceutical company sponsors study on effectiveness of drug only small, positive studies found)         Increase Quality Rating if:         □ Dose-response gradient		



			Plausible confounders or other biases increase certainty of effect
			Quality (certainty) of evidence for studies as a
			<u>whole</u> : │
			Low Very Low

1. Anderson, J. G., et al. (2015). "The effects of Healing Touch on pain, nausea, and anxiety following bariatric surgery: a pilot study." Explore: The Journal of Science & Healing 11(3): 208-216.

PICO Question: Does intereduction of pain, anxiety	Low Quality Rating if:					
Study Acronym; Author; Year Published; Location	Aim of Study; Study Type; Study Size (N)	Patient Population	Study Intervention (# patients) / Study Comparator	Endpoint Results / Outcome (Absolute Event Rates, P values; OR or RR; & 95% CI)	Design Limitations	across studies, population, interventions, or outcomes varied)
Journal: Explore: The Journal of Science & Healing Author: Anderson, J.G., et al. Year Published: 2015 Location: University of Virginia	Aim: To determine the feasibility of a Healing Touch intervention for reducing pain, nausea, and anxiety in patients undergoing laparoscopic bariatric surgery Study Type: Quasi- experimental study Size: 46 participants; 21 in Healing Touch intervention and 25 in the control comparison group	Inclusion Criteria: (1) scheduled for laparoscopic bariatric surgery (gastric bypass/Roux-en-Y or gastric sleeve), (2) the ability to ensure informed consent and completion of assessments, and (3) the ability to speak and understand English. Exclusion Criteria: (1) prior regular use of Healing Touch (>one session/month) within three months of enrolling in the study and (2) concurrent Healing Touch or other mind-body/biofield therapy outside of the study protocol.	Intervention: Following surgery and admission to the surgical unit, a nurse on the unit trained in Healing Touch and familiar with the study protocol delivered the Healing Touch intervention. Comparator: Data from matched controls were obtained from the electronic medical record.	Results: Differences in post-intervention nausea on post-operative day three were clinically significant but not statistically significant (P = .066). Additionally, participants in the Healing Touch group demonstrated significant decreases in pre- intervention nausea on days two and three compared with the previous day (P < .05).	Study Limitations: None Non-Randomized Studies Failure to develop and apply appropriate eligibility criteria Flawed measurement of both exposure and outcome Failure to adequately control confounding Incomplete or inadequately short follow- up Differences in important prognostic factors at baseline	<ul> <li>☐ Studies are indirect (PICO question is quite different from the available evidence in regard to population, intervention, comparison, or outcome)</li> <li>☑ Studies are imprecise (when studies include few patients and few events, and thus have wide confidence intervals, and the results are uncertain)</li> <li>☐ Publication Bias (e.g. pharmaceutical company sponsors study on effectiveness of drug only small, positive studies found)</li> <li>Increase Quality Rating if:</li> <li>☐ Large effect</li> <li>☐ Dose-response gradient</li> </ul>



			Plausible confounders or other biases increase certainty of effect
			Quality (certainty) of evidence for studies as a whole:
			☐ High ☐ Moderate ☐ Low ⊠ Very Low

1. Anderson, J. G., et al. (2015). "The effects of Healing Touch on pain, nausea, and anxiety following bariatric surgery: a pilot study." Explore: The Journal of Science & Healing 11(3): 208-216.

PICO Question: Does integra reduction of pain, anxiety, st Modality: Healing Touch; Ou	Low Quality Rating if: Studies inconsistent (wide variation of treatment effect					
Study Acronym; Author; Year Published; Location	Aim of Study; Study Type; Study Size (N)	Patient Population	Study Intervention (# patients) / Study Comparator	Endpoint Results / Outcome (Absolute Event Rates, P values; OR or RR; & 95% Cl)	Design Limitations	across studies, population, interventions, or outcomes varied)
Journal: Integrative Cancer Therapies Author: FitzHenry, F., et al. Year Published: 2014 Location: Vanderbilt University, Nashville, TN	Aim: To investigate the effect of Healing Touch (HT) on fatigue in breast cancer patients undergoing radiation therapy (RT) Study Type: RCT Size: 41; 20 received sham therapy and 21 received HT therapy	Inclusion Criteria: Histologically proven breast cancer surgically treated with lumpectomy or mastectomy. Patients were limited to English- speaking adults aged 21 to 75 years old. Exclusion Criteria: Patients with stage IV cancer and patients with active psychiatric illness.	Intervention: 45-minute session of Healing Touch once a week during RT. <u>Comparator</u> : 45-minute Sham therapy with placebo.	<u>Results</u> : The HT participants tended to report higher levels of fatigue throughout the study than the control participants. Those differences were statistically significant for interference ( <i>P</i> = .010) and usual fatigue ( <i>P</i> = .024).	Study Limitations:         None         RCTs         Lack of blinding         Lack of allocation         concealment         Stopped early for         benefit         Incorrect analysis of ITT         Selective reporting of         measures (e.g., no effect         outcome)         Large losses to F/U         Difference in important         prognostic factors at         baseline	□ Studies are indirect (PICO question is quite different from the available evidence in regard to population, intervention, comparison, or outcome)         ☑ Studies are imprecise (when studies include few patients and few events, and thus have wide confidence intervals, and the results are uncertain)         □ Publication Bias (e.g. pharmaceutical company sponsors study on effectiveness of drug only small, positive studies found)         Increase Quality Rating if:         □ Large effect         □ Dose-response gradient



			Plausible confounders or other biases increase certainty of effect
			Quality (certainty) of evidence for studies as a whole: High
			Moderate Low Very Low

1. FitzHenry, F., et al. (2014). "A randomized placebo-controlled pilot study of the impact of Healing Touch on fatigue in breast cancer patients undergoing radiation therapy." Integrative Cancer <u>Therapies</u> 13(2): 105-113.

PICO Question: Does integrating Reiki, Healing Touch and/or Therapeutic Touch into clinical services improve patient outcomes (i.e. reduction in length of stay; reduction of pain, anxiety, stress, or depression; improvement in quality of life; reduction in use of opioids)?						
Study Acronym; Author; Year Published; Location	Aim of Study; Study Type; Study Size (N)	Patient Population	Study Intervention (# patients) / Study Comparator	Endpoint Results / Outcome (Absolute Event Rates, P values; OR or RR; & 95% Cl)	Design Limitations	across studies, population, interventions, or outcomes varied)
Journal: Journal of Alternative & Complementary Medicine Author: Hammerschlag, R., et al. Year Published: 2014 Location: The Institute for Integrative Health, Baltimore, MD	Aim: To assess the quality and review the outcomes of randomized controlled trials of biofield therapies that report using only nonphysical though form of treatment. Study Type: Systematic Review Size: 28 trials involving 1774 participants for all biofield therapies	Inclusion Criteria: RCTs that used only nontouch forms of Biofield therapies	Intervention: Biofield therapies (external qigong, Healing Touch, Johrei, Reiki, and Therapeutic Touch)	<b><u>Results</u>:</b> The research designs of the 28 trials revealed marked heterogeneity in regard to condition treated, number and duration of treatments, nature of the control/comparison group, and outcome measures. 10 trials were excluded on the basis of low quality assessment scores. Twelve of the remaining 18 trials (7 Therapeutic Touch, 3 external qigong, 1 Reiki, and <b>1 Healing Touch</b> ) <b>reported at least one</b> <b>primary outcome with</b> <b>statistically significant</b> <b>beneficial treatment</b> <b>outcomes.</b>	Study Limitations: None Systematic Review Review did not address focused clinical question Search was not detailed or exhaustive Quality of the studies was not appraised or studies were of low quality Methods and/or results were inconsistent across studies	□ Studies are indirect (PICO question is quite different from the available evidence in regard to population, intervention, comparison, or outcome)         □ Studies are imprecise (when studies include few patients and few events, and thus have wide confidence intervals, and the results are uncertain)         □ Publication Bias (e.g. pharmaceutical company sponsors study on effectiveness of drug only small, positive studies found)         Increase Quality Rating if:         □ Large effect         □ Dose-response gradient



