1. Relevant prognostic factors that can cause recurrence of neck pain should be explained to patients (this thesis).

2. No way of thoracic manipulation is superior (this thesis).

3. Evaluate the patient’s perspective and needs, as part of the assessment and treatment, and incorporate them as much as possible into the therapy (this thesis).

4. Neck pain patient can adapt well to restrictions influencing functioning in daily life (this thesis).

5. Patient centered-approaches should be the primary aim of health care.

6. Available valid and reliable questionnaires should be used for the assessment, evaluation and monitoring of patients with neck pain.

7. Regarding neck pain, there is no need for further assessment tools and questionnaires, existing ones should be used properly.

8. Although many assessment tools are available, they are not yet used in daily clinical practice in abundance.

9. Transfer of science into clinical practice outside hospitals is lacking.

10. There is a need of online databases providing valid and reliable outcome measures, as well as evaluation, for private practices to support implementation of research into daily clinical routine everywhere.

11. It always seems impossible until it’s done (Nelson Mandela).