PROCEDURE

Manual therapy or bodywork

Manual therapy or bodywork uses hands-on techniques to ease pain, improve movement, or promote relaxation.

PURPOSE
To reduce pain, improve movement, or support relaxation

PROCEDURE TYPE
Therapeutic, hands-on treatment in an outpatient clinic

WHERE IT IS DONE
Outpatient clinic or private treatment room

ANAESTHESIA
None

HOW LONG IT TAKES
Usually 15 to 60 minutes

PREPARATION
Comfortable clothing; usually no fasting or medication changes

RECOVERY
Same day, with no routine driving restriction

MAIN RISKS
Soreness, bruising, symptom worsening, rare serious injury

RESULTS
Initial response known during or soon after treatment

Overview

Manual therapy is hands-on treatment of muscles, joints, and other soft tissues. "Bodywork" is a broader, less standardized term that may include massage, myofascial techniques, stretching, joint mobilization, or other touch-based practices.

A practitioner may use slow pressure, rhythmic movement, assisted stretching, or joint movements. Spinal manipulation uses a quick, controlled thrust and may produce a popping sound. The sound comes from pressure changes within a joint; it does not mean a bone was "put back into place."

Manual therapy is usually used to manage pain or stiffness and help you move more comfortably. It may also be used for relaxation. Benefits and risks differ by technique, the body area treated, your health, and the practitioner's training.

Manual therapy is often most useful as one part of a wider plan that includes exercise, activity, and self-management.

Why the procedure is performed

Manual therapy may be offered for muscle or joint problems such as low back pain, neck pain, some types of headache, or reduced movement after an injury. Massage or gentler bodywork may also be used to reduce muscle tension or support relaxation.

Possible goals include:

The expected benefit should be specific to you. For example, a useful goal might be sitting comfortably at work, turning your head while driving, or returning to a chosen activity.

Manual therapy does not reliably correct posture, "realign" the whole body, or cure an underlying disease. Research findings differ by condition and technique. For many common pain problems, any improvement is modest and is more likely to last when treatment is combined with appropriate exercise and continued activity.

- Reducing pain or stiffness for a limited period
- Improving joint movement or flexibility
- Making exercise or daily activity easier
- Reducing muscle tension
- Supporting relaxation and general well-being

Who should and should not have it

Manual therapy may be reasonable if you have a muscle or joint problem that has been assessed and the proposed technique matches your goals. Before treatment, the practitioner should explain what they plan to do, the likely benefits, important risks, and other options.

It is not right for everyone. Treatment may need to be avoided, delayed, or changed if you have:

Unexplained severe pain, fever, major weakness, loss of bladder or bowel control, or pain after significant trauma needs medical assessment rather than routine bodywork.

Forceful spinal manipulation, especially in the neck, has different risks from gentle massage or mobilization. Ask exactly which technique is being proposed. You can decline a specific technique while considering another.

- A recent fracture, dislocation, major injury, or surgery
- Severe osteoporosis or another condition that weakens bones
- Infection, an open wound, or a significant skin condition in the area
- Cancer affecting the bone or treatment area
- A bleeding disorder, easy bruising, or blood-thinning medication
- Joint instability or an active inflammatory joint condition
- Symptoms suggesting pressure on the spinal cord or major nerves
- A known blood vessel disorder affecting the head or neck
- Pregnancy, when positioning or pressure may need adjustment

How to prepare

Follow the treating facility's own instructions first, because they take priority over general advice.

Most sessions require little preparation. You can usually eat, drink, and take your regular medicines normally. Do not stop a blood thinner or any other prescribed medicine unless the clinician who manages it tells you to.

Wear loose, comfortable clothing if treatment will be performed through clothing. For massage, you may be asked to uncover part of your body, but you should be appropriately draped with a sheet or towel. Tell the practitioner if you want to remain fully clothed.

Before the session, share relevant information about injuries, operations, pregnancy, bone health, bleeding, medicines, numbness, weakness, or other medical conditions. Point out areas you do not want touched. You may ask for a support person or chaperone where available.

What happens during the procedure

The practitioner should first ask about your symptoms, health history, goals, and previous treatment. They may examine how you stand, walk, or move and may gently test joints, muscles, strength, or sensation.

You will usually sit or lie on a treatment table. Depending on the approach, treatment may involve:

You may feel pressure, stretching, or temporary tenderness. Treatment should not continue

through severe or alarming pain. Tell the practitioner immediately if you feel dizzy, faint, numb, unusually weak, or unwell.

Your consent is ongoing. You can ask questions, request less pressure, refuse treatment of a body area, or stop the session at any time.

- Pressure or kneading applied to muscles and soft tissues
- Slow, repeated movement of a joint, called mobilization
- Assisted stretching or guided movement
- Sustained pressure around tight or sensitive tissues
- A quick, controlled joint thrust, called manipulation

Recovery and what to expect afterward

Mild aching or tenderness can occur after treatment, particularly after deep massage or manipulation. It should generally settle rather than continue to intensify. Severe pain is not an expected sign that treatment is "working."

