Chiropractic Care Explained, Benefits, Risks and Who Should Avoid It



Chiropractic care is a hands-on treatment in which a licensed chiropractor uses **spinal manipulation** and other manual techniques to ease musculoskeletal pain. It has the strongest evidence for **low back pain** and some **neck pain**, works best alongside exercise and education, and is not suitable for everyone.

The word chiropractic comes from the Greek “cheiro” (hand) and “praktikos” (practice). Modern chiropractors focus on pain, movement and function of the spine and joints, and they do not claim that spinal alignment is behind most diseases, as some early theories did.

This guide explains how **chiropractic care** works, what happens in a first visit, what research says about its benefits, the risks, and the warning signs that mean you should skip it or see a doctor first. It is educational information and does not replace advice from your own doctor.

How Chiropractic Care Works



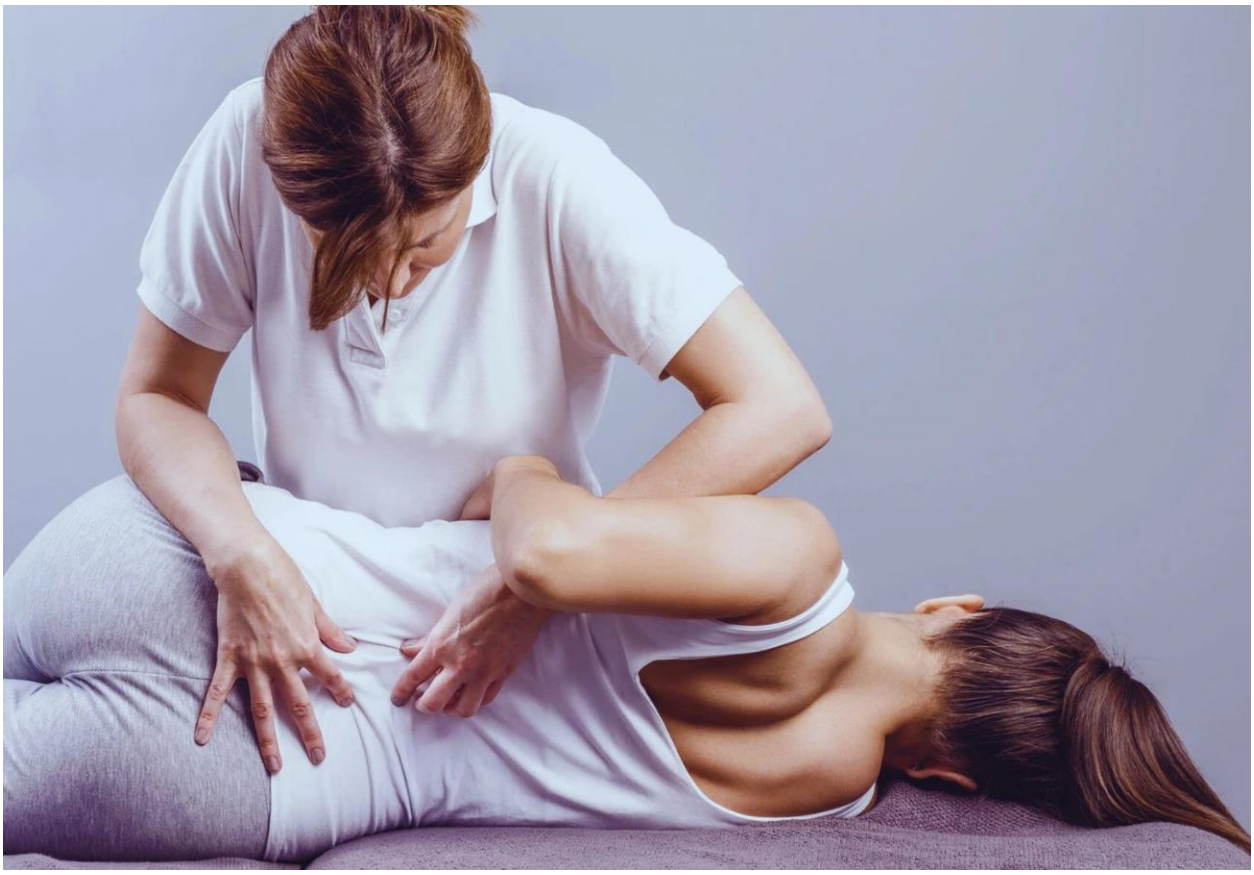
A chiropractor uses their hands, or a small handheld tool, to move the spine and other joints in a controlled way. The goal is to improve how a joint moves, ease muscle tension and reduce pain. In the US, licensed chiropractors complete an accredited four-year Doctor of Chiropractic program before they can practice, so it matters that treatment is done only by a trained and licensed professional.

Common chiropractic techniques

- **Spinal manipulation (adjustment)** is a quick, controlled thrust applied to a joint to move it slightly beyond its usual range of motion.
- **Joint mobilization** is the gentler option, using slow, rhythmic movements without a thrust. It is often chosen for people who are nervous about adjustments.
- **Soft tissue work and stretching** relaxes tight muscles around the spine before or after joint techniques.
- **Instrument-assisted methods** use small handheld tools to apply light, targeted force.

