

Chiropractic Benefits

Vital Information for Decision Makers in the Health Care Field October 2003

Provided by Dr. Glenn Czulada, DC
(570) 343-0400 / glenncz@cs.com

1201 Wheeler Avenue
Dunmore, PA 18510

927 Main Avenue
Dickson City, PA 18519

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Chiropractic Recognized by 'Orthopedics Today'

An orthopedics publication may not seem a likely place to find an article praising chiropractic, but perhaps Orthopedics Today has started a trend. The February 2003 issue of the magazine dedicated to "Current News in Musculoskeletal Health & Disease" featured an article entitled, "Time to Recognize Value of Chiropractic Care; Science and Patient Satisfaction Surveys Cite Usefulness of Spinal Manipulation."

The article includes powerful commentary in support of spinal manipulation from Scott Haldeman, DC, MD, PhD, co-author of several studies on the safety of spinal manipulation; Jack Zigler, MD, orthopedic spine surgeon with the Texas Back Institute; and Andrew Cole, MD, associate clinical professor of rehabilitation medicine at the University of Washington and recent past president of the American Academy of Physical Medicine and Rehabilitation.

"There are a lot of myths about chiropractic care," says Zigler. "I decided to look into each of these myths, and what I found is that chiropractic education, side-by-side, is more similar to medical education than it is dissimilar."

The article notes that Drs. Zigler, Haldeman and Cole joined other spine experts in attempting to debunk misconceptions about spinal manipulation at the North American Spine Society's 17th Annual Meeting, and also references a recent Harvard University study in which low back pain patients who received conventional and "alternative" treatment, including spinal manipulation, were significantly more satisfied with alternative than conventional care.

"About 10 to 12 international guidelines have suggested that there is some benefit to manipulation," says Dr. Haldeman. "If we look at their basic guidelines, manipulation has consistently been accepted by independent government and scientific bodies as being a valid form of treatment."

Dr. Cole offers perhaps the most striking endorsement of chiropractic, suggesting instances in which spine surgeons should refer patients to DCs. He emphasizes that manipulation can provide short-term pain

Overall, manipulation has the advantage of reducing pain, decreasing medication, rapidly advancing physical therapy and requiring fewer passive modalities.

relief for acute low back pain and modest relief for chronic low back pain. According to the article, his endorsement goes a step further: "Cole said that, overall, manipulation has the advantage of reducing pain, decreasing medication, rapidly advancing physical therapy and requiring

fewer passive modalities."

"Chiropractors work for us as screeners for surgical pathology," Dr. Zigler adds. "They can do the same work-up and send the patient who has already gone through his conservative treatment and had all his diagnostic work done to the surgeon."

The article in Orthopedics Today is significant not only because of its positive depiction of spinal manipulation and chiropractic, but because it comes at a time when several other media sources have portrayed DCs in much less favorable light. It's encouraging to see good news for a change, particularly in a publication that describes itself as "a monthly medical newspaper for orthopedic surgeons."

Reference: Time to recognize value of chiropractic care. Science and patient satisfaction surveys cite usefulness of spinal manipulation. Orthopedics Today February 2003;23(2), pp14-15.

Use and Perception

Chiropractic vs. Medicine vs. Massage

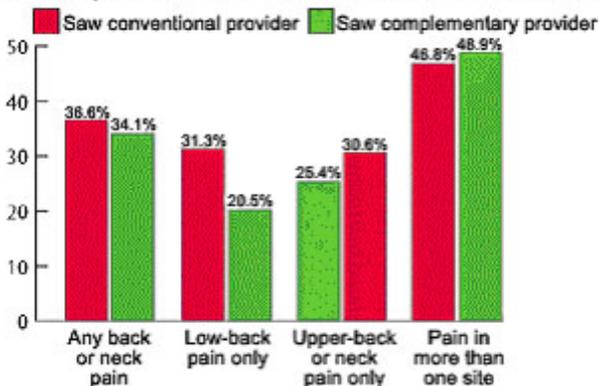
A recently published study reveals the intriguing results of a telephone survey of 2,055 U.S. adults.¹

The survey was conducted to “assess therapies used to treat back or neck pain.” The authors found that 33 percent of U.S. adults had suffered back or neck pain in the previous year. Of those, 38 percent experienced only low-back pain, while 16 percent suffered only neck or upper-back pain. A whopping 46 percent reported their pain was in more than one location.

One of the project’s researchers was David M. Eisenberg, MD, well-known for his 1991 and 1997 studies on “alternative care,” which were among the first to demonstrate just how widely used chiropractic and other forms of nonmedical care really are.²⁻⁵

The study goes on to compare various forms of “complementary” versus “conventional” care. The most interesting results involve use and patient satisfaction:

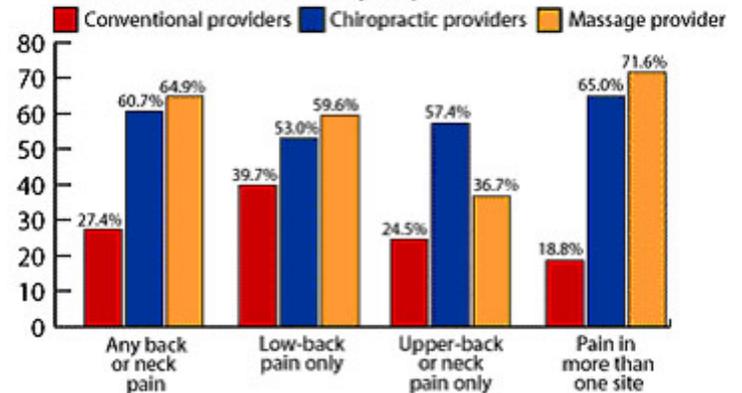
A. Therapies Used to Treat Back or Neck Pain in the Last 12 Months



Interestingly enough, more people saw a “complementary” provider for neck pain and complicated pain than a medical provider. However, medical providers saw 50 percent more low back-pain only patients than did complementary providers (31 vs. 20 percent).

Chiropractic providers were considered “very helpful” by approximately twice as many patients as medical providers:

B. Perceived Helpfulness (% Reporting Therapies Used for Back and Neck Pain Were “Very Helpful”)



The authors also make the following point:

“Complementary professionals combined to provide an estimated 203 million visits specifically for the treatment of back and neck pain in 1997. By comparison, in 1997 there were approximately 386 million visits to all primary care physicians for any reason at all.”

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Chiropractic Celebrates — Bush Signs VA Bill

President Bush finally put pen to paper on the night of Jan. 23 to pass H.R. 3447, the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001, a bill that includes a mandate to establish a permanent chiropractic benefit within the Department of Veterans Affairs (DVA) health care system.