			Plausible confounders or other biases increase certainty of effect
			1
			Quality (certainty) of
			evidence for studies as a
			whole:
			🗌 High
			☐ Moderate
			Low
			Very Low

1. Hammerschlag, R., et al. (2014). "Nontouch biofield therapy: a systematic review of human randomized controlled trials reporting use of only nonphysical contact treatment." Journal of Alternative <u>& Complementary Medicine</u> 20(12): 881-892.

PICO Question: Does intereduction of pain, anxiety	egrating Reiki, Healing Touc , stress, or depression; impr	h and/or Therapeutic Touch ovement in quality of life; re	n into clinical services improve eduction in use of opioids)?	patient outcomes (i.e. reduction	on in length of stay;	Low Quality Rating if:
Study Acronym; Author; Year Published; Location	Aim of Study; Study Type; Study Size (N)	Patient Population	Study Intervention (# patients) / Study Comparator	Endpoint Results / Outcome (Absolute Event Rates, P values; OR or RR; & 95% Cl)	Design Limitations	across studies, population, interventions, or outcomes varied)
Journal: <i>Geriatric Nursing</i> Author: Lu, D.F., et al. Year Published: 2013 Location: The University of Iowa, Iowa City, IA	Aim: To investigate the effects of Healing Touch (HT) on the pain level, joint function, mobility, and depression in person with osteoarthritis (OA) of the knee joint(s). Study Type: RCT Size: 19; Healing Touch = 12 and Friendly Visits = 7	Inclusion Criteria: (a) age greater than or equal to 65 years old, (b) had received a diagnosis of OA from their doctor and were experiencing OA-related discomfort of the knee(s), (c) able to stand and walk unaided, (d) pain experienced is primarily related to OA, (e) able to speak English, and (f) cognitively intact Exclusion Criteria: (a) history of stroke or other CNS disease, (b) diagnosis of rheumatoid arthritis, or (c) having received a cortisol injection during the 3 months pre-study	Intervention: HT sessions delivered by a team of two nurses three times per week for 6 weeks <u>Comparator</u> : Friendly visits (FV) delivered by nurse for 20 min weekly for 6 weeks. Visits included talking about topics that the subject selected. Outcome variables were measured at baseline and at the end of the treatment period in the sixth week. Assessment at 9 weeks was used to determine maintenance of changes without additional intervention.	Results: Two measures of joint function (extension and extensor lag of the "better" knee) exhibited significant group by time interactions (F (1, 12) = 5.85, p = 0.03; and F (1,12) = 5.89, p = 0.03 respectively). Follow up within group t- tests for extensor lag in both knees indicated that significant changes ("worse knee" t = -3.68, p = 0.002; "better knee" t = -3.63, $p = 0.004$ ) in knee strength in each knee occurred over the 6 weeks of HT sessions. The follow up within group t-test regarding extension found that only	Study Limitations: None RCTs Lack of blinding Lack of allocation concealment Stopped early for benefit Incorrect analysis of ITT Selective reporting of measures (e.g., no effect outcome) Large losses to F/U Difference in important prognostic factors at baseline	L Studies are indirect (PICO question is quite different from the available evidence in regard to population, intervention, comparison, or outcome)     Studies are imprecise (when studies include few patients and few events, and thus have wide confidence intervals, and the results are uncertain)     Publication Bias (e.g. pharmaceutical company sponsors study on effectiveness of drug only small, positive studies found)     Increase Quality Rating if: □ Large effect □ Dose-response gradient



the "better" knee's	Plausible confounders or
extension improved	other biases increase
significantly (t = $-2.59$ , p =	certainty of effect
0.02). For flexion only the	
improvement in the	Quality (certainty) of
"worse" knee reach a	evidence for studies as a
level of significance (t =	whole:
3.04, p = 0.01).	High
	Moderate
In summary, two	Low
significant interactions	Very Low
occurred, and the	_ ,
follow up within group	
comparisons found that	
the HT group, after	
6 weeks, experienced	
significant improvement	
from baseline in 9 of	
12 joint functions. None	
of the joint functions	
showed significant	
change over time in the	
FV group.	

1. Lu, D. F., et al. (2013). "The effect of Healing Touch on the pain and mobility of persons with osteoarthritis: a feasibility study." Geriatric Nursing 34(4): 314-322.

<b>PICO Question:</b> Does inte	Low Quality Rating if:					
Modality: Healing Touch;	Outcome: Depression	overheiten quanty of me, re				variation of treatment effect
Study Acronym; Author; Year Published; Location	Aim of Study; Study Type; Study Size (N)	Patient Population	Study Intervention (# patients) / Study Comparator	Endpoint Results / Outcome (Absolute Event Rates, P values; OR or RR; & 95% Cl)	Design Limitations	across studies, population, interventions, or outcomes varied)
Journal: Geriatric Nursing Author: Lu, D.F., et al. Year Published: 2013 Location: The University of Iowa, Iowa City, IA	<u>Aim</u> : To investigate the effects of Healing Touch (HT) on the pain level, joint function, mobility, and depression in person with osteoarthritis (OA) of the knee joint(s). <u>Study Type</u> : RCT	Inclusion Criteria: (a) age greater than or equal to 65 years old, (b) had received a diagnosis of OA from their doctor and were experiencing OA-related discomfort of the knee(s), (c) able to stand and walk unaided, (d) pain experienced is primarily related to OA, (e) able to	Intervention: HT sessions delivered by a team of two nurses three times per week for 6 weeks Comparator: Friendly visits (FV) delivered by nurse for 20 min weekly for 6 weeks. Visits included talking about topics that the subject selected.	Results: Levels of depression in both groups, as measured by the PHQ-9, decreased over the course of the intervention. The scores of both groups indicated mild depression at baseline. Although the HT group's score moved to a level commensurate with no depression (6.4-2.3) and changes in the FV	Study Limitations: None RCTs Lack of blinding Lack of allocation concealment Stopped early for benefit Incorrect analysis of ITT Selective reporting of measures (e.g., no effect outcome) Large losses to F/U	<ul> <li>☐ Studies are indirect (PICO question is quite different from the available evidence in regard to population, intervention, comparison, or outcome)</li> <li>☑ Studies are imprecise (when studies include few patients and few events, and thus have wide confidence intervals, and the results are uncertain)</li> </ul>



<u>Size</u> : 19; Healing Touch = 12 and Friendly Visits	speak English, and (f) cognitively intact	Outcome variables were measured at baseline and	group's score remained at the mild depression level	Difference in important prognostic factors at	Publication Bias (e.g.
= 7	Exclusion Criteria: (a) history of stroke or other CNS disease, (b) diagnosis of rheumatoid arthritis, or (c) having received a cortisol injection during the 3 months pre-study.	at the end of the treatment period in the sixth week. Assessment at 9 weeks was used to determine maintenance of changes without additional intervention.	(8.3-6), the interaction effect was not significant	baseline	pharmaceutical company sponsors study on effectiveness of drug only small, positive studies found) <u>Increase Quality Rating if:</u> Large effect Dose-response gradient Plausible confounders or other biases increase certainty of effect
					Quality (certainty) of <u>evidence for studies as a</u> <u>whole:</u> High Moderate Low Very Low

1. Lu, D. F., et al. (2013). "The effect of Healing Touch on the pain and mobility of persons with osteoarthritis: a feasibility study." Geriatric Nursing 34(4): 314-322.

