

The Efficacy of Low-Power Lasers in Tissue Repair and Pain Control: A Meta-Analysis Study

Aug 2004, Vol. 22, No. 4: 323-329

Chukuka S. Enwemeka P.T., Ph.D., FacsM

School of Health Professions, Behavioral and Life Sciences, New York Institute of Technology, Old Westbury, New York.

Department of Physical Therapy and Rehabilitation Sciences, University of Kansas Medical Center, Kansas City, Kansas.

Jason C. Parker Mspt

Department of Physical Therapy and Rehabilitation Sciences, University of Kansas Medical Center, Kansas City, Kansas.

David S. Dowdy Mspt

Department of Physical Therapy and Rehabilitation Sciences, University of Kansas Medical Center, Kansas City, Kansas.

Erin E. Harkness Mspt

Department of Physical Therapy and Rehabilitation Sciences, University of Kansas Medical Center, Kansas City, Kansas.

Leif E. Harkness Mspt

Department of Physical Therapy and Rehabilitation Sciences, University of Kansas Medical Center, Kansas City, Kansas.

Lynda D. Woodruff P.T., Ph.D.

Department of Physical Therapy, North Georgia College & State University, Dahlonega, Georgia.

Objective: We used **statistical meta-analysis** to determine the overall treatment effects of **laser phototherapy** on tissue **repair** and **pain** relief.

Background Data: **Low-power laser** devices were first used as a form of therapy more than **30 years** ago. However, their efficacy in reducing pain or promoting tissue repair remains questionable.

Methods: Following a literature search, studies meeting our inclusion criteria were identified and coded. Then, the effect size of laser treatment, that is, Cohen's *d*, was calculated from each study using standard meta-analysis procedures.

Results: Thirty-four peer-reviewed papers on tissue repair met our inclusion criteria and were used to calculate 46 treatment effect sizes. Nine peer-reviewed papers on pain control met the inclusion criteria and were used to calculate nine effect sizes. Meta-analysis revealed a **positive effect** of laser phototherapy on tissue **repair** ($d = +1.81$; $n = 46$) and **pain** control ($d = +1.11$; $n = 9$). The positive effect of treatment on specific indices of tissue repair was evident in the treatment effect sizes determined as follows: **collagen** formation ($d = +2.78$), **rate of healing** ($d = +1.57$), tensile **strength** ($d = +2.13$), time **needed** for **wound closure** ($d = +0.76$), **tensile stress** ($d = +2.65$), number and rate of **degranulation of mast cells** ($d = +1.87$), and **flap survival** ($d = +1.95$). Further, analysis revealed the **positive** effects of various wavelengths of laser light on tissue repair, with 632.8 nm having the **highest treatment effect** ($d = +2.44$) and 780 nm the least ($d = 0.60$). The overall treatment effect for **pain** control was **positive** as well ($d = +1.11$). The fail-safe number—that is, the number of studies in which laser phototherapy has negative or no effect—needed to nullify the overall outcome of this analysis was 370 for tissue repair and 41 for pain control.

Conclusions: These findings mandate the conclusion that laser phototherapy is a highly effective therapeutic armamentarium for tissue repair and pain relief.