

## ACA Denounces Canadian Stroke Study as "Junk Science"

Editorial Staff

ARLINGTON, VA - The American Chiropractic Association (ACA) has denounced a recent paper by Canadian neurologists<sup>1</sup> on chiropractic and the risk of stroke as "junk science." The study, presented by Dr. John Norris and his colleagues at the American Stroke Association's 27<sup>th</sup> International Stroke Conference, has been deemed by the ACA as "extremely limited and seriously flawed" because it lacked a control group, and was "essentially a random opinion survey based on the whims of doctors who themselves decided to participate."

The ACA said the study left "many basic questions unanswered," including: how many cervical manipulations were performed; which practitioners were performing the manipulations (DCs? PTs? DOs?); the technique(s) used; the condition of the patients before the manipulations; and how long after the manipulations the vertebral artery dissections were noted.

ACA officials stressed that the "risks of chiropractic have been grossly exaggerated, and health care consumers need to put these sensationalistic news reports into perspective." The ACA pointed to a number of studies to drive home the point:

- The RAND Corp. found that a serious adverse reaction from cervical manipulation occurs in less than one in one million treatments.<sup>2</sup>
- A study in the *Canadian Medical Association Journal* found only a one-in-5.85-million risk that a chiropractic adjustment of the neck will result in vertebral artery dissection.<sup>3</sup>
- Studies have also shown that these rare adverse reactions often occur after visits to health care professionals who are inexperienced or inadequately trained in spinal manipulation, rather than licensed doctors of chiropractic.<sup>4</sup>

The chiropractic profession does take the risk of vertebral artery dissection seriously, no matter how minute the possibility, as evidenced by the time spent by chiropractic researchers to identify those rare patients who may be predisposed to injury. The ACA noted that recently published and ongoing studies are testing the validity of screening tests and other strategies to further minimize any risk in chiropractic cervical adjustments. Risk management is also a frequent topic in the continuing education seminars.

In short, chiropractors have been providing safe and effective nondrug, nonsurgical care since 1895. Those in the medical community who seek to demonize chiropractic would be more constructive if they focused their efforts on some of the true public health concerns that researchers continue to alert us to, such as the effects of Western medicine's over-reliance on drugs and surgery.

- More than two million Americans become seriously ill every year from reactions to drugs prescribed to them by their MDs, and 106,000 Americans die each year from those side-effects.<sup>5</sup>

- Complications from NSAIDs are responsible for 16,500 deaths each year.<sup>6</sup>

*Editor's note:* Please see a related story: "Dr. Rosner Responds to the 'Chiropractic Peril' Warning of Canadian Neurologists."

### *References*

1. Norris JW, Beletsky V, Nadareishvili ZG, Canadian Stroke Consortium. *Canadian Medical Association Journal* 2000; 163(1): 38-40.
2. Hurwitz EL, Aker PD, Adams AH, Meeker WC, Shekelle PG. Manipulation and mobilization of the cervical spine. A systematic review of the literature. *Spine* 1996; 21: 1746-59.
3. Haldeman S, Carey P, Townsend M, Papadopoulos C. Arterial dissection following cervical manipulation: a chiropractic experience. *Canadian Medical Association Journal* 2001;165(7):905-06.
4. Terrett AGJ. Misuse of the literature by medical authors in discussing spinal manipulative therapy injury. *Journal of Manipulative and Physiological Therapeutics* 1995; 18(4): 203-210.
5. Lazarou JL, Pomeranz BH, Corey PN. Incidence of adverse drug reactions in hospitalized patients. A meta-analysis of prospective studies. *JAMA* 1998; 279: 1200-5.
6. Wolfe MM, Lichtenstein DR, Singh G. Gastrointestinal toxicity of non-steroidal anti-inflammatory drugs. *New England Journal of Medicine*. 1999; 340(24); 1888-1899.

MARCH 2002