# **Therapeutic Touch Appraisal Tables:**

PICO Question: Does inte	Low Quality Rating if:					
reduction of pain, anxiety,	stress, or depression; impr	ovement in quality of life; re	duction in use of opioids)?			Studies inconsistent (wide
Modality: Therapeutic Tou	uch; Outcome: Pain					variation of treatment effect
Study Acronym; Author;	Aim of Study; Study	Patient Population	Study Intervention (#	Endpoint Results /	Design Limitations	across studies, population,
Year Published;	Type; Study Size (N)		patients) / Study	Outcome (Absolute	-	interventions, or outcomes
Location			Comparator	Event Rates, P values;		varied)
				OR or RR; & 95% CI)		
Journal: Journal of	Aim: To better	Inclusion Criteria:	Intervention: Therapeutic	Results: 4 of the 5	Study Limitations:	Studies are indirect (PICO
Holistic Nursing	understand how	Therapeutic Touch in	Touch	studies included found	□ None	question is quite different
Author: Monroe, C.M.	Therapeutic Touch can	literature from 1997 to		that pain was reduced	Systematic Review	from the available evidence in
Year Published: 2009	be used in today's	2007		after Therapeutic Touch	Review did not address	regard to population,
	health care arena			intervention. The 5 <sup>th</sup>	focused clinical question	intervention, comparison, or
				study had too many	Search was not detailed	outcome)
	Study Type: Systematic			limitations to support the	or exhaustive	
	Review			use of Therapeutic	$\boxtimes$ Quality of the studies	Studies are imprecise
				Touch.	was not appraised or	(when studies include few
	Size: 5 studies				studies were of low quality	patients and few events, and



					Methods and/or results were inconsistent across	thus have wide confidence intervals, and the results are uncertain
Journal: Patient Education & Counseling Author: Busch, M., et al. Year Published: 2012 Location: Van Praag Institeet, Utrecht, The Netherlands	Aim: To evaluate the Therapeutic Touch (TT) in the nursing of burn patients Study Type: RCT Size: 38 patients; TT = 17 and NP = 22	Inclusion Criteria: Patients were responsive and comprehended Dutch, and that the number of days of hospitalization would be 10 days or more. Exclusion Criteria: Present of psychiatric disorders, developmental disability, and a history of endocrine or neurological health problems	<b>Design:</b> Patients daily received TT or nursing presence (NP) for 10 consecutive days after being given medication and before dressing changes.	<u>Results</u> : No significant differences were found between the intervention groups.	Study Limitations:         None         RCTs         Lack of blinding         Lack of allocation         concealment         Stopped early for         benefit         Incorrect analysis of ITT         Selective reporting of         measures (e.g., no effect         outcome)         Large losses to F/U         Difference in important         prognostic factors at         baseline	<ul> <li>Publication Bias (e.g. pharmaceutical company sponsors study on effectiveness of drug only small, positive studies found)</li> <li>Increase Quality Rating if:         <ul> <li>Large effect</li> <li>Dose-response gradient</li> <li>Plausible confounders or other biases increase certainty of effect</li> </ul> </li> <li>Quality (certainty) of evidence for studies as a whole:</li> </ul>
Journal: <i>Pain Medicine</i> Author: Frank, L.S., et al. Year Published: 2007 Location: Regional Cancer Program, Springfield, MA	Aim: To determine whether a Therapeutic Touch administered at the time of stereotactic core biopsy of suspicious breast lesions results in a reduction in anxiety and pain <u>Study Type</u> : RCT <u>Size</u> : 82; TT = 42 and Sham = 40	Inclusion Criteria: Recommended for stereotactic core biopsy (SCB) Exclusion Criteria: None mentioned	Intervention: TT <u>Comparator</u> : Sham	<u>Results</u> : No significant differences between the arms were seen regarding post biopsy pain ( <i>P</i> = 0.95).	Study Limitations:         □ None         RCTs         △ Lack of blinding         □ Lack of allocation         concealment         □ Stopped early for         benefit         □ Incorrect analysis of ITT         □ Selective reporting of         measures (e.g., no effect         outcome)         □ Large losses to F/U         □ Difference in important         prognostic factors at         baseline	High Moderate Low Very Low
Journal: Occupational Therapy International Author: McCormack, G.L. Year Published: 2009 Location: University of Missouri-Columbia, Columbia, MO	Aim: To investigate the effects of non-contact Therapeutic Touch on post-surgical pain in an elderly population receiving occupational therapy in an acute care hospital unit in the United States	Inclusion Criteria: Patients who were medically stable, cognitively intact and willing to volunteer Exclusion Criteria: None included in article	Intervention: Therapeutic Touch Comparator: Control and placebo Design: Participants were randomly assigned to three groups (experimental, control and placebo). The	Results: In the experimental group, 22 out of 30 (73%) demonstrated a statistically significant decrease in pain intensity scores from pre-test to post-test (t [7] = 7.24, p < 0.01) and were better	Study Limitations: None RCTs Lack of blinding Lack of allocation concealment Stopped early for benefit Incorrect analysis of ITT	



Study Type: PCT	overimental group	able to participate in	Selective reporting of
<u>Study Type</u> . RCT	experimental group	able to participate in	
	received the non-contact	occupations.	measures (e.g., no effect
<u>Size</u> : 90	touch intervention, the		outcome)
	control group received		□ Large losses to F/U
	routine care and the		Difference in important
	placebo group received the		prognostic factors at
	sound of a metronome set		baseline
	at a steady slow pace.		
	Objective measures		
	included the Memorial		
	Pain Scale, the Tellegen		
	Absorption Scale, the		
	Health Attribution Scale		
	and measures of pulse rate		
	and pupil size, which were		
	performed as repeated		
	measures.		

1. Monroe, C. M. (2009). "The effects of Therapeutic Touch on pain." Journal of Holistic Nursing 27(2): 85-92.

- 2. McCormack, G. L. (2009). "Using non-contact Therapeutic Touch to manage post-surgical pain in the elderly." Occupational Therapy International 16(1): 44-56.
- 3. Frank, L. S., et al. (2007). "Does Therapeutic Touch ease the discomfort or distress of patients undergoing stereotactic core breast biopsy? A randomized clinical trial." Pain Medicine 8(5): 419-424.
- 4. Busch, M., et al. (2012). "The implementation and evaluation of Therapeutic Touch in burn patients: an instructive experience of conducting a scientific study within a non-academic nursing setting." Patient Education & Counseling 89(3): 439-446.

