Fibromyalgia is defined as a rheumatologic condition characterized by generalized chronic pain, hyperalgesia, and allodynia, and symptoms like fatigue, sleep disorders, morning stiffness, cephalea, and parestesias are also present associated with some comorbidities, such as depression and anxiety.

Exercising is the non-pharmacological therapy recommended as the first step for an interdisciplinary approach. The aerobic exercise, mainly, presents strong evidences in the improvement of global well-being, physical capacity, pain, and pain sensitivity to palpation. Muscle strengthening and stretching are also beneficial, however they do not have many evidences.

Besides such activities, the number of physical therapists that make use of alternative and complementary therapies (acupuncture, massage, tai chi, yoga, shiatsu, among others) is increasing in the treatment of chronic conditions of rheumatic patients, namely subjects with fibromyalgia. Nevertheless, in general, the effectiveness of such practices is still being investigated. Therefore, guidance, recommendation or use of these modalities must be carefully done, taking into consideration the lack of evidence until now. Systematic reviews point the quality of studies as one of the greatest limitations.

The following question remains: should we stimulate physical therapists to use only the modalities that have evidence, like exercises? Should we discourage the use of alternative and complementary therapies or recommend the deep knowledge of these techniques and accomplishment of quality studies to check their effects? As researchers, we could think about only the first alternative, i.e. recommending exercises. However, as clinicians, we must stimulate the deep knowledge of alternative and complementary modalities and accomplishment of quality clinical assays in order to verify their real effects in patients with fibromyalgia.

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