- **Supporting therapies** such as cold or hot packs, electrical stimulation and relaxation techniques are sometimes added to the plan.

Chiropractic vs physiotherapy vs osteopathy



These three approaches overlap, and many people use more than one. The main differences are in focus and tools.

	Chiropractic care	**Physiotherapy**	**Osteopathy**
Main focus	Spine and joint function through manual adjustment	Movement, strength and recovery through rehabilitation	The whole musculoskeletal system through hands-on techniques
Typical methods	Spinal manipulation, mobilization, soft tissue work	Exercise programs, stretching, education, sometimes manual therapy	Soft tissue techniques, joint articulation, gentle manipulation
Often used for	**Low back pain**, **neck pain**, some headaches	Injury recovery, post-surgery rehabilitation, long-term movement problems	Back, neck and joint pain, muscle tension

The right choice depends on your condition and your goals. Titles also vary by country. In the US, osteopathic doctors (DOs) are fully licensed physicians, while in some other countries osteopaths are manual therapists, so always check the local licensing rules before booking.

What to Expect at Your First Chiropractic Visit

A first visit usually takes 30 to 60 minutes, and most of it is assessment rather than treatment.

- **Health history.** The chiropractor asks about your pain, when it started, past injuries, medications and your daily routine, including how long you sit.
- **Physical exam.** They check your posture, spine movement, muscle strength and reflexes.
- **Imaging, only if needed. X-rays** are not routine. They are ordered when the exam suggests a problem that needs a closer look.
- **Treatment plan.** If chiropractic care is appropriate, you get a plan that may combine adjustments, soft tissue work and exercises. If something looks serious, a good chiropractor refers you to a doctor instead.

After an adjustment, some people feel mild soreness, stiffness or tiredness for a day or two. This is common and usually fades quickly. Strong or worsening symptoms are not normal and should be reported right away.

What the Evidence Says About Chiropractic Care



Chiropractic care has the most support for musculoskeletal pain, especially in the lower back. In 2023 the World Health Organization published its first guideline on chronic low back pain and listed spinal manipulative therapy among the non-surgical options it recommends, alongside exercise, education, massage and psychological therapies. The recommendation is conditional, which reflects the limited quality of the research behind it. In practice, this means chiropractic care works best as one part of a plan, not as a stand-alone cure.

Where chiropractic care may help

- **Low back pain.** This is the strongest area. Spinal manipulation is generally considered a reasonable option for acute low back pain and for flare-ups of long-term back pain.
- **Neck pain.** Some people with chronic neck pain report better movement and less pain after treatment.
- **Certain headaches.** Tension-type headaches linked to neck stiffness are one of the conditions chiropractors most often treat.
- **Joint stiffness and muscle tension.** Adjustments and soft tissue work can improve range of motion and ease muscle spasm, which is why many people feel looser after a session.

Where the evidence is weak

Online claims often go further than the research. According to the Merck Manual, there is no evidence that chiropractic manipulation works for conditions that are not directly related to the musculoskeletal system. That includes asthma, allergies, high blood pressure, anxiety and depression. If a provider promises to treat these, treat it as a red flag.

Chiropractic Care Risks and Who Should Avoid It

Chiropractic care is generally considered safe when it is done by a trained and licensed professional, but it is not risk free and it is not right for everyone.

Common side effects

Mild **soreness**, stiffness, headache or tiredness for a day or two after treatment is the most common reaction. It usually settles on its own.

Rare but serious risks



- **Worsening of a herniated disc** or irritation of nerves in the lower spine.
- **Stroke after neck manipulation.** The American Heart Association has said that forceful neck manipulation may be associated with a small tear in a neck artery, which can lead to stroke. A direct cause-and-effect link has not been proven and the risk is probably low, but patients should be told about it before neck manipulation.

Get emergency medical help right away if neck pain or a sudden severe headache is followed by dizziness, trouble speaking, vision changes, weakness or numbness on one side of the body.

Who should skip or get medical clearance first

Spinal manipulation is not suitable, or needs a doctor's approval first, if you have:

- **Severe osteoporosis** or a recent spinal fracture or injury
- **Cancer in the spine** or a bone tumor
- **Persistent numbness, tingling or weakness** in an arm or leg, including from spinal stenosis
- A **high risk of stroke** or a history of artery problems in the neck
- **Blood-thinning medication**
- A spinal infection or structural problems in the upper neck bones

If any of these apply, tell the chiropractor at the start of your first visit and talk to your doctor before booking. A good practitioner will ask about all of this before treating you, so be cautious about anyone who skips the health history.

How to Find a Qualified Chiropractor

Choosing the right practitioner matters as much as choosing the treatment itself.