PICO Question: Does intereduction of pain, anxiety, Modality: Therapeutic Tor	on in length of stay;	Low Quality Rating if: Studies inconsistent (wide variation of treatment effect				
Study Acronym; Author; Year Published; Location	Aim of Study; Study Type; Study Size (N)	Patient Population	Study Intervention (# patients) / Study Comparator	Endpoint Results / Outcome (Absolute Event Rates, P values; OR or RR; & 95% Cl)	Design Limitations	across studies, population, interventions, or outcomes varied)
Journal: Cochrane Database of Systematic Reviews Author: Robinson, J., et al. Year Published: 2007 Location: University of Ulster, Londonderry, UK	Aim: To examine the efficacy and adverse effects of Therapeutic Touch (TT) for anxiety disorders <u>Study Type</u> : Systematic Review <u>Size</u> : 0 studies	Inclusion Criteria: All published and unpublished randomized and quasi-randomized controlled trials comparing the Therapeutic Touch with sham TT, pharmacological therapy, psychological treatment, other treatment or not treatment/waiting list.	Intervention: Therapeutic Touch	<u>Results</u> : No randomized or quasi-randomized controlled trials of Therapeutic Touch for anxiety disorders were identified	Study Limitations: None Systematic Review Review did not address focused clinical question Search was not detailed or exhaustive Quality of the studies was not appraised or studies were of low quality Methods and/or results were inconsistent across studies	<ul> <li>☐ Studies are indirect (PICO question is quite different from the available evidence in regard to population, intervention, comparison, or outcome)</li> <li>☑ Studies are imprecise (when studies include few patients and few events, and thus have wide confidence intervals, and the results are uncertain)</li> </ul>



Journal: Patient	Aim: To evaluate the	Inclusion Criteria:	Design: Patients daily	Results: No statistically	Study Limitations:	Publication Bias (e.g.
Education & Counseling	Therapeutic Touch (TT)	Patients were	received TT or nursing	significant differences	🗌 None	pharmaceutical company
Author: Busch, M., et al.	in the nursing of burn	responsive and	presence (NP) for 10	were found between the	RCTs	sponsors study on
Year Published: 2012	patients	comprehended Dutch,	consecutive days after	intervention groups for	Lack of blinding	effectiveness of drug only
Location: Van Praag		and that the number of	being given medication and	mean anxiety scores.	$\boxtimes$ Lack of allocation	small, positive studies found)
Institeet, Utrecht, The	Study Type: RCT	days of hospitalization	before dressing changes.	Compared on item level a	concealment	
Netherlands		would be 10 days or		statistically significant	Stopped early for	Increase Quality Rating if:
	Size: 38 patients; TT =	more.		effect was found in the	benefit	Large effect
	17 and NP = 22			TT-group vs. the NP-	Incorrect analysis of ITT	Dose-response gradient
		Exclusion Criteria:		group on day 10 with	Selective reporting of	Plausible confounders or
		Present of psychiatric		regard to post procedural	measures (e.g., no effect	other biases increase
		disorders,		anxiety for pain 19.0 vs.	outcome)	certainty of effect
		developmental disability,		38.7 for NP (p = 0.05).</td <td>☐ Large losses to F/U</td> <td></td>	☐ Large losses to F/U	
		and a history of		However, after	Difference in important	Quality (certainty) of
		endocrine or		Bonferroni correction this	prognostic factors at	evidence for studies as a
		neurological health		difference turned out to	baseline	whole:
		problems		be not statistically		🗌 High
				significant.		☐ Moderate
Journal: Pain Medicine	Aim: To determine	Inclusion Criteria:	Intervention: TT	Results: No significant	Study Limitations:	🖾 Low
Author: Frank, L.S., et al.	whether a Therapeutic	Recommended for		differences between the	🗌 None	Very Low
Year Published: 2007	Touch administered at	stereotactic core biopsy	Comparator: Sham	arms were seen	RCTs	
Location: Regional	the time of stereotactic	(SCB)		regarding post biopsy	🛛 Lack of blinding	
Cancer Program,	core biopsy of			anxiety (P = 0.66).	Lack of allocation	
Springfield, MA	suspicious breast	Exclusion Criteria: None			concealment	
	lesions results in a	mentioned			Stopped early for	
	reduction in anxiety				benefit	
	and pain				Incorrect analysis of ITT	
					Selective reporting of	
	Study Type: RCT				measures (e.g., no effect	
					outcome)	
	Size: 82; TT = 42 and				Large losses to F/U	
	Sham = 40				Difference in important	
					prognostic factors at	
					baseline	
Journal: Journal of	Aim: To determine if	Inclusion Criteria:	Intervention: Daily	Results: Anxiety score	Study Limitations:	
Holistic Nursing	women hospitalized for	English-speaking	Therapeutic Touch over a	were significantly less on	🗌 None	
Author: Larden, C.N., et	treatment of their	pregnant women	7-day period for 20	Days 1, 2, and 3 (P < .05)	RCTs	
al.	chemical dependency	admitted to dependency	minutes each day	for the group receiving	🛛 Lack of blinding	
Year Published: 2004	who were randomly	treatment ward		ТТ.	Lack of allocation	
Location: Vancouver,	assigned to daily		Comparator: Shared		concealment	
British Columbia	Therapeutic Touch (TT)	Exclusion Criteria:	activity with a registered		Stopped early for	
	would have less		nurse for 20 minutes over		benefit	
	withdrawal symptoms		a 7-day period or standard		Incorrect analysis of ITT	
	than those randomly		of care		Selective reporting of	
	assigned to receive				measures (e.g., no effect	
	daily companionship by				outcome)	



nurses o ward ca	or standard are		Large losses to F/U	
Study T	Туре: RCT		prognostic factors at baseline	
<u>Size</u> : 54	4			

1. Busch, M., et al. (2012). "The implementation and evaluation of Therapeutic Touch in burn patients: an instructive experience of conducting a scientific study within a non-academic nursing setting." Patient Education & Counseling **89**(3): 439-446.

2. Frank, L. S., et al. (2007). "Does Therapeutic Touch ease the discomfort or distress of patients undergoing stereotactic core breast biopsy? A randomized clinical trial." Pain Medicine 8(5): 419-424.

- 3. Larden, C. N., et al. (2004). "Efficacy of Therapeutic Touch in treating pregnant inpatients who have a chemical dependency." Journal of Holistic Nursing 22(4): 320-332.
- 4. Robinson, J., et al. (2007). "Therapeutic Touch for anxiety disorders." <u>Cochrane Database of Systematic Reviews</u>(3): CD006240.

