

Original Vibroacoustic Therapy for Chronic Pain in Children and Adults

Executive summary

Original vibroacoustic therapy (VAT), pioneered by Norwegian educator and therapist Olav Skille, delivers low-frequency sound as a physical vibration through a chair, mat, bed, pillow, or other body-contact surface. Skille's early model used low-frequency signals—commonly described as 30–120 Hz—often combined with music, so that sound was experienced through both hearing and touch. TheSoundWell states that it represents and implements this Nordic approach in the Americas through equipment using harmonic low-frequency signals, including mats, recliners, pillows, beanbags, “sonic pets,” and bedding systems.^{[1][2][3][4]}

The most evidence-supported conclusion is appropriately cautious: VAT is a **promising, non-invasive adjunct** that may temporarily reduce perceived pain, muscle guarding, stress arousal, and some pain-associated problems such as poor sleep and low mood. By making the body feel safer, calmer, and more comfortable, it may also help some people participate more fully in movement, physical therapy, school, work, family life, and restorative sleep. However, the research base remains small and heterogeneous; VAT has not yet been established as a stand-alone treatment or cure for chronic pain, and the specific TheSoundWell equipment has not been directly validated in large, independent randomized controlled trials.^{[5][6][7]}

For adults, encouraging findings have been reported in fibromyalgia, chronic back or shoulder pain, and multidisciplinary chronic-pain rehabilitation. For children and adolescents, one controlled study of chronic musculoskeletal pain reported substantial improvements, but another randomized adolescent back-pain study found no added benefit beyond exercise. Pediatric evidence is therefore suggestive but not conclusive.^{[8][9][10]}

The most responsible clinical position is to integrate VAT into a biopsychosocial, multidisciplinary plan—not to use it in place of diagnosis, physical rehabilitation, psychological care, appropriate medication, or disease-specific treatment. This is especially important for children, for whom the World Health Organization recommends child- and family-centered care that addresses biological, psychological, and social dimensions of chronic pain.^{[11][12]}

What chronic pain changes

Chronic pain is generally defined as pain that persists or recurs for more than three months. It is not merely a continuing tissue signal: over time, pain can become intertwined with nervous-system sensitivity, muscle tension, fear of movement, disrupted sleep, emotional distress, reduced activity, and social withdrawal.^{[13][11]}

In children and adolescents, chronic pain can interfere with physical development, emotional well-being, school performance, friendships, sports, and family life. Compared with peers,

young people with chronic pain report higher physical disability, anxiety, depression, sleep difficulty, and academic problems. In adults, persistent pain may similarly reduce mobility, work capacity, independence, sleep quality, mood, and confidence in the body.^{[14][12]}

This wider impact changes the goal of care. Meaningful improvement should include not only a lower pain score, but also better function, sleep, emotional regulation, participation, and perceived control. A therapy that reduces pain for a short period may still be valuable if that window helps a person stretch, walk, complete physical therapy, return to school, sleep, or reconnect socially.

The Skille method

Olav Skille developed what he initially called the “Music Bath,” later known as vibroacoustic therapy. His published description presented VAT as the therapeutic use of specialized equipment that transmitted low-frequency signals—within a stated 30–120 Hz range—while the participant listened to selected music. Early work was influenced by observations involving children with severe physical and developmental disabilities, with particular attention to relaxation, muscle tone, spasticity, and physical comfort.^{[15][16][^2]}

The defining feature is that the low-frequency signal is not only heard. Transducers built into a body-contact surface convert the audio signal into mechanical vibration that can be felt through the skin, muscles, joints, and supporting tissues. Contemporary scientific literature uses overlapping terms—including vibroacoustic therapy, vibroacoustic treatment, low-frequency sound stimulation, physioacoustic therapy, and rhythmic sensory stimulation—although devices and protocols vary considerably.^{[17][5]}

