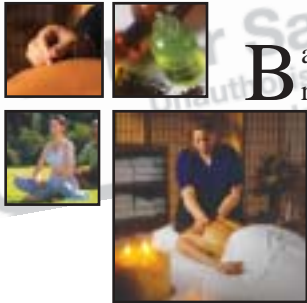




Back Pain Manipulation: Can It Help?

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Back pain is one of the most common reasons patients visit primary-care physicians. Manipulation is a forced movement applied directly or indirectly to an articulation that carries articular elements beyond their usual physiologic range of movement without passing the limit imposed on their anatomic range of movement. It is often a single, short, high-velocity, low-amplitude thrust that is executed at the end of a passive movement.

Manipulation is performed by chiropractors, medical doctors, osteopaths and physiotherapists.

Contraindications

You should not manipulate a joint where:

- there is bone or joint pathology like infection or metastases;
- a patient has a blood dyscrasia or is on anticoagulant therapy;
- there is vertebral basilar insufficiency or an abdominal aorta with extensive atherosclerosis;
- there is a neurologic lesion involving the spinal cord (acute lumbar disc herniation with defined, progressive neurologic deficit or *cauda equina*);
- there is a vertebra that is weakened by osteoporosis or
- there is an unrecognized tumour.

What do the studies show?

Meade *et al.*¹

- Included 741 patients in a randomized, controlled British study.
- Patients with low back pain (LBP) of mechanical origin were assigned to either a chiropractor who did chiropractic manipulation or to a hospital outpatient department, which used Maitland mobilization or manipulation or both.
- 25% of patients in the hospital group also received traction and 30% received additional exercises.
- Chiropractic patients received about 44% more treatments than those treated in hospital.
- Chiropractic treatment was more effective than hospital outpatient management.
- At two years, patients treated by chiropractors had improved 7% more than those treated in hospital.

Hass *et al.*²

- Included 2,870 non-randomized LBP patients with acute or chronic back pain attending primary-care physicians or chiropractors.
- Short-term patients with chronic back pain treated by chiropractors reported less pain.
- Acute and chronic chiropractic patients experienced somewhat greater relief at one year.

Hoiriis *et al.*³

- A randomized, double-blind clinical trial.
- Included 192 patients experiencing two to six weeks of LBP.

What do the studies show? Continued...

- Patients were randomly allocated to three groups with two weeks of applied interventions.
- Interventions were either chiropractic adjustments with placebo medicine, muscle relaxants with sham adjustments or placebo medicine with sham adjustments.
- Pain, disability, depression and global impression of severity decreased in all groups.
- No significant differences were seen for disability, depression, flexibility or acetaminophen usage across groups.
- Pain improved more in the chiropractic group than the control group; Global Index of Severity improved more in the chiropractic group than either the placebo or muscle relaxant groups.

Koes *et al.*⁴

- A randomized, controlled clinical trial (> 13 weeks) included 115 spinal pain patients at a multidisciplinary spinal pain unit.
- Medication, needle acupuncture and spinal manipulation for managing chronic spinal pain were compared.
- Early recovery was found for manipulation (27.3%), followed by acupuncture (9.4%) and medication (5%).
- Manipulation achieved the best overall results.


Hertzman-Miller *et al.*⁵

- Found that back pain recurs in half the patients, regardless of the type of practitioner seen. Patients expressed greater levels of satisfaction with chiropractic care for LBP versus medical care. They were also more likely to return for care for recurrences than those patients who initially sought care from primary-care physicians.

There is great controversy relating to the relationship between neck manipulation and stroke; estimates range from one stroke in 400,000 manipulations to between three and six strokes per one million manipulations.

Clinicians should tell patients to adopt a cautious approach and to avoid forceful manipulation of the upper spine with a rotational element.

Advice

It may be helpful for the primary-care physician to establish contact and visit with a chiropractor in order to become familiar with what and how procedures are performed. When referring patients, it is advisable to discuss problem management. Taking a course to learn basic manipulation skills may prove to be an important adjunct to dealing with musculoskeletal problems in family practice. 

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