

Research Supporting Chiropractic Medicine:

A growing list of research studies and reviews demonstrate that the services provided by chiropractic physicians are both safe and effective. Following are excerpts and summaries from a few of the more recent studies. The evidence strongly supports the natural, whole-body and cost-effective approach of chiropractic care for a variety of conditions.

For Acute and Chronic Pain

"Many treatments are available for low back pain. Often exercises and physical therapy can help. Some people benefit from chiropractic therapy or acupuncture."

--*Goodman et al. (2013), Journal of the American Medical Association*

"[Chiropractic Manipulative Therapy] in conjunction with [standard medical care] offers a significant advantage for decreasing pain and improving physical functioning when compared with only standard care, for men and women between 18 and 35 years of age with acute low back pain."

--*Goertz et al. (2013), Spine*

In a Randomized controlled trial, 183 patients with neck pain were randomly allocated to manual therapy (spinal mobilization), physiotherapy (mainly exercise) or general practitioner care (counseling, education and drugs) in a 52-week study. The clinical outcomes measures showed that manual therapy resulted in faster recovery than physiotherapy and general practitioner care. Moreover, total costs of the manual therapy-treated patients were about one-third of the costs of physiotherapy or general practitioner care.

-- *Korthals-de Bos et al (2003), British Medical Journal*

"Patients with chronic low-back pain treated by chiropractors showed greater improvement and satisfaction at one month than patients treated by family physicians. Satisfaction scores were higher for chiropractic patients. A higher proportion of chiropractic patients (56 percent vs. 13 percent) reported that their low-back pain was better or much better, whereas nearly one-third of medical patients reported their low-back pain was worse or much worse."

– *Nyiendo et al (2000), Journal of Manipulative and Physiological Therapeutics*

In Comparison to Other Treatment Alternatives

"Reduced odds of surgery were observed for...those whose first provider was a chiropractor. 42.7% of workers [with back injuries] who first saw a surgeon had surgery, in contrast to only 1.5% of those who saw a chiropractor."

– *Keeney et al (2012), Spine*

"Acute and chronic chiropractic patients experienced better outcomes in pain, functional disability, and patient satisfaction; clinically important differences in pain and disability improvement were found for chronic patients."

– Haas et al (2005), *Journal of Manipulative and Physiological Therapeutics*

"In our randomized, controlled trial, we compared the effectiveness of manual therapy, physical therapy, and continued care by a general practitioner in patients with nonspecific neck pain. The success rate at seven weeks was twice as high for the manual therapy group (68.3 percent) as for the continued care group (general practitioner). Manual therapy scored better than physical therapy on all outcome measures. Patients receiving manual therapy had fewer absences from work than patients receiving physical therapy or continued care, and manual therapy and physical therapy each resulted in statistically significant less analgesic use than continued care."

– Hoving et al (2002), *Annals of Internal Medicine*

For Headaches

"Cervical spine manipulation was associated with significant improvement in headache outcomes in trials involving patients with neck pain and/or neck dysfunction and headache."

-- McCrory, Penzlen, Hasselblad, Gray (2001), *Duke Evidence Report*

"The results of this study show that spinal manipulative therapy is an effective treatment for tension headaches. . . Four weeks after cessation of treatment . . . the patients who received spinal manipulative therapy experienced a sustained therapeutic benefit in all major outcomes in contrast to the patients that received amitriptyline therapy, who reverted to baseline values."

-- Boline et al. (1995), *Journal of Manipulative and Physiological Therapeutics*

For Neck Pain

In a study funded by NIH's National Center for Complementary and Alternative Medicine to test the effectiveness of different approaches for treating mechanical neck pain, 272 participants were divided into three groups that received either spinal manipulative therapy (SMT) from a doctor of chiropractic (DC), pain medication (over-the-counter pain relievers, narcotics and muscle relaxants) or exercise recommendations. After 12 weeks, about 57 percent of those who met with DCs and 48 percent who exercised reported at least a 75 percent reduction in pain, compared to 33 percent of the people in the medication group. After one year, approximately 53 percent of the drug-free groups continued to report at least a 75 percent reduction in pain; compared to just 38 percent pain reduction among those who took medication.

-- Bronfort et al. (2012), *Annals of Internal Medicine*

Cost Effectiveness

Low back pain initiated with a doctor of chiropractic (DC) saves 40 percent on health care costs when compared with care initiated through a medical doctor (MD), according to a study that analyzed data from 85,000 Blue Cross Blue Shield (BCBS) beneficiaries in Tennessee over a two-year span. The study population had open access to MDs and DCs through self-referral, and there were no limits applied to the number of MD/DC visits allowed and no differences in copays. Researchers estimated that allowing DC-initiated episodes of care would have led to an annual cost savings of \$2.3 million for BCBS of Tennessee. They also concluded that insurance companies that restrict access to chiropractic care for low back pain treatment may inadvertently pay more for care than they would if they removed such restrictions.

– *Liliedahl et al (2010), Journal of Manipulative and Physiological Therapeutics*

"Chiropractic care appeared relatively cost-effective for the treatment of chronic low-back pain. Chiropractic and medical care performed comparably for acute patients. Practice-based clinical outcomes were consistent with systematic reviews of spinal manipulative efficacy: manipulation-based therapy is at least as good as and, in some cases, better than other therapies."