TheSoundWell describes its implementation as an American wellness platform based on Skille’s original Nordic approach and successor technology. It reports using pure or harmonic low-frequency signals, generally 30–120 Hz, delivered through embedded transducers in mats, recliners, pillows, beanbags, bedding, and related equipment. These descriptions establish the company’s intended lineage and method, but they should not be interpreted as proof that every product, frequency program, or health claim has received independent clinical validation.^{[3][18][^19]}

How VAT may ease pain

No single mechanism has been conclusively proven. The most credible model is that VAT may influence several levels of the pain experience at once: sensory transmission, muscle tone, autonomic arousal, attention, emotion, and the context in which pain is interpreted.

Competing sensory input

Low-frequency vibration stimulates touch- and pressure-sensitive mechanoreceptors. Under the gate-control model of pain, strong non-painful sensory input carried by larger nerve fibers can inhibit or compete with nociceptive signaling in the spinal cord, reducing how intensely pain is experienced. This is conceptually similar to the instinctive relief obtained by rubbing a painful area, although VAT delivers rhythmic stimulation through a larger contact surface.^{[20][21]}

This mechanism offers a plausible explanation for **short-term analgesia**, but it does not mean vibration repairs the underlying cause of pain. A reduction in pain perception may nevertheless create a useful period in which movement, stretching, positioning, or therapeutic exercise becomes easier.

Muscle relaxation

Pain often produces protective bracing or guarding; persistent guarding can then increase stiffness, fatigue, and pain. Rhythmic vibration may influence muscle spindles, Golgi tendon organs, and other proprioceptive pathways involved in muscle tone and body position. If stimulation decreases excessive guarding, the person may experience less pressure, greater ease of movement, and improved tolerance of physical therapy.^[22]

Reports from VAT studies and clinical settings include reduced muscle tension, greater relaxation, and improved range of motion, but these outcomes are not uniform and are often based on small or uncontrolled studies. The appropriate language is therefore “may reduce” rather than “releases,” “resets,” or “eliminates” muscle tension.^[23]^[17]

Autonomic regulation

Chronic pain and chronic stress can reinforce one another. Pain increases vigilance and sympathetic arousal; heightened arousal can worsen muscle tension, sleep disruption, anxiety, and pain sensitivity. A calm, predictable vibrotactile session may support a shift toward parasympathetic activity—the “rest and restore” side of autonomic regulation.

A 2025 study in healthy adults found increased parasympathetic heart-rate-variability measures 30 minutes after low-frequency vibration compared with a no-vibration session. This supports autonomic regulation as a plausible pathway, but it does not establish that the same effect occurs in every chronic-pain population or that VAT directly stimulates the vagus nerve. In fact, one study testing abdominal low-frequency vibration in older adults found neither clinically meaningful pain relief over time nor evidence of vagal stimulation.^[21]^[22]

Attention and emotion

Pain is shaped by attention, expectation, mood, perceived threat, and prior experience. A comfortable VAT session may interrupt repetitive pain-focused attention, offer a non-demanding relaxation experience, and increase a sense of safety and control. Music, therapeutic interaction, quiet rest, positive expectation, and vibration may all contribute; the existing literature has not reliably separated these components.^[7]^[5]

This does not make the experience “just placebo.” Contextual and emotional factors are genuine components of pain modulation. It does mean that claims about a uniquely curative frequency should be avoided until controlled research distinguishes frequency-specific effects from relaxation, attention, music, therapist contact, and expectation.