The law authorizes the hiring of doctors of chiropractic in the DVA health system, sets a broad scope of chiropractic practice, and allows the chiropractic profession to oversee the development and implementation of the

new benefit through an advisory committee, composed, in part, of chiropractors.

“The passage of this historic law represents an enormous victory for America’s veterans, who will now have access to the chiropractic care they have been denied for far too long

Key provisions of the law include:

- Immediate phase-in of the program.
- Designation of at least one DVA medical center in each geographic service area of the Veterans Health Administration to provide chiropractic services. The designated sites will be medical centers and clinics located in urban

and rural areas.

- Scope of chiropractic services that “shall include a variety of chiropractic care and services for neuromusculoskeletal conditions, including subluxation complex.”
- Dissemination of educational materials on chiropractic to primary care teams “for the purpose of familiarizing such providers with the benefits of chiropractic care and services.”
- Establishment of a chiropractic advisory committee that will advise the Secretary on protocols governing referral to doctors of chiropractic, direct access to chiropractic care, scope of chiropractic and other issues.

New Research Shows Manipulation Superior to Acupuncture, Drugs

A randomized, controlled clinical trial just published in *Spine* reveals that chiropractic “manipulation” is superior to both drugs and acupuncture in the treatment of chronic spinal pain (people with pain lasting more than 13 weeks).

The study involved 115 patients randomly assigned to receive one of three interventions: medication, needle acupuncture or chiropractic manipulation.

Patients randomized to the medication group were given Celebrex, unless the patient had used it previously. The next drug of choice was Vioxx, followed by paracetamol (up to 4g/day). Chiropractors administered “high-velocity, low-amplitude” manipulations. Chiropractic patients were given two treatments per week.

The patients were assessed four times: at the initial visit and two, five and nine weeks after the initial treatment. The Oswestry Questionnaire for low back and thoracic spine pain (“back” pain), the Neck Disability Index (NDI) for neck pain and the Short-Form-36 Health Survey Questionnaire (SF-36) were self-administered. Visual analog scales (VAS) were used to assess subjective pain intensity.

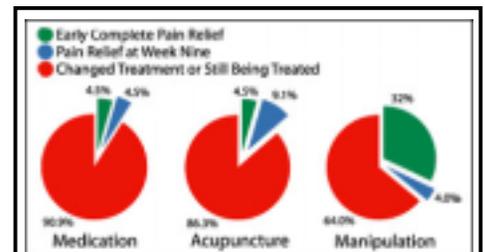
At the end of the study, the group receiving manipulation experienced the most recovered patients, compared with three for the acupuncture group and the medication group. This was significant, considering the nature of chronic spine pain.

Patient assessments for the three groups also indicated superiority for chiropractic manipulation for all tests except the VAS for

neck pain. This superiority is demonstrated in the percentage of improvement that patients in each of the three groups experienced as measured by the assessment tools (*see charts below*).

One of the study’s most remarkable findings was that patients in the manipulation group reported a 47 percent improvement on the SF-36 Questionnaire, compared to only 15 percent for the acupuncture group and 18 percent for the medication group. This finding is all the more significant because the SF-36 does not measure back pain per se, but gives a perception of the level of one’s overall health.

In addition to these results, the authors included the following comments in their report: The results of this efficacy study suggest that spinal manipulation, if not contraindicated, may be superior to needle acupuncture or medication for the successful treatment of patients with chronic spinal pain syndrome, except for those with neck pain. The NDI showed that for neck pain,



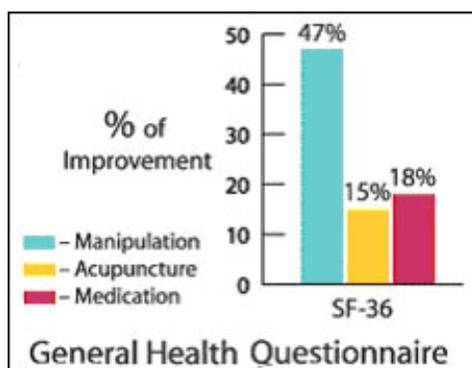
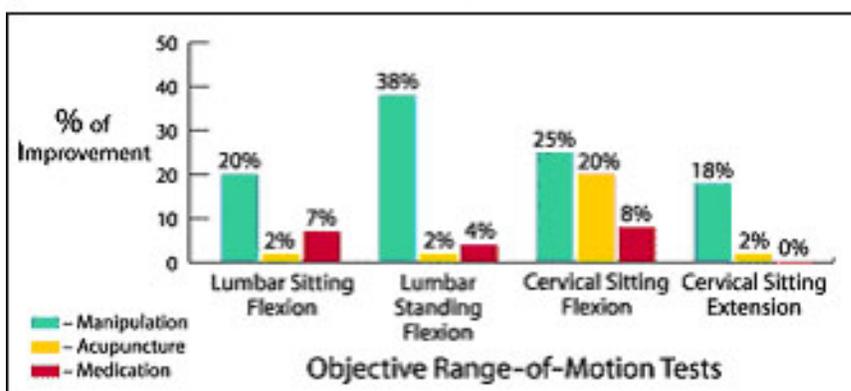
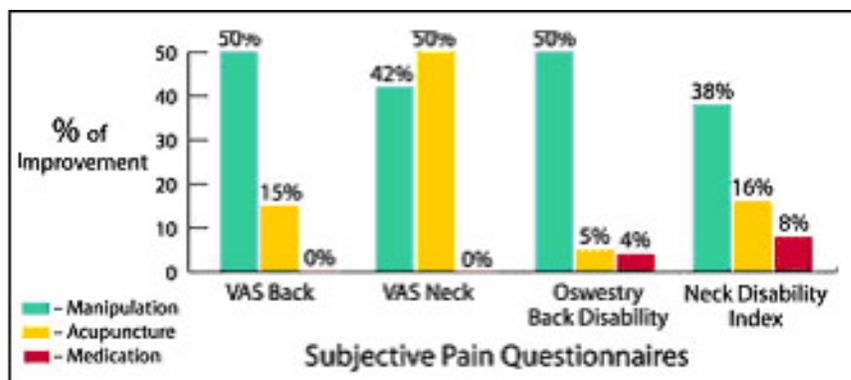
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acupuncture achieved a better result than manipulation.

“Medication apparently did not achieve a marked improvement in chronic spinal pain and caused adverse reactions in 6.1 percent of the patients. The adverse symptoms disappeared once medication was stopped ... In summary, the significance of the study is that for chronic spinal pain syndromes, it appears that spinal manipulation provided the best overall short-term results, despite the fact that the spinal manipulation group had experienced the longest pretreatment duration of pain.”

