



A RESEARCH-LED WELLNESS GUIDE

Warm water, well considered.

Published research on warm-water immersion, translated into plain language — what has actually been studied, how strong each finding is, and what none of it can tell you.

Seven

TOPICS

Ranked by how settled the science is

Twenty-one

SOURCES

Every one linked to the original

No hard sell

TWO WE DON'T SELL ON

Limitations left in, not edited out

PREPARED AUGUST 2026
GENERAL WELLNESS INFORMATION, NOT MEDICAL ADVICE

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Evidence, without the hard sell

Warm water feels wonderful. That much needs no defending. This guide asks a harder question: what has actually been studied — under what conditions, in how many people, and with what left unresolved.

We have written it the way we would want it written for us. Every finding is paired with its limitation. Two of the seven sections exist purely to explain research we are not selling on, because leaving them out would be the more misleading choice. Nothing here is designed to move you toward a purchase, and there is no offer at the back.

HOW TO READ EACH STUDY

01 Design Who was studied, how many, and how the study was structured. A randomized controlled trial and a survey are not the same evidence.	02 Finding What changed, by how much, and for whom. Effect sizes, not adjectives — "improved" on its own tells you nothing.	03 Limit What the result cannot establish — about home use, about you, or about any product. This is the part usually left out.
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A NOTE ON WHAT IS MISSING

This guide will not tell you that warm water treats anything. Several of the conditions people most want help with — arthritis, insomnia, high blood pressure, diabetes — are diagnosable medical conditions, and no spa treats a medical condition. Where the research touches those areas, we have said what was measured and stopped there.

It also will not tell you which model to buy. There is a checklist near the back, and everything on it is about comfort, access and ownership rather than health.

ONE THING WORTH KNOWING BEFORE YOU START

Almost every study here specifies a temperature, a duration and a frequency. Very few sources in this industry tell you what they were — which is usually a sign that the finding is being borrowed rather than reported. Where a protocol is relevant and safe to describe, we have included it. Where it is not, we have said so instead of inventing one.

THE EVIDENCE AT A GLANCE

Seven topics, ranked by how settled the science is

The ranking is ours, and it is deliberately conservative. "Well-studied" means multiple controlled human trials in water immersion specifically – not findings borrowed from sauna research and quietly reapplied.

01	Joint and knee comfort	WELL-STUDIED
02	Back comfort and mobility	WELL-STUDIED
03	Sleep quality	WELL-STUDIED
04	Muscle recovery after exercise	MODERATE
05	Research watch: vascular measures	CONTEXT ONLY
06	Research watch: metabolic markers	CONTEXT ONLY
07	Research watch: light in the spa	CONTEXT ONLY

Sections 05, 06 and 07 are research context only. They describe active areas of study. They are not used to recommend a product, a feature or a routine, and they should not be read as suggesting a spa does any of the things described. We included them because a guide that only showed you the flattering research would not be worth much – and because those three are the sections this industry most often gets wrong.

Joint and knee comfort

Warm water changes how much load a joint carries. That is a mechanical fact before it is a therapeutic one, and it is the reason water is different from every other form of heat.

MECHANISM STUDY

In-vivo joint loading during water vs. land movement

— FINDING

36–55% lower joint contact force in water

Sensors built into hip and knee replacements measured physical load directly, during matched movements in water and on land. Contact force dropped substantially in water, and deeper immersion reduced effective body weight further.

— KEEP IN MIND

This measured mechanical load, not pain relief. The instrumented-implant sample was very small, and everyone in it had a joint replacement.

Kutzner I, et al. PLOS ONE, 2017.

Reference 01

RANDOMIZED TRIAL

Heated-pool hydrotherapy for knee osteoarthritis

— FINDING

Pain, function and strength improved vs. education alone

Seventy-three women aged 65 and over completed heated-pool hydrotherapy twice weekly for six weeks. The group improved on WOMAC pain and function scores and on measured knee muscle strength.

— KEEP IN MIND

The comparison group did not exercise at all, so the effect of the water cannot be separated from the effect of moving more. Only women were studied, and a supervised pool is not a home spa.

Dias JM, et al. Brazilian Journal of Physical Therapy, 2017.

