

# INSIGHTS INTO CHIROPRACTIC

*Discerning the true nature of an alternative health care method*

## Do Chiropractors Ever Release Their Patients?

### INTRODUCTION

Chiropractic treatment has been shown to be effective for a wide variety of musculoskeletal conditions of spinal origin(1,2,3). Furthermore, chiropractic treatment has been shown to be safe(1-7) with high levels of patient satisfaction(6-10). As a result of these facts, the use of doctors of chiropractic has doubled over the past twenty years(11).

In spite of these facts, many individuals still remain reluctant to visit the office of a doctor of chiropractic due to the persistence of myths and misconceptions that revolve around the practice of chiropractic. One of these myths has to do with the notion that chiropractors overtreat and promote dependence upon the use of their healing methods, failing to terminate treatment when the patient's condition resolves or if their patients fail to improve with chiropractic treatment.

Do chiropractors overtreat their patients in an effort to promote dependence and turn patients into "chiropractic junkies?" This is the focus of this issue of "Insights Into Chiropractic."

### TREATMENT GUIDELINES

What constitutes appropriate, inappropriate, necessary, and unnecessary treatment are issues that confound and confuse practitioners of all methods of healing. In the absence of randomized prospective clinical trials we are left with personal preference and local custom to make decisions regarding patient care.

Unfortunately, when it comes to valid scientific data, an article in the British Medical Journal states that only about 15% of all medical interventions are supported by solid scientific evidence, and many have never been investigated at all(12).

Such is not the case with spinal manipulation for the treatment of low back pain. At least 37 randomized controlled trials exist for the treatment of low back pain by spinal manipulation(3), and four randomized trials exist for the treatment of neck pain by spinal manipulation(13-16). Not coincidentally, neck and back pain patients make up almost 90% of all chiropractic patients(11).

Although chiropractic manipulation is supported by the scientific literature as an effective method of care, the scientific literature is unclear as to the frequency or duration of treatment necessary to achieve a beneficial outcome. Consequently, consensus is a method that has been employed to provide guidelines as to what may be the appropriate frequency and duration of chiropractic manipulation for spinal pain syndromes.

In an attempt to provide guidelines for the chiropractic profession regarding a variety of treatment issues, a consensus conference was convened in 1992 for the chiropractic profession at the Mercy Conference Center in Burlingame, California. At the conference, 35 panel members representing the chiropractic profession came together, following

months of preliminary preparation, to discuss, debate, and produce a document designed to establish chiropractic clinical practice guidelines. The document that was produced by the consensus procedure, among other things, provides guidelines concerning frequency and duration of chiropractic treatment.

In regards to treatment duration, the document states that for acute uncomplicated cases (defined as a first occurrence, recurrent, or exacerbation of a chronic condition), "After a maximum of two trial therapy series of manual procedures lasting up to two weeks each (four weeks total) without significant documented improvement, manual procedures may no longer be appropriate and alternative care should be considered . . . Repeated use of passive treatment/care normally designed to manage acute conditions should be avoided as it tends to promote physician dependence and chronicity . . . Patients at risk for becoming chronic should have treatment plans altered to de-emphasize passive care and refocus on active care approaches(17)."

In regards to the treatment frequency, the document states, "In general, more aggressive in-office intervention (three to five sessions per week for one to two weeks) may be necessary early. Progressively declining frequency is expected to discharge of the patient, or conversion to elective care(17)."

Two years following the chiropractic consensus conference, clinical practice guidelines for the treatment of acute low back problems in adults (defined as low back and/or back-related leg symptoms of less than three months duration) were published by the Agency for Health Care Policy and Research (AHCPR), a division of the Department of Health and Human Services of the U.S. Government. These practice guidelines state that for the treatment of acute low back problems, "Relief of discomfort can be accomplished most safely with nonprescription medication and/or spinal manipulation(3)."

As far as the duration of manipulative therapy is concerned, the AHCPR guidelines state, "If manipulation has not resulted in symptomatic improvement that allows increased function after 1 month of treatment, manipulation therapy should be stopped and the patient reevaluated(3)." This recommendation essentially mirrors the recommendation for the duration of chiropractic treatment made by the chiropractic consensus panel in the earlier 1992 chiropractic document.

#### SUPPORTIVE AND ELECTIVE CARE

After a patient successfully completes a trial of chiropractic treatment for their spine or spinal related condition, doctors of chiropractic will often release the patient with discharge instructions that will include modification of activities of daily living, spinal exercises, and possibly dietary recommendations (e.g. calcium supplementation for patients predisposed to osteoporosis, etc.).

Patients with chronic incurable conditions often return for palliative treatment (also referred to as "supportive care") after they have been released from active acute treatment. This treatment is provided in an "as needed" capacity for relief or control of uncomfortable symptoms not manageable by the patient's home methods of care (e.g. exercise, applications of heat or ice, etc.) and is typically limited to a small number of office visits (ordinarily 1-3 sessions). In-so-far as this type of treatment is concerned, the chiropractic consensus document states, "Supportive care using passive therapy may be necessary if repeated efforts to withdraw treatment/care result in significant deterioration of clinical status(17)."

Finally, a doctor of chiropractic may offer a patient the option to return for "wellness" or "maintenance" care. The practice of doctors of chiropractic providing "maintenance" or "wellness" care has evolved empirically. Contrary to popular medical belief, back pain is often NOT self-limiting and largely resolved within one month(18). Recurrences

are common and patients frequently fail to return to medical providers for subsequent treatment of such recurrences(18). This may be due to a lack of satisfaction with medical management of low back pain expressed by many patients(10).

Many chiropractic patients subjectively report that "maintenance" or "wellness" care helps to prevent recurrences of their musculoskeletal complaints and consequently elect to maintain a monthly or bi-monthly appointment with a chiropractic physician. It must be pointed out, however, that this type of care is elective in nature and no scientific studies exist to validate such ongoing patient management. Therapeutic necessity is absent by definition and patients are informed that this type of "treatment" is not reimbursed through any insurance plans.

#### CONCLUSION

Doctors of chiropractic routinely release their patients following the resolution of their complaints. The average number of visits per episode for all conditions treated by chiropractic physicians in North America is 12.8(11).

Most patients seeking chiropractic treatment do so for the complaint of low back pain which, contrary to popular belief, is not 90% cured within one month. The recurrent nature of low back pain, in combination with the high rates of satisfaction reported with chiropractic treatment by patients, likely accounts for the perception that persists that chiropractors never release their patients.

Elective "wellness" or "maintenance" care provided by chiropractic physicians may also drive the perception that chiropractors never release their patients. However, since this elective form of patient management is not reimbursed through third party payment, perhaps the fact that patients are willing to pay for such treatment out of their own pockets is further evidence of the overall high rates of satisfaction with chiropractic.

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