Rhythmic neural stimulation

Researchers have hypothesized that steady 40 Hz stimulation may influence abnormal neural rhythms associated with fibromyalgia and other conditions. In this model, rhythmic sensory input could help organize oscillatory activity within pain-processing networks. This is biologically interesting but remains a developing hypothesis rather than an established clinical mechanism.^{[24][23]}

Evidence in adults

Fibromyalgia

An open-label study enrolled 19 women with fibromyalgia for ten 23-minute sessions of 40 Hz low-frequency sound stimulation over five weeks. Median Fibromyalgia Impact Questionnaire scores improved by 81%, sleep scores by 90%, and Pain Disability Index scores by 49.1%; participants also reported improvements in pain-free sitting and standing, cervical range of motion, and muscle tone. These results were clinically striking, but the study had no control group, was small, and could not separate treatment effects from expectation, natural fluctuation, regression to the mean, or other care.^[23]

A later double-blind, two-arm randomized study enrolled 50 people with fibromyalgia. Both groups received active gamma-range vibrotactile stimulation—one continuous 40 Hz and the other intermittent complex-wave stimulation—five days per week for five weeks. Fibromyalgia symptoms, depression, sleep, and some pain-interference measures improved within groups, but outcomes did not differ significantly between the two stimulation conditions; pain severity and quality of life did not show significant improvement. This suggests rhythmic sensory stimulation may help some associated symptoms, but it does not demonstrate that continuous 40 Hz is superior or that a frequency-specific effect caused the improvements.^{[6][25]}

Chronic back and shoulder pain

A 12-week uncontrolled pilot study involved 23 adults with chronic shoulder or low-back pain who received low-frequency stimulation through the hands and feet three times per week. Mean pain scores fell by 3.5 points and Pain Disability Index scores by 13.5 points; 65% achieved at least a three-point pain reduction, and the physical component of a quality-of-life measure improved. Because there was no control group, these results should be treated as preliminary.^[26]

Multidisciplinary rehabilitation

A mixed-methods study followed four people with chronic pain through practitioner-led VAT, washout, home self-care, and a second washout. The strongest improvements occurred during practitioner-led treatment, while self-care appeared useful for pain relief and relaxation. Participants also described greater body awareness and could recognize the return of symptoms during washout periods. The study supports feasibility and personalized self-management, but four cases cannot establish general effectiveness.^[27]

A specialized Finnish rehabilitation service also reported favorable changes in pain, mood, sleep, relaxation, and analgesic use among 29 patients receiving VAT as part of broader care. Because treatment occurred in a multidisciplinary setting without a strong experimental control, the outcomes cannot be attributed to VAT alone.^[28]^[17]

Evidence in children

Pediatric chronic pain requires particular caution because children differ in development, communication, sensory processing, physiology, and ability to understand treatment. Evidence from adults cannot simply be assumed to apply to a child.

Musculoskeletal pain

A conference abstract reported a controlled study of 84 children and adolescents with chronic musculoskeletal pain, mean age 11.9 years. Forty-six received 20-minute sessions at 115 Hz three times weekly for four weeks, while 38 received conventional medication plus placebo VAT. After 12 sessions, average pain scores decreased from 8.6 to 4.2 in the VAT group, compared with 8.2 to 6.7 in the control group; functional activity reportedly improved by 47% versus 23%. At the study endpoint, pain improvement was reported as 68% versus 29%.^[^8]

These results are encouraging, but the evidence has important limitations: it appears as a conference abstract rather than a full peer-reviewed trial report; details about allocation, blinding, placebo credibility, diagnoses, co-interventions, adverse-event monitoring, and long-term follow-up are limited. The claim of “no side effects” is also stronger than the available reporting can support.

Adolescent low-back pain

A randomized study of 40 adolescents aged 13–18 compared core-stabilization exercise alone with the same exercise plus vibroacoustic chair sessions over three weeks. Both groups improved, but there was no statistically significant added benefit from VAT for pain or disability. This negative finding is important: it shows that positive pediatric results are not consistent across protocols and populations.^[9]^[10]

What can reasonably be claimed

For children, it is reasonable to say that VAT **may offer comfort, relaxation, and short-term pain modulation**, and that early studies justify further investigation. It is not yet reasonable to claim that VAT reliably treats pediatric chronic pain, reduces medication requirements, or produces durable functional recovery across diagnoses.

