

Comorbidities & MSK

Patients with **comorbidities** often suffer from MSK conditions which increase pain and limit mobility. This can prevent them from engaging in recovery activities.

Nearly 20% of Ontarians report having chronic back problems



(excluding fibromyalgia and arthritis).¹

Patient Populations	MSK-Related Conditions/Symptoms
DIABETES	<ul style="list-style-type: none"> • People with Type 2 diabetes are twice as likely to suffer MSK pain.² • Diabetes is significantly associated with mobility limitation among older adults.³
ARTHRITIS	<ul style="list-style-type: none"> • Arthritis affects 4.6 million Canadians.⁴ • 50% of adults over 70 live with symptomatic osteoarthritis.⁵
COPD	<ul style="list-style-type: none"> • 36% of COPD patients experience back pain and 13% experience neck pain.⁶ • COPD patients self-report MSK disease twice as often as healthy adults.⁷
OLDER ADULTS	<ul style="list-style-type: none"> • Community-living older adults with two or more kinds of MSK pain face a higher risk of falling.⁸ • 33% of Canadians over 65 fall every year. Half of those will fall more than once.⁹

How Chiropractic Referrals Can Help

Chiropractors can help patients manage pain, improve function and mobility, prevent injury, and engage actively in the management of their health. They provide:

- Comanaging patients with MSK conditions
- Non-pharmacological options for pain management
- Comprehensive support for patients with comorbidities
- Patient education and self-management strategies
- Therapeutic exercise and rehabilitation
- Manual therapy and modalities
- Reduced reliance on diagnostic imaging and referrals to specialists
- Identification of yellow and red flags
- Knowledge transfer with other practitioners
- High patient satisfaction

Peer Reviewed Evidence

1) Pain Reduction and Improved Physical Functioning

A prospective, two-arm randomized control trial concluded that adding chiropractic manipulative therapy to standard medical care “offers a significant advantage for decreasing pain and improving physical functioning when compared with only standard care, for men and women between 18 and 35 years of age with acute LBP.”

Goertz, C., Long, C., Hondras, M., Petri, R., Delgado, R., Lawrence, D., Owens, E., & Meeker, W. (2013). Adding chiropractic manipulative therapy to standard medical care for patients with acute low back pain. Spine, 38(8), 627-634.

2) Significant Improvement in Condition-Specific Functioning

An RCT comparing full clinical practice guideline driven treatment of acute mechanical LBP including chiropractic spinal manipulative therapy to standard medical care concluded that “full CPG-based treatment including CSMT is associated with significantly greater improvement in condition-specific functioning.”

Bishop, P., Quon, J., Fisher, C., & Dvorak, M. (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, (12), 1055-1064.

3) Manual Care vs. Pain Medication

Assessing the effectiveness of spinal manipulative therapy (SMT) compared with both the nonsteroidal anti-inflammatory drug diclofenac and with placebo in the treatment of acute nonspecific LBP, this three-arm, double blinded RCT found that SMT and diclofenac were significantly superior to the placebo group, and SMT was significantly better than diclofenac.

von Heymann, W., Schloemer, P., Timm, J. and Muehlbauer, B. (2013). Spinal high-velocity low amplitude manipulation in acute nonspecific low back pain. Spine, 7, 540-548.

4) Benefits of Multi-Facet Care in the Acute and Sub-Acute Phase

This controlled, pragmatic trial compared the clinical efficacy of treating short- and long-term back-related leg pain with SMT plus home exercise and advice (HEA) versus HEA alone. The authors found that SMT plus HEA had a clinical advantage at 12 weeks. Secondary outcomes demonstrated sustained improvements at 52 weeks as well, including “global improvement, satisfaction, and medication use”.

Bronfort, G., Hondras, M., Schulz, C., Evans, R., Long, C. and Griimm, R. (2014) Spinal manipulation and home exercise with advice for subacute and chronic back-related leg pain: A trial with adaptive allocation. Annals of Internal Medicine, 161(6), 381-391.



ONTARIO'S CHIROPRACTORS:

Partnering in
Primary Health Care



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What Do Chiropractors Do?