PICO Question: Does inter reduction of pain, anxiety, Modality: Therapeutic Tou Study Acronym; Author; Year Published; Location	grating Reiki, Healing Touc stress, or depression; impr ich; Outcome: Headache Aim of Study; Study Type; Study Size (N)	h and/or Therapeutic Touch ovement in quality of life; re Patient Population	ninto clinical services improve p eduction in use of opioids)? Study Intervention (# patients) / Study Comparator	Endpoint Results / Outcome (Absolute Event Rates, P values;	on in length of stay; Design Limitations	Low Quality Rating if: Studies inconsistent (wide variation of treatment effect across studies, population, interventions, or outcomes varied)
Journal: Cochrane Database of Systematic Review Author: Bronfort, G., et al. Year Published: 2004 Location: Northwestern Health Sciences University, Bloomington, MN	Aim: To quantify and compare the magnitude of short- and long-term effects of non-invasive physical treatments for chronic/recurrent headaches Study Type: Systematic Review Size: 1 trial	Inclusion Criteria: Randomized and quasi- randomized controlled trials comparing non- invasive physical treatments for chronic/recurrent headaches to any type of control	Intervention: Non-invasive physical treatments	OR or RR; & 95% CI) <u>Results</u> : Study determined there was moderate evidence that Therapeutic Touch is superior to placebo for pain reduction for headaches within a few hours of a single treatment	Study Limitations: None Systematic Review Review did not address focused clinical question Search was not detailed or exhaustive Quality of the studies was not appraised or studies were of low quality Methods and/or results were inconsistent across studies	□ Studies are indirect (PICO question is quite different from the available evidence in regard to population, intervention, comparison, or outcome)         □ Studies are imprecise (when studies include few patients and few events, and thus have wide confidence intervals, and the results are uncertain)         □ Publication Bias (e.g. pharmaceutical company sponsors study on effectiveness of drug only small, positive studies found)         Increase Quality Rating if:         □ Large effect         □ Dose-response gradient         □ Plausible confounders or other biases increase certainty of effect



			Ouality (certainty) of
			evidence for studies as a
			whole:
			High

1. Bronfort, G., et al. (2004). "Non-invasive physical treatments for chronic/recurrent headache." <u>Cochrane Database of Systematic Reviews(</u>3): CD001878.

Study Acronym, Author; Year Published; Location       Aim of Study; Study Type; Study Size (N)       Patient Population       Study Intervention (# patients) / Study Comparator       Endpoint Results / Outcome (Absolute Event Rates, Palues; OR or RR; & 95% CI)       Design Limitations       across studies, population, intervention, or outcomes varied)         Journal: Patient Education & Conseiling Author: Busch, M, et al. Year Published; 2012 Location: Van Praag Institeet, Urecht, The Netherlands       Aim: To evaluate the Therapeutic Touch (TT) in the nursing of burn patients       Inclusion Criteria: Patients were responsive and comprehended Dutch, and that the number of days of hospitalization would be 10 days or more.       Design: Patients daily received TT or nursing presence (NP) for 10 consecutive days after being given medication and before dressing changes.       Results: On measurement than in the TT group (p = O.OS). Furthermore, more morphine was prescribed on day 1 to the patients in the NP-group than in the TT-group (p = 0.OS).       Study Umitations: Back of allocation concealment Study Studies are imprecise (when studies include few patients and few events, and thus have weide confidence intervals, and the results are uncertain)         Mine Study: Study       Patient Population (Study: Type: RCT)       Exclusion Criteria: Present of psychiatric disorders, developmental disability, and a history of endocrine or neurological health problems       Design: Patients days together in sum score, no significant differences were found.       Study Limitations       Compasitication (Compasitication found on day 1 to the patients dictoferacion (morphine, tranal, paracetamol and dictoferacion and measurements days together in sum score, no significant differences       St	PICO Question: Does integrating Reiki, Healing To reduction of pain, anxiety, stress, or depression; im Modality: Therapeutic Touch; Outcome: Medication	ich and/or Therapeutic Toucl provement in quality of life; re n Usage	n into clinical services improve eduction in use of opioids)?	patient outcomes (i.e. reducti	on in length of stay;	Low Quality Rating if: Studies inconsistent (wide variation of treatment effect
□ Plausible confounders or other biases increase certainty of effect	Modulty: Merapeutic Touch, Outcome: Medicatio         Study Acronym; Author; Year Published; Location       Aim of Study; Study Type; Study Size (N)         Journal: Patient Education & Counseling Author: Busch, M., et al. Year Published: 2012 Location: Van Praag Institeet, Utrecht, The Netherlands       Aim: To evaluate the Therapeutic Touch (TT in the nursing of burn patients         Study Type: RCT       Study Type: RCT         Size: 38 patients; TT = 17 and NP = 22	Inclusion Criteria:         Patient Population         Inclusion Criteria:         Patients were         responsive and         comprehended Dutch,         and that the number of         days of hospitalization         would be 10 days or         more.         Exclusion Criteria:         Present of psychiatric         disorders,         developmental disability,         and a history of         endocrine or         neurological health         problems	Study Intervention (#         patients) / Study         Comparator         Design: Patients daily         received TT or nursing         presence (NP) for 10         consecutive days after         being given medication and         before dressing changes.	Endpoint Results / Outcome (Absolute Event Rates, P values; OR or RR; & 95% Cl) <u>Results</u> : On measurement days 1 and 2 significantly more patients in the NP- group received morphine than in the TT group ( <i>p</i> = 0.05). Furthermore, more morphine was prescribed on day 1 to the patients in the NP-group than in the TT-group ( <i>p</i> = 0.05). Taking all pain medication (morphine, tramal, paracetamol and diclofenac) on all measurements days together in sum score, no significant differences were found.	Design Limitations         □ None         RCTs         □ Lack of blinding         ⊠ Lack of allocation         concealment         □ Stopped early for         benefit         □ Incorrect analysis of ITT         □ Selective reporting of         measures (e.g., no effect         outcome)         ⊠ Large losses to F/U         □ Difference in important         prognostic factors at         baseline	variation of reatment effect         across studies, population,         interventions, or outcomes         varied)         □ Studies are indirect (PICO         question is quite different         from the available evidence in         regard to population,         intervention, comparison, or         outcome)         ⊠ Studies are imprecise         (when studies include few         patients and few events, and         thus have wide confidence         intervals, and the results are         uncertain)         □ Publication Bias (e.g.         pharmaceutical company         sponsors study on         effectiveness of drug only         small, positive studies found)         Increase Quality Rating if:         □ Large effect         □ Dose-response gradient         □ Plausible confounders or         other biases increase         certainty of effect



			Quality (certainty) of
			evidence for studies as a
			whole:
			🗌 High
			☐ Moderate
			Low
			🛛 Verv Low

1. Busch, M., et al. (2012). "The implementation and evaluation of Therapeutic Touch in burn patients: an instructive experience of conducting a scientific study within a non-academic nursing setting." Patient Education & Counseling 89(3): 439-446.

PICO Question: Does inte	grating Reiki, Healing Touc	h and/or Therapeutic Touch	n into clinical services improve	patient outcomes (i.e. reduction	on in length of stay;	Low Quality Rating if:
reduction of pain, anxiety,	stress, or depression; impr	ovement in quality of life; re	eduction in use of opioids)?			Studies inconsistent (wide
Modality: Therapeutic To	uch; Outcome: Withdrawal	Symptoms				variation of treatment effect
Study Acronym; Author;	Aim of Study; Study	Patient Population	Study Intervention (#	Endpoint Results /	Design Limitations	across studies, population,
Year Published;	Type; Study Size (N)		patients) / Study	Outcome (Absolute		interventions, or outcomes
Location			Comparator	Event Rates, P values;		varied)
				OR or RR; & 95% CI)		
Journal: Journal of	Aim: To determine if	Inclusion Criteria:	Intervention: Daily	Results: There were no	Study Limitations:	Studies are indirect (PICO
Holistic Nursing	women hospitalized for	English-speaking	Therapeutic Touch over a	statistically significant	☐ None	question is quite different
Author: Larden, C.N., et	treatment of their	pregnant women	7-day period for 20	differences in total	RCTs	from the available evidence in
al.	chemical dependency	admitted to dependency	minutes each day	symptom scores between	Lack of blinding	regard to population,
Year Published: 2004	who were randomly	treatment ward		groups over the 7 days of	Lack of allocation	intervention, comparison, or
Location: Vancouver,	assigned to daily		Comparator: Shared	the study.	concealment	outcome)
British Columbia	Therapeutic Touch (TT)	Exclusion Criteria:	activity with a registered		Stopped early for	
	would have less		nurse for 20 minutes over		benefit	Studies are imprecise
	withdrawal symptoms		a 7-day period or standard			(when studies include few
	than those randomly		of care		Selective reporting of	thus have wide confidence
	assigned to receive				measures (e.g., no effect	intervals and the results are
	daily companionship by				outcome)	uncortain)
	nurses or standard				Large losses to F/U	uncertain
	ward care				Difference in important	Publication Bias (e.g.
	Study Tyme: DCT				prognostic factors at	nharmaceutical company
	Study Type: RCT				baseline	sponsors study on
	Size: 54					effectiveness of drug only
	<u>5126</u> . 54					small positive studies found)
						sinali, positive studies journa,
						Increase Quality Rating if:
						$\square$ Large effect
						Dose-response gradient
						Plausible confounders or
						other biases increase
						certainty of effect
						-