A child’s response should be assessed through age-appropriate self-report whenever possible, supplemented—not replaced—by caregiver observation. For children with communication or cognitive differences, adapted pain measures and attention to behavior, facial expression, sleep, participation, and distress are essential.^[^29]

From pain relief to life quality

VAT's potential value is best understood as a sequence rather than a single effect:

1. Gentle vibration may reduce the momentary intensity or salience of pain.
2. Lower pain and muscle guarding may make movement feel safer.
3. Improved movement tolerance may support physical therapy, stretching, daily activity, and confidence.
4. Reduced arousal may facilitate rest and sleep.
5. Better sleep and activity can improve mood, attention, coping, school or work participation, and social connection.
6. Repeated successful experiences may strengthen self-efficacy—the belief that pain can be influenced without total avoidance of life.

This sequence is clinically plausible, but each step must be measured rather than assumed. A lower pain score without improved function may have limited value; conversely, a person may experience meaningful recovery in sleep, mobility, or participation even if pain is not eliminated.

Quality-of-life domain	Possible role for VAT	Appropriate outcome measure
Pain	Short-term change in intensity, unpleasantness, or interference	Numeric rating or visual analogue scale before, after, and later that day
Physical function	Reduced guarding may improve tolerance for movement or therapy	Walking, sitting/standing tolerance, range of motion, functional disability scale
Sleep	Relaxation may make sleep initiation easier	Sleep diary or validated sleep questionnaire
Emotional well-being	Calming sensory input may reduce distress associated with pain	Anxiety, mood, perceived stress, or relaxation scale
School/work	Symptom relief may support attendance and concentration	Attendance, time-on-task, work ability, activity participation
Social life	Better comfort may support family and peer engagement	Participation goals and patient-reported quality of life
Self-management	Predictable sessions may increase perceived control	Goal attainment, self-efficacy, and frequency of independent use

Children and adults differ

Dimension	Children and adolescents	Adults
Evidence base	Small and mixed; one encouraging controlled musculoskeletal-pain abstract and one adolescent trial with no added benefit over exercise ^{[8][10]}	More studies across fibromyalgia, back pain, and rehabilitation, but many are small, uncontrolled, or heterogeneous ^{[23][26][^7]}
Care model	Must be developmental, child- and family-centered, and coordinated with school and caregivers ^{[11][12]}	Should be individualized around function, work, sleep, mood, comorbidities, and personal goals

Dimension	Children and adolescents	Adults
Communication	Use age-appropriate self-report and adapted tools; do not rely only on parent interpretation ^[^29]	Patient-reported pain and functional goals are usually primary
Sensory tolerance	Start conservatively; monitor fear, overstimulation, sound sensitivity, and inability to communicate discomfort	Screen for sensory sensitivity, dizziness, cardiovascular instability, and implanted devices
Primary aim	Comfort plus restored participation in school, play, sleep, therapy, and family life	Comfort plus mobility, sleep, independence, work, exercise, and social participation
Supervision	Direct adult supervision and clinician involvement are strongly advisable	Trained self-care may be appropriate after screening and instruction

Integrating TheSoundWell responsibly

TheSoundWell states that its products deliver 30–120 Hz harmonic low-frequency signals through body-contact equipment, with some consumer guidance describing sessions around 23–30 minutes and emphasizing low intensity or “less is more.” It also advises supervision for children and medical consultation for pregnancy, epilepsy, pacemakers, recent surgery, severe mental-health conditions, or complex chronic disease.^{[19][30][^3]}

Those instructions align broadly with a conservative wellness approach, but published pain studies used different devices, frequencies, amplitudes, waveforms, contact sites, schedules, music conditions, and treatment durations. Therefore, research on VAT as a category cannot automatically validate a specific TheSoundWell device, proprietary frequency sequence, or dosing schedule.^{[5][7]}

The most defensible integration model is:

- Use VAT as an adjunct to usual care, not a replacement.
- Obtain an appropriate medical diagnosis and identify red flags before treating persistent pain.
- Establish functional goals, such as better sleep, walking, school attendance, or tolerance of physical therapy.
- Begin with low, comfortable intensity and short exposure, especially for children, frail adults, or sensory-sensitive users.
- Position the body comfortably and avoid direct stimulation over an acute injury, unhealed surgical site, or painful area if vibration worsens symptoms.
- Reassess during and after the session; stop for dizziness, nausea, increased pain, panic, headache, or unusual symptoms.
- Track benefits beyond immediate relaxation, including function later that day and across several weeks.
- Continue only if benefits are meaningful and outweigh discomfort, cost, burden, or risk.

A practical care pathway

Screening

Before the first session, document the pain diagnosis, duration, location, severity, aggravating factors, current treatment, medication, sleep, mood, function, and relevant medical conditions. Persistent or unexplained pain, neurological change, fever, unexplained weight loss, acute trauma, new weakness, bowel or bladder change, or rapidly worsening symptoms require medical evaluation rather than wellness treatment.

Individuals with implanted electronic devices, pregnancy, recent surgery, acute inflammation or injury, unstable cardiovascular conditions, significant hypotension, active psychosis, or seizure concerns should seek explicit medical clearance. Published practitioner literature also reports transient drowsiness, dizziness, or nausea and advises precautions for acute illness and pacemakers. TheSoundWell itself advises medical confirmation for chronic or acute conditions that could be affected by low-frequency stimulation.^{[31][32][^4]}

Personalized trial

A cautious trial can be framed as an N-of-1 **wellness evaluation** rather than a promise of treatment. Record baseline pain and a functional measure, deliver a tolerable session under supervision, then reassess immediately, later that day, and the next morning. If the experience is comfortable, repeat under consistent conditions while avoiding simultaneous changes that make results impossible to interpret.

Because the adult literature most often uses sessions of 20–45 minutes and frequently employs 40 Hz, these parameters can inform research design, but they should not be treated as universally optimal prescriptions. For children, dose and intensity should be set by an appropriately qualified pediatric clinician or therapist, with the child retaining the right to pause or stop.^{[7][5]}

Pairing with active care

VAT may be most useful when it creates a “therapeutic window.” A session can be followed by gentle movement, graded exercise, physical therapy, breathing practice, pain-neuroscience education, sleep preparation, or return to a valued activity. For pediatric chronic pain, evidence-based care emphasizes rehabilitation, psychological skills, integrative non-pharmacological approaches, normalization of school and social activity, sleep, and family involvement.^[^33]

Safety and ethical communication

VAT appears generally well tolerated in small studies, and the 19-person fibromyalgia study reported no adverse effects. However, absence of reported harm in small trials is not proof of universal safety, particularly for children, pregnancy, medically complex patients, people with implanted devices, or users applying unsupervised home protocols.^[^23]

Ethical communication should distinguish three levels of certainty:

Level	Recommended wording	Avoid
Supported description	“VAT delivers low-frequency sound as felt vibration through a body-contact surface.”	“Frequencies penetrate and heal every cell.”
Promising clinical signal	“Early studies suggest VAT may reduce perceived pain or pain interference and may support sleep, relaxation, or function.”	“VAT is proven to eliminate chronic pain.”
Unproven mechanism	“Mechanoreceptor stimulation, pain gating, autonomic regulation, and rhythmic neural effects are proposed mechanisms.”	“VAT activates the vagus nerve, clears inflammation, or repairs tissue” without direct evidence

TheSoundWell research page appropriately states that its information is educational, not medical advice; that its claims have not been evaluated by the U.S. Food and Drug Administration; and that its products are not intended to diagnose, treat, cure, or prevent disease. It also advises users with chronic or acute conditions to obtain medical confirmation. These limitations should remain prominent wherever chronic-pain benefits are discussed.^[4]

