

Effectiveness of manual therapies: the UK evidence report

Carol Fawkes, NCOR Research Development Officer

This report was commissioned by the General Chiropractic Council (GCC) to assist chiropractors' compliance with the law and the Advertising Standards Authority's (ASA) requirements on healthcare advertising, as set out in the British Code of Advertising, Sales Promotion and Direct Marketing (CAP Code). Chiropractors, like osteopaths, are required to base any advertised services on the best available research only. This report has attempted to review the best research evidence for known claims made by chiropractors in their advertisements across a wide range of conditions.

The report was undertaken by a team of chiropractic researchers based in the USA and Canada. The conclusions of the report are based on the results of systematic reviews of randomised controlled trials (RCTs), widely accepted evidence-based guidelines in the UK and USA, and the results of any other RCTs which may not have appeared in either systematic reviews or guidelines. A total of 26 conditions were identified from 111 separate studies. A copy of the full report can be found on the GOsC public website (www.osteopathy.org.uk/resources/research/) and on the **o** zone.

The reviewers created a table of their findings, which can be found

on page 106 of the report. The findings have been classified into different levels of evidence for headache, musculoskeletal and non-musculoskeletal disorders. The differences between high, moderate, and low quality evidence are described on page 3 of the report. For ease of reference, we have summarised the results of the report over the next two pages.

Additional comments on the review have been provided by Professor Scott Haldeman and Professor Martin Underwood, which are available at: <http://www.chiroandosteo.com/content/pdf/1746-1340-18-4.pdf>.



Musculoskeletal symptoms – high and moderate quality evidence

High quality and moderate quality evidence has been defined as “supporting public favourable claims regarding effectiveness” and it supports advising patients that this is “an effective treatment choice”.

Musculoskeletal condition	Intervention(s) considered	Level of supporting evidence for interventions
Chronic low back pain (CLBP)	Lumbar spinal manipulation/mobilisation	High
Acute low back pain	Lumbar spinal manipulation/mobilisation	Moderate
CLBP	Massage	Moderate
Acute/subacute neck pain	Thoracic spinal manipulation/mobilisation	Moderate
Acute whiplash associated disorders	Mobilisation with exercise	Moderate
Chronic neck pain	Spinal manipulation/mobilisation with exercise	Moderate
Chronic neck pain	Massage	Moderate
Shoulder girdle pain/dysfunction	Manipulation/mobilisation	Moderate
Adhesive capsulitis	High grade mobilisation	Moderate
Lateral epicondylitis (Tennis Elbow)	Mobilisation with exercise	Moderate
Hip osteoarthritis	Manipulation/mobilisation	Moderate
Knee osteoarthritis	Manipulation/mobilisation with exercise	Moderate
Patellofemoral pain syndrome	Manipulation/mobilisation with exercise	Moderate
Plantar fasciitis	Manipulation/mobilisation with exercise	Moderate

Headache – high quality and moderate quality evidence

Symptom	Intervention(s) considered	Level of supporting evidence for interventions
Migraine headache	Spinal manipulation	Moderate
Cervicogenic headache	Spinal manipulation	Moderate
Cervicogenic headache	Self-mobilising apophyseal glides	Moderate
Cervicogenic dizziness	Self-mobilising apophyseal glides	Moderate
Cervicogenic dizziness	Mobilisation	Moderate

Musculoskeletal symptoms – inconclusive evidence

Inconclusive evidence has been sub-divided by the research team. Three slightly confusing definitions were provided:

- > Inconclusive but favourable – evidence does not support any public claims regarding effectiveness; effective alternatives should be recommended if available; and patients should be advised that this is a treatment option in the absence of an effective treatment.
- > Inconclusive and unclear direction of evidence – effective alternatives should be recommended if available and patients should be advised that the effectiveness of this treatment option has not been established.
- > Inconclusive but non-favourable – effective alternatives should be recommended if available, and patients should be advised that this treatment option is unlikely to be effective.

Musculoskeletal condition	Intervention(s) considered	Level of supporting evidence for interventions
Sciatica/radiating leg pain	Spinal manipulation/mobilisation	Favourable
Coccydinia	Spinal manipulation	Favourable
Mid back pain	Spinal manipulation	Favourable
Neck pain of any duration	Cervical spinal manipulation/mobilisation alone	Favourable
Rotator cuff pain	Manipulation/mobilisation	Favourable
Shoulder pain	Massage	Favourable
Tennis elbow	Manipulation	Non-favourable
Tennis elbow	Manual tender point therapy	Favourable
Carpal tunnel syndrome	Manipulation/mobilisation	Favourable
Rehabilitation following hip arthroplasty	Osteopathic manipulative therapy (OMT)	Non-favourable
Rehabilitation following knee arthroplasty	OMT	Non-favourable
Knee osteoarthritis	Massage	Favourable
Ankle sprains	Manipulation/mobilisation	Favourable
Morton’s neuroma	Manipulation/mobilisation	Favourable
Hallux Limitus	Manipulation/mobilisation	Favourable
Hallux abducto valgus	Manipulation/mobilisation	Favourable

Headache and other conditions – inconclusive evidence

Headache or other named condition	Intervention(s) considered	Level of supporting evidence for interventions
Migraine	Massage alone	Favourable
Tension type	Spinal manipulation	Unclear
Cervicogenic	Friction massage and trigger points	Non-favourable
Cervico genic	Mobilisation	Unclear
Miscellaneous headache	Mobilisation	Favourable
Temporo-mandibular joint dysfunction	Mobilisation/massage	Favourable
Fibromyalgia	Massage	Favourable
Fibromyalgia	Spinal manipulation	Unclear
Fibromyalgia	Manual lymph drainage	Favourable
Myofascial pain syndrome	Massage	Favourable

Non-musculoskeletal conditions – inconclusive evidence

Named condition	Intervention(s) considered	Level of supporting evidence for interventions
Asthma	OMT	Favourable
Asthma	Massage	Unclear
Colic	Cranial osteopathy	Favourable
Colic	Massage	Favourable
Hypertension	Instrument assisted spinal manipulation	Unclear
Nocturnal enuresis	Spinal manipulation	Favourable
Otitis media	OMT	Favourable
Pneumonia in older adults	OMT	Favourable
Premenstrual syndrome	Spinal manipulation	Unclear
Premenstrual syndrome	Massage	Favourable
Stage 1 Hypertension	Upper cervical spinal manipulation	Favourable

Negative evidence

The review team suggest that patients should be advised against these interventions as treatment options, and effective alternatives should be recommended if available.

Symptom/condition	Intervention(s) considered	Level of supporting evidence for interventions
Ankle fracture rehabilitation	Mobilisation	Moderate
Asthma	Spinal manipulation	Moderate
Stage 1 hypertension	Spinal manipulation added to diet	Moderate
Colic	Spinal manipulation	Moderate
Dysmenorrhoea	Spinal manipulation	Moderate



Further information on the ASA requirements is available on the [o zone \(www.osteopathy.org.uk\)](http://www.osteopathy.org.uk). To check whether your advertising complies with the CAP Code, you can contact the CAP Copy Advice team on 020 7492 2100 or by email at: advice@cap.org.uk.