

Evidence That Demands a Verdict

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Over the past few decades, we have seen a number of studies that clearly demonstrate the value of chiropractic adjustment/manipulation for low back pain. For most of us, this is nothing new.

The evidence was even prevalent 13 years ago. While you may not have been a doctor of chiropractic in 1994, an independent panel of experts reviewed the then-current literature on acute low back pain. This panel consisted primarily of medical doctors overseen by the Agency for Health Care Policy and Research (AHCPR). After examining and rating every applicable study, they determined the following about how to address acute low back problems: "Relief of discomfort can be accomplished most safely with nonprescription medication and/or spinal manipulation."¹

Again, this may seem obvious to you. But when a panel formed by an agency of the federal government makes that kind of statement, it's very powerful. Unfortunately, the publication of the "Acute Low Back Problems" guidelines provoked an outcry from the medical community. The following politics eventually drove the AHCPR out of the guidelines business a year later.

Now, some 13 years later, another group has taken a look at low back pain. The October 2007 issue of the *Annals of Internal Medicine*² contains the results of the latest effort to review all relevant data regarding low back pain. (Please see "New LBP Guidelines Encourage Conservative Approach, Spinal Manipulation" beginning on the front page of this issue.) This time, the guidelines are co-authored by the American College of Physicians and the American Pain Society.

As was true with the AHCPR low back guidelines, the majority of those involved were medical doctors. Not surprisingly, their perspective largely is medical. These new guidelines are written to guide "all clinicians caring for patients with low (lumbar) back pain of any duration." They speak largely to medical doctors.

The specific recommendations are for "acute low back pain, spinal manipulation;" and "chronic or subacute low back pain, intensive interdisciplinary rehabilitation, exercise therapy, acupuncture, massage therapy, spinal manipulation, yoga, cognitive-behavioral therapy, or progressive relaxation." Again, these guidelines include a recommendation for "spinal manipulation." In case this term makes you a little nervous, you should know that the vast majority of what is termed by the medical community as "spinal manipulation" is chiropractic.

So now we have updated guidelines developed by organizations that are not known to be pro-chiropractic, recommending that medical doctors across the country consider sending their patients for manipulation. And since doctors of chiropractic are the undisputed experts at this form of care, there should be little misunderstanding that the recommendation is for the patients to consider chiropractic.

Given all of this evidence over so many years, isn't it time that the medical profession just concede all non-surgical low back pain to doctors of chiropractic? Isn't it time that we begin to think of ourselves as the experts in their gigantic area of need? (Please note: This is not to suggest in any way that chiropractic is just for low back pain. My own personal history and that of my father

clearly demonstrate the importance of chiropractic for overall health and wellness.)

And once we have accepted this position, isn't this a starting place for further discussions about what else chiropractic can accomplish for our patients? The medical profession, political powers and the public should no longer be guessing at the role chiropractic plays in overall spinal health. The jury is clearly back in the court room. The verdict continues to be for chiropractic.

References

1. Bigos S, Bowyer O, Braen G, et al. "Acute Low Back Problems in Adults." Clinical Practice Guideline No. 14. AHCPR Publication No. 95-0642. Rockville, MD: Agency for Health Care Policy and Research, Public Health Service, U.S. Department of Health and Human Services. December 1994.
2. Chou R, Qaseem A, Snow V, et al. Diagnosis and treatment of low back pain: A joint clinical practice guideline from the American College of Physicians and the American Pain Society. *Annals of Internal Medicine*, October 2007;147:478-91.

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