

## FACT SHEET — TREATMENT OPTIONS

# Manual Therapy for Back Pain

*What osteopathy, physiotherapy, and chiropractic can and cannot achieve — realistic expectations*

Manual therapy — including osteopathy, physiotherapy, and chiropractic — is one of the most commonly sought treatments for back pain. It is also one of the most misunderstood. Understanding what manual therapy can realistically achieve, what its limitations are, and how to get the most from it will help you make better decisions about your care.

## What manual therapy can achieve

<b>Pain reduction</b>	Manual therapy has good evidence for short to medium-term pain reduction in acute and subacute back pain. The mechanisms include reducing muscle spasm, restoring joint movement, and modulating pain through neurological pathways.
<b>Improved movement</b>	Mobilisation and manipulation restore segmental mobility and reduce movement-related pain. This creates a window in which rehabilitation can occur.
<b>Facilitating rehabilitation</b>	By reducing pain and restoring movement, manual therapy enables the active rehabilitation that produces lasting change.
<b>Assessment and diagnosis</b>	A skilled manual therapist provides detailed clinical assessment that identifies the specific structures involved and guides management. This is often more clinically valuable than the hands-on treatment itself.
<b>Education and self-management guidance</b>	Understanding your condition, appropriate activity advice, and a home exercise programme are core components of good manual therapy practice.

## What manual therapy cannot do

- **Cure structural degeneration** — disc wear, facet arthrosis, and bony changes are structural. Manual therapy manages the functional consequences but cannot reverse the structural change.
- **Replace active rehabilitation** — passive treatment alone does not produce lasting change. The real work happens in rehabilitation, not on the treatment table.
- **Provide indefinite maintenance** — treatment that continues indefinitely without improvement in function or reduction in frequency is not providing lasting benefit. Ask your practitioner about your progress trajectory.
- **Treat conditions outside scope** — inflammatory conditions, malignancy, infection, and serious neurological compromise require medical management. A good manual therapist recognises and refers these appropriately.

## Choosing the right practitioner

<b>Osteopath</b>	Trained in a whole-body approach combining structural assessment, soft tissue work, mobilisation, manipulation, and rehabilitation. Regulated by the General Osteopathic Council (GOsC).
<b>Physiotherapist</b>	Broad scope of practice including manual therapy, exercise prescription, and rehabilitation. Strong evidence base for musculoskeletal conditions. Regulated by the Health and Care Professions Council (HCPC).
<b>Chiropractor</b>	Focus on spinal manipulation and adjustments. Strong evidence base for acute low back pain. Regulated by the General Chiropractic Council (GCC).
<b>Sports therapist / massage therapist</b>	Soft tissue focus. Not regulated by statutory body in the same way. Useful for soft tissue conditions but scope of practice is more limited.

## Red flags in manual therapy practice

A responsible manual therapist will screen for red flag conditions before commencing treatment, refer appropriately when findings suggest a medical cause, explain their findings in plain language, give you a clear prognosis and treatment plan, and involve you actively in your own rehabilitation. If your practitioner is providing ongoing passive treatment without progress or self-management guidance, it is worth asking the question.

## Related fact sheets

<b>Why self-management produces better long-term outcomes</b>	Active versus passive treatment.
<b>Osteopathy — what to expect</b>	What happens in an osteopathic consultation.
<b>Surgical considerations for back pain</b>	When manual therapy has been exhausted.
<b>Pilates and yoga for back pain</b>	Exercise as the active component of rehabilitation.

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