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# RAPID RESEARCH

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November 2021

## Inside This Week: Comparing Treatments for Spinal Pain

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- ✓ Manual Therapy + Exercise for Non-specific Neck Pain

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  - ✓ Exercise vs. Manual Therapy vs. Both to Treat Neck Pain

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  - ✓ Motor Control Exercises for Chronic Low Back Pain



# MANUAL THERAPY

+

# EXERCISE FOR NON-SPECIFIC NECK PAIN

[Click for Full Text  
\(Hidalgo et al. 2017\)](#)

This systematic review aimed to inform clinicians, patients and policy makers of the best current evidence for use of Manual Therapy and/or exercise to treat Neck Pain.



# KEY FINDINGS

**23 low-risk of bias RCTs included. 21 were level A and 2 were level B quality**

## **Evidence for Acute or Sub-Acute Neck Pain:**

### MODERATE-evidence:

In favor of HVLA manipulation to the cervical spine (Cx) combined with exercises when compared to HVLA manipulation to the thoracic spine (Tx) combined with exercises.

In favor of HVLA + Mobilization to the Cx and Tx combined with exercise compared to only to Mobilization to the Cx with exercise from short to long-term.

## **Evidence for Chronic Neck Pain:**

### STRONG-evidence:

No difference in efficacy between mobilization at the symptomatic Cx level(s) in comparison to mobilization on asymptomatic Cx level(s) for pain and function.

### MODERATE to STRONG evidence:

In favor of HVLA & HVLA + Mobilization on Cx and Tx with exercise vs. exercise or MT alone for pain & function.

# MAIN TAKEAWAYS

Combining different forms of Manual Therapy with exercise is better than MT or exercise alone.

Moderate to strong evidence in favor of HVLA or HVLA+mobilization combined with exercise for improvement in pain, function, and satisfaction with care for patients with Neck Pain vs. exercise alone, MT alone or no treatment.

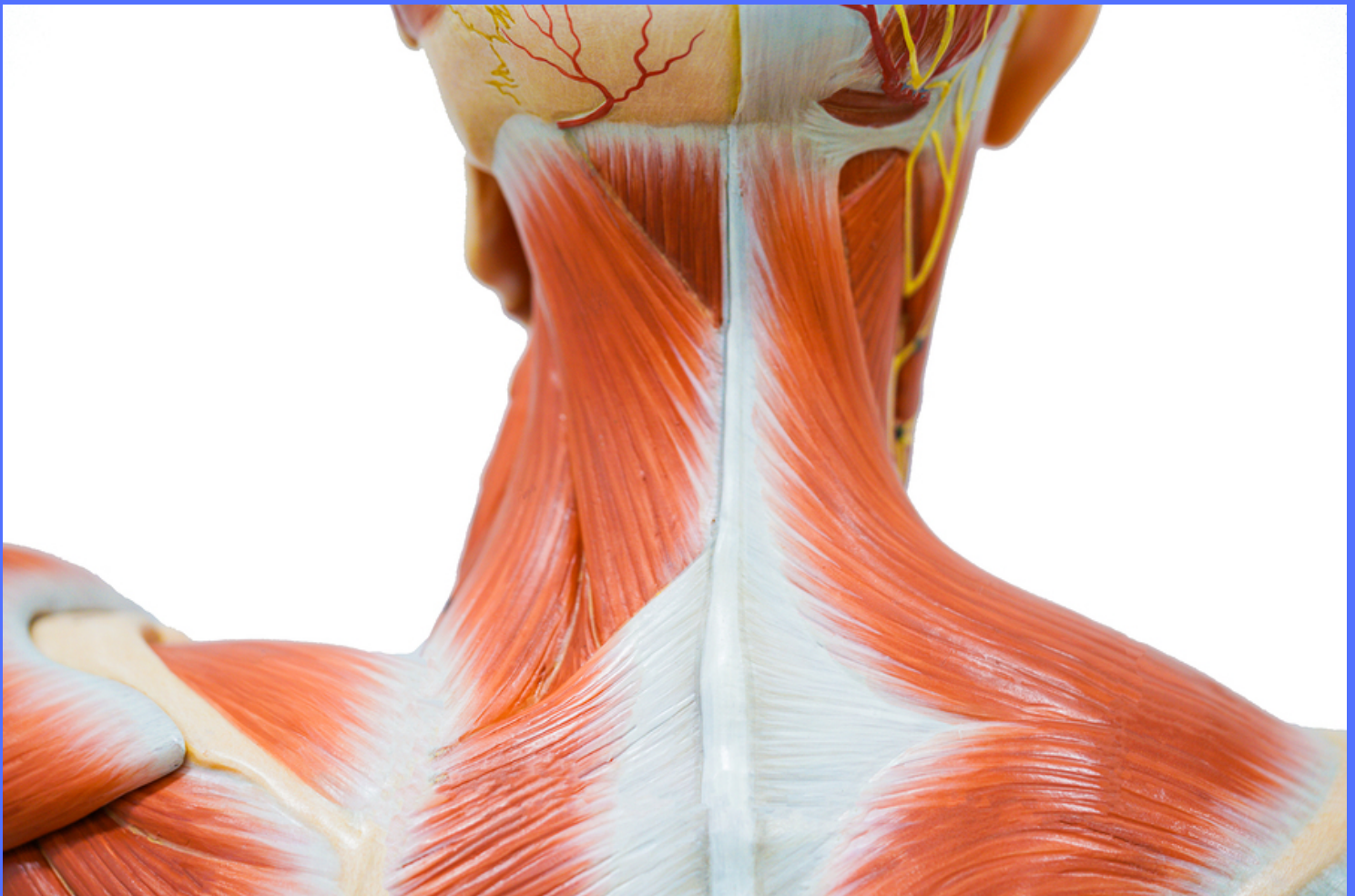
For Chronic Neck Pain, mobilization is required at the symptomatic level for improvement in pain and function.