Reference 02

RANDOMIZED TRIAL

Whirlpool baths and knee shower-massage

— FINDING

45 of 60 treated patients improved on pain

In a 120-person study, three weeks of daily whirlpool baths, hydrokinesitherapy and knee shower-massage produced clinically meaningful pain improvement for most of the treatment group, still measurable at three months.

— KEEP IN MIND

Several treatments were combined in one program, so the water's individual contribution cannot be isolated.

Cantista P, Maraver F. *International Journal of Biometeorology*, 2020.

Reference 03

WORTH KNOWING — THE FINDING THAT CUTS THE OTHER WAY

A 2015 Cochrane review of balneotherapy for rheumatoid arthritis rated the evidence very low quality and the results inconclusive. Rheumatoid arthritis is a different disease from the osteoarthritis studied above, and the evidence for it is genuinely weak. We would rather you heard that from us.

What this suggests to look for — comfort is geometry first, jets second

- True chest-deep seating while sitting upright and relaxed — the buoyancy effect in the research depends on how much of you is actually under water.
- Adjustable, genuinely gentle jets that can be aimed around a joint rather than straight at it. Being able to turn pressure down matters as much as up.
- Steady temperature control, so a session is repeatable rather than approximate.
- Low step-over height, rails and non-slip steps. Entry and exit is often what decides whether something gets used twice a week or twice a month.

In a showroom, sit in the dry shell before anyone mentions jet count. Check the waterline against your own shoulders, where your feet land, and the path in and out.

Back comfort and mobility

Low back pain is the most common pain complaint in adults, and it has the deepest warm-water literature behind it. It also has the biggest gap between what was studied and what most people own.

REVIEW OF 33 TRIALS

Balneotherapy and spa therapy for chronic low back pain

— FINDING

Consistent improvement across 33 randomized trials

A clinical review of 33 randomized trials concluded that chronic low back pain improved with balneotherapy and spa therapy, including relative to control treatments.

— KEEP IN MIND

Read the fine print. The trials used varied mineral-spring protocols in supervised, multi-week courses — not one standardized routine, and not a home freshwater spa. We describe this as research about warm-water immersion therapy generally.

Karagülle M, Karagülle MZ. *Clinical Rheumatology*, 2015.

Reference 05

SINGLE-BLIND RCT

Thermal-mineral water vs. tap-water bathing

— FINDING

Mobility, disability and quality-of-life scores improved

Sixty patients were randomly assigned to thermal-mineral or plain tap-water bathing. The thermal-water group showed greater gains in lumbar mobility, Oswestry disability index, pain scores and quality-of-life measures.

— KEEP IN MIND

The mineral content may itself have contributed, so this does not isolate warmth — and a course of supervised spa therapy does not model a home spa.

Tefner IK, et al. *Rheumatology International*, 2012.

Reference 06

THREE-ARM RCT

Hiking plus thermal balneotherapy

— FINDING

Pain, function and wellbeing improved vs. controls

In an 80-person three-arm trial, the group combining mountain hiking with thermal balneotherapy improved across pain, orthopaedic, quality-of-life and mental wellbeing measures.

— KEEP IN MIND

Hiking and bathing were combined, so the water's contribution cannot be separated from the exercise. Each arm was small.

Huber D, et al. *BMC Musculoskeletal Disorders*, 2019.

Reference 07

What this suggests to look for – a seat that supports before the jets start

- A supported, neutral recline with water reaching the shoulders.
- Jets placed beside the spine rather than on it, with separate neck and shoulder coverage.
- A genuinely gentle low setting, and zone control that is easy to reach while seated.
- Enough footwell space to settle without bracing through the legs – bracing is what usually undoes the point of the seat.

WHAT NONE OF THIS RESEARCH COVERS

These studies looked at non-specific chronic low back pain. They do not address disc disease, sciatica, spinal stenosis or any structural diagnosis, and nothing here should be used to decide about treatment for one. That is a conversation for your clinician.

Sleep quality

The useful finding here is about timing, not temperature. Warming up and then cooling down appears to help the body do something it was going to do anyway — and getting out of the water is the part that matters.

META-ANALYSIS

Water-based passive body heating before bed

— FINDING

About 10 minutes faster to fall asleep

Across published trials, bathing one to two hours before bed was associated with falling asleep faster and with better sleep efficiency. Effective sessions could be as short as ten minutes.

— KEEP IN MIND

Bathing methods varied across the trials and were not all hot tubs. The average effect was real but modest — ten minutes, not a transformation.

