

# EVIDENCE SUMMARY

The CCGI has highlighted important points from a recent publication, ***"Effect of Usual Medical Care Plus Chiropractic Care vs Usual Medical Care Alone on Pain and Disability Among US Service Members with Low Back Pain: A Comparative Effectiveness Clinical Trial"*** (1)

## BACKGROUND

Low back pain (LBP) is the leading cause of disability worldwide, and among the most common reasons military members seek medical care.(1,2) Given the opioid crisis in the US and Canada, there is an urgent need to evaluate cost-effective and low-risk nonpharmacological treatments for LBP and associated disability.(3) Common medical therapies for LBP, to date, have demonstrated limited effectiveness and high-risk profiles.(1) These include NSAIDs, opioids, spinal fusions, and epidural steroid injections.(1)

## PURPOSE

To determine the effect of adding chiropractic care\* to usual medical care^ (UMC) for US active-duty military personnel with LBP.

## METHODS

Three US military medical centres allocated 750 patients (250 at each site) to either UMC with chiropractic care or UMC alone. Patients received as many as 12 chiropractic visits during the 6-week active care period. Treatment decisions regarding manipulation type, location, and direction were based on patient diagnoses, patient preference, prior response to care, paraspinal muscle hypertonicity, spinal joint hypomobility, and imaging findings.

## OUTCOME MEASURES

Primary outcomes were LBP intensity (Numerical Rating Scale [NRS]), and disability (Roland Morris Disability Questionnaire [RMDQ]) measured at baseline, and at weeks 2, 4, 6, and 12.

Secondary outcomes included perceived improvement, satisfaction, and medication use.

## FINDINGS

US active-duty military personnel treated with chiropractic care in addition to UMC experienced moderate short-term improvements in LBP intensity, disability, and pain medication use compared to personnel treated with UMC alone.

## IMPLICATIONS

This trial supports recent LBP clinical practice guidelines, recommending multidisciplinary management of LBP, including procedures commonly delivered by chiropractors. (4-6)

## REFERENCES

1. Goertz et al., 2018
2. Vos et al., 2015
3. Gomes et al., 2014
4. Bussi eres et al., 2018
5. Qaseem et al., 2017
6. Wong et al., 2017

\*Chiropractic care – spinal manipulative therapy in the low back and adjacent regions and additional therapeutic procedures such as rehabilitative exercise, cryotherapy, superficial heat, and other manual therapies  
^Usual medical care – self-care, medications, physical therapy, and pain clinic referral