



Chronic Pain

A Review of the Literature



Meade Study: BMJ 1990

- A British ten year study concluded that chiropractic treatment was significantly more effective, particularly with patients with **chronic and severe pain**



Bronfort, DC et al. JMPT 1996

*“For the management of chronic back pain, trunk exercise in combination with **manipulation** or NSAIDs seems beneficial and worthwhile.”*



Giles LG, Muller R. JMPT 1999

Study compared spinal manipulation, needle acupuncture, and NSAIDs for the treatment of **chronic back pain.**

After 30 days, spinal manipulation was the only intervention to achieve statistically significant improvement.

Intervention by way of acupuncture or NSAIDs did not result in significant improvements in any of the outcome measures.



Manual Medicine 1986

CMT is both subjectively and objectively, more effective at relieving low back pain than a manual placebo treatment.



SPINE 1997 Maurits W. van Tulder, et al

- “...*strong evidence for the effectiveness of **manipulation**, back schools, and exercise therapy for chronic low back pain, especially for short term results.*”
- Additionally, the study found that no single therapeutic intervention was demonstrated to be effective in the treatment of chronic LBP.



SPINE 1995 Triano, McGregor, et al

“There appears to be clinical value to treatment according to a defined plan using manipulation even in low back pain exceeding 7 weeks’ duration”



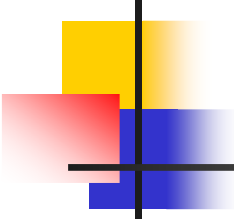
CHIROPRACTIC MORE EFFECTIVE THAN MEDICAL CARE FOR LBP; *JMPT* – March 2004;27:160-9.

- Investigators pooled data on 60 chiropractic patients from 51 chiropractic clinics and 11 patients cared for by general practitioners from 14 medical clinics. All subjects had **acute or chronic LBP**.
- Findings showed that chiropractic care had significant advantages over medical care. Specifically, “a clinically important advantage for chiropractic patients was seen in **chronic patients** in the short-term (>10 [visual analog scale] points), and both acute and chronic chiropractic patients experienced somewhat greater relief up to 1 year.” Patients with **leg pain** below the knee appeared to have the greatest advantage from chiropractic care.
- “Study findings were consistent with systematic reviews of the efficacy of spinal manipulation for pain and disability in acute and chronic LBP,” write the study’s authors. “Patient choice and interdisciplinary referral should be prime considerations by physicians, policymakers and third-party payers in identifying health services for patients with LBP.”



Summary

- The benefit of chiropractic manipulation (in addition to exercise) over single intervention treatments like acupuncture, exercise, and NSAIDs for patients with chronic pain syndromes is clear and supported by scientific study.
- Manipulation is certainly the safest and most effective treatment to keep a spine functional and the chronic pain patient employed.



“Passive” or “No lasting therapeutic Benefit” or “Non-Curative” or “Palliative”

What treatment can survive a requirement suggesting that treatment must provide curative or long lasting therapeutic benefit? ANSWER: NONE!

- Chiropractic or Osteopathic manipulation
- Drugs
- Physical Therapy (electric stim, ultrasound, ice, heat, etc.)
- Massage
- Epidural injections
- Facet Injections
- Physical Rehabilitation
- Exercises
- Patient Education
- NSAIDs
- Surgery



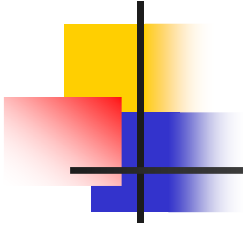
Criteria: Minimal requirements to qualify for Chronic Pain Management.

1. Unable to attain pre-accident status; attained maximal therapeutic benefit; recovered with residual soft tissue damage
2. Therapeutic withdrawal attempted
3. Unable to maintain improvement
4. Minimal tx recommended
5. Dx & Tx alternatives considered
6. Home management recommended

Goals of Chiropractic Spinal Manipulation for Chronic Pain



1. Pain Relief
2. Improve Fx
3. Decrease Reliance on drugs
4. Keep the patient employed



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