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Comparative Side-Effects and Relative Safety

For spinal manipulation, the occurrence of major complications, regardless of the region of the spine manipulated, has generally been shown to be less than one per million.²⁻⁵ Even transient, minor side-effects have been estimated to occur at one per 120,000 cervical manipulations.⁶

These figures pale when compared to an extensive body of literature describing as many as 220,000 deaths and other complications in the United States attributable each year to medications, in general,⁷⁻¹⁴ or the 10,000-20,000 fatalities and multiple-organ systems adversely affected by NSAIDs.¹⁵⁻²³

Even what has been regarded as the more relatively benign COX-2 inhibitors²⁴⁻²⁷ and acetaminophen medications²⁸ have been described to generate serious GI, cardiovascular and hepatic problems at rates that are orders of magnitude greater than side effects attributed to spinal manipulation.

The overall picture comparing spinal manipulation to the commonly used treatment alternatives of either direct analgesic ingestion or visits to the general practitioner (80 percent resulting in analgesic use, by the authors' own citation^{1,29}), should be one of relative clarity to the patient.

In one instance, there is an option with a low rate of lasting side effects; in the other, there is a treatment regimen with severe and sometimes fatal complications inexplicably deemed "acceptable."³⁰

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Chiropractic — More Cost-Effective Than Medicine Under Managed Care

A study of chiropractic utilization in managed health plans was among several groundbreaking papers presented at the Research Agenda Conference (RAC) in March 2003.

The study, conducted by researchers from American Specialty Health and Health Benchmarks, Inc., was headed by Doug Metz, DC, chief health services officer, and Craig Nelson, DC, MS, senior health services research scientist.

The four-year study compared the experiences of 1.7 million patients in a California managed-care plan: 1 million members without chiropractic coverage and 700,000 with chiropractic coverage.

The researchers discovered that chiropractic care in the managed-care setting was more cost-effective on a number of levels:

- Total Health-Care Costs – Patients with chiropractic coverage experienced 12-percent lower costs than care provided to patients without chiropractic coverage.

- Low-back pain treatment episodes – Patients with chiropractic coverage experienced 28-percent-lower costs than patients without chiropractic coverage.

- Fewer In-Patient Stays – Patients with chiropractic coverage experienced 9.3 stays per 1,000 patients, versus 15.6 stays per 1,000 patients for those without chiropractic coverage.

- Fewer MRIs – Patients with chiropractic coverage experienced 43.2 MRIs per 1,000 patients, versus 68.9 MRIs per 1,000 patients for those without chiropractic coverage.

- Fewer Low-Back Surgeries – Patients with chiropractic coverage experienced 3.3 low-back surgeries per 1,000 patients, versus 4.3 surgeries per 1,000 patients for those without chiropractic coverage.

- Fewer Radiographs – Patients with chiropractic coverage experienced 17.5 radiographs per 1,000 patients, versus 22.7 radiographs per 1,000 patients for those without chiropractic coverage.

The study reached these conclusions

- The inclusion of a chiropractic benefit attracts slightly younger

and slightly healthier subscribers.

- Most of the chiropractic care provided is a direct substitution for medical care.

- The cost per episode of chiropractic care for back pain and neck pain is much lower than for medical care.

- Overall, the inclusion of chiropractic benefits results in a much more conservative management profile of back pain (less surgery, in-patient care and advanced imaging) than in groups without a chiropractic benefit.

It is important to note the substitution effect

Particularly in the current uncertain economic climate, it is extremely unlikely employers or health plans are eager to add benefits that will increase costs.

This study shows that adding a chiropractic benefit does not add to the total amount of care (and therefore costs), but provides a lower cost alternative for patients.

Therefore, the overall effect of the chiropractic benefit was a favorable selection effect. According to the study, if chiropractic care is substituted for medical care, that care will be less costly and less invasive for back pain, and fewer invasive and expensive procedures will need to be performed.

The net effect of these factors is a significant reduction in overall health-care costs. Conversely, it is entirely legitimate to conclude from this study that not having a chiropractic benefit will add to total health-care costs.

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— Chiropractic Integration —

ACA joins with Blue Cross/Blue Shield

North Dakota and Texas were recently added to the growing list of states in which liaisons from the American Chiropractic Association's (ACA) Blue CChip program have been appointed to internal committees where they will have the opportunity to contribute to Blues policy development.

Blues plans have achieved clinical integration of chiropractic to 30 percent.

The Blues Chiropractic Clinical Health Plan Integration Program – better known as Blue CChip – aims to bring doctors of Chiropractic together with representatives from their local Blue Cross/Blue Shield.

The Blue CChip program was created in 2001. ACA and Blue/Cross/Blue Shield Association (BCBSA) embarked on a series of discussions about the rights of DCs and their patients, as well as a range of

insurance-related issues. The national Blues made a commitment to work with ACA to improve relations between doctors of chiropractic and local Blues plans.

Meanwhile, Blue Cross/Blue Shield of Texas appointed Dr. Dale White of River Oaks, Texas, an ACA Blue CChip liaison, to its Medical Advisory Committee – another important achievement for Blue CChip and doctors of chiropractic everywhere.

BCBS Texas also recently dropped its software edits that deny Evaluation and Management codes for doctors of chiropractic. This reimbursement change will ensure that DCs are reimbursed for the valuable services they provide.

The Texas Blues remain committed to continued dialogue and working with the chiropractic profession on future problems.

DC Garners 'Best Patient Satisfaction' Rating at Georgia Army Hospital

In 1995, the National Defense Authorization Act mandated that the U.S. Congress determine the cost-effectiveness of chiropractic treatment for military personnel.

For the next three years, 10 military sites utilizing DCs were compared to three that did not. The Department of Defense (DoD) was required to maintain these services until Sept. 30, 2000.

Soon afterward, President Clinton signed the

2001 National Defense Authorization Act, requiring full implementation of chiropractic benefits, to be phased in over the next five years throughout three military branches.

G. Thomas McKinney, a 1997 graduate of Parker College of Chiropractic, was accepted into the program and assigned to treat patients at Martin Army Hospital at Fort Benning, Ga.

At the hospital's recent "Doctor's Day" luncheon, Dr. McKinney and another treating chiropractor were recognized for having the best patient-satisfaction rating of all the health-care providers at the facility.

Dr. McKinney recalled, "All the physicians were gathered together to celebrate...We were both naturally very surprised and honored when we heard our names announced at the beginning of the presentations as two of the doctors with the highest patient satisfaction ratings of all health-care providers on post!"

