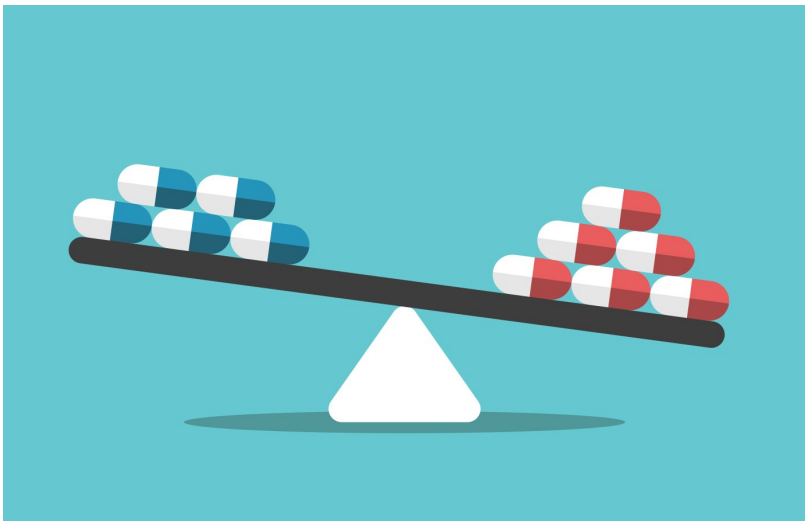
Dynamic Chiropractic



BREAKING NEWS

Reducing Opioid Use: DCs vs. PTs

Dynamic Chiropractic Staff

A study recently published in the National Institute of Health's National Library of Medicine compares use of opioids, spinal injections and specialty medical care according to whether the patient saw a physical therapist (PT) or a doctor of chiropractic (DC).[1]

The authors note that "(t)here have been no physical therapy treatments that lower the use of opioids in acute or chronic pain.[2] This includes direct care: manual therapy, active care: physical activity, and passive care: exercise therapy, heat, needle therapy (acupuncture or dry needling), therapeutic exercise, neuromuscular re-education, ultrasound, mechanical traction, and electric stimulation. If any combination of active or passive care is performed, opiate use increases by 50%. If one passive intervention is used, spinal injections increase by 32%, and M.D. specialty care increases by 27%. If any combination of passive and active care is performed, spinal injections increase by 53%, and M.D. specialty care increases by 50%. If 2 or more passive interventions were used, there was a 50% to 80% greater likelihood of the escalation of care events."

In addition, they found physical therapy resulted in as much as an 80% increase in opioids in 90% of PT patients.

In contrast, the authors point out that chiropractic care reduces opioid prescriptions by 55% versus other therapies, with an opioid prescription cost reduction of 74%.[3] They also note that the 365-day adjusted risk of a chiropractic patient filing an opioid prescription on their initial visit was 56% lower than non-chiropractic patients in an older population.[4] The authors continue that for back-related conditions, chiropractic care reduced secondary disability by 313% compared to physical therapy.[5] Likewise, chiropractic care helps 96% of patients, including low back pain patients.[6]

The authors explain that chiropractic spinal adjustments (CSAs) cause neuroplastic changes in the central segment motor control (CSMC), which results in a 38.4% increase in muscular activation compared to (PT) manipulation/mobilization, with a 19% increase retained after six months. The paper includes a case synopsis that demonstrates the effectiveness of CSA for a female motor

vehicle accident patient.

The paper discusses “the gap between the evidence and practice” globally, calling it “pervasive” and citing an earlier study that supports this dilemma.[7] It uses examples of a few highly regarded medical institutions that continue to recommend “less successful pathways” in an effort to curb opioid use.

The paper also points to a recent law enacted in the state of New York (S.4640) which mandates that providers consider opiate alternatives, including allopathic and non-allopathic forms of care, for neuromusculoskeletal conditions prior to prescribing opioids (of which back-pain patients are the largest users at approximately 50% of opioid use).

Reflecting on the paper, lead author Mark Studin, DC, remarked: “This paper is not meant to be a referendum against physical therapy or medicine. Each provider type brings a unique skill set to the healthcare marketplace. However, particularly with low back pain, the evidence in the literature strongly suggests that to help eradicate the low back pain epidemic and reduce the use and costs of opioids, chiropractic should be the first provider.”

Unlike many papers, this study is available online without cost. Doctors will want to read and refer to the information in this study as they talk with patients and other providers. The full paper can be found here.

References

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