Safety of Laser Therapy

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Background

Low Level Laser Therapy (LLLT), now being termed as photobiomodulation (PBM) is the mechanism by which nonionizing optical radiation from lasers and noncoherent sources in the visible and near-infrared spectral range are absorbed by endogenous chromophores to elicit photophysical and photochemical events at various biological scales, leading to physiological changes and therapeutic effects. (Anders et al 2015) The clinical applications for this tool have evolved tremendously in a number of important areas over the 50+ years since its inception.

Classes of Laser Therapy (Riegel & Godbold 2017)

There are 4 classes of Laser therapy units based on the power of the machine, and more specifically the need for protection to the eyes or skin.

Class 1/ 1M (<0.5 mW)

- Visible & Non-visible
- No eye or skin danger
- Examples: Some pointers, car entry remotes and grocery store scanners for example
- No heating & No healing

Class 2 / 2M (< 1mW)

- Visible
- Safe for short periods of time on eyes and for extended periods of time on the skin
- Examples: Some pointers, grocery store scanners and some measuring devices

<u>Class 3 (1mW - 500mW)</u>

- 3A /3R <5mW
 - Visible & Non-visible
 - Pointer lasers

3B >5mW lasers

- Visible & Invisible
- Hazardous to eye (with direct viewing or 'mirror viewing')
- Minimal hazard to skin (<1 degree C.)
- Examples: Therapeutic lasers
- Eye goggles recommended

Class 4 (> 500mW)

- 4a (Therapeutic lasers) / 4b (Surgical) *Note, the classifications of 4a and 4b are not 'officially' recognized but are 'clinically' significant in regards to application & purpose of the two distinctly different class 4 laser units.
- Increases tissue temperature
- Hazardous to eye (direct, indirect, diffuse or scattered reflection)

- Fire Hazard (may ignite combustible material)
- Eye goggles and scanning method required for application

Contraindications (Godbold & Riegel 2017, Houghton et al 2010 – unless otherwise noted)

- Over the Eye
 - Do not aim laser beams into the eyes and everyone present should wear appropriate safety spectacles. (Cotler et al 2015)
- Locally Injected medications
 - Simply wait for it to be absorbed & translocated
 - Laser induced vasodilation may alter pharmodynamics
- Active haemmorhaging
- Over malignancy (conflicting evidence)
 - For safety no lasering over malignancy or margins
 - Might be okay if tumour has been removed and margins are clear
 - Current data says "Okay to laser at sites distant to the tumour"
 - Considered useful for pain and inflammation in terminal patients
 - Owner involvement in decision to use laser is imperative!
 - In vitro studies show that laser might stimulate a tumour
 - In vivo studies have actually shown it might be beneficial
 - (Ottaviani et al 2013, Santana-Black et al 2012(a), (b), Santana-Black et al 2016, Karu 2010, Lanzafame 2011)

Precautions (Godbold & Riegel 2017)

- Active Epiphysis / Open Fontanel
 - Rodent studies have conflicting results
 - Daily laser x 21 days, changed bone length (Oliveira et al 2012)
 - Lasering every 2nd day x 21 day, changed cartilage, but not bone length (Cressoni et al 2010)
 - Clinical uses (as you would use laser normally) is likely okay
- Over the Thyroid
 - High doses (i.e. 140J/cm2) causes thyroid changes. (Parrado et al 2010)
 - Therapeutic doses (i.e. 4J/cm2) did not. (Azevado et 2005)
- Pregnancy
 - There are no randomized controlled trials on this subject.
 - One review paper concluded, "The available evidence, limited to low evidence level case reports and series, indicates cutaneous laser treatment during pregnancy is safe for both mother and fetus." (Wilkerson 2019)

Safety

In 2010, the Canadian Physiotherapy Association published 'ELECTROPHYSICAL AGENTS Contraindications and Precautions: An Evidence-Based Approach to Clinical Decision Making in

Physical Therapy'. According to this document, LLLT/non-coherent light is considered to be safe to use on tissues infected with non-virulent bacteria, areas with impaired circulation, areas of impaired sensation that prevents patients from giving accurate and timely feedback, areas overlying regenerating nerves, persons with hypertension or cardiac failure, areas overlying electronic devices, intact skin overlying implants composed of metal, plastic, or cement, tissues inflamed as result of recent injury or exacerbation of chronic inflammatory condition, areas of damaged or "at risk" skin, areas affected by skin diseases, and chronic wounds, and skin overlying active epiphysis." To my knowledge, this is the first – and, possibly, only – formal guidance document of this type to address the safety of Low Level Laser Therapy/Photobiomodulation in an evidence-based manner. The recommendations for physiotherapists were, accurate and wellfounded in regards to the available research at the time.

Reviews and meta-analyses of laser therapy osteoarthritis, lateral elbow tendinopathy, nonspecific low back pain and other musculoskeletal disorders have demonstrated the effectiveness of this modality with no reports of adverse events or serious side effects (Stausholm et al 2019, Bjordal et al 2008, Yousefi-Nooraie 2007, Gendron & Hamblin 2019). One review paper even stated, "The adverse effects of LLLT have been reported to be no different from those reported by patients exposed to placebo devices in trials." (Cotler et al 2015)

Musculoskeletal Applications for Selected Rehabilitative Conditions

- Tendinopathy Lesions (Tumilty et al 2010, Bordvick et al 2017, Tumilty et al 2016, Haslerud et al 2017)
- Tendinopathy lesions in combination with PRP (Allahverdi et al 2015, Barbosa et al 2013, de Carvalho et al 2016)
- Wound healing (Peplow et al 2010)
- Muscle strains / Myofascial trigger points (Hsieh et al 2015, Ramos et al 2018)
- Neck Pain / Musculoskeletal Pain (Chow et al 2009, Bjordal et al 2006)
- Osteoarthritis (Stausholm et al 2019, Soleimanpour et al 2014; Alghadir et al 2014; Glazov et al 2016; Madani et al 2014, Looney et al 2018)
- Bone Healing (Rogatko et al 2017, Gomes et al 2015; Briteño-Vázquez et al 2015; Batista et al 2015)
- Nerve healing / regeneration (Shamir et al 2001; Rochkind et al 2007 a, b: Rochkind et al 2001; Barbosa et al 2010; Anders et al 2014)
- Spinal Cord Injury (Byrnes et al 2005; Wu et al 2009, Rochkind et al 2002, Draper et al 2012)
- Brain injury / degeneration (Tedford et al 2015; Ando et al 2010; Godine 2017; Quihe et al 2012; Xuan et al 2013; Oron et al 2012; Naeser et al 2011)

Laser therapy is beneficial for pain relief and can accelerate the body's ability to heal itself. Laser has a long history and strong basic science evidence, which supports its use in pain management. It has few side effects and is well tolerated. It is clear that laser therapy is a safe and effective tool, and a valuable adjunct to rehabilitation practice.

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