– *Haas et al (2005), Journal of Manipulative and Physiological Therapeutics*

Patient Satisfaction

"Chiropractic patients were found to be more satisfied with their back care providers after four weeks of treatment than were medical patients. Results from observational studies suggested that back pain patients are more satisfied with chiropractic care than with medical care. Additionally, studies conclude that patients are more satisfied with chiropractic care than they were with physical therapy after six weeks."

-- *Hertzman-Miller et al (2002), American Journal of Public Health*

Popularity of Chiropractic

"Chiropractic is the largest, most regulated, and best recognized of the complementary and alternative medicine (CAM) professions. CAM patient surveys show that chiropractors are used more often than any other alternative provider group and patient satisfaction with chiropractic care is very high. There is steadily increasing patient use of chiropractic in the United States, which has tripled in the past two decades."

– *Meeker, Haldeman (2002), Annals of Internal Medicine*

Chiropractic Physicians:

A Low Cost Solution to High Cost Healthcare

Numerous studies have shown that services delivered by doctors of chiropractic (DC) are cost effective and safe. The following are excerpts from several of these studies. By examining the research which demonstrates the cost savings associated with the services delivered by doctors of chiropractic, you will find that these services offer tremendous potential in meeting today's health care challenges.

The results suggest that insurance companies that restrict access to doctors of chiropractic may, inadvertently, be paying more for care than if they removed these restrictions.

In a 2012 study to identify early predictors of lumbar spine surgery after occupational back injury, reduced odds of surgery were observed for those under age 35, women, Hispanics and those whose first provider was a Doctor of Chiropractic. 42.7 percent of patients who first saw a surgeon had surgery, in contrast to only 1.5 percent of those who first saw a Doctor of Chiropractic, a result not due to any difference in severity of cases seen by DCs and surgeons.¹ A 2012 study published in the Annals of Internal Medicine found that patients with acute and subacute neck pain found spinal manipulation therapy provided by DCs more effective than medication in both the short and long term.²

In 2012, an article published in Medical Care showed that costs are less for patients with neck pain and back pain who see a Doctor of Chiropractic, based on a risk-adjusted analysis of a large nationally representative dataset.³

A 2010 study evaluating data from Blue Cross Blue Shield of Tennessee found that risk-adjusted costs for low back pain episodes of care initiated with a DC were 20 percent less costly than episodes initiated through a medical doctor.⁴

A 2010 study at the University of British Columbia found that guidelines-based care which included spinal manipulation provided by a DC was significantly more effective than "usual care" provided by medical physicians for patients with lower back pain of less than 16 weeks duration.⁵

A 2009 Milstein and Choudhry report stated "...when considering effectiveness and cost together, chiropractic physician care for low back and neck pain is highly cost effective, [and] represents a good value in comparison to medical physician care..."⁶

A study published in 2004 showed that patients enrolled in an HMO network using DC's as primary care physicians experienced significantly fewer hospital visits, spent less time in a hospital for care, underwent fewer surgeries and used far fewer pharmaceuticals than other HMO patients who received traditional medical care.⁷

These findings were confirmed in a 2007 follow up study.⁸

References:

- 1) Keeney BJ, Fulton-Kehoe D, Turner JA, Wickizer TM, Chan KC, Franklin GM. Early Predictors of Lumbar Spine Surgery after Occupational Back Injury: Results from a Prospective Study of Workers in Washington State. *Spine*, 2012
- 2) Bronfort G, Evans R, Anderson A, et.al. Spinal Manipulation, Medication, or Home Exercise With Advice for Acute and Subacute Neck Pain. *Annals of Internal Medicine*, 2012.
- 3) Martin IM, Gerkovich M, Goertz C, et. al. The Association of Complementary and Alternative Medicine Use and Health Care Expenditures for Back and Neck Problems, *Medical Care*, 2012
- 4) Cost of Care for Common Back Pain Conditions Initiated With Chiropractic Doctor vs. Medical Doctor/Doctor of Osteopathy as First Physician: Experience of One Tennessee-Based General Health Insurer," *Journal of Manipulative and Physiological Therapeutics (JMPT)*, 2010.
- 5) Bishop PB, Quon JA, Fisher CG, Dvorak MF. The Chiropractic Hospital-based Interventions Research Outcomes study: a randomized controlled trial on the effectiveness of clinical practice guidelines in the medical and chiropractic management of patients with acute mechanical low back pain. *Spine Journal*, 2010
- 6) Choudhry N, Milstein A. Do chiropractic physician services for treatment of low-back and neck pain improve the value of health benefit plans? An evidence-based assessment of incremental impact on population health and total healthcare spending. San Francisco: Mercer Health and Benefits; 2009.
- 7) Sarnat, R.; Winterstein, J. Clinical and Cost Outcomes of an Integrative Medicine IPA. *JMPT*, 2004.
- 8) Sarnat, R.; Winterstein, J; Cambron JA. Clinical and Cost Outcomes of an Integrative Medicine IPA; an additional 3-year update. *JMPT*, 2007.