



WHIPLASH / NECK PAIN

Research Shows DCs Are the Best Choice for Neck Pain

Editorial Staff

WHAT YOU NEED TO KNOW

- A new study published in *Spine* looks at the patterns of utilization for patients with new-onset neck pain by provider type.
- Chiropractors were found to be the provider of choice by 45.2% of patients, followed by primary care providers (33.4%).
- 78.7% of patients who began chiropractic care for their neck pain continued with chiropractic care.

Research shows that most people experience neck pain at some time in their lives, with a point prevalence potentially over 10%.¹⁻² A new study published in *Spine* looks at the patterns of utilization for patients with new-onset neck pain by provider type.³

“Utilization was assessed during a 180-day follow-up period, including subsequent neck pain visits, diagnostic imaging, and therapeutic interventions.” In a cohort of 770,326 patients, “representing a mixture of ages and geographical regions across the U.S.,” chiropractors were found to be the provider of choice by 45.2% of patients, followed by primary care providers (33.4%).

In addition, 78.7% of patients who began chiropractic care for their neck pain continued with chiropractic care (rather than moving on to another provider type for their pain).

Not surprisingly, during the first 180 days of care, chiropractic patients were less likely to receive plain radiology (17.7%), cervical spine CT (0.5%) or cervical spine MRI (2.0%) than patients who began their care with primary care providers (30.3%, 3.3%, 10.9%), emergency medicine (26.4%, 40.4%, 8.0%) or orthopedists (69.6%, 3.1%, 31.6%).

Similarly, chiropractic patients experienced less therapeutic injections (0.4%) and major surgery (0.1%), than primary care provider (1.8%, 0.9%) and orthopedist patients (6.8%, 3.4%).

The wholesale reliance on diagnostic imaging by primary care physicians, emergency medicine and orthopedists may expose a lack of ability to physically diagnose neck pain (or back pain, for that matter). The lack of ability to provide manual manipulation and other types of manual care appears to lead to a greater use of therapeutic injections and surgery.

As part of their paper, the authors make the following observations and recommendation with respect to the management of neck pain by health insurers and health systems:

“Our results may have implications for the design of health benefits or systems. While many payors and health systems allow patient self-referral to chiropractors and physical therapists, patients are also often able to self-refer to specialist physicians. For patients with new-onset neck pain, self-referral to specialist physicians may be comparatively inefficient as higher care intensity may not improve the prognosis of acute musculoskeletal pain conditions.⁴ Health systems may seek means of incentivizing initial care for musculoskeletal neck pain with chiropractors or physical/occupational therapists, while implementing protocols or criteria for referral to physician specialists. Health systems may also seek means of engendering more frequent referrals from primary care or specialist physicians to chiropractors for patients with new-onset neck pain.”

References

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