"I was in first place, and Jerry was in third place," Dr. McKinney elaborated. "The rating was based on patient comment cards and other feedback metrics that the post monitors monthly on both provider and clinic levels. The moment was especially significant for us since only two years prior, there had been some problems in the program, and we were not viewed in the best light. To have turned the program around in such a big way, and to be noticed by the hospital command staff was extremely fulfilling. Finally, as if that was not enough, we received a dozen or more 'high-fives,' 'thumbs-ups,' and hoots and calls from our medical and osteopathic physician colleagues at the announcement!"

Perhaps 90 percent or better of his practice is made up of neck, mid-back and low-back pain cases, he added. "But in addition to that, I see a fair number of headaches, shoulder and knee pain, and carpal tunnel syndromes. As providers have become more comfortable with my abilities, they have sent



me several visceral conditions, from orchalgia, to abdominal pain, to noncardiac chest pain, with fairly good success."

One of the secrets of his success is simple: listening to patients, according to Dr. McKinney. "I spend quite a bit of time evaluating and modifying the soldiers' dietary and training regimens to maximize their healing time and ultimate performance. At least half of my time with them is spent educating them, not only about chiropractic, but also about their medical conditions. It is this time, primarily, my patients have told me, that makes me stand out among my peers; many primary-care providers are often too overburdened to give in-depth answers to patients' health-care concerns."

Research was emerging in the medical literature about its benefits, and many providers have developed a healthy curiosity, Dr. McKinney continued. "Since the chiropractic clinic has opened, I have seen a much greater tendency in those providers to send patients to me instead, probably due to the positive responses they have seen in their patients, and their resultant increased confidence in my abilities to help them."

With a patient list that includes Rangers, trainees and retirees, Dr. McKinney emphasized the pressing need for DCs in the armed forces.

"The military is filled with hard-working, hard-playing individuals that use and abuse their bodies on a daily basis, which makes it a utopia for a chiropractic physician. Since the passage of the defense act that made the program permanent, the military services will continue to have a strong need for chiropractors in the near future."

New Law Increases Workers' Comp Visits to Florida DCs

On July 15, Governor Jeb Bush signed into law a bill that reforms several aspects of the state's workers' compensation system.

Included in the reforms are increases in the number of chiropractic visits and weeks of treatment allowed for patients in need of care, and an amendment that gives DCs the same status as medical doctors, osteopaths and podiatrists in the management of care for injured workers.

Under the new legislation, injured workers may receive a maximum of 24 "medically necessary" chiropractic treatments, up from the previous maximum of 18. Employees who are "catastrophically injured" on the job are exempt from the limits on chiropractic care, and insurance carriers may waive the cap on treatments if more care is deemed appropriate.

The bill, introduced during the legislature's first special session, also adds chiropractors to the list of health care providers who may serve as "medical care coordinators" in a workers' compensation managed care environment.

Previously, only medical doctors and osteopaths could serve in such a capacity. This designation allows a DC to be a "primary care provider" within a provider network, meaning patients can have direct access to their services in the managed care systems used by workers' compensation carriers.

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AMA Resolves to Ensure Musculoskeletal Training for Medical Students

At its annual meeting in Chicago this past June, the American Medical Association's (AMA) House of Delegates passed a number of resolutions, including Resolution 310, which reads:

Musculoskeletal Care In Graduate Medical Education, asks our AMA to 1) strongly urge medical schools to formally re-evaluate the musculoskeletal curriculum; 2) strongly urge medical schools to ensure that medical students have the appropriate education and training in musculoskeletal care, making this competence a requirement for graduation; and 3) encourage its representatives to the Liaison Committee on Medical Education, the Accreditation Council for Graduate Medical Education and the Residency Review Committees to promote higher standards in basic competence in musculo-skeletal care in accreditation standards.

Resolution 310 is undoubtedly a reaction to a number of studies that have concluded: "Current medical school training in musculoskeletal medicine is inadequate" – something about which most doctors of chiropractic are well aware.

Apparently, this has now become obvious to the AMA leadership as well.

Chiropractic has expended enormous effort over the years to convince the world of the importance of musculoskeletal health. It is obvious that along with consumers, PTs, DOs and now MDs have heard us.

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Cleveland Chiropractic College

New Clinic 'First of its Kind'

On Sept. 1, Cleveland Chiropractic College–Kansas City (CCC-KC) signed an agreement with Truman Medical Center, near Lee's Summit, Mo.

The partnership, touted by the college as the first of its kind, establishes a chiropractic clinic within the hospital, allowing college interns to work alongside hospital staff in a multidisciplinary clinical setting; learn hospital protocol; and educate fellow health care workers on chiropractic practices.

This program will not only enhance student clinical experience and provide quality patient care, it will provide an opportunity to introduce chiropractic and its educational program into a full-service, multi-disciplinary community hospital system.

This is yet another example of the profession's advancement as part of mainstream health care. It gives the community more health care choices.

Missouri Governor Signs Chiropractic Insurance Coverage Bill

In Missouri, a new law will expand chiropractic's reach to tens of thousands of people.

Update

VA Chiropractic Advisory Committee
In January 2002, President George W. Bush signed landmark legislation into law (Public Law 107-135) that ensured chiropractic would become a permanent benefit for recipients of veterans' health care services.

In June, Governor Bob Holden signed House Bill 121, which requires health insurers in Missouri to cover services for all conditions delivered by a licensed chiropractor that are within chiropractic scope of practice and ensures that patients will not pay undue costs for treatment.

"Chiropractic care has become an essential type of medical treatment, and as such, it should receive the same health insurance coverage as other medical care," commented Gov. Holden.

Under the new law, coverage of chiropractic services will include the initial diagnosis made by a DC, along with other "medically necessary" supplies and services.

Each enrollee can access chiropractic care

for up to 26 visits per policy period, and may continue to see a DC for additional visits with proper authorization.

Specifically, the bill states: "Every policy issued by a health carrier... shall provide coverage for chiropractic care delivered by a licensed chiropractor acting within the scope of his or her practice.

An enrollee may access chiropractic care within the network for a total of 26 chiropractic physician office visits per policy period, but may be required to provide the health carrier with notice prior to any additional visit as a condition of coverage.

References:

¹ Jefferson City News Tribune (online edition), June 21, 2003.

Study Finds Manual Therapy Most Effective Treatment for Neck Pain

Although not as prevalent as back pain, neck pain is a common presentation in clinical practice. An estimated 10-15 percent of the general population suffers from neck pain and/or stiffness at any given time.

Neck pain can be caused by a variety of factors, including stress, accidents, compressed nerves, disease and degenerative changes in the discs that comprise the upper spine.