HVLA, Mobilization + Soft tissue treatment, and Mobilization-with-Movement have similar effects on Neck Pain.

# EXERCISE VS. MANUAL THERAPY VS. BOTH TO TREAT NECK PAIN

[Click for Full Text](#)  
[\(Fredin & Loras 2017\)](#)

This systematic review assessed whether or not combined treatment consisting of MT and ET is more effective than either therapy alone in relieving pain and improving function in adult patients with grade I and II neck pain.



# KEY FINDINGS

7 studies were included, all of which investigated the addition of Exercise Therapy to Manual Therapy.

**Only very small and non-significant between group differences was found on:**

Pain intensity at rest.

Neck disability.

Quality of life at immediate post-treatment, 6 months, and 12 months follow-up.

**The quality of evidence was:**

Moderate for pain-at-rest outcomes.

Moderate to low quality for neck disability and quality of life outcomes

# MAIN TAKEAWAYS

For adult patients with grade I and II neck pain:

Combined treatment consisting of Manual Therapy and Exercise Therapy **does not seem to be more effective** (moderate-to-low level of evidence), than Exercise Therapy alone in:

**Reducing neck pain at rest.**

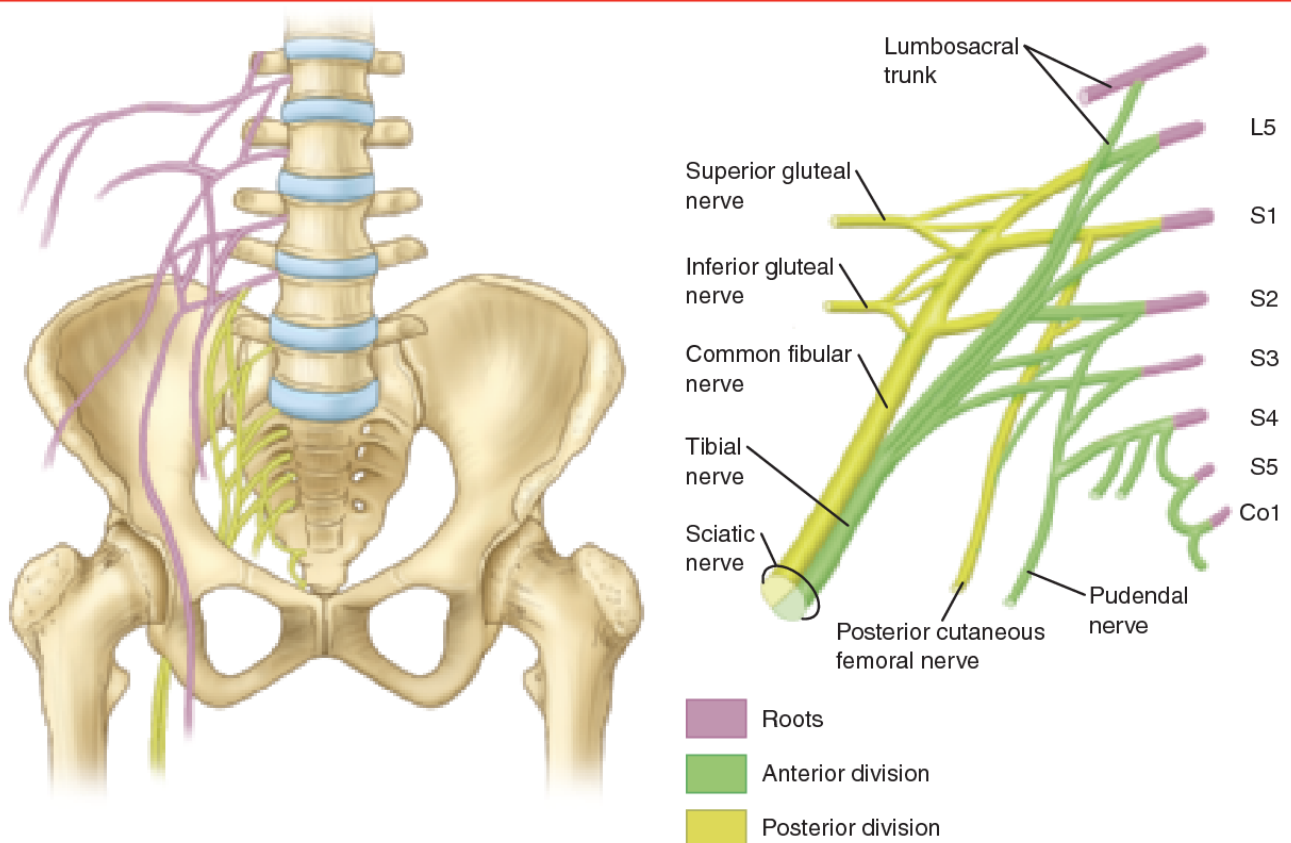
**Neck disability.**

**Quality of life**

# MOTOR CONTROL EXERCISES FOR CHRONIC LOW BACK PAIN

[Click for Full Text  
\(Saragiotto et al.  
2016\)](#)

This review aimed to provide accurate and robust information on the effectiveness of MCE for chronic nonspecific LBP, as compared to no intervention or other types of interventions.



**29 Trials; 76.6% have low risk of bias; representing 86% of all participants.**

Low to high quality evidence that MCE is **not clinically more effective** than other exercises for all follow-up periods and outcomes tested.

When compared with minimal intervention, there is **low to moderate quality evidence that MCE is effective for improving** pain at short, intermediate and long-term follow-up with medium effect sizes.

Moderate to high quality evidence that there's **no clinically important difference between MCE and manual therapy** for all follow-up periods and outcomes tested.

Very low to low quality evidence that **MCE is clinically more effective than exercise and electrophysical agents (EPA)** for pain, disability, global impression of recovery and quality of life with medium to large effect sizes.

Minor or no adverse events were reported in the included trials.

## MAIN TAKEAWAYS

Given the evidence that Motor Control Exercise is not superior to other forms of exercise, the choice of exercise for chronic Low Back Pain should probably depend on patient or therapist preferences, therapist training, costs and safety.

# GIVE US YOUR FEEDBACK!

## MEMBERS

We are on a mission to make research more accessible, easier to interpret, and quicker to implement.

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We would greatly appreciate any feedback you have, as it helps us continually improve!

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