Haghighyegh S, et al. Sleep Medicine Reviews, 2019.

Reference 08

COHORT, N = 2,252

Real-world bathing habits and sleep in older adults

— FINDING

Higher sleep efficiency and less time awake at night

Among 2,252 community-dwelling older adults, pre-bed bathing was associated with better objective and self-reported sleep after adjusting for several other factors.

— KEEP IN MIND

This was observational. It shows an association, not that bathing caused the difference — people who bathe before bed may differ in other ways.

Tai Y, Obayashi K, Yamagami Y, Saeki K. Sleep Health, 2025.

Reference 09

MECHANISM STUDY

Bathing, skin temperature and sleep onset

— FINDING

Supports the heat-dissipation explanation

Faster sleep onset aligned with the temperature gradient between skin and core, supporting the idea that shedding heat after a warm bath is part of the signal the body uses to begin sleep.

— KEEP IN MIND

A smaller mechanism-focused study rather than a large outcomes trial.

Kanda Y, Obayashi K, et al. *Journal of Clinical Sleep Medicine*, 2021.

Reference 10

A REPEATABLE EVENING ROUTINE — THE PROTOCOL THAT WAS ACTUALLY STUDIED

10–18 min in the water. Longer was not better in these trials.	1–2 hrs before bed. This is the part that does the work.	104°F max Several studies used cooler water. Hotter is not more effective.
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Leave time to cool down naturally afterwards rather than going straight to bed — the cool-down is the mechanism, not an afterthought.

ONE PRACTICAL NOTE THAT HAS NOTHING TO DO WITH WATER

Bright white or blue-toned light late in the evening works against the same system this routine relies on. If a spa or its surroundings are lit like a kitchen at 9pm, that undercuts the point. Warm, dim, low-placed light is the more useful choice — and it costs nothing to get right.

Muscle recovery after exercise

The honest version of this story is more complicated than either side of the hot-versus-cold argument usually admits — and the complication is the useful part.

META-ANALYSIS

Contrast water therapy vs. passive recovery

— FINDING

Less soreness and less strength loss out to 96 hours

Across multiple studies, alternating hot and cold immersion improved soreness from under six hours through to 96 hours, and reduced strength loss, compared with simply resting.

— KEEP IN MIND

Compared with other active recovery methods rather than with rest, contrast therapy was broadly comparable rather than clearly superior.

Bieuzen F, Bleakley CM, Costello JT. PLOS ONE, 2013.

Reference 11

CONTROLLED TRIAL

Hot-water immersion after exercise

— FINDING

Better vascular and perceived-recovery markers

Post-exercise hot-water immersion improved vascular measures, blood markers and how recovered people felt, compared with exercise alone.

— KEEP IN MIND

Cold immersion still performed better for muscle soreness specifically. These are not interchangeable, and we are not going to pretend otherwise.

Steward CJ, et al. Scandinavian Journal of Medicine & Science in Sports, 2024.

Reference 12

THE STRAIGHT ANSWER

Cold is better for pure muscle soreness. Warm water is where the circulatory, flexibility and relaxation benefits sit, and it is far easier to keep doing. Alternating the two has better evidence than either alone against doing nothing. Anyone who tells you one of them simply wins has not read the literature.

Research watch: vascular measures

READ THIS BOX BEFORE THE STUDIES

No study on these pages used a Whisper Outdoor spa, or any home spa. These were controlled heat-exposure protocols in research settings. Nothing here establishes that a spa treats, prevents or manages high blood pressure, heart disease or any circulatory condition — and nothing here is a reason to change anything about your care.

CONTROLLED TRIAL, N = 20

Eight weeks of heat therapy and artery function

— FINDING

One 20-person protocol reported a change in a vascular measure

Twenty sedentary adults completed repeated hot-water sessions four to five times weekly for eight weeks. Flow-mediated dilation rose from 5.6% to 10.9% and some blood-pressure measures changed; the sham group's did not.

— KEEP IN MIND

Not a product result. Twenty healthy sedentary adults in a supervised protocol cannot support a claim about a home spa, or about anyone with diagnosed cardiovascular disease.

Brunt VE, et al. *The Journal of Physiology*, 2016.

Reference 13

CROSSOVER RCT

A single water immersion and 24-hour blood pressure

— FINDING

A small crossover trial reported a temporary change

Adults already being treated for high blood pressure completed a randomized crossover trial. A single immersion session was followed by a temporary reduction in 24-hour blood pressure compared with a control day.