Research gaps

The strongest synthesis of adult pain evidence is a 2022 scoping review that screened 430 records and included 20 studies, 15 involving chronic pain. Protocols differed widely, 40 Hz was common, and sessions usually lasted 20–45 minutes. The reviewers concluded that evidence was too sparse to determine which VAT properties are beneficial and called for randomized controlled trials with clear reporting of frequency, amplitude, pulsation, and loudness.^{[34][7]}

Major unanswered questions include:

- Which diagnoses and patient profiles are most likely to respond?
- Does pure-tone stimulation outperform music alone, quiet rest, massage, or credible sham vibration?
- Are particular frequencies superior, or are comfort, amplitude, contact location, and patient preference more important?
- How long does relief last after a session?
- Does repeated use produce durable functional improvement?
- What is the optimal and safe dose for different pediatric age groups?
- Which adverse events occur, and how often?
- Does home use maintain benefits achieved with a trained practitioner?
- Are effects produced by vibration itself, music, expectation, therapeutic attention, or their combination?
- Do TheSoundWell devices produce outcomes comparable to the equipment used in published studies?

Proposed pilot for TheSoundWell

A credible next step would be an independent, prospective feasibility study in partnership with a pediatric pain clinic, physical-therapy program, rehabilitation hospital, university, or integrative-health center. The study should not begin with the assumption that TheSoundWell works; it should test whether the intervention is acceptable, safe, measurable, and promising enough for a larger trial.

Study design

- **Population:** One clearly defined group, such as adults with chronic nonspecific low-back pain or adolescents with stable chronic musculoskeletal pain.
- **Intervention:** A fully specified TheSoundWell device and protocol, documenting frequency, waveform, amplitude, pulsation, loudness, body position, contact points, session duration, and weekly schedule.
- **Comparator:** Usual care plus credible quiet-rest or sham-vibration control, with careful attention to blinding feasibility.
- **Duration:** A treatment phase long enough to examine repeated use, followed by a no-treatment or reduced-use follow-up.
- **Primary outcome:** Pain interference or functional ability rather than pain intensity alone.
- **Secondary outcomes:** Pain intensity, sleep, mood, patient global impression of change, participation, medication use without advising medication changes, and adverse events.
- **Pediatric measures:** School attendance, activity participation, child-reported quality of life, caregiver impact, and age-appropriate pain measures.
- **Analysis:** Report all participants, dropouts, adherence, adverse events, individual response patterns, and durability of benefit.
- **Governance:** Independent ethics review, informed consent, child assent where applicable, clinician oversight, preregistration, and disclosure of commercial relationships.

A pilot of this kind would generate more credible value than broad mechanistic claims. It would also help TheSoundWell identify who benefits, what dose is tolerable, which outcomes matter, and how the method can fit responsibly into clinical care.

Conclusion

Original vibroacoustic therapy offers a credible, low-demand way to combine tactile stimulation, rhythmic sensory input, relaxation, and—when desired—music. The adult evidence contains encouraging signals for fibromyalgia, back pain, pain interference, sleep, mood, relaxation, and physical function, but small samples and weak controls limit certainty. Pediatric findings are mixed: one controlled musculoskeletal-pain report was favorable, while an adolescent back-pain trial found no additional benefit beyond exercise.^{[10][26][6][8][^23]}

Accordingly, TheSoundWell's implementation of the Skille tradition can be presented as a **promising complementary wellness and rehabilitation tool** that may help some children and adults experience less pain, less guarding, greater calm, and improved readiness for sleep,

movement, therapy, and daily participation. It should not be presented as a cure, a substitute for medical care, or a treatment whose frequency-specific effects are already proven.

The most meaningful measure of success is not whether a person feels vibration, but whether careful, comfortable use helps that person do more of what gives life value: move with less fear, sleep more restoratively, participate in school or work, connect with others, and regain a sense of agency while living with chronic pain.

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