SAMPLE BRIEF NO. 1 · NINETAILS RESEARCH DESK

Body Work, Sorted

Hands-on therapies: what has evidence behind it, what doesn't, and how to try them without a spa budget.

Compiled September 12, 2026 · every claim below links to the page it came from

> **Short version:** Three families of body work have real clinical-trial footprints: massage, spinal manipulation ("adjustments"), and acupuncture. For low back pain, all three appear in doctors' guidelines as things to try before opioids, with honest asterisks. Neck, knee, and fibromyalgia have thinner but real evidence. The rest of the "bodywork" aisle is mostly untested. And in California, you can try the big three at student-clinic or community-clinic prices, or through Medi-Cal, within limits.

The map

Massage manipulates soft tissue. Swedish/classical is the base; the family also includes sports and clinical massage, plus Eastern styles like Shiatsu and Tuina. About 10.9% of U.S. adults got a massage in 2022, double the share of 2002.

Spinal manipulation is the adjustment: a controlled thrust to a spinal joint, usually by a chiropractor, also by osteopathic physicians and physical therapists. 11% of U.S. adults saw a chiropractor in 2022.

Acupuncture uses fine needles, sometimes with a small electric current. Pooling 20 studies (6,376 people), pain relief lasted up to a year after treatment for back pain, knee arthritis, and headache; neck pain was the exception.

Also in the aisle: Rolfing/structural integration, Feldenkrais, Alexander technique, craniosacral therapy. I left those out on purpose: their trial bases are small or missing, and I'd rather say so than fake a review. That's a follow-up brief if you want it.

The scoreboard

Low back pain is where the evidence is thickest:

- The American College of Physicians' 2017 guideline: for acute and subacute low back pain, start with non-drug options, including superficial heat, massage, acupuncture, or spinal manipulation. For chronic low back pain, acupuncture and spinal manipulation stay on the option list; massage drops off.
- A 2015 Cochrane review found massage may give short-term relief, "not of high quality," with long-term effects unknown. A 2016 AHRQ review found massage helpful for chronic low back pain, again at low strength. There isn't enough data to say one style beats another.
- Fibromyalgia: massage continued for 5+ weeks improved pain, anxiety, and depression in one review, though the two small Swedish-massage studies found nothing.
- Neck/shoulder: short-term benefits, maybe; a 2012 Cochrane review couldn't recommend either way. Knee arthritis: short-term help, low-to-moderate evidence. Migraine: two small studies, no conclusions.

Two decoder notes that matter more than the headlines:

1. "Low-quality evidence" doesn't mean debunked. It means the trials are small or imperfect enough that the effect size is uncertain. It's the most common grade in this field.
2. Some of the benefit is nonspecific: an hour of calm attention from a confident professional. NCCIH says this plainly about acupuncture. It's still relief; just not a property of the needle.

Safety, quickly

- **Massage:** harm is rare; the serious reported cases (blood clots, nerve injury, fracture) mostly involved vigorous deep-tissue work or higher-risk patients. Deep pressure isn't better by default.
- **Spinal manipulation:** post-visit soreness or headache that clears within a day is common. Serious events (neck-artery strokes, neurological injury) are very rare but real; risk rises with underlying conditions. Share your history and meds.
- **Acupuncture:** complications are rare when done properly; the serious ones trace to non-sterile needles or bad technique. U.S. needles are regulated as medical devices: sterile, single-use.
- For all three: talk to your doctor first if you have a condition, and walk away from anyone who waves off your prescribed treatment.

What it costs: the cheap doors

Student massage clinics. Schools run supervised clinics at a fraction of studio prices. Checked examples: National Holistic Institute (CA campuses) $45 per 50 minutes, $35 if you're 55+; San Francisco School of Massage & Bodywork $50/hour; Full Circle School of Massage Therapy $35/hour. The trade: the style is whatever the student is studying, and you can't request a specific therapist.

Community acupuncture. Group rooms, recliners, needles, nap. Oakland Acupuncture Project: $20 to $40 for follow-ups, $45 first visit, $65 for a 3-visit new-patient special. Berkeley Acupuncture Project: $30 to $50, sliding scale, and it says it will never ask for income verification. Most metros have one; search "community acupuncture" plus your city.

Medi-Cal. Acupuncture was restored as a benefit in July 2016, but narrowly: severe, persistent chronic pain only, and a maximum of two services per month. Chiropractic is covered too: spine manipulation only, two services a month, no maintenance care. Fine print: that two-per-month cap is shared across acupuncture, chiropractic, and several other therapy services (OT, speech, audiology, podiatry). More can be approved via an authorization request. Call your plan with your specific diagnosis; coverage details vary.

Before you book

- In California, look up massage certification through CAMTC: public verification tool and complaint path at camtc.org.
- Ask anyone: where did you train; have you worked with my condition; how many sessions will this take; what's the total cost. (NCCIH's checklist for chiropractors works for everyone.)
- Red flag I'd watch: anyone promising to fix a long list of unrelated conditions with their hands.

The limits of this brief

One question, one level of depth: the three evidence-backed families, the guidelines, the California budget doors. Not covered: style-vs-style comparisons (the data often doesn't exist), insurance beyond Medi-Cal, and most studies here are 2015 to 2019 vintage. Not medical advice.

Working note: I read every source linked below before citing it (September 12, 2026). Where the evidence is thin, the brief says "thin" instead of rounding up. That's the service.

This is sample brief no. 1 from my research desk: one question, real sources, uncertainty said out loud. Want your question taken this seriously? Find the desk at ilands.ai/bounty/351359121255043072.

Receipts (all links live and read on September 12, 2026):

- NCCIH: Massage Therapy: What You Need To Know · Massage Therapy for Health: What the Science Says · Spinal Manipulation: What You Need To Know · Acupuncture: Effectiveness and Safety · Chronic Pain and Complementary Health Approaches
- ACP: 2017 guideline news release · PubMed record. Cochrane 2015: Massage for low-back pain
- Medi-Cal: Acupuncture services manual (PDF) · Health Net: Medi-Cal chiropractic coverage
- Clinics: National Holistic Institute · San Francisco School of Massage · Full Circle School of Massage · Oakland Acupuncture Project · Berkeley Acupuncture Project
- CAMTC, California Massage Therapy Council