You can normally eat and drink as usual afterward. Drinking extra water is optional; it is not required to "flush out toxins."

Gentle daily activity is usually reasonable. Follow any specific advice about exercise, lifting, or sport, particularly if you are also recovering from an injury or surgery.

Manual therapy does not normally involve sedation, so there is usually no routine driving restriction. Do not drive if treatment leaves you dizzy, faint, unusually painful, or unable to turn or control your body safely.

Most people can return to work the same day. Physically demanding work may need temporary adjustment if you are sore or if the condition being treated limits safe movement.

Risks and possible complications

The risks depend on the technique, treatment area, and your health. Common short-term effects include soreness, stiffness, bruising, tiredness, headache, or a temporary increase in symptoms.

Deep pressure can injure soft tissue, irritate nerves, or worsen some injuries. Forceful techniques can cause fractures in people with fragile bones. Massage over a blood clot could be dangerous.

Spinal manipulation can worsen a disc problem or compress nerves in rare cases. Neck manipulation has been associated with injury to an artery supplying the brain and stroke. It is not always possible to determine whether an artery problem began before or during treatment, but the possible risk should be discussed before neck manipulation.

Emotional discomfort can also occur because treatment involves touch and physical closeness. Clear consent, appropriate draping, professional boundaries, and the ability to stop are essential.

Results and follow up

There is no laboratory result after manual therapy. You may notice a change in pain, movement, or relaxation during the session or over the next few days. Some people notice no meaningful benefit.

A practitioner may suggest more than one session, but treatment should have clear goals and a plan for reviewing progress. Routine follow-up should consider whether you are moving better, doing more, or needing less help-not only how you felt briefly after treatment.

If repeated sessions do not produce useful progress, ask whether the diagnosis, technique, or overall plan should be reconsidered. Continuing indefinitely without measurable benefit may delay more appropriate care.

Alternatives

You do not have to receive manual therapy. Real alternatives include:

For many back and neck problems, manual therapy is considered an optional addition to exercise rather than a replacement for it. Ask what the proposed treatment adds and what may happen if you choose another option.

- Exercise or physiotherapy: Builds strength, movement, and confidence but requires active participation and time
- Education and self-management: Uses pacing, heat or cold, sleep support, and gradual activity; low risk but relief may be gradual
- Pain medicines: May provide short-term relief but can cause side effects and do not improve strength or movement
- Acupuncture: Uses fine needles rather than pressure or joint movement; evidence and availability differ by condition

- No immediate procedure: Monitoring may be reasonable for a mild, improving problem, but persistent or worsening symptoms still need review
- Injections or surgery: Reserved for selected conditions; may target a structural problem but carry greater procedural risks

When to call your healthcare team

Contact your healthcare team promptly if soreness is severe, keeps worsening, lasts longer than expected, or prevents normal activity. Also report new tingling, numbness, weakness, marked swelling, extensive bruising, or symptoms that are clearly different from those you had before treatment.

Routine follow-up is appropriate if treatment is not helping, benefits last only briefly, or you are unsure whether to continue.

Seek emergency help after treatment if you develop:

These symptoms require urgent assessment rather than waiting for the next appointment.

- Sudden weakness or numbness, especially on one side
- Facial drooping, trouble speaking, confusion, or loss of balance
- Sudden severe or unusual headache or neck pain
- New vision loss or double vision
- Loss of bladder or bowel control
- Chest pain, severe shortness of breath, or fainting

Common questions

Will I be asleep?

No. Manual therapy is usually performed without anaesthesia or sedation, and you remain awake throughout.

Can I drive home afterward?

Usually, yes. Do not drive if you feel dizzy, faint, unusually sore, or unable to move safely.

How painful is it?

You may feel pressure, stretching, or brief tenderness. Severe or sharp pain is not something you should be expected to tolerate. Ask the practitioner to reduce pressure or stop.

When will I know if it worked?

You may notice a change immediately or over the next few days. The more important result is whether you can move or function better over time.

Do I have to let my neck or back be "cracked"?

No. Manipulation is only one option. You can decline it and discuss gentler mobilization, massage, exercise, or another approach.

How do I choose a practitioner?

Look for relevant training, current registration or licensing where applicable, professional insurance, clear consent practices, and willingness to communicate with your healthcare team. Rules for bodywork practitioners differ by location and profession.

Sources

- National Center for Complementary and Integrative Health. Massage Therapy: What You Need To Know .
- National Center for Complementary and Integrative Health. Spinal Manipulation: What You Need To Know .
- World Health Organization. WHO guideline for non-surgical management of chronic primary low back pain in adults in primary and community care settings . 2023.
- National Institute for Health and Care Excellence. Low back pain and sciatica in over 16s: assessment and management . NICE guideline NG59.
- George SZ, Fritz JM, Silfies SP, et al. Interventions for the Management of Acute and Chronic Low Back Pain: Revision 2021 . Journal of Orthopaedic & Sports Physical Therapy. 2021;51(11):CPG1-CPG60.