			Quality (certainty) of
			evidence for studies as a
			whole:
			🗌 High
			🗌 Moderate
			Low
			🛛 Very Low

1. Larden, C. N., et al. (2004). "Efficacy of Therapeutic Touch in treating pregnant inpatients who have a chemical dependency." Journal of Holistic Nursing 22(4): 320-332.

PICO Question: Does integrating Reiki, Healing Tour reduction of pain, anxiety, stress, or depression; imp Modality: Therapeutic Touch; Outcome: Vital Signs	ich and/or Therapeutic Toucl provement in quality of life; re	h into clinical services improve eduction in use of opioids)?	patient outcomes (i.e. reducti	on in length of stay;	Low Quality Rating if: Studies inconsistent (wide variation of treatment effect
Study Acronym; Author; Year Published; Location       Aim of Study; Study Type; Study Size (N)         Journal: Journal of Holistic Nursing       Aim: To determine whether Therapeutic	Patient Population Inclusion Criteria: Patients who were	Study Intervention (# patients) / Study Comparator <u>Intervention</u> : TT	Endpoint Results / Outcome (Absolute Event Rates, P values; OR or RR; & 95% Cl) <u>Results</u> : The efficacy of TT on the blood pressure,	Design Limitations Study Limitations:	across studies, population, interventions, or outcomes varied) Studies are indirect (PICO question is quite different
Holistic Nursing Author: Madrid, M.M., et al.whether Therapeutic Touch (TT) can be effectively used in the operative setting and whether it could produce positive outcomes in the period from cerebral angiography to discharge.Holistic Nursing Year Published: 2010 Location: Roosevelt Hospital, New Yorkwhether Interapeutic Touch (TT) can be effectively used in the operative setting and whether it could produce positive outcomes in the period from cerebral angiography to discharge.Study Type: RCT Size: 40 participants, 20 per group	Patients who were referred to the for the purpose of having cerebral angiography with a diagnosis of cerebral angiogram with no prior history of having none. Patients had to be able to read and speak English, give consent, and be between 18 – 80 years old, and not have a psychiatric diagnosis. <u>Exclusion Criteria</u> : None included in article	<u>Comparator</u> : Control <u>Design</u> : The research data were collected in the normal course of the angiogram procedure and recovery room. The blood pressure, pulse, and respirations were routinely noted before, during, and after the procedure.	TT on the blood pressure, respirations, and pulse of the experimental group was not statistically significant.	<ul> <li>None</li> <li>RCTs</li> <li>Lack of blinding</li> <li>Lack of allocation</li> <li>concealment</li> <li>Stopped early for</li> <li>benefit</li> <li>Incorrect analysis of ITT</li> <li>Selective reporting of</li> <li>measures (e.g., no effect</li> <li>outcome)</li> <li>Large losses to F/U</li> <li>Difference in important</li> <li>prognostic factors at</li> <li>baseline</li> </ul>	question is quite aliferent         from the available evidence in         regard to population,         intervention, comparison, or         outcome)         Studies are imprecise         (when studies include few         patients and few events, and         thus have wide confidence         intervals, and the results are         uncertain)         □         Publication Bias (e.g.         pharmaceutical company         sponsors study on         effectiveness of drug only         small, positive studies found)         Increase Quality Rating if:         □       Large effect         □       Dose-response gradient         □       Plausible confounders or         other biases increase       certainty of effect



			Quality (certainty) of
			evidence for studies as a
			whole:
			🗌 High
			Moderate
			Low
1			🛛 Verv Low

1. Madrid, M. M., et al. (2010). "A study of the feasibility of introducing Therapeutic Touch into the operative environment with patients undergoing cerebral angiography." Journal of Holistic Nursing 28(3): 168-174.

PICO Question: Does intereduction of pain, anxiety	egrating Reiki, Healing Toud stress, or depression; impi	ch and/or Therapeutic Touch rovement in quality of life; re	n into clinical services improve eduction in use of opioids)?	patient outcomes (i.e. reducti	on in length of stay;	Low Quality Rating if:
Modality: Therapeutic To	uch; Outcome: Healing Effe	ect				variation of treatment effect
Study Acronym; Author; Year Published; Location	Aim of Study; Study Type; Study Size (N)	Patient Population	Study Intervention (# patients) / Study Comparator	Endpoint Results / Outcome (Absolute Event Rates, P values; OR or RR; & 95% CI) Results: The research	Design Limitations	across studies, population, interventions, or outcomes varied) Studies are indirect (PICO
Alternative & Complementary Medicine Author: Hammerschlag, R., et al. Year Published: 2014 Location: The Institute for Integrative Health, Baltimore, MD	quality and review the outcomes of randomized controlled trials of biofield therapies that report using only nonphysical though form of treatment. <u>Study Type</u> : Systematic Review <u>Size</u> : 28 trials involving 1774 participants for all biofield therapies	that used only nontouch forms of Biofield therapies	therapies (external gigong, Healing Touch, Johrei, Reiki, and Therapeutic Touch)	designs of the 28 trials revealed marked heterogeneity in regard to condition treated, number and duration of treatments, nature of the control/comparison group, and outcome measures. 10 trials were excluded on the basis of low quality assessment scores. Twelve of the remaining 18 trials (7 Therapeutic Touch, 3 external qigong, 1 Reiki, and 1 Healing Touch) reported at least one primary outcome with statistically significant beneficial treatment outcomes.	<ul> <li>None</li> <li>Systematic Review</li> <li>Review did not address focused clinical question</li> <li>Search was not detailed or exhaustive</li> <li>Quality of the studies was not appraised or studies were of low quality</li> <li>Methods and/or results were inconsistent across studies</li> </ul>	question is quite different         from the available evidence in         regard to population,         intervention, comparison, or         outcome)         Studies are imprecise         (when studies include few         patients and few events, and         thus have wide confidence         intervals, and the results are         uncertain)         □         Publication Bias (e.g.         pharmaceutical company         sponsors study on         effectiveness of drug only         small, positive studies found)         Increase Quality Rating if:         □       Large effect         □       Dose-response gradient         □       Plausible confounders or         other biases increase       certainty of effect



			Quality (certainty) of evidence for studies as a whole:
			High Moderate
			🗌 Low 🖾 Very Low

1. Hammerschlag, R., et al. (2014). "Nontouch biofield therapy: a systematic review of human randomized controlled trials reporting use of only nonphysical contact treatment." Journal of Alternative <u>& Complementary Medicine</u> **20**(12): 881-892.