While neck pain usually isn't life-threatening, it can cause a great deal of discomfort and dramatically impact quality of life.

Among the most popular therapies for neck pain are manual therapy (including mobilization and manipulation); physiotherapy (usually performed by physical therapists); and pain-relief medications, which are often prescribed by medical doctors.

A new study in the April 26 issue of the *British Medical Journal* compared the efficacy and cost-effectiveness of these forms of care, and concluded that manual therapy is "more effective and less costly for treating neck pain" than either physiotherapy or care provided by a general practitioner.

Results

Manual therapy was considered "the most effective treatment" in the study. After seven weeks, recovery rates in the manual therapy group were 68 percent, compared to 51 percent and 36 percent in the PT and GP groups, respectively. Differences in recovery rates remained statistically significant at the 26-week mark and were still superior for manual therapy at 52 weeks.

While manual therapy succeeded in

Researchers note:

◆ **Manual therapy for the treatment of neck pain was more cost-effective than physiotherapy or care by a general practitioner.**

◆ **Manual therapy resulted in faster recovery than physiotherapy and general practitioner care for up to 26 weeks.**

providing greater relief of neck pain in physical terms, the most striking differences between treatments were seen in the area of cost-effectiveness.

Manual therapy was easily the least expensive form of care; on average, the total direct costs of treating neck pain with manual therapy for one year were \$137-\$283 less per patient compared to PT or GP care.

When direct and indirect costs were factored together, the difference was even greater. The average total cost of treating a person with neck pain for one year using manual therapy was \$514. Treating a patient over the same time with physiotherapy cost \$1,492; GP care cost \$1,586.

"Manual therapy for the treatment of neck pain was more cost-effective than physiotherapy or care by a general practitioner," the researchers noted in their conclusion. "The clinical outcome measures showed that manual therapy resulted in faster recovery than physiotherapy and general practitioner care for up to 26 weeks."

"What the patient should understand is that the health-care provider – whether it's a physical therapist, chiropractor or whomever – will be able to enable them to get their pain down more quickly with manual therapy than compared to classical approaches with physical therapy or a family practitioner."

References:

¹ Korthals-de Bos IBC, Hobing JL, van Tulder MW, et al. Cost-effectiveness of physiotherapy, manual therapy, and general practitioner care for neck pain: economic evaluation alongside a randomised controlled trial. *British Medical Journal* April 26, 2003.

² Warner J. Manual therapy eases neck pain, cheaply. WebMD Health, April 24, 2003.

Survey Explores Prevalence, Satisfaction With Care

A telephone survey conducted by the Environics Research Group for the Canadian Chiropractic Association provides important new data on the impact of back pain on Canada. The survey, which polled 1,500 Canadian adults, also reveals surprising results about the average person's use of chiropractic to treat back pain.

The survey was conducted in April and May 2003, with an initial sample of more than 12,000 telephone numbers dialed randomly. Participants were asked a series of questions about their own experiences with back pain (frequency, severity, possible causes, etc.), along with the methods used to treat the pain and how satisfied they were with treatment.

Chiropractic and Other Treatments

Although chiropractic wasn't the most popular form of pain relief, chiropractic garnered the highest satisfaction rating among any treatment in the survey. Of the 155 people who reported going to a chiropractor, 92 percent were either "very" or "somewhat" satisfied with the care they received. In fact, a greater percentage of people were "very satisfied" with chiropractic (69 percent) than with any other treatment listed in the survey.

Back Pain

64 percent of the respondents reported experiencing pain in the shoulders, and upper or lower back in the past year; 71 percent experienced back pain in the past two years.

One-sixth of those with back pain said the pain was continuous or never went away.

Analysis

The Environics survey is the latest to show the impact back pain has on society.

Nearly two-thirds of all Canadians reported suffering back pain at least once in the past year; of those with back pain, the condition usually lasted up to a week and caused mild or moderate pain.

When a person experienced back pain, he or she was more likely to reach for some type of medication before seeing a doctor of chiropractic.

Approximately one in seven Canadian adults chose chiropractic to treat back pain.

Reference:

Survey of Canadian Adults: Back Pain. Toronto: Environics Research Group Limited, May 2003.

Groundbreaking Report Published on Chiropractic/Workers' Compensation

Doctors of chiropractic have been licensed to practice in Texas since 1949 and have been a fundamental part of the state's workers' compensation system since 1953.

Each year, Texas DCs treat tens of thousands of injured workers, but until recently, little data were available comparing the cost-effectiveness and efficacy of chiropractic versus other forms of care available through the workers' compensation program.

According to the report, *Chiropractic Treatment of Workers' Compensation Claimants in the State of Texas*, chiropractic care was associated with significantly lower costs and more rapid recovery in treating workers with low-back injuries, and is not a contributor to the state's rising worker's compensation costs.

The study considered two questions: (1) Does chiropractic play a significant role in driving the escalating costs in the Texas workers' compensation system?; and (2) Is chiropractic a cost-effective treatment option within the state's workers' compensation system?

To answer these questions, the national research/consulting firm MGT of America was hired to review more than 70 articles and published studies on the cost and effectiveness of chiropractic care. The firm also analyzed data on approximately 900,000 workers' compensation claims filed from 1996 to 2001.

Among the firm's findings:

Of the nearly 900,000 workers' compensation claims received from 1996 to 2001, only 14.6 percent of claimants were treated by doctors of chiropractic, and only 8.5 percent of those workers received more than half of their treatment from chiropractors.

◆ Chiropractic care accounted for only 12.5 percent of medical fees and 6.9 percent of the total workers' compensation costs. However, the firm noted that these figures did not include the costs of pharmaceuticals, because insurers are not required to provide such information to the Texas Workers' Compensation Commission (TWCC). If those costs were included, the percentage of costs related to chiropractic care would have been even lower.

◆ Lower back and neck injuries accounted for 38 percent of all claims costs. Chiropractors treated about 30 percent of workers with lower back injuries, but were responsible for only 17.5 percent of the medical costs and 9.1 percent of the total costs.

◆ The average claim for a worker with a low-back injury was \$15,884. However, if a worker received at least 75 percent of his or her care from a chiropractor, the total cost per claimant decreased by nearly one-fourth to \$12,202. If the chiropractor provided at least 90 percent of the care, the average cost declined by more than 50 percent, to \$7,632.

