

## PILLAR

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Physical requirements include space for individuals to perform positions safely, which might mean conference rooms for group sessions or desk-adjacent areas for individual practice. Privacy concerns arise when positions appear unusual to uninformed observers. Equipment needs remain minimal—mats for floor positions—but storage and hygiene require planning. Cultural factors prove equally important, as workplace norms about appropriate behavior during work hours vary significantly.

Successful integration strategies reported by organizations include starting with voluntary lunch-hour sessions to gauge interest, obtaining management endorsement demonstrating organizational priority, training workplace champions who can lead sessions, creating clear communication about program benefits and expectations, and establishing regular schedules that become routine. Technology solutions like app-based reminders and video guidance support consistent practice. Outcome measurement should track both individual benefits (pain reduction, function improvement) and organizational metrics (absenteeism, productivity, healthcare costs). Barriers to integration include skepticism about "exercise" during work time, concerns about appearance during positions, and difficulty maintaining programs through organizational changes. The development of workplace-specific Eldoa protocols considering these factors could improve implementation success. Research documenting best practices across various workplace types would guide organizations considering programs.

## World Health Organization

While the World Health Organization hasn't specifically addressed Eldoa, their frameworks and priorities provide important context for positioning the technique within global health initiatives. The WHO identifies musculoskeletal conditions as the leading contributor to disability worldwide, affecting 1.71 billion people and representing 17% of all years lived with disability. Their emphasis on self-management strategies for chronic conditions, accessible interventions requiring minimal resources, and workplace health promotion aligns well with Eldoa's characteristics. The WHO's International Classification of Functioning, Disability and Health provides a framework that Eldoa research should adopt for comprehensive outcome assessment.

The potential alignment between Eldoa and WHO priorities suggests opportunities for broader impact if properly developed and validated. The technique's minimal equipment requirements and self-administered nature could serve populations with limited healthcare access. The preventive potential addresses WHO's shift toward upstream interventions reducing disease burden. However, achieving WHO recognition would require substantial evidence development including population-level effectiveness data, safety profiles across diverse groups, cost-effectiveness analyses, and implementation strategies for various healthcare systems. The current evidence limitations prevent Eldoa from consideration in WHO guidelines, but systematic research addressing these gaps could position it as a valuable tool for addressing the global musculoskeletal disease burden. This aspirational goal should motivate research investment and quality improvement within the Eldoa community.