— KEEP IN MIND

Read the title carefully. Thermoneutral water lowered blood pressure too, which means the heat may not be the active ingredient. One session, a small group, a temporary effect. Participants stayed under their doctors' care throughout, and so should anyone reading this.

Roxburgh BH, et al. *Temperature*, 2025.

Reference 14

CONTROLLED TRIAL, N = 24

Adding hot immersion to an exercise program

— FINDING

A small trial reported an incremental change alongside exercise

Inactive middle-aged adults completed eight weeks of exercise; half also added warm immersion. The study reported a small between-group difference in blood-pressure and artery-function measures.

— KEEP IN MIND

Not a product result. Immersion added nothing to fitness, blood sugar, cholesterol or inflammation markers. It is not a substitute for exercise, and this trial is the clearest evidence of that.

Steward CJ, et al. *The Journal of Physiology*, 2025.

Reference 15

WHAT THIS RESEARCH DOES NOT MEAN

It is not a reason to stop, start or change blood-pressure or heart medication. It does not show that any product treats a medical condition. It does not convert a supervised research protocol into an at-home routine.

QUESTIONS FOR A CLINICIAN — NOT SHOPPING CRITERIA

Is warm-water immersion appropriate for me at all? What temperature and session length suit my health and my medications? What should make me get out, and when should I avoid it entirely?

Please do not use this section to choose a spa. It is research background, and it is here for completeness rather than persuasion.

Research watch: metabolic markers

READ THIS BOX BEFORE THE STUDIES

These are very small, early studies, included to describe an open research question. Nothing here supports using a spa to treat, prevent or manage diabetes, blood sugar or any metabolic condition.

PILOT, N = 8 / NO CONTROL

A 1999 pilot in eight adults with type 2 diabetes

— FINDING

A small uncontrolled pilot reported a change in fasting glucose

Eight people completed 30 minutes of warm-water immersion daily, six days a week, for three weeks. Average fasting glucose in this small group changed from 182 to 159 mg/dL.

— KEEP IN MIND

Not a product result. Eight participants, no control group, a short and dated pilot. It cannot establish efficacy, clinical benefit or any at-home protocol — yet it is frequently quoted in this industry as though it could.

Hooper PL. *New England Journal of Medicine*, 1999.

Reference 16

SMALL TRIAL, N = 10

A two-week heat-exposure study in ten men

— FINDING

A small study reported changes in several blood markers

Ten sedentary, overweight men completed one session and then a two-week course of ten sessions. Several fasting and low-grade inflammation markers declined in this small group.

— KEEP IN MIND

Not a product result. Ten men over a short course cannot establish clinical benefit or a home-spa recommendation.

Hoekstra SP, et al. *Journal of Applied Physiology*, 2018.

Reference 17

DO NOT USE THIS SECTION TO GUIDE TREATMENT OR A PURCHASE

Never change diabetes medication or care based on studies like these. Diabetes and reduced sensation in the feet or legs also raise the risk of a burn going unnoticed — which makes this a conversation to have with your doctor before warm-water immersion, not after.

Research watch: light in the spa

Colored light is now a standard feature in this category, and is often marketed as though every color were a therapy. It is worth separating what has been studied from what has been decorated.

WHAT THIS SECTION IS, AND IS NOT

The studies below used dedicated light-therapy devices at a specified dose, on dry skin, at a controlled distance, over ten to thirty sessions. None involved a hot tub. They do not establish that a spa light produces any of these results, and this is not a reason to choose one spa over another.

RANDOMIZED TRIALS

Red light and the appearance of skin

— FINDING

Measurable changes in wrinkle volume and collagen density

In a 137-person split-face randomized trial, red light at 660 nm delivered at 3.8 J/cm² over ten sessions reduced wrinkle volume around the eye by about 31%. An earlier controlled trial of 30 sessions found reduced skin roughness and increased collagen density on ultrasound.

— KEEP IN MIND

Both used purpose-built devices at a stated dose over ten to thirty dedicated sessions. Dose is the whole argument — a wavelength on its own tells you very little, and more light is not automatically better.

Mota LR, et al. 2023 · Wunsch A, Matuschka K. 2014.

