

Chiropractic patient satisfaction statistics

- 2011 Consumer Reports survey respondents prefer chiropractic over prescription medication, deep-tissue massage, and over-the-counter medications for back and neck pain.
- The 2009 Consumer Reports Rating Centre survey identified chiropractic treatment as the most satisfying treatment for back pain.
- In 2006, Alberta patients reported a 90 per cent satisfaction rating with chiropractic care (*Health Quality Council of Alberta*).

Chiropractic research

Chiropractic is a health discipline firmly grounded in science and endorsed by research. National and international researchers, both within and outside the chiropractic profession, are actively involved in studying the effectiveness of chiropractic and the chiropractic adjustment (Spinal Manipulation Therapy) for patient care.

Widespread growth of chiropractic research at Canada's most prestigious learning institutions

Furthering chiropractic's acceptance as mainstream health care, there has been recent and widespread growth in chiropractic research chairs and professorships across Canada including funding from the Canadian Institutes of Health Research (CIHR).

Significant chiropractic research is being conducted at some of Canada's most prestigious learning institutions, including: Dalhousie University, McMaster University and Institute for Work & Health, Memorial University, University of Alberta, University of British Columbia, University of Calgary, University of Guelph, University of Manitoba, University of New Brunswick, University of Ottawa, University of Regina, and University of Toronto. For further information, visit www.chiropracticcanada.ca.

The scientific evidence

Following is a sampling of evidence-based chiropractic research available world-wide. This scientific evidence demonstrates that chiropractic care and the chiropractic adjustment in particular are gaining widespread recognition from the medical profession as an appropriate and effective treatment for neck and back pain.

Spinal High-Velocity Low Amplitude Manipulation in Acute Nonspecific Low Back Pain: A Double-Blinded Randomized Controlled Trial in Comparison With Diclofenac and Placebo, Spine, April 2013.

Medical researchers from the Competence Center for Clinical Studies and Institute for Biometrics in Germany designed this study to compare the effectiveness of spinal manipulation for LBP against a common NSAID (diclofenac) and with a placebo in a randomized, double blinded, placebo controlled trial.

Key findings:

“In a subgroup of patients with acute nonspecific LBP, spinal manipulation was significantly better than nonsteroidal anti-inflammatory drug diclofenac and clinically superior to a placebo”.

“There was a clear difference between the treatment groups: the subjects (receiving) spinal manipulation showed a faster and a quantitatively more distinct reduction in the RMS (compared to subjects receiving diclofenac therapy).”

“Subjects noticed a faster and quantitatively more distinct reduction in this subjective estimation of pain after manipulation.”

Spinal Manipulation, Medication, or Home Exercise with Advice for Acute and Subacute Neck pain, Annals of Internal Medicine, 2012.

This multidisciplinary research team studied the relative efficacy of spinal manipulation therapy (SMT), medication, and home exercise for acute and subacute neck pain in both the short and long term.

The authors concluded “For participants with acute and subacute neck pain, SMT was more effective than medication in both the short and long term. However, a few instructional sessions of Home Exercise and Advice resulted in similar outcomes at most time points.”

North American Spine Society Contemporary Concepts in Spine Care: Spinal Manipulation Therapy for Acute Low Back Pain, Spine Journal, October 2010.

This study reviews the scientific evidence supporting spinal manipulation therapy (SMT) for back pain. The results are quite favourable and reflect a growing body of evidence supporting SMT over medications and other conservative options.

This team of researchers—including chiropractors, medical doctors and PhDs— concluded:

Several Randomized Control Trials (RCTs) have been conducted to assess the efficacy of SMT for acute low back pain (LBP) using various methods. Results from most studies suggest that 5 to 10 sessions of SMT administered over 2 to 4 weeks achieve equivalent or superior improvement in pain and function when compared with other commonly used interventions, such as physical modalities, medication, education, or exercise, for short, intermediate, and long-term follow-up. Spine care clinicians should discuss the role of SMT as a treatment option for patients with acute LBP who no find adequate symptomatic relief with self-care and education alone.

The Chiropractic Hospital-based Interventions Research Outcomes (CHIRO) 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.

