Dynamic Chiropractic

PAIN RELIEF / PREVENTION

Pain Relief: A Balancing Act

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Author's Note: Each patient education article in this column is written for your current and potential patients. It draws on the research documented in Somatovisceral Aspects of Chiropractic: An Evidence-Based Approach, co-edited by Marion Todres-Masarsky, DC. Whenever possible, I have updated the material from the textbook with more recent research findings.

As full-time practitioners in the Northern Virginia suburbs of Washington, D.C. (Vienna, Va.), my partner and I have noticed many of our patients like to control their own health care. That is to say, they opt to visit on an as-needed basis. There is a simple test of equilibrium that can help the as-needed patient monitor their need for care. At the same time, the topic of equilibrium creates a "teachable moment" during which an interesting comparison can be made between pain relief the chiropractic way and pain relief the pharmaceutical way. Please feel free to use the following article on your bulletin board for lay lectures and for your practice newsletter.

When most people think of chiropractic care, they do so in terms of back pain, neck pain, tension headache, sports injuries and similar problems. What many people don't realize is that the same vertebral misalignments or restrictions (subluxations) that can contribute to these painful problems also can disturb your balance.

Good inner-ear function, stable vision, and reliable muscle sense (kinesthesia) are all important for normal balance. Spinal subluxations can disturb any of these sensory functions, in turn creating disturbed balance and increasing the risk of falls and other injuries.[1] There is a small but intriguing body of evidence indicating correction of these subluxations through the chiropractic adjustment can assist the body in normalizing these senses, while simultaneously speeding the body's response to painful spine-related problems.[2]

Although the published evidence demonstrating improved balance after chiropractic adjustments is not yet compelling, it is useful to compare chiropractic to the usual alternative. Commonly used painkilling drugs can drive your sense of balance way off. Most people have a common-sense understanding that muscle relaxants and narcotic painkillers can throw their balance off. What is not widely understood is that the inner ear can be upset by over-the-counter anti-inflammatories such as aspirin and ibuprofen.[3] Therefore, even these seemingly "mild" over-the-counter painkillers can create balance problems.

Whether the origin of a balance problem is subluxation, drugs or some other cause, the early stages can be subtle. The following is a useful self-test to help you catch balance disturbances at an early stage:

Single-Leg Balance

First, a note of caution: If you have a recent history of dizziness or poor balance, only perform this test when someone is around. If you have recently sprained, dislocated or fractured any part of your lower extremity (from your hip down to your foot), wait until the injury has healed before doing this test. This test should be performed in flat shoes or bare feet.

Stand facing a corner of the room, so you can easily catch yourself if your balance is not as good as you think it is. With your arms at your sides, stand on one leg. You are shooting for 30 seconds. (If you have to hop, put your foot down or touch the wall, your time is over.) Now, do the same with your other leg. If your single-leg balance time is less than 30 seconds on either leg, then a spinal subluxation, drugs or some other influence may be disturbing your balance.

Failure to pass the single-leg balance test has been linked to an increased risk of falls and subsequent injury.[4] A recent study indicates that a loss of balance may be an early warning sign of dementia in seniors.[5] If you fail the single-leg balance test, a chiropractic evaluation would be an excellent idea, even if you were not in pain. If adjustments of vertebral subluxations do not improve your balance, your doctor of chiropractic can direct you to another type of practitioner for further evaluation.

If you are in pain, chiropractic care can help your body resolve the problem without risking new injury due to drug-related loss of balance. Consider the wisdom of the saying: "Chiropractic first, drugs second, surgery last." We think you'll find this saying to be on firm footing.

References

1. Walsh MJ, Polus BI, Webb MN. The role of the cervical spine in balance and risk of falling in the elderly. *Chiropractic Journal of Australia,* 2004;34(1):19-22.
2. Masarsky CS, Todres-Masarsky M. "Subluxation and the Special Senses." In: Masarsky CS, Todres-Masarsky M, Eds. *Somatovisceral Aspects of Chiropractic: An Evidence-Based Approach.* New York: Churchill Livingstone, 2001.
3. Arky R, Ed. *Physician's Desk Reference, 50th Edition.* New Jersey: Medical Economics Company, 1996.
4. Hurvitz E, et al. Unipedal stance testing as an indicator of fall risk among older patients. *Arch Phys Med Rehabil,* 2000;81(5):587-91.
5. Wang L, Larson EB, Bowen JD, Van Belle G. Performance-based physical function and future dementia in older people. *Arch Intern Med,* 2006;166(10):1115-20.

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