Based on its analysis, the firm reached two noteworthy conclusions:

(1) Chiropractic's medical costs are the lowest in the state's workers' compensation system. "The existing body of research indicates that chiropractic is a cost-effective means of treatment for musculoskeletal injuries," the firm noted. "Chiropractic care is associated with lower medical costs and more rapid recovery

in the overwhelming majority of studies concerning chiropractic care and workers' compensation costs." Data from the study also clearly linked increased use of chiropractic care with lower costs relative to lower back injuries.

(2) Chiropractic cannot be blamed for the state's rising workers' compensation costs. Based on the evidence, the firm found it "unlikely" that chiropractic could be held responsible for escalating costs: "Our analysis of TWCC claims data demonstrated that chiropractic currently plays a relatively small role in the system as a whole, and therefore could not be a significant force in driving costs...to be a significant factor in driving costs, chiropractic would have to be demonstrated as a vastly more expensive means of treatment, or it would have to comprise a greater share of treatment in this system."

The Typical American Doctor of Chiropractic

How Chiropractors Think and Practice, by Dr. William MacDonald, et al., provides us with a portrait of today's U.S. doctor of chiropractic. According to the survey —

◆ Today's DC routinely performs and provides the following for his or her patients:

1. Exercise Recommendations (97.8%);
2. Periodic Maintenance/Wellness Care (93.6%);
3. Differential Diagnosis (93.4%);
4. Ergonomic Recommendations (93.2%);
5. General Nutrition Advice (87.7%);
6. Stress-Reduction Recommendations (86.4%);
7. Specific Vitamin/Herbal Recommendations; (72.0%)

◆ Today's DC believes the following forms of care are appropriate for our chiropractic scope of practice:

1. Home-Based Exercise (98.6%);
2. Orthotics/Pillows (97.7%);
3. Clinic-Based Exercise (96.9%);
4. Vitamins and Minerals (96.7%);
5. Collars, Supports and Braces (96.6%);
6. Acupressure (94.0%);
7. Modalities (EMS, etc.) (93.5%);
8. Massage (93.1%);
9. Herbs (91.1%);
10. TENS Units (90.6%);
11. Thermography (88.6%);
12. Surface EMG (86.9%);
13. Homeopathics (82.1%);
14. Acupuncture (76.8%);
15. Hospital admitting privileges (74.2%);
16. In-House Labwork (68.2%)

Chiropractic Success Story at New York Hospital

Innovative Clinic Nears 1st Year Anniversary

According to the American Chiropractic Association (ACA), about 500 hospitals in the United States – roughly one in 12 – have at least one doctor of chiropractic each on staff.

Monroe Community Hospital (MCH) in Rochester, N.Y., is one facility that has embraced chiropractic, and it's done so in innovative fashion. In January 2003, a full-time chiropractic clinic was officially established, designed to operate in conjunction with the hospital's nursing home, one of the largest in western New York.

MCH is a teaching hospital, part of the University of Rochester's School of Medicine and Dentistry. The clinic, which offers chiropractic in the setting of a long-term care institution, is believed to be the first of its kind in the country.

"We're not trying to be medical physicians. That's not what we do," said Dr. Paul Dougherty, a 1990 graduate of Logan College of Chiropractic, who heads the clinic. "But we do think that we have a role to play in pain management."

"I think there's a future in integrating chiropractic with traditional medicine, and it's exciting to be on the front end of it." — *Dr. Paul Dougherty*
Monroe Community Hospital

Medical doctors and chiropractors often work side-by-side in the facility, with the goal of relieving pain and suffering in elderly patients with chronic illnesses.

In addition to providing care for residents at the nursing home, the clinic offers services to members of the surrounding community

on an outpatient basis.

The effectiveness of chiropractic in treating geriatric patients has caught the attention of several medical doctors at the hospital, including Paul Katz, MD, MCH's medical director. "I admit that when I was in medical school in the '70s, chiropractic had a very negative connotation to it," Dr. Katz said. "But there's a lot more science behind what they do now, and it's really given me a greater appreciation for their role. The goal is to reduce pain, and however you do it, I don't care as long as it's safe and effective," he added.

"I think there's a future in integrating chiropractic with traditional medicine, and it's exciting to be on the front end of it," said Dr. Daugherty.

"We hope [the clinic] is a model that will be duplicated, as chiropractic care has been very helpful, even in the very frail and disabled."

Prescription Drug Information

Using prescription drugs has become commonplace for many Americans. Because of the regular role prescription drugs play in daily life, few take the time to think of the seriousness of the problems that can arise from the use of such drugs.

In 2000 reactions to drugs was the fourth leading cause of death in the United States.¹ This puts reactions to drugs in the ranks of lung cancer, heart disease and stroke.

Lack of full knowledge of the effects of prescription drugs coupled with a somewhat lackadaisical approach to the use of prescription drugs is a volatile combination.

In their September newsletter, the Agency for Healthcare Research and Quality (AHRQ) released information regarding prescription drug costs. According to their newsletter, "prescription drug spending doubled from \$60.8 billion in 1995 to \$121.8 billion in 2000 and is expected to reach \$160.9 billion in 2002."²

AHRQ is launching research projects that will seek to find instances in which, "older, less expensive drugs or no drug treatment can work just as well as newer, more expensive drugs." Although prescription drugs are continuing to increase in price, AHRQ points out that, "very few studies have measured the cost benefits of new drugs."²

Individuals are being forced to pay more for prescription drugs without truly knowing the benefits, and in regard to newer prescription drugs and older prescription drugs "little information is available to doctors to determine which therapy works best."²

With prescription drug costs dramatically escalating and the safety of these drugs being questioned, the time seems especially right to demonstrate the benefits of drug-free treatments and interventions, such as chiropractic care.

Billions of dollars are spent annually for treatments whose effects are not entirely clear. The above is especially disturbing when one considers the May 1998 Journal of the American Medical Association study which stated that an estimated 106,000 hospital patient deaths and 2.2 million injuries occur each year as a result of adverse reactions to prescription drugs.³

With prescription drug costs dramatically escalating and the safety of these drugs being questioned, the time seems especially right to demonstrate the benefits of drug-free treatments and interventions, such as chiropractic care.

References:

¹ Robert H. Shmerling, M.D. A perspective from Harvard Medical School. January 22, 2003.

² Kass-Bartelmes BL, Bosco L, Rutherford MK. Prescription drug therapies: reducing costs and improving outcomes. Rockville (MD): Agency for Healthcare Research and Quality; 2002. Research in Action Issue 8. AHRQ Pub. No. 02-0045.

³ Thomas J. Moore; Bruce M. Psaty, MD, PhD; Curt D. Furberg, MD, PhD Time to Act on Drug Safety JAMA / volume:279 (page: 1571) May 20, 1998.

Chiropractic Studies Reveal...