- **Check the license.** In the US, chiropractors must be licensed by their state board. The Federation of Chiropractic Licensing Boards links to each board's license and discipline lookup.
- **Ask about your condition.** A good chiropractor explains the diagnosis, the plan and how many visits to expect, and tells you what progress to look for.
- **Expect a referral when needed.** If something looks serious, they should send you to a doctor instead of continuing treatment.
- **Be cautious about pressure.** Long prepaid packages, promises to cure unrelated diseases or advice to avoid medical care are red flags.
- **Stop if it feels wrong.** You can pause or end treatment at any time. Pain that gets worse, not better, deserves a medical check.

Sitting Habits Between Sessions

Many people see a chiropractor for back or tailbone pain that gets worse after hours at a desk or behind the wheel. Treatment sessions last under an hour, but most of your week is spent sitting, so your **sitting setup** matters too. Start with a few basics from our guide to sitting properly in an office chair.

If sitting puts pressure on your tailbone, the sitcushion Office Seat Cushion has a **U-shaped coccyx cutout** and high-density memory foam, designed to take pressure off the tailbone and support an upright posture during long sitting. It is an ergonomic aid, not a medical treatment, and it does not replace chiropractic care or advice from your doctor. For persistent tailbone pain, see our guide to coccyx pain treatment.

Frequently Asked Questions About Chiropractic Care

How many chiropractic sessions do I need for low back pain, and is maintenance care necessary?

Most short courses of care run a few weeks, and you should notice some improvement within the first several visits. If your pain has not improved after about a month, ask for a reassessment or see

your doctor. **Maintenance care**, meaning regular visits when you have no symptoms, has no strong evidence showing it prevents pain or disease, so you should not be pressured into long prepaid packages.

Is the cracking sound during an adjustment harmful?

The popping sound is usually caused by gas bubbles shifting in the fluid around a joint. It is generally **not harmful**, and an adjustment can work without any sound. Do not judge the quality of a session by the noise, and tell your chiropractor if a movement feels sharply painful.

How long does soreness last after an adjustment, and when is it not normal?

Mild soreness, stiffness or tiredness for 24 to 48 hours is common. It is **not normal** if you have severe or worsening pain, new numbness or weakness in an arm or leg, dizziness, trouble speaking or vision changes. Stop treatment and get medical care, and call emergency services if stroke symptoms appear.

Can a chiropractor help with a herniated disc or sciatica?

Some people with **disc-related low back pain** improve with spinal manipulation, and research suggests it can work about as well as physiotherapy for them. It is not right for everyone with sciatica, especially if leg weakness is getting worse. Sudden loss of bladder or bowel control, or numbness in the groin, is an emergency and needs immediate hospital care. For sitting-related sciatica, see our guide to sciatica pain when sitting.

Can I refuse a neck adjustment?

Yes. You can decline **neck manipulation** at any time and ask for gentler options such as joint mobilization, soft tissue work or exercises. This is a reasonable request, especially if you are young with new or unusual neck pain, have severe headaches, or have risk factors for stroke.

Is chiropractic care safe during pregnancy?

Many pregnant people receive gentle chiropractic care for back and pelvic pain, but it should be done by a provider trained in **prenatal care** who uses modified techniques. Check with your OB or midwife first. Get medical assessment before any treatment if you have vaginal bleeding, severe pain or a high-risk pregnancy.

Should I see a chiropractor or a physical therapist first for back pain?

For back pain without warning signs, either is a reasonable start, and many people use both. Chiropractors focus more on **manual adjustment**, while physical therapists focus more on exercise and rehabilitation. If you have red flags such as fever, unexplained weight loss, pain after a serious injury, or progressive weakness, see a doctor first.

Can chiropractic care help with tailbone pain?

Some chiropractors and physical therapists use manual techniques for **coccyx pain**, but the research is limited. Most tailbone pain improves with conservative care, and reducing pressure while sitting is a common part of it, for example with a cushion that has a coccyx cutout such as the sitcushion Office Seat Cushion. For persistent pain, see our guide to coccyx pain treatment.

Can I get adjusted if I have osteoporosis or take blood thinners?

Not without medical clearance. People with **severe osteoporosis** usually need to avoid thrust manipulation because of fracture risk, and **blood thinners** raise the risk of bruising and bleeding. Bring your latest bone density result and medication list to the first visit. Never change a dose without your prescriber's instruction.

Does chiropractic care help headaches and migraines?

The evidence is stronger for **tension-type headaches** and headaches linked to neck stiffness than for migraines. If your headaches are new, sudden and severe, or come with weakness, vision changes or confusion, see a doctor urgently before trying any manual treatment.

The Bottom Line on Chiropractic Care

Chiropractic care can be a useful, non-invasive option for **low back pain**, some **neck pain** and certain headaches, especially when it is combined with exercise and good habits. The evidence does not support claims that it treats asthma, allergies, blood pressure or mental health conditions.

Choose a **licensed practitioner**, share your full health history, ask about the plan before you start, and stop if something feels wrong. If you have warning signs such as new weakness, numbness or a sudden severe headache, see a doctor first.

For more practical guides on back pain, posture and sitting comfort, visit our Knowledge Center.