

February 2006

Article:

Mootz RD. The impact of health policy on chiropractic. *J Manipulative Physiol Ther* 1996;19:257-64

Welcome to a somewhat different approach in our efforts to disseminate information. These spots will be brief and often contain your humble reporter's comments and work for you to do on your own. My inclusion of certain articles or positions should in no way be construed as support or lack of support for the views expressed in a particular article but only as my feeling that this is something to which I think you should be exposed. Today we will look at the following article: Mootz RD. The impact of health policy on chiropractic. *J Manipulative Physiol Ther* 1996;19:257-64.

Mootz indicated that chiropractic has placed its efforts to influence health care policy into the fields of politics, litigation and public relations. He goes on to state, "Chiropractic organizations must not "sanitize" reports by including only favorable studies." In addition he offers, "No one but chiropractors care if clinical indications of subluxations are present unless (a) there is persuasive evidence that the absence of them correlates with a tangible health benefit (e.g., ability in normal activities);...".

You may rightfully wonder why I would include this article in something that you might expect to be more of a "the authors did A followed by B resulting in C" type of column. It is because we need to understand something of the "field of play" for evidenced based care.

So what may we derive, for daily use, from this article? I think basically this: We should look for findings that will make a difference to the outcome of the case in a way that is important to the patient and to society as a whole. Some might refer to this as moving from doctor-centered care to patient-centered care. What do you think?

April 2006

Hansen DT, Mootz RD. Formal process in health care technology assessment: a primer for the chiropractic profession. *Top Clin Chiro* 1996;3:71-83

In this article the authors discuss, among other things, what they perceive as the proper method for assessment of technologies and procedures. They indicate that technology vendors may push products into the marketplace without appropriate trials for efficacy, reliability or validity. The advertisements for these products are often more doctor than patient orientated and may not address the issues of improvement in patient quality of life. When making clinical decisions, they offer some guidelines for assessing technologies and procedures, which in condensed form are as follows:

- (1) Preferably use data from controlled clinical trials.
- (2) Ask if the evidence is generally accepted.
- (3) Has the procedure (technology) been rigorously evaluated, including analyzing outcome data and soliciting expert opinion?
- (4) Is the terminology used the same in both the assessment process and the coverage policy.

This is a long article and requires a further reading by interested parties. The reference is:
Hansen DT, Mootz RD. Formal process in health care technology assessment: a primer for the chiropractic profession. *Top Clin Chiro* 1996;3:71-83

Before you adopt new technology or procedures or as a method to look at your present procedures this article may be of benefit.

June 2006

Lisi AJ, Holmes EJ, Ammendola C. High-velocity low-amplitude spinal manipulation for symptomatic lumbar disk disease: a systematic review of the literature. *J Manipulative Physiol Ther* 2005;28:429-42

This article is a review of the literature which looks at a commonly used chiropractic procedure, high-velocity low-amplitude spinal manipulation, as a treatment for symptomatic lumbar disk disease. The authors found and reviewed sixteen studies containing two hundred and three subjects which met their inclusion criteria.

It must be understood that the evidence is limited but it appears that this type of care may be effective in treating this type of problem. In addition the authors indicate that while they feel that these types of cases greater caution in utilizing manipulation they also state, "However, we uncover no published evidence suggesting that HVLASM is inherently unsafe in SLDD cases." (HVLASM=High-velocity low-amplitude spinal manipulation SLDD=symptomatic lumbar disk disease)

For those of you who utilize this form of care I would suggest a reading of this article. Please pay special attention to the fact that, due to the limited evidence, no definitive conclusions regarding the utilization of this procedure for this condition are possible at this time.

August 2006

Schultz GD. Decision analysis: are calculations and clinicians really on a collision course? *Top Clin Chiro* 1996;3:10-9

It is important to make good decisions in practice. But the practitioner does not have to be expert in Bayesian analysis in order to be a competent decision maker in the clinical setting. In fact it appears that skilled providers need less data in order to make correct decisions than their less skilled brethren. However it is important to understand that good decision making is a combination of many skills, including: "knowledge, intuition, error detection, communication and common sense." In order for clinician to improve, he needs to proceed in a thoughtful manner to cultivate these skills. The winners will be both the doctor and the patient.

For more information please read the entire article: Schultz GD. Decision analysis: are calculations and clinicians really on a collision course? *Top Clin Chiro* 1996;3:10-9

October 2006

Linton SJ, van Tulder MW. Preventive interventions for back and neck pain problems What is the evidence? *Spine* 2001;26:778-87

It is certainly of great importance that there is appropriate treatment for spinal problems. However, the real goal of all health care should be the prevention of problems. This article seeks to analyze preventive interventions for neck and back pain.

They located 27 investigations of this nature. These included the use of such interventions as: lumbar supports, exercise, ergonomics, risk modification and back schools.

Lumbar supports and back schools were not shown to be effective in prevention of these problems. In fact only exercise showed enough evidence for the authors to conclude that it could be used as an effective means to aid in the prevention of these problems.

Of course we can always hearken back to the oft used phrase of “more research is needed” which of course it is in this instance as in many others. However, perhaps we should take a close look at the role of exercise in preventing spinal problems. For a little light reading you can start with this article: Linton SJ, van Tulder MW. Preventive interventions for back and neck pain problems What is the evidence? *Spine* 2001;26:778-87

December 2006

Buchbinder R, Jolley d, Wyatt M. 2001 Volvo award winner in clinical studies: effects of a media campaign on back pain beliefs and its potential influence on management of low back pain in general practice. *Spine* 2001;26:2535-42

This just happens to be one that I love because it basically says, “Tell them and they will change.”

In Victoria Australia they had a media campaign that advised people with back pain to: stay active, exercise, avoid prolonged periods of rest and stay at work. But did it work?

Well, “There were large statistically significant improvements in back pain beliefs over time in Victoria...”

If you listen closely this very much reminds me of some of what the COHE program is doing. They are attempting to change attitudes of the patients, doctors and employers. I have heard the use of the term hurt no harm when referring to activity levels and it appears that they are attempting to incorporate techniques and language into the treatment of spinal problems that are aimed at such items as improving function and reducing lost time from work. This is a method of intervention that might be considered as universal as opposed to belonging to one “technique” or another. For the complete facts you can read:

Buchbinder R, Jolley D, Wyatt M. 2001 Volvo award winner in clinical studies: effects of a media campaign on back pain beliefs and its potential influence on management of low back pain in general practice. *Spine* 2001;26:2535-42.

P.S. Want to see a lot of articles on the use of chiropractic adjustments as a preventive measure for many conditions and problems? Me too! I look forward to opening up many good quality scientific journals and reading your studies in a couple of years.