The GRADE criteria were used to evaluate the quality of evidence presented in research articles reviewed during the development of this guideline. For more detailed information, see Appendix A.

# **Guideline Recommendations:**

In 2017, the **Oncology Nursing Society** stated in their guideline on nonpharmacological pain interventions for reducing chronic cancer pain that there was insufficient or conflicting data for energy-based interventions such as Reiki and Therapeutic Touch

The **American Society of Clinical Oncology** Clinical Practice Guideline in 2014 on screening, assessment, and management of fatigue in adult survivors of cancer stated:

• Biofield therapies such as touch therapy, massage, music therapy, relaxation, Reiki, and qigong, may also offer some benefit; however, additional research, particularly in the post-treatment period is needed.

In 2011 the American Academy of Neurology, the American Association of Neuromuscular and Electrodiagnostic Medicine, and the American Academy of Physical Medicine and Rehabilitation recommended the following for treatment of painful diabetic neuropathy (PDN).

 Electromagnetic field treatment, low-intensity laser treatment, and Reiki therapy should probably not be considered for the treatment of PDN. (Level B).

Guideline Issuer and Date	ONS 2017	ASCO 2014	AAN 2011			
1. Transparency	В	А	В			
2. Conflict of interest	В	А	А			

# **Guideline Ratings**



3. Development group	А	А	В
4. Systematic Review	А	А	А
5. Supporting evidence	В	В	A
6. Recommendations	В	В	А
7. External Review	В	А	NR
8. Currency and updates	А	В	В

See appendix B for full description of the Trustworthy Guideline grading system.



# **REFERENCES:**

- 1. Anderson, J. G. and A. G. Taylor (2011). "Effects of Healing Touch in clinical practice: a systematic review of randomized clinical trials." Journal of Holistic Nursing **29**(3): 221-228.
- 2. Baldwin, A. L., et al. (2010). "The Touchstone Process: an ongoing critical evaluation of Reiki in the scientific literature." Holistic Nursing Practice 24(5): 260-276.
- 3. Bourque, A. L., et al. (2012). "Reiki as a pain management adjunct in screening colonoscopy." Gastroenterology Nursing 35(5): 308-312.
- 4. Bower, J. E., et al. (2014). "Screening, Assessment, and Management of Fatigue in Adult Survivors of Cancer: An American Society of Clinical Oncology Clinical Practice Guideline Adaptation." Journal of Clinical Oncology **32**(17): 1840-1850.
- Bril, V., et al. (2011). "Evidence-based guideline: Treatment of painful diabetic neuropathy: report of the American Academy of Neurology, the American Association of Neuromuscular and Electrodiagnostic Medicine, and the American Academy of Physical Medicine and Rehabilitation." <u>Neurology</u> 76(20): 1758-1765.
- 6. Bronfort, G., et al. (2004). "Non-invasive physical treatments for chronic/recurrent headache." Cochrane Database of Systematic Reviews(3): CD001878.
- 7. Busch, M., et al. (2012). "The implementation and evaluation of Therapeutic Touch in burn patients: an instructive experience of conducting a scientific study within a non-academic nursing setting." <u>Patient Education & Counseling</u> **89**(3): 439-446.
- 8. Eaton, L. H., et al. (2017). "Nonpharmacologic Pain Interventions: A Review of Evidence-Based Practices for Reducing Chronic Cancer Pain." <u>Clinical</u> Journal of Oncology Nursing **21**(3 Suppl): 54-70.
- 9. FitzHenry, F., et al. (2014). "A randomized placebo-controlled pilot study of the impact of Healing Touch on fatigue in breast cancer patients undergoing radiation therapy." Integrative Cancer Therapies **13**(2): 105-113.
- 10. Frank, L. S., et al. (2007). "Does Therapeutic Touch ease the discomfort or distress of patients undergoing stereotactic core breast biopsy? A randomized clinical trial." Pain Medicine 8(5): 419-424.
- 11. Hammerschlag, R., et al. (2014). "Nontouch biofield therapy: a systematic review of human randomized controlled trials reporting use of only nonphysical contact treatment." Journal of Alternative & Complementary Medicine **20**(12): 881-892.
- 12. Hersch, J., et al. (2009). "Psychosocial interventions and quality of life in gynaecological cancer patients: a systematic review." Psycho-Oncology **18**(8): 795-810.
- 13. Jain, S. and P. J. Mills (2010). "Biofield therapies: helpful or full of hype? A best evidence synthesis." International Journal of Behavioral Medicine **17**(1): 1-16.
- 14. Joyce, J. and G. P. Herbison (2015). "Reiki for depression and anxiety." <u>Cochrane Database of Systematic Reviews(4)</u>: CD006833.
- 15. Larden, C. N., et al. (2004). "Efficacy of Therapeutic Touch in treating pregnant inpatients who have a chemical dependency." Journal of Holistic Nursing **22**(4): 320-332.
- 16. Lee, M. S., et al. (2008). "Effects of Reiki in clinical practice: a systematic review of randomised clinical trials." International Journal of Clinical Practice **62**(6): 947-954.
- 17. Levin J. Energy healers: who they are and what they do. Explore (NY) 2011;7:13–26.
- 18. Lu, D. F., et al. (2013). "The effect of Healing Touch on the pain and mobility of persons with osteoarthritis: a feasibility study." Geriatric Nursing **34**(4): 314-322.
- 19. MacNutt F. Healing. Notre Dame: Ave Maria Press; 1974.
- 20. Madrid, M. M., et al. (2010). "A study of the feasibility of introducing Therapeutic Touch into the operative environment with patients undergoing cerebral angiography." Journal of Holistic Nursing **28**(3): 168-174.



- 21. McCormack, G. L. (2009). "Using non-contact Therapeutic Touch to manage post-surgical pain in the elderly." Occupational Therapy International **16**(1): 44-56.
- 22. Monroe, C. M. (2009). "The effects of Therapeutic Touch on pain." Journal of Holistic Nursing 27(2): 85-92.
- 23. Nourbakhsh, M. R., et al. (2016). "The Effects of Oscillatory Biofield Therapy on Pain and Functional Limitations Associated with Carpal Tunnel Syndrome: Randomized, Placebo-Controlled, Double-Blind Study." <u>Journal of Alternative & Complementary Medicine</u> **22**(11): 911-920.
- 24. Notte, B. B., et al. (2016). "Reiki's effect on patients with total knee arthroplasty: A pilot study." Nursing 46(2): 17-23.
- 25. Robinson, J., et al. (2007). "Therapeutic Touch for anxiety disorders." Cochrane Database of Systematic Reviews(3): CD006240.
- 26. Sagkal Midilli, T. and N. Ciray Gunduzoglu (2016). "Effects of Reiki on Pain and Vital Signs When Applied to the Incision Area of the Body After Cesarean Section Surgery: A Single-Blinded, Randomized, Double-Controlled Study." <u>Holistic Nursing Practice</u> **30**(6): 368-378.
- 27. Thrane, S. and S. M. Cohen (2014). "Effect of Reiki therapy on pain and anxiety in adults: an in-depth literature review of randomized trials with effect size calculations." Pain Management Nursing **15**(4): 897-908.
- 28. vanderVaart, S., et al. (2009). "A systematic review of the therapeutic effects of Reiki." Journal of Alternative & Complementary Medicine 15(11): 1157-1169.
- 29. Warber SL, et al (2004). "Biofield energy healing from the inside." Journal of Alternative & Complementary Medicine 10:1107–1113.



