

## **8.6 SUGGESTIONS FOR FUTURE STUDIES**

Future RCTs could incorporate objective outcome variables and explore additional interdisciplinary domains. Our sampling procedure may have also introduced self-selection bias, as the feasibility phase of our study utilized a two-group and non-randomized design. This resulted in a predominantly female sample (49 out of 60 participants), and selection bias may have occurred, as participants who already favored yoga might have chosen the yoga group. Additionally, retaining participants for the entire study duration was particularly challenging in the control group, as evidenced by the high rate of missing values. Future studies should aim for methodological innovations to address these challenges. Participant heterogeneity was another factor; we recruited individuals with a wide range of trauma severities, durations, and medication statuses. While this may have diluted the observed effect sizes, such diversity can yield more realistic clinical effects. Despite such non-restrictive inclusive criteria, the recruitment process was lengthy, which may reflect the stigma associated with PTSD in the community. Future studies could consider investigating the exclusive effects of tele-yoga using a more rigorous RCT design and relevant objective clinical measures. It would also be beneficial to understand various mediators and moderators related to PTSD.

Through our attempt to validate the tele-yoga module for PTSD, we hope that the profound benefits of yoga will also reach the most isolated and non-seeking individuals in our society, who are often left to fight their inner battles with trauma all alone. Echoing the sentiment of an anonymous quote on PTSD, “*Your trauma is not your fault, but healing is your responsibility,*” we believe that tele-yoga can play a crucial role in supporting individuals as they undertake their healing journeys.

## **8.7 ROLE OF FUNDING SOURCES**

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