The purpose of this randomized controlled trial was to determine if full Clinical Practice Guidelines (CPGs) based study care results in greater improvement in functional outcomes than family physician-directed usual care in the treatment of acute mechanical low back pain.

This team of researchers—including chiropractors and medical doctors—concluded:

Compared to family physician-directed usual care, full CPG-based treatment including chiropractic spinal manipulation therapy is associated with significantly greater improvement in condition-specific functioning.

Management of Chronic Spine-related Conditions: Consensus Recommendations of a Multidisciplinary Panel, JMPT, September 2010.

The purpose of the study was to develop a broad-based multidisciplinary consensus of medical and chiropractic clinical experts representing mainstream medical and chiropractic practice to produce a document designed to provide standardized parameters of care and documentation.

This multidisciplinary panel of experienced practitioners reached “a high level of consensus (80 per cent) regarding specific aspects of the chiropractic approach to care for complex patients with chronic spine-related conditions, based on both scientific evidence and their clinical experience.”

The Belgian Neck Pain Task Force. Non-specific Neck Pain: Diagnosis and Treatment, KCE Reports 119C, Belgian Health Care Knowledge Center 2009.

The Belgian Health Care Knowledge Centre (KCE) is a public interest organization under the supervision of the Minister of Public Health and Social Affairs. KCE conducts studies in support of political health care and health insurance decision-making. This report is the result of scientific collaboration between experts of different disciplines, including physical and rehabilitation medicine, general medicine, anesthetics and neurosurgery.

The study aims to provide a systematic review of the scientific literature on diagnosis, prognosis and treatment of acute and chronic non-specific neck pain. The objective is to propose evidence-based key messages to diagnose and treat adults who suffer from non-specific neck pain.

The study recommends:

For the treatment of patients with chronic non-specific neck pain, only one treatment with a high level of evidence exists in the scientific literature: a multi-model approach (at least 2 treatment modalities) including exercises (under supervision) combined with mobilizations or manipulations. For all other treatment modalities the level of evidence in the literature is low and/or does not support a recommendation based on high level of evidence.

The United Kingdom's National Institute for Health and Clinical Excellence (NICE). *Low Back Pain: Early Management of Persistent Non-specific Low Back Pain*, May 2009.

The NICE guideline was developed by the National Collaborating Centre for Primary Care. NICE clinical guidelines are recommendations regarding the treatment and care of people with persistent non-specific low back pain in the National Health Service in England and Wales. The guidance was based on high quality, randomized, controlled trials and refers to patients who have experienced back for more than six weeks but less than a year whose pain does not have a clear structural cause.

One of the key priorities for implementation is for practitioners to consider offering a course of manual therapy, including spinal manipulation, comprising up to a maximum of nine sessions over a period of up to 12 weeks.

The manual therapies reviewed were spinal manipulation, spinal mobilization and massage. Manipulation can be performed by chiropractors or osteopaths, as well as by doctors and physiotherapists who have undergone specialist postgraduate training in manipulation.

***The Bone and Joint Task Force on Neck Pain and its Associated Disorders*, Spine Journal, January 2008.**

The results of a six-year, multidisciplinary study from the Bone and Joint Task Force on Neck Pain and its Associated Disorders into the causes, prognosis and treatment of neck pain were published in the peer-reviewed journal Spine in 2008.

Key findings of the researchers—including chiropractors, medical doctors, physiotherapists and PhDs—included that manipulation and mobilization are safe, effective and appropriate treatment approaches for most patients with disabling neck pain; and the risk of vertebrobasilar artery (VBA) stroke, a very rare form of stroke, is exactly the same for neck pain patients whether they consult a doctor of chiropractic or a primary care medical physician. The report indicates that it is likely that patients in the early stages of VBA stroke are presenting to both chiropractors and family doctors because of neck pain and headache due to pre-existing vertebral artery dissection, which is a risk factor for VBA stroke.

***Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society*, American College of Physicians' *Annals of Internal Medicine*, October 2008.**

This Clinical Practice Guideline for the treatment of low back pain concludes that spinal manipulation is to be considered for acute and sub acute low back pain. In essence, the medical and chiropractic practice guidelines for low back pain are fundamentally the same.