Chiropractors assess, diagnose, treat and prevent biomechanical disorders originating from the interaction between the nervous, muscular and skeletal systems.

They provide evidenced-based care for patients with acute and chronic MSK conditions including older adults rehabilitating after falls, employees in return to work programs, people who want to stay active and those recovering from injuries.

Chiropractors are regulated under the *Regulated Health Professions Act*. Chiropractic registration in Ontario requires successful completion of a four year degree program followed by a national examination.

Chiropractors in Interprofessional Care

When you refer to a chiropractor, your patient can expect to receive the following care:

ASSESSMENT

- Take patient history and review imaging
- Order imaging when clinically necessary
- Examination including range of motion, neurological and orthopaedic tests, and palpation

DIAGNOSIS

- Differentiate mechanical MSK conditions from MSK-based symptoms of other conditions
- Triage and refer as appropriate
- Discuss diagnosis and treatment options

TREATMENT

- Patient education and self-management strategies
- Therapeutic exercise and rehabilitation
- Manual therapy and modalities
- Pain management
- Health promotion and injury prevention



Patients who need care outside the chiropractic scope of practice are referred back to the Primary Care Provider.

CHIROPRACTIC COLLABORATION IN THE HEALTH SYSTEM

Chiropractors work with other health professionals to provide comprehensive MSK care to patients. They work in a variety of referral and co-location arrangements and within interprofessional teams. Referral relationships with MDs, NPs and other health practitioners are growing significantly as the understanding of the role chiropractors can play in the management of MSK conditions increases.

A 2011 study found that 74.3% of Canadian family physicians surveyed refer patients to chiropractors each year.¹⁰



Chiropractors are eligible to be employed in all interprofessional teams in Ontario: Aboriginal Health Access Centres, Community Health Centres, Family Health Teams and Nurse Practitioner-Led Clinics.

MOHLTC MSK Pilots

The **Primary Care Low Back Pain Pilot projects** were established in interprofessional teams across the province in the winter of 2015 to support more effective treatment and management of low back pain. Six of the seven pilots feature chiropractors in key clinical roles.

The **Inter-professional Spine Assessment and Education Clinics (ISAEC) Pilot** has been operating in Hamilton, Thunder Bay and Toronto since 2012. Led by the University Health Network, ISAEC employs chiropractors and physiotherapists to assess patients with persistent low back pain, offer patient education and evidence-based treatment plans and determine candidacy for diagnostic imaging and surgical consultation.

These two pilots will help inform the design of programs and services for MSK patients in Ontario.



Patients wait just 12 days to see ISAEC clinicians.¹¹



Decreased MRI utilization within the ISAEC network and significantly reduced the risk of chronicity for patients with low back pain while maintaining:



patient satisfaction rates¹²



provider satisfaction rates¹²

Project ECHO Ontario Chronic Pain

The Extending Community Health Outcomes (ECHO) project enhances chronic pain management skills by linking primary care providers across the province with an interprofessional team of chronic pain experts, including a chiropractor.

Integration in Education and Research

Chiropractors teach and do research at many Ontario universities including Guelph, McMaster, Queen's, Toronto, and UOIT. Chiropractors also hold several research chairs including the Canada Research Chair in Disability Prevention and Rehabilitation.

Payers

In situations where chiropractic services are not publicly funded, other payment streams for coverage may include extended health care, WSIB, automobile insurance or patient self-pay.

Future Management of MSK Conditions

The effective and efficient use of health care resources will be even more crucial as the population ages and MSK conditions become more prevalent. Chiropractors can help patients manage their pain and improve their function and mobility.



"The number of Canadians with MSK diseases is predicted to increase with the aging baby boomer population, from 11 million in 2007 to 15 million in 2031."¹³

Reduced System Costs

Among back pain patients who had access to chiropractic care compared to those who did not, research has found:¹⁴

- 37% reduction in medical imaging costs (including MRIs)
- 41% decrease in hospitalizations
- 32% reduction in back surgeries

Footnotes

Please see <https://www.chiropractic.on.ca/public/partnering-in-primary-care-resources> for sources referenced in this brochure.