Neck Pain:
- VR provides slightly better improvements than kinematic training for GPE, satisfaction, general health, and balance; but not for pain, disability, and fear of movement.

LBP:
- VR provides better improvements than stabilization exercises for pain intensity, disability, and fear of movement; and for pain intensity and fear of movement compared to conventional physical therapy.

- There is no difference between VR and physical agent modalities and no treatment for any outcome.

Conclusions
- There are some clinically important effects of VR for LBP, but not for neck pain, compared to other treatments.
- VR may be considered as a treatment option for LBP based on cost, safety, and patient needs.

Clinical Relevance
- Future methodologically rigorous studies are needed.