References 18–19

HOW THE COLORS ACTUALLY DIFFER

RED The one color with a real body of controlled human research behind it, at doses far higher than ambient lighting.	BLUE Has genuine research in dermatology — and is also the least helpful color to sit under late in the evening, for the reasons in the sleep section.	GREEN The one credible finding works through the eyes over one to two hours daily in a dark room. That is not a spa session.
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If someone sells you seven colors as seven therapies, ask which one they can show you a study for.

BEFORE YOU START

Warm water should feel restorative, never risky

A few conservative basics apply regardless of which section brought you here.

01 104°F maximum Many of the studies used cooler water. Hotter is not more effective, and it is where the risk lives.	02 Ask first Talk with your doctor if you are pregnant, or have a heart condition, high or low blood pressure, diabetes, or reduced sensation in your feet or legs. Many guidelines advise avoiding hot tubs in pregnancy, particularly in the first trimester.
03 Start conservatively If your clinician agrees it is appropriate, keep early sessions short. Get out if you feel dizzy, faint, nauseated or simply unwell. Heat widens blood vessels and can drop blood pressure enough to cause a faint on standing.	04 Skip the alcohol Never combine alcohol with hot-water immersion. This one is not negotiable.
05 Plan the exit Lighting, non-slip steps and something stable to hold. Enter and leave slowly — most incidents happen on the steps, not in the water.	06 Cold plunging is its own decision If you are considering hot-and-cold contrast, raise it with your clinician separately. Cold immersion places its own demands on the heart and is not simply the reverse of a warm soak.

This is general information, not individualised medical advice.

PUTTING IT INTO PRACTICE

Choose for how you want to feel

A useful spa conversation starts with your routine, not a jet-count contest. This is a comfort, access and ownership checklist — deliberately not a health-benefit one.

01 Will the water reach where I need it?

Check the waterline seated and reclined, against your own shoulders.

02 Can the pressure become genuinely gentle?

Try the lowest setting and every zone control, not just the highest.

03 Does my body feel supported without bracing?

Notice the back, knees, calves, feet and neck.

04 Can I enter and exit with confidence?

Steps, rails, surfaces, lighting — and try it, do not just look at it.

05 Will this be easy to repeat on a Tuesday?

Ask about noise, scheduling, heat-up time and routine care.

06 Is the ownership plan clear?

Support, warranty, energy cost and the total cost of the thing over years.

Sit in the models. Compare the details that matter to you. Take your time — nothing about this decision improves by being rushed.



A better routine starts with the right fit.

Explore current models, showroom locations and ownership options — or just come and sit in one. Nearly 100 showrooms nationwide.

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References

In order of appearance. Every link goes to the original publication record — not to a summary of it, and not to us.

- 01 **Kutzner I, et al.** Does aquatic exercise reduce hip and knee joint loading? In vivo load measurements with instrumented implants. *PLOS ONE*, 2017. pubmed.ncbi.nlm.nih.gov/28319145

- 02 **Dias JM, et al.** Hydrotherapy improves pain and function in older women with knee osteoarthritis: a randomized controlled trial. *Brazilian Journal of Physical Therapy*, 2017. pubmed.ncbi.nlm.nih.gov/28733093

- 03 **Cantista P, Maraver F.** Balneotherapy for knee osteoarthritis in S. Jorge: a randomized controlled trial. *International Journal of Biometeorology*, 2020. pubmed.ncbi.nlm.nih.gov/32306085

- 04 **Verhagen AP, et al.** Balneotherapy (or spa therapy) for rheumatoid arthritis. *Cochrane Database of Systematic Reviews*, 2015. pubmed.ncbi.nlm.nih.gov/25862243

- 05 **Karagülle M, Karagülle MZ.** Effectiveness of balneotherapy and spa therapy for the treatment of chronic low back pain: a review on latest evidence. *Clinical Rheumatology*, 2015. pubmed.ncbi.nlm.nih.gov/25535198

- 06 **Tefner IK, et al.** The effect of spa therapy in chronic low back pain: a randomized controlled, single-blind, follow-up study. *Rheumatology International*, 2012. pubmed.ncbi.nlm.nih.gov/21947373

- 07 **Huber D, et al.** Green exercise and mg-ca-SO₄ thermal balneotherapy for the treatment of non-specific chronic low back pain. *BMC Musculoskeletal Disorders*, 2019. pubmed.ncbi.nlm.nih.gov/31096958

