

CHIROPRACTIC IS SCIENTIFIC, SAFE, EFFECTIVE, AND COST EFFECTIVE

Legorreta et al. 2004 Comparative Analysis of Individuals With and Without Chiropractic Coverage. Arch Int Med 164 (18)

- “This study ascertains the effect of systematic access to chiropractic care on the overall and neuromusculoskeletal-specific consumption of health care resources within a large managed care system.”
- “A 4-year retrospective claims data analysis comparing more than 700,000 health plan members with an additional chiropractic coverage benefit and 1,000,000 members of the same health plan without the chiropractic benefit.”
- “In our study population of 0.7 million members who had chiropractic coverage in the medical plan, we estimated an annual reduction of approximately \$16 million as a result of lower utilization of high-cost items.”
- “This study provides additional information regarding the economic benefits and utilization patterns associated with systematic access to chiropractic care.”
- “Systematic access to managed chiropractic care not only may prove to be clinically beneficial but also may reduce overall health care costs.”
- “The increasing acceptance of chiropractic care as a source of comprehensive complementary care for NMS problems is reflected in that the chiropractic field is the fastest growing among all doctoral-level health professions.”

Sarnat & Winterstein. (2003) Clinical and Cost Outcomes of an Integrative Medicine IPA. JMPT 27 (5) 336-347

- In the limited population studied, PCPs utilizing **CHIROPRACTORS** emphasizing a variety of CAM therapies had substantially **improved clinical outcomes and cost offsets** compared with PCPs utilizing conventional medicine alone.

Sarnat, et al. (2007) Clinical Utilization and Cost Outcomes From an Integrative Medicine Independent Physician Association.: An Additional 3-Year Update JMPT 30 (5) 263-269

- **Chiropractors** using a nonsurgical/nonpharmaceutical approach demonstrated reductions in both clinical utilization and clinical cost when compared with PCPs using conventional medicine alone.

Schifrin, L.G. Mandated Health Insurance Coverage for Chiropractic Treatment: An Economic Arrangement with Implications for the Commonwealth of Virginia, 1992. Richmond, Virginia.

- Dr. Schifrin is an economist and a clinical professor of preventive medicine.
- “A fair interpretation of the evidence accumulated to date indicates that the impact of **chiropractic** mandates comes close to the “**best case**” scenario of **low costs** and **high benefits**.”

- “Accordingly, the continuation of mandated **chiropractic** provider services in health care appears both reasonable and sound. It is a **cost-effective** provision in health insurance, and one that also serves the important goal of health care cost containment.”

Mosley, C.D., Cohen, I.G., and Arnold, R.M. A Cost-Effectiveness of Chiropractic Care in a Managed Care Setting, The American Journal of Managed Care, 1996, Vol. 11, pp. 280-282.

- Analysis of claims over a one-year period in a Louisiana HMO in which patients were permitted direct access to either a primary care gatekeeper physician or a participating chiropractor for back and neck pain (ICD-9 codes 720 to 724).
- “Chiropractic care was substantially more cost-effective”.
- The total costs per chiropractic patient were 70% of that for medical patients.

Cifuentes et al. (2011) Health Maintenance Care in Work-Related Low Back Pain and its Association With Disability Recurrence. Journal of Occupational and Environmental Medicine pp 190-198

- “Provider type during disability episode was associated with the hazard of disability recurrence after returning to work. Compared with only or mostly chiropractor, the groups of only or mostly physical therapy and only or mostly physician had significantly higher hazard ratios (greater hazard or recurrence).”
- “Care from **chiropractors** during the disability episode, during the health maintenance care period, and the combination of both was associated with lower disability recurrence hazard ratios.”
- “Those cases treated by **chiropractors** had less use of opioids and fewer surgeries.”
- “In addition, people who were mostly treated by **chiropractors** had, on average, less expensive medical services and shorter initial periods of disability than cases treated by physiotherapists and medical physicians.”
- “This clear trend deserves some attention considering that **chiropractors are the only group of providers who explicitly state that they have an effective treatment approach to maintain health.**”

Bronfort et al. (2008) Evidence-informed management of chronic low back pain with spinal manipulation and mobilization. The Spine Journal 8 213-225

- The literature provides evidence for several conclusions regarding **Spinal Manipulation** for CLBP:
- There is also evidence that **Spinal Manipulation** is **superior** to usual medical care and placebo for patient improvement.
- **Spinal Manipulation** is **superior** to chemonucleolysis, medication, and acupuncture for pain/disability reduction.

Maltby, J. et al. (2008) Frequency & Duration of Chiropractic Care for Headaches, Neck and Upper Back Pain JVSR Aug 21, 2008, pp1-12

Conclusion:

- “Pain data from RCTs did not support claims of restricting chiropractic care to 6-12 visits for headaches, neck pain, cervicobrachial pain, and/or upper back pain.”

- “In fact, assuming a constant linear dosage response, the data indicated a minimum of 24 visits on average would be needed to document, resolve, and stabilize these conditions.”

Senna & Machaly (2011) Does Maintained Spinal Manipulation Therapy for Chronic Nonspecific Low Back Pain Result in Better Long-Term Outcome? SPINE 36 (18) 1427-37

- “Sixty patients, with chronic, nonspecific LBP lasting at least 6 months, were randomized to receive either (1) 12 treatments of sham SMT over a 1-month period, (2) 12 treatments, consisting of SMT over a 1-month period, but no treatments for the subsequent 9 months, or (3) 12 treatments over a 1-month period, along with “maintenance spinal manipulation” every 2 weeks for the following 9 months.”

Senna & Machaly (2011) Does Maintained Spinal Manipulation Therapy for Chronic Nonspecific Low Back Pain Result in Better Long-Term Outcome? SPINE 36 (18) 1427-37

- “To determine any difference among therapies, we measured pain and disability scores, generic health status, and back-specific patient satisfaction at baseline and at 1, 4, 7, and 10 month intervals.”
- “Patients in the second and third groups experienced significantly lower pain and disability scores than first group at the end of 1-month period ($P = 0.0027$ and 0.0029 , respectively).”
- “To determine any difference among therapies, we measured pain and disability scores, generic health status, and back-specific patient satisfaction at baseline and at 1, 4, 7, and 10 month intervals.”

“However, only the third group that was given spinal manipulations (SM) during the follow-up period showed more improvement in pain and disability scores at the 10-month evaluation.”

- “In the non-maintained SMT group, however, the mean pain and disability scores returned back near to their pretreatment level.”

Farabaugh et al. Management of Chronic Spine-Related Conditions: Consensus Recommendations of a Multidisciplinary Panel. J Manipulative Physiol Ther 2010;33:484-492)

- “In 2007 the American College of Physicians and the American Pain Society released a joint guideline related to the diagnosis and treatment of low back pain. According to their review of the literature, spinal manipulation was recommended for both acute and chronic low back pain.”