

# False Narratives, Nocebo, and Negative Expectations do NOT affect Manual Therapy Outcomes

*Review and Commentary on Research Investigating Manual Therapy Outcomes and the Effects of Messaging, Expectations, Preferences, and Stress.*

NEW YORK, NY, UNITED STATES, April 5, 2024 /EINPresswire.com/ -- The following is quoted from the new article (and research review) by the [Brookbush Institute](#): False Narratives, Nocebo, and Negative Expectations do NOT affect Manual Therapy Outcomes

INTRODUCTION: All peer-reviewed, published research we could locate at the time of this publication,

demonstrates that nocebo, negative messaging, negative expectations, and even catastrophizing do NOT have a significant effect on manual therapy outcomes. Additionally, positive messaging and positive expectations do not have a significant effect on outcomes either. If a professional in our industry is making claims regarding the significant influence of these factors, they are not objectively reviewing all of the research available. As discussed below, the evidence demonstrates that messaging, expectations, treatment preference, stress, and catastrophizing may have an inconsistent effect on the perception of pain induced by an intervention, but no significant effect on post-treatment outcome measures.

OUR MIND IS BETTER AT PERCEPTION: The research opposes the assertion that our mental state can have a significant influence on recovery from orthopedic pain and dysfunction. Not only does the patient's mental state have little, if any influence on outcomes, but our previously published review also demonstrated that [pain neuroscience education \(PNE\) is ineffective](#) when compared to other interventions. These findings suggest that our mental state and cognitive processes do not have a strong influence on recovery from orthopedic dysfunction and pain. Although explaining the role of the central nervous system (CNS) in the perception of pain is beyond the scope of this article, it is likely reasonable to suggest that the CNS has a significant role in pain perception, but almost no role in physical rehabilitation. This should make some



If you told a patient they tested positive for upper cervical instability, would it negatively impact outcomes?



Not only does the patient's mental state have little, if any influence on outcomes, but our previous review also demonstrated that pain neuroscience education (PNE) is relatively ineffective."

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intuitive sense to any college-educated movement professional. By what mechanism was it expected that the mind would improve or interrupt processes like inflammation, protein synthesis, cell division, connective tissue development, etc.? The mind does not initiate these processes. When considering the physiology of dysfunction, it becomes quite a logical leap to think that thoughts would supersede biological processes. Some of the claims made regarding the brain and recovery from pathology seem to imply that our mind has an almost Jedi-like "force" over healing.

#### SUMMARY OF RESEARCH FINDINGS: The evidence

demonstrates that messaging, expectations, and treatment preference may have an inconsistent effect on the perception of pain induced by a manual therapy technique (e.g. how painful an acupuncture needle feels), but no significant effect on post-treatment outcome measures (e.g. pain during motion or functional outcome measure scores). Further, stress and catastrophizing are unlikely to have a significant effect on outcomes; however, it may be advised that joint manipulations are not performed when stress/catastrophizing is high. Stress is likely to be highest during session 1 and decrease with subsequent sessions, and matching a patient's assessment findings to the best treatment option significantly improves outcomes, regardless of expectations.

FOR THE COMPLETE ARTICLE, REVIEW, AND BIBLIOGRAPHY, PLEASE FOLLOW THE HYPERLINK TO THE ARTICLE ABOVE

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