

## **Chiropractic Care for Neck and Low Back Pain**

Chiropractic Care is an option for Low Back Pain and Neck pain. It can involve manipulation and/or mobilization of joints to decrease pain and improve function.

It should involve a physical examination of the back or neck, including the shoulders and hips. A medical history to look for reasons that may make manipulation or mobilization to risky. Plain x-rays to look for fractures, instability or severe degeneration which may make results less successful and a neurological exam to minimize risk for injury to the nerves or the spinal cord.

It can involve up to 3 visits per week initially with assessment periodically after 5-7 visits to see if additional treatments are necessary. Typically, a total of 10-12 treatments are reasonable as long as improvement is documented.

There are **few studies** documenting long term efficacy of chiropractic care, however, complications are minimal relative to other treatment options for acute low back and neck pain. When complications occur, they can be severe. The UCLA studies as well as the RAND studies have shed light on the indications, risks and benefits (see references below)

Most of the chiropractic physicians that I have experience with get the best results on younger patients that do not have neurologic symptoms that are treated within one week of the start of their symptoms.

Older patients that have moderate arthritis, osteoporosis, neurologic symptoms (pain down the arm or leg) and start treatment after 6 weeks do not have good results from chiropractic care.

If neurologic symptoms arise in the course of chiropractic treatment, then you should stop the treatment, get imaging studies (MRI, CT), and a consultation from a spine specialist MD, like a physiatrist (Physical Medicine & Rehabilitation) or a spine surgeon.

## **Safety of Chiropractic Interventions: A Systemic Review**

Gouveia, L.O., et al. Spine. 34(11):E405-E413, May 15, 2009.

Most of the adverse events reported were benign and transitory, however, there are reports of complications that were life threatening, such as arterial dissection, myelopathy, vertebral disc extrusion, and epidural hematoma. The frequency of adverse events varied between 33% and 60.9%, and the frequency of serious adverse events varied between 5 strokes/100,000 manipulations to 1.46 serious adverse events/10,000,000 manipulations and 2.68 deaths/10,000,000 manipulations.

## **Frequency and Clinical predictors of adverse reactions to Chiropractic Care in the UCLA Neck Pain Study**

[http://journals.lww.com/spinejournal/Fulltext/2005/07010/Frequency\\_and\\_Clinical\\_Predictors\\_of\\_Adverse.3.aspx](http://journals.lww.com/spinejournal/Fulltext/2005/07010/Frequency_and_Clinical_Predictors_of_Adverse.3.aspx)

Hurwitz, E.L., et al. Spine. 30(13):1477-1484, July 1, 2005.

Our results suggest that adverse reactions to chiropractic care for neck pain are common and that despite somewhat imprecise estimation, adverse reactions appear more likely to follow cervical spine manipulation than mobilization. Given the possible higher risk of adverse reactions and lack of demonstrated effectiveness of manipulation over mobilization,

chiropractors should consider a conservative approach for applying manipulation to their patients, especially those with severe neck pain.

**A Randomized Trial of Chiropractic and Medical for Patients with Low Back Pain: Eighteen Months Follow-up Outcomes from the UCLA Low Back Pain Study**

[http://journals.lww.com/spinejournal/Fulltext/2006/03150/A\\_Randomized\\_Trial\\_of\\_Chiropractic\\_and\\_Medical.2.aspx](http://journals.lww.com/spinejournal/Fulltext/2006/03150/A_Randomized_Trial_of_Chiropractic_and_Medical.2.aspx)

Hurwitz, E.L., et al. Spine. 31(6):611-621, March 15, 2006.

Differences in outcomes between medical and chiropractic care without physical therapy or modalities are not clinically meaningful, although chiropractic may result in a greater likelihood of perceived improvement, perhaps reflecting satisfaction or lack of blinding. Physical therapy may be more effective than medical care alone for some patients, while physical modalities appear to have no benefit in chiropractic care.

Links: <http://www.spine-health.com/treatment/chiropractic/chiropractic-treatments-back-pain>

"The main responsibility for preventing chronic low back pain and disability lies with the family doctor, occupational health service, physiotherapist, osteopath or [chiropractor](#) who is caring for the patient at this early stage. Early active rehabilitation is highly effective in preventing long term pain and disability." (spine-health.com link above)