Mosley, Carrie; Cohen, Ilava; Arnold Roy.

"Cost-effectiveness of chiropractic care in a managed care setting." *The American Journal of Managed Care* 1996; 2: 280-282.

In this study the cost of health care for back or neck pain for individuals belonging to an HMO who used chiropractic care or other methods of treatment were evaluated. In this study, the cost of surgery, use of diagnostic imaging and the satisfaction of patients were evaluated.

Claims that were paid from October 1, 1994 through October 1, 1995 were evaluated and analyzed. The cost of healthcare for back and neck pain was much lower for patients using chiropractic care than those using other treatments.

The conclusion of the study is that chiropractic care yields similar outcomes to other forms of care at a much lower cost.

Jarvis, Kelly; Phillips, Reed; Morris, Elliot.

"Cost Per Case Comparison of Back Injury Claims of Chiropractic versus Medical Management for Conditions with Identical Diagnostic Codes."

Journal of Occupational Medicine
1991; 33(8): 847-852.

Comparison of cost between MD and DC providers for injuries related to the back. The average number of treatments for medical claims was 4.93 as compared to 12.89 for chiropractic claims.

Average days of care was 34.25 for medical claims and 54.49 for chiropractic claims. Average compensation cost for work time lost was \$668.39 for medical claims and \$68.38 for chiropractic claims. Average cost of care for medical claims was \$684.15 and \$526.84

for chiropractic claims.

This study demonstrates that although individuals who receive chiropractic care usually have a greater number of visits to DCs than those who visit MDs the cost of care and the worker's compensation dispersed is lower for those visiting DCs.

Stano, Miron.

"The Economic Role of Chiropractic Further Analysis of Relative Insurance Costs for Low Back Care."

Journal of the Neuromusculoskeletal System
1995; 3(3): 139-144.

Comparison of costs of care for common lumbar and low back conditions when a chiropractor is the first provider and when an MD is the first provider.

Total payments for inpatient procedures were higher for MD episodes and especially episodes that lasted longer than a single day. Outpatient payments were much higher for MD initiated treatments as well.

Stano, Miron; Smith, Monica.

"Chiropractic and Medical Costs of Low Back Care."

Medical Care 34(3): 191-204.

Comparison of health insurance payments and patient utilization patterns for common lumbar and low back pain for patients who receive treatment from MDs and DCs.

The results found that there were lower costs for episodes in which DCs were the first providers. The mean total payment when DC's were the first providers was \$518, whereas the mean payment for cases in which a MD was the first provider was \$1,020.

Additional Research on Chiropractic Cost Effectiveness

Potential Savings, Patient Satisfaction Noteworthy

"Utilization, Cost and Effects of Chiropractic Care on Medicare Program Costs" Muse and Associates. *American Chiropractic Association* 2001.

This study examines cost, utilization and effects of chiropractic services on Medicare costs. The study compared program payments and service utilization for Medicare beneficiaries who visited DCs and those who visited other types of physicians. The results indicated that chiropractic care could reduce Medicare

costs. Medicare beneficiaries who had chiropractic care had an average Medicare payment of \$4,426 for all Medicare services. Those who had other types of care had an average of \$8,103 Medicare payment for all Medicare services.

Branson, Richard. "Cost Comparison of Chiropractic and Medical Treatment of Common Musculoskeletal Disorders: A Review of the Literature after 1980." *Topics in Clinical Chiropractic*. 1999; 6(2): 57-68.

A comparison of costs of care provided by DCs and general and specialist MDs for individuals with musculoskeletal

conditions. This study found that the majority of retrospective studies had positive results for chiropractic care.

Manga, Pran. "Enhanced chiropractic coverage under OHIP (Ontario Health Insurance Plan) as a means for reducing health care costs, attaining better health outcomes and achieving equitable access to health services." *Report to the Ontario Ministry of Health*, 1998.

This study demonstrates the ways in which individuals in Ontario are deterred from the use of chiropractic care

Cost Effectiveness Research, from page 11

because it is not covered under OHIP. Greater chiropractic coverage under OHIP would result in a greater number of individuals visiting chiropractors and going more often. The study shows that despite increased visits to DCs, this would result in net savings in both direct and indirect costs. It is very costly to manage neuromusculoskeletal disorders using traditional medicine. If individuals were able to visit chiropractors under OHIP, a great amount of money would be saved by the government. Direct savings for Ontario's healthcare system could be as much as \$770 million and, at the very least, \$380 million.

Smith, Monica; Stano, Miron. "Costs and Recurrences of Chiropractic and Medical Episodes of Low Back Care." *Journal of Manipulative and Physiological Therapeutics* 1997; 20(1): 5-12.

Compared health insurance payments and patient utilization patterns for individuals suffering from recurring lumbar and low back pain visiting DCs to MDs. Insurance payments were higher for medically initiated episodes. Those who visited chiropractors paid a lower cost and were satisfied with the care given. Because of this, the study suggests that chiropractic care should be given careful attention by employers when using gatekeeper strategies.

Mosley, Carrie; Cohen, Ilava; Arnold Roy. "Cost effectiveness of chiropractic care in a managed care setting." *American Journal of Managed Care* 1996; 2: 280-282.

In this study, the cost of health care for back or neck pain for individuals belonging to an HMO who used chiropractic care or other methods of treatment were evaluated. In this study, the cost of surgery, use of diagnostic imaging and the satisfaction of patients were evaluated. Claims that were paid from October 1, 1994 through October 1, 1995, were evaluated and analyzed. The cost of

healthcare for back and neck pain was much lower for patients using chiropractic care than those using other treatments. Surgical costs and the satisfaction of patients was nearly the same for those who used chiropractic care and those who did not. The conclusion of the study is that chiropractic care yields similar outcomes to other forms of care at a much lower cost.

Stano, Miron. "The Economic Role of Chiropractic Further Analysis of Relative Insurance Costs for Low Back Care." *Journal of the Neuromusculoskeletal System* 1995; 3(3): 139-144.

Compared costs of care for common lumbar and low back conditions when a chiropractor is the first provider and when an MD is the first provider. Total payments for inpatient procedures were higher for MD episodes and especially episodes that lasted longer than a single day. Outpatient payments were much higher for MD initiated treatments, as well.

Manga, Pran; Angus, Doug; Papadopoulos, Costa; Swan, William. "The Effectiveness and Cost-Effectiveness of Chiropractic Management of Low-Back Pain." *Richmond Hill, Ontario: Kenilworth Publishing, 1993*

This study demonstrates that an increase in use of chiropractic care to manage low back pain would save an enormous amount of money. The study reveals that if management of low back pain was taken from physicians and given to chiropractors, there could be a potential savings of millions of dollars every year. The study also revealed that spinal manipulation is both safe and more effective than drugs, bed rest, analgesics and general practice medical care for managing low back pain.

