

What about the Other 59 Percent?

IS THE ROAD TO BACK SURGERY PAVED WITH WELL MEANING PHYSICIANS?

Donald M. Petersen Jr., BS, HCD(hc), FICC(h), Publisher

As the guidelines of the Agency for Health Care Policy and Research (AHCPR), Acute Low Back Problems in Adults, continue to force the health care world to re-think their low back pain algorithms, we as a profession should also take time to reflect on the following questions:

What do these guidelines mean to chiropractors?

How do they affect malpractice?

What is the correct response for an orthopaedic surgeon?

Can third-party payers really use these to reduce the cost of spine care, and if so, how?

Consider just some of the information revealed a recent study by noted researcher Timothy Carey, MD, MPH. He surveyed 4,000 individuals concerning back pain (please see the September 12, 1994 issue). His research, funded by the AHCPR revealed that during the course of a year, 11 percent of the U.S. population experiences functionally debilitating or lasting back pain. This equates to approximately 29 million people. Of those, about 60 percent don't seek any health care provider. They just live with it. Why?

Perhaps the answers can be found in the experiences of the other 40 percent. Of those who seek a provider, 60 percent initially seek care from an MD, 33 percent begin care with a chiropractor, and seven percent seek care from other providers. While we can have a high degree of confidence in the conservative nature of the chiropractic care given to the 33 percent, what about the other 67 percent?

Match these figures with the findings of the AHCPR's low back panel. They suggest that only approximately one percent of those individuals with acute low back pain should end up as surgical cases.

Even assuming that the rate of surgery is truly that high, what about the other 59 percent (those who seek a medical provider but shouldn't end up as surgical cases)? Where are they going for care? What kind of care are they getting?

Reading through the guidelines, there is the suggestion that many low back pain patients experience "spontaneous recovery." But what does that really mean? How long before the problem re-occurs? How many other patients are simply lost in the system of medical back pain management?

In the absence of "serious spinal pathology," the AHCPR low back guidelines offer these choices:

- don't stay in bed longer than four days;

- try acetaminophen and NSAIDs (nonsteroidal anti-inflammatory drugs) for pain relief; (editor's note: see the risks of acetaminophen on the front page)

- try spinal manipulation.

This means that before they start on the path to spine surgery, the vast majority of patients should see a chiropractor for at least a four week trial.

If we can just communicate the reality of this to the public (as well as other health care providers and third-party payers), chiropractors could begin seeing the bulk of that other 59 percent. Imagine going from treating 33 percent of back pain patients to 60 percent or even 75 percent!

The AHCPR findings have given the chiropractic profession an opportunity unlike any ever in our history. It is now up to us to take this document and let it speak the truth about what is best for the public.

These same recommendations are being made in Britain and Sweden. How long before there's global recognition of the power of the chiropractic adjustment?

By taking ownership of the AHCPR guidelines, and the truth they speak of the value of chiropractic care, we can begin to lay claim to the other 59 percent who initially seek medical care, but don't require surgery. In addition, we can encourage the 60 percent who "just live with" their back pain to try the conservative treatment now recommended by the U.S. government: spinal manipulation delivered by a chiropractor.

DMP Jr., BS, HCD(hc)

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