

Active versus Passive: Research Confirms Which is More Effective, Manual Therapy or Exercise.

Review and Commentary on Research Comparing Outcomes Following Manual Therapy and Exercise

NEW YORK, NY, UNITED STATES, May 1, 2024 /EINPresswire.com/ -- The following is quoted from

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Asking whether active or passive interventions are better is a false dichotomy. Research almost unanimously demonstrates that a combination of manual therapy and exercise is better than either alone."

Dr. Brent Brookbush, CEO of Brookbush Institute the new article (and research review) from the <u>Brookbush</u> <u>Institute</u> in the category "<u>Therapeutic Interventions and</u> <u>Manual Techniques</u>": <u>Active versus Passive: Is Exercise</u> <u>more Effective than Manual Therapy?</u>

TIME FOR A LITTLE MYTH BUSTING

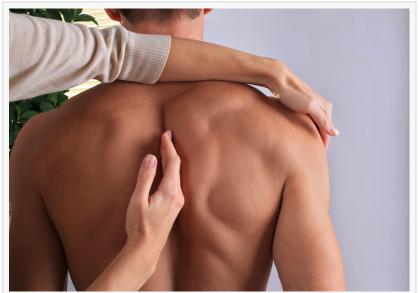
Recently, the phrase "active is better than passive" has been published in articles, memes, and thrown around in chat boards as if it's some undeniable truth. But, it is unclear how this myth got started. There is absolutely no support in the research for this statement. So, let's start by stating the facts. Based on the available research, active interventions are NOT better than passive interventions. For the record, we are big fans of both active and passive

interventions. The Brookbush Institute actually started as a corrective exercise education company and then added manual therapy, and strength and performance courses. Many individuals have acquired the Certified Personal Trainer (CPT), Human Movement Specialist (HMS), and Integrated Manual Therapist (IMT) certifications. As discussed below, research and objective outcome measures in practice demonstrate that an optimal approach would include the integration of manual therapy, specific/corrective exercise, and strength training.

WHAT THE RESEARCH HAS TO SAY

If we consider all studies and base conclusions on a simple method of adopting the conclusion implied by most of them, then manual therapy is generally more effective than exercise, especially during the initial phases of treatment. In summary, the majority of randomized controlled trials (RCTs) comparing manual therapy to exercise demonstrate that manual therapy is more effective than exercise, there is a minority of RCTs demonstrating that both interventions

are equally effective, and it is challenging to find research that implies exercise is more effective. An education guess at the percentages of each of these categories, it may be estimated that 70% suggest manual therapy is more effective, 25% suggest that manual therapy and exercise are equally effective, and only 5% suggest that exercise is more effective. Of course, there is a more accurate and nuanced conclusion to be developed from the research if the goal is to optimize practice (discussed below). But, this article was written to address a single statement that is little more than misinformation.



Manual Therapy, Exercise, or Both? https://brookbushinstitute.com/articles/activeversus-passive-is-exercise-more-effective-thanmanual-therapy

Again, the review below is an excerpt

from the course Joint Mobilization and Manipulation: Introduction. To improve clarity, this review only includes the Randomized Controlled Trials (RCTs) that could be located comparing manual joint mobilizations and manipulations to exercise interventions. All of the available research investigating manual therapy techniques, including additional comparative studies, has been thoroughly reviewed in the Joint Mobilization Courses, Joint Manipulation Courses, and Static Manual Release courses. This includes studies comparing manual therapy techniques to each other, to conventional interventions, to physician care, to other modalities, and to the combination of interventions.

SUMMARY OF RESEARCH FINDINGS

- Summary Statement: There is no evidence to suggest that exercise should be prioritized over manual or self-administered joint mobilizations and manipulations. In fact, research suggests that manual joint mobilizations and manipulations are more effective than exercise during the initial phase of therapy. Further, these comparative studies likely imply that manual mobilization and manipulation techniques are among the most effective techniques available to movement professionals.

RESEARCH FINDINGS BY JOINT

- Cervical Spine: Cervical mobilizations and manipulations are likely more effective than exercise for treating cervical pain and potentially equally effective for treating shoulder pain. Further, both cervical manipulation and exercise are more effective for treating cervical dysfunction than pharmacological interventions and physician care.

- Thoracic Spine: Thoracic manipulations are more effective than therapeutic exercise or

physician care for the improvement of neck and shoulder range of motion (ROM), function, and pain, both short-term and long-term.

- Lumbar Spine and Sacroiliac Joint: Results of exercise and lumbar manipulations may be similar for low back pain; however, there is some evidence of a more complex relationship that includes lumbar manipulations being more effective for pain reduction and the combination of specific intervention and manipulations resulting in superior short-term outcomes when compared to general exercise. Unlike studies comparing manipulations to exercise, studies comparing mobilizations to exercise demonstrate a clear trend toward mobilizations resulting in superior outcomes for pain and function, especially during the initial 2 months of treatment.

- Shoulder: shoulder mobilization may be more effective than exercise for the treatment of adhesive capsulitis, with the exception of a daily home exercise program. Further, there is some evidence of specificity, implying shoulder mobilizations will improve the ROM and strength ot the joint ROM that was addressed.

- Elbow and Wrist: For the treatment of lateral epicondylalgia, based on pain, function, and grip strength scores, the combination of elbow mobilization and soft tissue therapy is at least as effective as exercise, and wrist manipulation is likely more effective than conventional therapies including exercise, ultrasound, and friction massage.

- Lower Extremity: Mobilizations are as effective or more effective than exercise for the treatment of hip and/or knee osteoarthritis and/or stiffness based on pain, stiffness, ROM, proprioception, and/or function scores.

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