



Manipulative Therapy

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Thoughts for the talk

- ▼ A brief overview of the types of manipulative therapy
- ▼ Some of the “bigger” studies of effectiveness
- ▼ Similarities and differences



Some context...

- ✓ Manipulative Therapy is *not* just “back cracking”
- ✓ It is just one potential element of a physical treatment package, which can also include guidance on lifestyle, diet and exercise.
- ✓ A large proportion of patients visit manipulative therapists for help with spinal pain, which includes low back pain, neck pain and headaches.
- ✓ All recent scientific research suggests that spinal pain:
 - is rarely a simple problem;
 - is influenced by psychological and social factors;
 - requires treatment tailored to the patient's needs.



Families of Manipulation (Wikipedia says...)

✓ Chiropractic

- **Chiropractic** is a health care discipline and profession that emphasizes diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system, especially the spine.

✓ Osteopathy

- **Osteopathy** is an approach to healthcare that emphasizes the role of the musculoskeletal system in health and disease.



Families of Manipulation (Wikipedia says...)

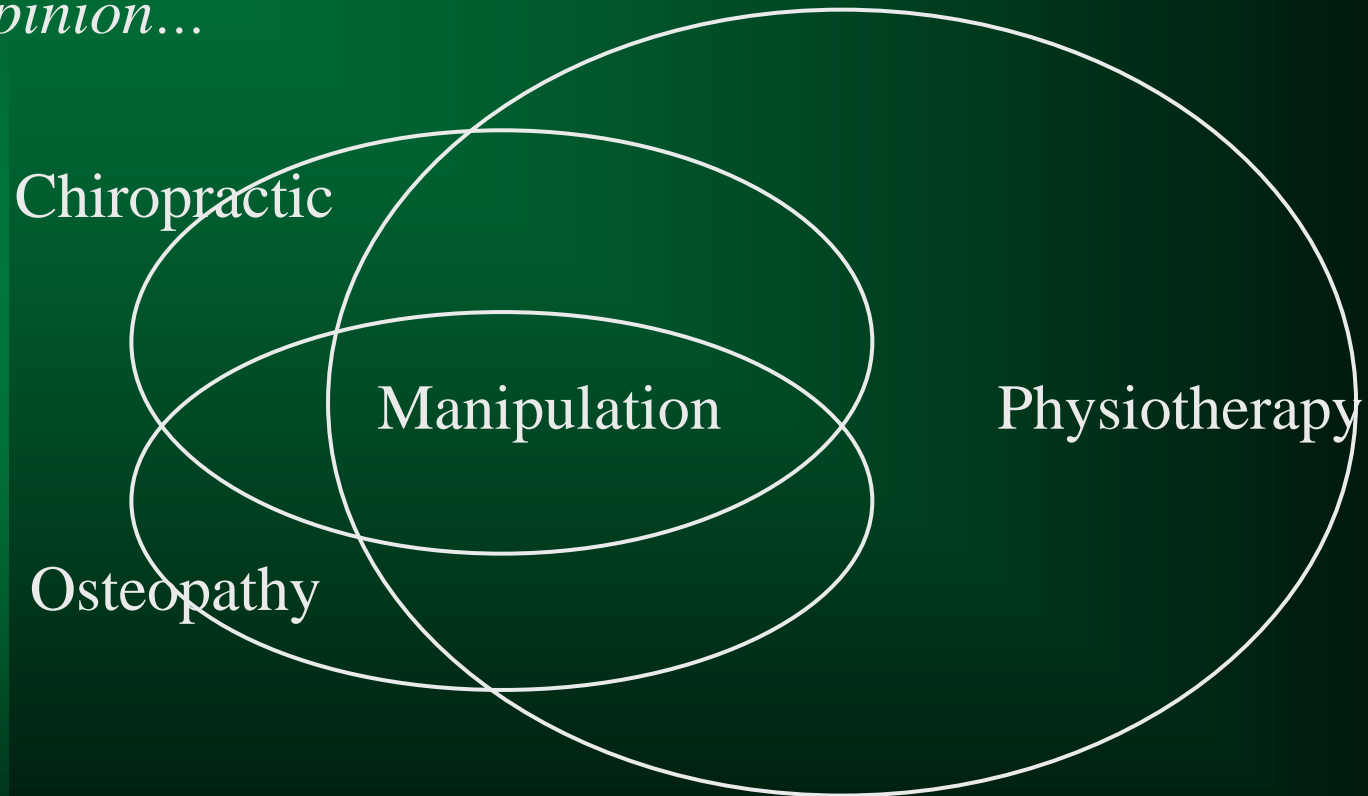
▼ Physiotherapy

- **Physical therapy** (also **physiotherapy**) is a health care profession that provides treatment to individuals to develop, maintain and restore maximum movement and function throughout life. This includes providing treatment in circumstances where movement and function are threatened by aging, injury, disease or environmental factors.



Families of Manipulation

In my opinion...





Meade paper (BMJ 1995)

“At three years the results confirm the findings of an earlier report that when chiropractic or hospital therapists treat patients with low back pain as they would in day to day practice those treated by chiropractic derive more benefit and long term satisfaction than those treated by hospitals”



UK-BEAM (BMJ 2004)

“Relative to ‘best care’ in general practice, manipulation followed by exercise achieved a moderate benefit at three months and a small benefit at 12 months; spinal manipulation achieved a small to moderate benefit at three months and a small benefit at 12 months; and exercise achieved a small benefit at three months but not 12 months”



NICE Guidelines 2009

For non-specific low back pain:

– **Manual therapy**

Manual therapy, including spinal manipulation, mobilisation and massage, should be given by a trained practitioner over a maximum of nine sessions in a 12-week period.

– **Acupuncture**

A course of acupuncture needling should involve a maximum of 10 sessions over a 12-week period.

– The complementary therapies of manipulation and massage, exercise and acupuncture are cost-effective alternatives to usual care.



The more things change...

- ✓ Chiro and Osteos act as primary contact practitioners, and use differential diagnostic testing *more often*. NHS Physios see patients who have already seen a diagnostician (GP, Consultant, ESP, etc)
- ✓ Patients vote with their feet (and money...) and make a pro-active choice to see individual practitioners/schools of thought of Osteo or Chiro. NHS Physio has less individual choice, but a strong team approach with Seniors guiding more junior staff.
- ✓ Chiro and Osteos *more* frequently treat “holistic” body-wide imbalances in structure and function (both as a point of philosophy, and as they are not restricted by NHS funding limitations)



...the more they stay the same

| | Similarities | Differences |
|--------|---|--|
| Physio | <u>All</u> use: <ul style="list-style-type: none">▪ Biomechanical assessment & palpation | Emphasis on rehabilitation (and hence exercise) |
| Chiro | <ul style="list-style-type: none">▪ HVTs and joint mobilisation techniques▪ Soft tissue (myofascial) techniques | Emphasis on nerve function (and hence spinal mechanics/ “Adjustments”) |
| Osteo | <ul style="list-style-type: none">▪ Re-education of motor patterns and exercises▪ Clinical reasoning and research evidence | Emphasis on blood-flow (and hence muscles/massage) |



Autonomous practice

- ✓ All of the three professions are regulated by governing bodies, and are recognised as independent autonomous practitioners
- ✓ Each individual practitioner assesses each presenting patient, and uses examination findings, evidence, clinical experience and rational thought to decide on the most appropriate treatment approach



Autonomous practice 2

- ✔ Individual patients may have preferences for (*or against*) specific treatment modalities or approaches, but all can be effective
- ✔ Some clinicians have “bigger toolboxes” to choose techniques from than others...
- ✔ Treatment should always be a two-way dialogue between patient and clinicians