Stano, Miron. "A Comparison of Health Care Costs for Chiropractic and Medical patients." *Journal of*

(continued)

Consumption of NSAIDs and the Development of Congestive Heart Failure in Elderly Patients

An Under-Recognized Public Health Problem

Background: Experimental studies have shown that administration of non-steroidal anti-inflammatory drugs (NSAIDs) to susceptible individuals can lead to the development of congestive heart failure (CHF).

There have been few epidemiological investigations of the importance of this adverse effect.

Results: Use of NSAIDs (other than low-dose aspirin) in the previous week

was associated with a doubling of the odds of a hospital admission with CHF (95 percent confidence interval).

Use of NSAIDs by patients with a history of heart disease was associated with an odds ratio of 10.5 (95 percent confidence interval) for first admission with heart failure, compared with 1.6 (95 percent confidence interval) in those without such a history.

The odds of a first admission to a hospital with CHF was positively related to the dose of NSAID consumed in the previous week and was increased to a greater extent with long half-life than with short half-life drugs.

Assuming these relationships are causal, NSAIDs were responsible for approximately 19 percent of hospital admissions with CHF.

Conclusions: The burden of illness resulting from NSAID-related CHF may exceed that resulting from gastrointestinal tract damage. NSAIDs should be used with caution in patients with a history of cardiovascular disease.

Reference: John Page, MBBS(Hons); David Henry, MBChB. *Arch Intern Med.* 2000;160:777-784.

Manipulative and Physiological Therapeutics 1993; 16(5): 291-299.

Compared costs for patients who received chiropractic care for neuromusculoskeletal problems to those who received medical and osteopathic care. A fourth of patients analyzed were treated by chiropractors. These patients had lower health care costs. "Total cost differences on the order of \$1,000 over the two-year period were found in the total sample of patients as well as in sub-samples of patients with specific disorders." Lower costs are attributed to lower inpatient utilization.

Dean, David; Schmidt, Robert. "A comparison of the cost of chiropractors versus Alternative Medical Practitioners." Richmond, VA: Virginia Chiropractic Association, 1992.

This study is an assessment of the difference in cost of treatment between chiropractors and other practitioners in dealing with individuals who have similar back-related problems. This study analyzed individuals who had medical visits in 1980 and had a combination of 11 health problems, including arthritis, disc disorders, bursitis, low back pain, spinal related sprains, strains and dislocations. Chiropractic care had a lower cost option for many back ailments.

Jarvis, Kelly; Phillips, Reed; Morris, Elliot. "Cost Per Case Comparison of Back Injury Claims of Chiropractic versus Medical Management for Conditions with Identical Diagnostic Codes." Journal of Occupational Medicine 1991; 33(8): 847-852.

Comparison of cost between MD and DC providers for injuries related to the back. The average number of treatments for medical claims was 4.93 as compared to 12.89 for chiropractic claims. Average days of care was 34.25 for medical claims and 54.49 for chiropractic claims. Average compensation cost for work time lost was \$668.39 for medical claims and \$68.38 for chiropractic claims. Average cost of care for medical claims was \$684.15 and \$526.84 for chiropractic claims. This study demonstrates that although individuals who receive chiropractic care usually have a greater number of visits to DCs than those who visit MDs the cost of care and the worker's compensation dispersed is lower for those visiting DCs.

Nyiendo, Joanne, Lamm, Lester. "Disability Low Back Oregon Workers' Compensation Claims. Part I: Methodology and Clinical Categorization of Chiropractic and Medical Cases." Journal of Manipulative and Physiological Therapeutics 1991 14(3): 177-184.

This study examined 201 randomly selected workers' compensation cases that involved low back injuries that were disabling. Study found individuals who visited DCs less often initially went to the hospital for their injuries than those visiting MDs. Those who visited DCs often had a history of chronic back pain.

Nyiendo, Joanne. "Disability Low Back Oregon Workers'

Compensation Claims. Part II: Time Loss." Journal of Manipulative and Physiological Therapeutics 1991 14(4): 231-239.

A report on loss of time for individuals who visited DCs and those who visited MDs for treatment of low back pain. Median missed days of work for individuals with similar severity of injury was 9.0 days for those visiting DCs and 11.5 for individuals visiting MDs. Individuals visiting chiropractors more often returned to work having missed one week or less of work days. There was no difference in time lost for individuals visiting DCs and MDs with no previous history of low back pain. The median of days missed of work for individuals who had chronic back pain and visited MDs was 34.5 days while the median of days missed of work for those visiting DCs was 9 days.

Johnson, Marjorie. "A Comparison of Chiropractic, Medical and Osteopathic Care for Work-Related Sprains/Strains." Journal of Manipulative and Physiological Therapeutics 1989; 12(5): 335-344.

This study analyzed data on Iowa state record from individuals in Iowa who filed claims for back or neck injuries in 1984. The study compared benefits and the cost of care received by individuals from MDs, DCs and DOs. There was a focus on individuals who missed days of work and were compensated because of their injuries. Individuals who visited DCs missed, on average, at least 2.3 days less than individuals who visited MDs, and 3.8 days less than individuals who saw DOs. Less money was dispersed as employment compensation on average for individuals who visited DCs. On average, the disability compensation paid to workers for those who visited DCs was \$263.66; \$617.85 for those who visited MDs; and \$1565.05 for those who visited DOs.

Wolk, Steve. "An Analysis of Florida Workers' Compensation Medical Claims for Back-Related Injuries." Journal of the American Chiropractic Association 1988; 27(7): 50-59.

This study is an analysis of worker's compensation claims in Florida from June through December of 1987. All of the claims analyzed were related to back injuries. The greater purpose of this study was to compare the cost of osteopathic, medical and chiropractic doctors. The cost of drugs was not included in the analysis. The results of the study lead to the finding that individuals who had compensable injuries and were treated by chiropractors often times were not forced to be hospitalized. It also revealed that chiropractic care is a "relatively cost-effective approach to the management of work-related injuries."

Stano, Miron; Smith, Monica. "Chiropractic and Medical Costs of Low Back Care." Medical Care 34(3): 191-204.

Comparison of health insurance payments and patient utilization patterns for common lumbar and low back pain for patients who receive treatment from MDs and DCs. The results found that there were lower costs for episodes in which DCs were the first providers. The mean total payment when DCs were the first providers was \$518, whereas the mean payment for cases in which a MD was the first provider was \$1,020.