# Appendix A. GRADE criteria for rating a body of evidence on an intervention

Developed by the GRADE Working Group

# Grades and interpretations:

High: Further research is very unlikely to change our confidence in the estimate of effect.

Moderate: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate. Low: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

Very low: Any estimate of effect is very uncertain.

# Type of evidence and starting level

Randomized trial-high Observational study-low Any other evidence-very low

# Criteria for increasing or decreasing level

# Reductions Study quality has serious (-1) or very serious (-2) problems Important inconsistency in evidence (-1) Directness is somewhat (-1) or seriously (-2) uncertain Sparse or imprecise data (-1) Reporting bias highly probable (-1) Increases Evidence of association† strong (+1) or very strong (+2) †Strong association defined as significant relative risk (factor of 2) based on consistent evidence from two or more studies with no plausible confounders Very strong association defined as significant relative risk (factor of 5) based on direct evidence with no threats to validity.



# Appendix B. Trustworthy Guideline rating scale

The University of Pennsylvania's Center for Evidence-Based Practice Trustworthy Guideline rating scale is based on the Institute of Medicine's "Standards for Developing Trustworthy Clinical Practice Guidelines" (IOM), as well as a review of the AGREE Enterprise and Guidelines International Network domains.

The purpose of this scale is to focus on the weaknesses of a guideline that may reduce the trust a clinical user can have in the guideline, and distinguish weaknesses in documentation (e.g. guide-line does not have a documented updating process) from weaknesses in the guidance itself (e.g. recommendations are outdated). Current quality scales like AGREE emphasize documentation. They are important checklists for developers of new guidelines, but are less useful for grading existing guidelines. These scales also are harder for clinicians and other persons who are not methodology experts to apply, and their length discourages their use outside formal technology assessment reports. This new scale is brief, balanced, and easy and consistent to apply.

We do not attempt to convert the results of this assessment into a numeric score. Instead we present a table listing the guidelines and how they are rated on each standard. This facilitates qualitative understanding by the reader, who can see for what areas the guideline base as a whole is weak or strong as well as which guidelines are weaker or stronger.

# 1. Transparency

A	Guideline development methods are fully disclosed.
В	Guideline development methods are partially disclosed.
С	Guideline development methods are not disclosed.

The grader must refer to any cited methods supplements or other supporting material when evaluating the guideline. Methods should include:

Who wrote the initial draft

How the committee voted on or otherwise approved recommendations

Evidence review, external review and methods used for updating are not addressed in this standard.

# 2. Conflict of interest

A	Funding of the guideline project is disclosed, disclosures are made for each individual panelist, and financial or other conflicts do not apply to key authors of the guideline or to more than 1 in 10 panel members).
В	Guideline states that there were no conflicts (or fewer than 1 in 10 panel members), but does not disclose funding source.



С	Lead author, senior author, or guideline panel members (at least 1 in 10) have conflict of interest, or guideline
	project was funded by industry sponsor with no assurance of independence.
NR	Guideline does not report on potential conflict of interests.

For purposes of this checklist, conflicts of interest include employment by, consulting for, or holding stock in companies doing business in fields affected by the guideline, as well as related financial conflicts. This definition should not be considered exclusive. As much as anything, this is a surrogate marker for thorough reporting, since it may be assumed that guideline projects are funded by the sponsoring organization and many authors think it unnecessary to report a non-conflict.

## 3. Guideline development group

A	Guideline development group includes 1) methodological experts and clinicians and 2) representatives of multiple
	specialties.
В	Guideline development group includes one of the above, but not both.
С	Guideline developers all from one specialty or organization, and no methodologists.
NR	Affiliations of guideline developers not reported

The purpose of this standard is to ensure that supporters of competing procedures, or clinicians with no vested interest in utilization of one procedure or another, are involved in development of the guideline. Both AGREE II and IOM call for patient or public involvement: very few guideline panels have done so to date, so this is not necessary for guidelines to be rated A. Involvement of methodologists or HTA specialists in the systematic review is sufficient involvement in the guideline development group for our purposes. In the absence of any description of the guideline group, assume the named authors are the guideline group.

# 4. Systematic review

A	Guideline includes a systematic review of the evidence or links to a current review.
В	Guideline is based on a review which may or may not meet systematic review criteria.
С	Guideline is not based on a review of the evidence.

In order to qualify as a systematic review, the review must do all of the following:

Describe itself as systematic or report search strategies using multiple databases

Define the scope of the review (including key questions and the applicable population)

Either include quantitative or qualitative synthesis of the data or explain why it is not indicated



Note: this element does not address the quality of the systematic review: simply whether or not it exists. Concerns about quality or bias of the review will be discussed in text, where the analyst will explain whether the weaknesses of the review weaken the validity or reliability of the guideline.

Note: a guideline may be rated B on this domain even if the review on which it is based is not available to us. This potential weakness of the guideline should be discussed in text of the report.

# 5. Grading the supporting evidence

A	Specific supporting evidence (or lack thereof) for each recommendation is cited and
	graded
В	Specific supporting evidence (or lack thereof) for each recommendation is cited but
	the recommendation is not graded.
С	Recommendations are not supported by specific evidence.

To score a B on this domain there should be specific citations to evidence tables or individual references for each relevant recommendation in the guideline, or an indication that no evidence was available. Any standardized grading system is acceptable for purposes of this rating. If a guideline reports that there is no evidence available despite a thorough literature search, it may be scored B on this domain, or even A if evidence for other recommendations is cited and graded.

# 6. Recommendations

A	Considerations for each recommendation are documented (i.e. benefits and harms of a particular action, and/or strength of the evidence); and recommendations are presented in an actionable form.
В	Either one or the other of the above criteria is met.
С	Neither of the above criteria are met

In order to be actionable, the guideline should specify the specific population to which the guideline applies, the specific intervention in question, and the circumstances under which it should be carried out (or not carried out). The language used in the recommendations should also be consistent with the strength of the recommendation (e.g. directive and active language like "should" or "should not" for strong recommendations, and passive language like "consider" for weak recommendations). A figure or algorithm is considered actionable as long as it is complete enough to incorporate all the applicable patients and interventions. Please see the forthcoming NICE manual (24) for a good discussion of actionability in guidelines.



# 7. External review

A	Guideline was made available to external groups for review.
В	Guideline was reviewed by members of the sponsoring body only.
С	Guideline was not externally reviewed.
NR	No external review process is described.

# 8. Updating and currency of guideline

A	Guideline is current and an expiration date or update process is specified.
В	Guideline is current but no expiration date or update process is specified.
С	Guideline is outdated.

A guideline is considered current if it is within the developers' stated validity period, or if no period or expiration data is stated, the guideline was published in the past three years (NOTE: the specific period may be changed at the analyst's discretion, based on whether the technology is mature and whether there is a significant amount of recent evidence). A guideline must address new evidence when it is updated. A guideline which is simply re-endorsed by the panel without searching for new evidence must be considered outdated