

Manual Therapy for Neck Pain Favored over PT & GP Care, Study Says

Dynamic Chiropractic Staff

A recent randomized, controlled trial conducted in the Netherlands¹ selected 183 patients with nonspecific neck pain lasting at least two weeks. The patients were divided into three treatment groups: manual therapy, physical therapy, or care from general practitioners. The patients were 18 to 70 years old, and received treatment for up to six weeks.

The study showed a success rate nearly twice as high in the manual therapy group compared to the group receiving care from the GPs; manual therapy also beat out physical therapy in all outcome measures.

Manual therapy involved "hands-on" mobilization techniques once per week, focusing on the musculature and cervical spine segmental levels, and on stabilization techniques designed to enhance posture and coordination. The manual therapy was "eclectic," incorporating "several techniques used in Western Europe, North America, and Australia, including those described by Cyriax, Kaltenborn, Maitland, and Mennel." Joint mobilization, as defined by the researchers, was "a form of manual therapy that involve[d] low-velocity passive movements within or at the limit of joint range of motion." No high-velocity, low-amplitude thrusts were used as manual therapy in this study.

The physical therapist used active exercise therapies, i.e., it involved the participation of the patients to improve strength, ROM; and postural, stretching and relaxation exercises. The PTs put the patients through 30-minute sessions twice a week for a maximum of 12 treatments.

General practitioner care involved advice on prognosis; self-care; psychosocial issues; ergonomics; and physician encouragement. Medication (including NSAIDs) was prescribed to this group if deemed necessary.

The primary outcome measurement was patient-rated perceived recovery on an ordinal transition scale, ranging from "completely recovered" to "much worse," with success considered for "completely recovered" or "much improved" scores only. Research assistants also rated patient recovery based on a numeric scale, considering mobility, palpation and estimated patient pain.

After seven weeks of treatment, the success rate for the manual therapy group was 68 percent, 51 percent for the PT care, and 36 percent for the GP care. Thirteen percent of the manual therapy patients had an absence from work due to pain during the study, as opposed to 29 percent of the PT patients and 26 percent of the GP patients. Disability scores showed the most improvement in the manual therapy group. Manual therapy "scored better than physical therapy on all outcome measures," but the authors noted "the differences were small for all outcome measures except perceived recovery and were not always statistically significant." Perceived recovery included such measures as pain, disability and patient satisfaction.

The authors concluded: "In daily practice, manual therapy is a favorable treatment option for

patients with neck pain compared with physical therapy or continued care by a general practitioner. The authors noted: "It is of interest that the postulated objective of manual therapy, that is, the restoration of normal joint motion, was achieved, as indicated by the relatively large increase in the range of motion of the cervical spine."

Reference

1. Hoving JL, Koes BW, de Vet HCW, et al. Manual therapy, physical therapy, or continued care by a general practitioner for patients with neck pain. *Annals of Internal Medicine* 2002;136 (10), pp. 713-722.

JULY 2002