

Exercise

Neck pain

Manual therapy and exercise for whiplash associated disorder (WAD) is “favored over traditional care in reducing pain at short-term follow-up for acute WAD.”¹

There is a lack of research on manual therapy and exercise for neck pain with radicular symptoms.¹

Manual therapy and exercise improve pain and function over the long term in comparison to short term relief only with manual therapy alone.¹

Manual therapy and exercise improve short term pain relief in comparison to exercise alone.¹

Manual therapy and exercise improve “pain, function, quality of life and patient satisfaction” compared to manual therapy alone for chronic neck pain.¹

Additional research is needed to determine the best manual therapy to use in combination with exercise.¹

Additional research is needed to determine the best exercise to use in combination with manual therapy.¹

“Low to moderate quality evidence supports the use of specific cervical and scapular stretching and strengthening exercise for chronic neck pain immediately post treatment and intermediate term, and cervicogenic headaches in the long term.”²

“Supervised qigong, Iyengar yoga, and combined programs including strengthening, range of motion, and flexibility are effective for the management of persistent neck pain.” No supervised program was superior to any other supervised program. The effect sizes for exercise alone were small.³

Evidence-based guidelines for chiropractic treatment of adults with neck pain made strong recommendations for 1) exercise combined with other therapies for chronic neck pain; and 2) stretching, strengthening and endurance exercise alone for chronic neck pain. A weak recommendation was made for treatment of acute neck pain with exercise alone.⁴

A 2013 systematic review found that functional and water exercises were beneficial for patients with hip osteoarthritis and decreased fall risk.⁵

Upper extremity

A 2013 systematic review states that the evidence is fair for manipulation/ mobilization “combined generally with exercise and/or multimodal therapy for lateral epicondylopathy, carpal tunnel syndrome, and temporomandibular joint disorders, in the short term.”⁶

Another 2013 systematic review states that “although not yet conclusive, these results support the belief that strength training decreases symptoms in tendinosis. The short-term analgesic effect of manipulation techniques may allow more vigorous stretching and strengthening exercises resulting in a better and faster recovery process of the affected tendon in lateral epicondylitis.”⁷

Low back pain

Evidence is inconclusive with respect to positive effects of walking on LBP.⁸

Exercise therapy is effective for improvement of pain and function in chronic low back pain although one type of exercise is not shown to be superior to others.⁹

A 2014 systematic review found evidence insufficient for the effect of core stability exercises on low back pain in athletes.¹⁰

Exercise continued

Rotator cuff impingement

A 2014 systematic review found that there is moderate evidence for the benefit of manipulation/mobilization with exercise for rotator cuff impingement.¹¹

“Exercise has statistically and clinically significant effects on pain reduction and improving function, but not on range of motion or strength. Manual therapy augments the effects of exercise, yet supervised exercise was not different than home exercise programs”¹²

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