CHIROPRACTIC ROLE IN PAIN MANAGEMENT

Musculoskeletal (MSK) pain is a common problem faced by patients in Canada. There is a range of pain management and treatment options offered to patients, one of these being opioid therapy. A study of patients receiving long-term opioid therapy for non-cancer pain at the Pain Management Centre at Hamilton General Hospital found that 64.8% of the patients studied had presented with chronic low back pain (LBP). A 2016 systematic review and meta-analysis found that "opioid analgesics provide modest short-term pain relief for people with chronic low back pain (LBP) who tolerate the medicine, but the effect is not likely to be clinically important within guideline-recommended doses." This review challenged the commonly-held view that opioids are effective for chronic LBP, finding instead that they had minimal effects on pain even at high doses.²

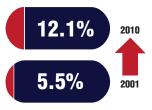
18.2% of individuals seeking addiction treatment in Ontario in 2012-2013 listed prescription opioids as the presenting problem substance, up from **10.6%** in 2005-2006.³

18.2%

found that regional usage rates of chiropractic services and opioids were inversely correlated. The study recommended a trial of chiropractic manual therapy as an initial treatment for patients with back or neck pain.4

A 2016 study of American recipients of Medicare

According to the Office of the Chief Coroner, **12.1%** of all deaths in 2010 among those aged 25–34 years in Ontario were opioid-related, an increase from **5.5%** in 2001.³



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As concern about adverse effects and the potential for prescription opioid abuse rises, many health practitioners are turning to pain relief options that do not carry these risks for their patients. Chiropractic care can be a part of the answer for MSK chronic pain management.

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A 2013 case study of a chiropractic-medical collaboration in a Family Health Team found that narcotics were prescribed to 14% of patients who were referred for chiropractic care compared to 43% of patients who were not referred. Further, patients referred for chiropractic care had 25% fewer physician visits and imaging requests than those who were not.⁵

Pain Management: Options for Conjunctive Care

Chiropractors manage pain with a combination of education, spinal manipulative therapy, mobilization, soft tissue therapy and exercise therapy.



Patient education

Chiropractors can clarify misunderstandings about pain, encourage movement, and teach patients self-management strategies for pain management and recovery.



Rehabilitative exercises

A chiropractor can prescribe rehabilitative exercises to improve muscular strength and control. Once good exercise mechanics and control are demonstrated, a self-directed program of home exercises is appropriate. Strains and sprains in athletes may require more specific, sports-performance exercises. Specific sports skills, such as throwing, may also need to be retrained.



Ergonomics

Chiropractors can evaluate the way a patient uses their body when performing activities and suggest changes to avoid further problems.



Joint mobilization and manipulation

Gentle joint mobilization and manipulation can be performed to restore normal biomechanics in the joints, a unique advantage of the chiropractor.



Spinal mobilization and manipulation

Spinal manipulation can help restore normal joint motion to promote healing.



Soft tissue therapy

Soft tissue therapy techniques can be used to help restore normal length and optimal functioning to the muscles, ligaments and tendons. They can also help break down scar tissue and adhesions in and around the joints and associated soft tissues.

Chiropractic Referral Benefits

Chiropractors assess, diagnose and provide appropriate conservative care for a broad range of MSK conditions. They can help family physicians and nurse practitioners free up time for other cases, and potentially reduce reliance on diagnostic imaging for many MSK disorders.

- Recent studies indicate that 75% of family physicians in Canada refer to chiropractors, and 78% of Canadian spine surgeons are interested in working with non-physician clinicians in screening low back pain patients referred for elective surgical assessment.^{6,7}
- Among back pain patients who had access to chiropractic care compared to those who did not, research has reported a 37% reduction in medical
 imaging costs (including MRIs), a 41% decrease in hospitalizations, and a 32% reduction in back surgeries.⁸
- Numerous research studies have demonstrated the efficacy of chiropractic in the treatment of MSK disorders. 5,9,10

References

- Busse, J. W., Mahmood, H., Maqbool, B., Maqbool, A., Zahran, A., Alwosaibai, A., . . . Buckley, D. N. (2015). Characteristics of patients receiving long-term opioid therapy for chronic noncancer pain: A cross-sectional survey of patients attending the Pain Management Centre at Hamilton General Hospital, Hamilton, Ontario. CMAJ Open, 3(3), E324-E330.
- 2. Shaheed, C. A., Maher, C. G., Williams, K. A., Day, R., & Mclachlan, A. J. (2016). Efficacy, Tolerability, and Dose-Dependent Effects of Opioid Analgesics for Low Back Pain. JAMA Internal Medicine, 176(7), 958-968.
- Prescription Opioids (Canadian Drug Summary) CCSA. (2015, July).
 Weeks, W. B., & Goertz, C. M. (2016). Cross-Sectional Analysis of Per Capita Supply of Doctors of Chiropractic and Opioid Use in Younger Medicare Beneficiaries. Journal of Manipulative and Physiological Therapeutics, 39(4), 263-266.
- 5. Mior S, Gamble B, Barnsley J. Changes in primary care physician's management of low back pain in a model of interprofessional collaborative care: an uncontrolled before-after study. Chiropr Man Therap 2013;21(1):6.
- Busse, J.W., Canga, A., Riva, J. J., (2011, November). Attitudes towards chiropractic: A survey of Canadian family physicians. Oral Presentation Family Medicine Forum. Montreal.
 Busse, J. W., Riva, J. J., Nash, J. V., Hsu, S., Fisher, C. G., Wai, E. K., . . . Rampersaud, R. (2013). Surgeon Attitudes Toward Nonphysician Screening of Low Back or Low Back-Related Leg Pain Patients Referred for Surgical Assessment. Spine, 38(7), E402-E408.
- 8. Legorreta, A. P., Metz, R. D., Nelson, C. F., Ray, S., Chernicoff, H. O., & Dinubile, N. A. [2004]. Comparative Analysis of Individuals With and Without Chiropractic Coverage. Arch Intern Med Archives of Internal Medicine, 164(18), 1985-1992.
- 9. Goertz, C. M., Long, C. R., Hondras, M. A., Petri, R., Delgado, R., Lawrence, D. J., . . . Meeker, W. C. (2013). Adding Chiropractic Manipulative Therapy to Standard Medical Care for Patients With Acute Low Back Pain. Spine, 38(8), 627-634.

 10. Bishop, P. B., Quon, J. A., Fisher, C. G., & Dvorak, M. F. (2010). 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. The Spine Journal, 10(12), 1055-1064.
- For more information on the role chiropractors can play to support MSK care, please visit: www.chiropractic.on.ca/research-policy/