- 08 **Haghighayegh S, et al.** Before-bedtime passive body heating by warm shower or bath to improve sleep: a systematic review and meta-analysis. *Sleep Medicine Reviews*, 2019. pubmed.ncbi.nlm.nih.gov/31102877

- 09 **Tai Y, et al.** Association between before-bedtime hot-tub bathing and sleep quality in real-life settings among community-dwelling older adults. *Sleep Health*, 2025. pubmed.ncbi.nlm.nih.gov/40803898

- 10 **Tai Y, et al.** Hot-water bathing before bedtime and shorter sleep onset latency are accompanied by a higher distal-proximal skin temperature gradient in older adults. *Journal of Clinical Sleep Medicine*, 2021. pubmed.ncbi.nlm.nih.gov/33645499

- 11 **Bieuzen F, Bleakley CM, Costello JT.** Contrast water therapy and exercise induced muscle damage: a systematic review and meta-analysis. *PLOS ONE*, 2013. pubmed.ncbi.nlm.nih.gov/23626806

- 12 **Steward CJ, et al.** Post-exercise hot water immersion and hot water immersion in isolation enhance vascular, blood marker and perceptual responses when compared to exercise alone. *Scandinavian Journal of Medicine & Science in Sports*, 2024. pubmed.ncbi.nlm.nih.gov/38470997

- 13 **Brunt VE, et al.** Passive heat therapy improves endothelial function, arterial stiffness and blood pressure in sedentary humans. *The Journal of Physiology*, 2016. pubmed.ncbi.nlm.nih.gov/27270841

- 14 **Roxburgh BH, et al.** Both hot- and thermoneutral-water immersion reduce 24-h blood pressure in people with hypertension: a randomized crossover study. *Temperature*, 2025. pubmed.ncbi.nlm.nih.gov/40330610

- 15 **Steward CJ, et al.** Post-exercise hot water immersion enhances haemodynamic and vascular benefits of exercise without further improving cardiorespiratory fitness, glucose, lipids or inflammation. *The Journal of Physiology*, 2025. pubmed.ncbi.nlm.nih.gov/40719540

- 16 **Hooper PL.** Hot-tub therapy for type 2 diabetes mellitus. *New England Journal of Medicine*, 1999. pubmed.ncbi.nlm.nih.gov/10498473

- 17 **Hoekstra SP, et al.** Acute and chronic effects of hot water immersion on inflammation and metabolism in sedentary, overweight adults. *Journal of Applied Physiology*, 2018. pubmed.ncbi.nlm.nih.gov/30335579

- 18 **Mota LR, et al.** Photobiomodulation reduces periocular wrinkle volume by 30%: a randomized controlled trial. *Photobiomodulation, Photomedicine and Laser Surgery*, 2023. pubmed.ncbi.nlm.nih.gov/36780572

- 19 **Wunsch A, Matuschka K.** A controlled trial to determine the efficacy of red and near-infrared light treatment in reduction of fine lines, wrinkles, skin roughness and intradermal collagen density increase. *Photomedicine and Laser Surgery*, 2014. pubmed.ncbi.nlm.nih.gov/24286286

- 20 **Zein R, Selting W, Hamblin MR.** Review of light parameters and photobiomodulation efficacy: dive into complexity. *Journal of Biomedical Optics*, 2018. pubmed.ncbi.nlm.nih.gov/30550048

- 21 **Maghfour J, et al.** Evidence-based consensus on the clinical application of photobiomodulation. *Journal of the American Academy of Dermatology*, 2025. pubmed.ncbi.nlm.nih.gov/40253006

These references are summarized in plain language in this guide. Follow the original publications for full methods, participant details and the authors' own conclusions. No journal, author or institution listed here endorses Whisper Outdoor or any product.

IMPORTANT INFORMATION

General wellness information. This guide summarizes published, peer-reviewed research for educational purposes. It is not medical advice and is not intended to diagnose, treat, cure or prevent any disease or condition. Whisper Outdoor spas are wellness products, not medical devices; they are not FDA cleared or approved, and these statements have not been evaluated by the FDA.

Talk with your doctor before beginning a warm-water routine, especially if you are pregnant or have a heart condition, high or low blood pressure, diabetes, or reduced sensation in your feet or legs. Individual results vary, and research conditions differ from home use.

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