Chiropractic Providers as Members of the Health Care Team

Mark A. Knoll, D.C.
Medical Director, SecureCare/Nebraska Chiropractic Physicians Association

Sarah considered seeing a chiropractor for some time. She had symptoms of severe lower back pain and right leg sciatica for over a year. Her primary care physician prescribed pain medication and non-steroidal anti-inflammatories without success. Six weeks of physical therapy offered no relief. An MRI was ordered by a neurosurgeon, but it was inconclusive and it was thus determined that surgery was not a viable option. Sarah was tired of living with the pain and did not want to get addicted to narcotics. She decided to make the call to a chiropractor.

Current best evidence identifies numerous benefits of chiropractic care. A 2010 study in the *Journal of Manipulative and Physiological Therapeutics* concludes that 60 percent of patients with sciatica who failed other medical management benefited from spinal manipulation to the same degree as if they underwent surgical intervention (Mcmorland, Suter, Casha, Plessis, & Hurlbert, 2010). Research in a 2007 study on the diagnosis and treatment of low back pain published in the *Annals of Internal Medicine* recommends that patients who do not improve with self-care and education should consider spinal manipulation (Fields, 2007). Chiropractors deliver greater than 90% of the manipulations in the United States (Shekelle, Adams, Chassin, Hurwitz, & Brook, 1992).

Sarah’s first visit to a chiropractor proceeded this way: A friendly staff person asked her to fill out a patient history document that included information regarding her current complaint, family history and a list of her current medications. The doctor then consulted Sarah and asked her to describe in detail her chief complaint, as well as other doctors seen for this condition and other treatments that had been provided. Sarah dropped off a copy of her MRI in advance, and this was reviewed prior to her visit. A thorough examination was performed, including orthopedic and neurological testing. In addition, specific chiropractic tests including a postural evaluation, static and motion palpation of the spine and an exam of her feet and knees were conducted. An A-P and lateral x-ray of the lumbar spine was taken in the weight-bearing position.

The practice of chiropractic is defined under Nebraska law as the diagnosis and analysis of the living human body for the purposes of detecting ailments, disorders and disease by the use of diagnostic x-ray, physical and clinical examination, and routine procedures including urine analysis (“State of Nebraska”, 2015). Chiropractic doctors treat these ailments, disorders and disease by natural means, without the use of drugs or surgery. Treatment provided by a chiropractor consists of spinal adjustments, chiropractic physiotherapy, exercise, nutrition and dietary guidance (“State of Nebraska”, 2015).
An overview of Sarah’s examination was as follows:

- No red flags that would require immediate referral
- VAS (visual analog scale) for lower back and leg pain: 7/10
- Lumbar ROM limited and painful on flexion @ 20 degrees and extension @ 10 degrees
- Positive tests: lasegues on the right @ 40 degrees, soto-hall, valsalva
- Patella and Achilles reflex 2+ bilaterally
- Soft tissue extremely tender @ L5
- A subluxation of the L5 vertebrae
- Right leg is short by 12 millimeters as measured on standing x-ray
- Right lumbar scoliosis
- Oswestry score of 80%

Based on Sarah’s examination, x-ray findings, lack of red flags and her poor response to previous treatment, it was determined that a four to six-week course of chiropractic treatment was warranted. Her treatment plan was set at three visits per week for two weeks, and then two visits per week for another three weeks, with another evaluation at the end of this treatment plan. Her care plan consisted of spinal adjustments to the fifth lumbar, electrical stimulation of the lumbar paraspinal muscles, cryotherapy to the lumbar spine for 15 minutes twice daily, and placement of a nine millimeter heel lift in her right shoe. She was placed on a strict schedule of no exercise or strenuous activity for two to three weeks.

The care plan was developed by following the published paper: “Algorithms for the chiropractic management of acute and chronic spine-related pain” (Baker, Farabaugh, Augat, & Hawk, 2012). A subluxation is defined as any alteration of the biomechanical and physiological dynamics of contiguous spinal structures, which can cause neuronal disturbances. An adjustment is defined as a specific directional thrust maneuver applied to a subluxated vertebra that sets the vertebra into motion with the intent to reduce or correct the vertebral subluxation and its associated neurological components (Harrison, Siskin, & Betz, 2013).

While chiropractic care includes physiotherapy, exercise and nutrition, chiropractors possess significant skill in spinal manipulation. Just as surgery is a skill that is learned and perfected over a lifetime, so is the skill of adjusting the spine. Chiropractors spend hundreds of hours in school learning to detect and correct the subluxation complex. These skills continue to be perfected through clinical practice and ongoing continuing education. A 2013 study published in *Spine* suggests that chiropractic manipulative therapy in conjunction with standard medical care offers a significant advantage over standard medical care alone for patients with acute lower back pain (Goertz et al., 2013).

After 12 visits over five weeks, Sarah’s condition was re-evaluated. Her findings had improved in the following areas:

- VAS (visual analog scale) for pain: 4/10
- Lumbar ROM limited @ 60 degrees flexion, 25 degrees extension
- Lasegues, soto-hall, valsalva negative
- Oswestry score of 40%
Sarah’s care plan was continued at one visit per week for six weeks. In-office treatment consisted of spinal adjustments. She was prescribed a walking program of 15 minutes per day. Recommendations were given for back extension exercises to be performed at home twice daily.

Chiropractic care consists of non-invasive conservative treatment. The University of Pittsburgh Medical Center defines chronic low back pain as low back pain or sciatica that is present for more than three months. Their policy on surgical management of low back pain states that spinal surgery will only be considered medically necessary when members have failed conservative management, which will include either three months of chiropractic care or physical therapy. This policy also states that an MRI will not be covered prior to three months after the onset of symptoms (“UPMC”, 2015).

At Sarah’s second re-evaluation, her symptoms were completely resolved, her Oswestry score was 15 percent and she was scheduled for a six week follow up. An article published in *Spine*, entitled, “Does maintained spinal manipulation therapy for chronic nonspecific low back pain result in better long-term outcome?” concludes that better long-term benefits are obtained in those patients that receive maintenance care after the initial intensive manipulative therapy (Senna & Machaly, 2011).

Doctors of chiropractic are valuable members of the healthcare team. They refer patients to other healthcare providers when appropriate. The risks of chiropractic treatment are very minimal (Stevinson & Ernst, 2002). For spine-related conditions, they are skilled providers that offer cost-effective solutions (Liliedahl, Finch, Axene & Goertz, 2010). As physicians and health systems look for ways to cut costs, improve outcomes and improve patient satisfaction, chiropractic care should be considered a part of the medical referral network (“Accountable Care”, 2013).

Mark A. Knoll, D.C. serves as the Medical Director for SecureCare and the Nebraska Chiropractic Physicians Association. As Medical Director, Dr. Knoll chairs SecureCare’s credentialing committee and clinical review committee, and is a member of the quality management committee. He has practiced chiropractic in Nebraska for 30 years. Dr. Knoll received his doctorate from Logan College of Chiropractic, and attended undergraduate school at the University of Nebraska – Lincoln.
REFERENCES


