

Aure OF, Nilsen JH, Vasseljen O. Manual therapy and exercise therapy in patients with chronic low back pain: a randomized, controlled trial with 1-year follow-up. *Spine* 2003;28:525-32

Forty-nine patients were randomized into a manual therapy group or an exercise group. The manual therapy group utilized mobilization and manipulation techniques in conjunction with exercise. The exercise group used only exercise, with; the therapist individually designing the exercises for each patient.

Now both groups did improve, but, "...the manual therapy group showed significantly larger improvements than the exercise therapy group on all outcome variables throughout the entire experimental period." This included the number of patients who had returned to work at the end of two months: 67% for manual therapy and only 27% for exercise.

This is an article that at the least should make you think. Let me know what you thought after you read it.

Furlan AD, Clarke J, Esmail R, Sinclair S, Irvin E, Bombardier C. A critical review of reviews on the treatment of chronic low back pain. *Spine* 2001;26:E155-E162

The article looked at three main categories of intervention for chronic low back pain. These were:

- (1) drugs
- (2) education/behavior
- (3) physical treatments

The most studied intervention was spinal manipulation. Perhaps the authors' own words sum it up the best, "The reviews often provided contradictory evidence on the effectiveness of a wide range of commonly used conservative interventions for chronic nonspecific low back pain."

So what can we learn for this? Perhaps that it is important to look at the big picture when studying the literature. It is dangerous to pick one article or even a couple of articles and make conclusive statements on just that basis. You also need to be careful in relying on the information provided in just one seminar or by one person. In short you need to read for yourself. Enjoy, and be sure to let me know how you liked this article.

Scholten-Peeters GG, Bekkering GE, Verhagen AP, vander Windt DQ, Lanser K, Hendriks EJ, Oostendorp RA. Clinical practice guideline for the physiotherapy of patients with whiplash-associated disorders. *Spine* 2002;27:412-22

Included in this article are the goals for patients who have suffered Grade I and II whiplash-associated disorders. The grading system is in accordance with the Quebec Task Force guidelines. In those guidelines Grade I consists of patients with neck pain, stiffness or tenderness only but no physical signs and Grade II is those patients with neck

symptoms and musculoskeletal signs. Musculoskeletal signs are defined as:
"Musculoskeletal signs include decreased range of motion and point tenderness."

The goals are as follows: "The primary goals of treatment are a quick return to normal activities and the prevention of chronicity."

Interestingly this is basically the same type of attitude as is expressed by COHE. I hope you enjoy this article.

Kankaanpaa M, Taimela S, Airaksinen O, Hanninen O. the efficacy of active rehabilitation in chronic low back pain. *Spine* 1999;24:1034-42

This article compares the effectiveness of passive care (massage and thermal therapy) to active care. The active care consisted of 24 exercise sessions over a twelve-week period with each session lasting 1 1/2 hours.

The active care was better at reducing pain and self-rated disability and at improving lumbar endurance. This is just another reason to take a look at including active care in your treatment program.

Harrison DE, Haas JW, Cailliet R, Harrison DD, Holland B, Janik TJ. Concurrent validity of flexicurve instrument measurements: sagittal skin contour of the cervical spine compared with lateral cervical radiographic measurement. *J Manipulative Physiol Ther* 2005;28:597-603

One of the factors that many practitioners consider when evaluating the cervical spine is the condition of the cervical lordosis. There have been those who suggest that a move away from the "gold standard" of x-raying may be possible and still measure the cervical curve. Unfortunately this article points out another failure in that endeavor. The authors looked at the use of the flexicurve instrument. They attempted to measure lordosis with the flexicurve and compare it to the measurements taken from the lateral cervical radiographs.

They found: "The flexicurve could not, "...discriminate between radiographic lordosis, straightened, S curves, and kyphotic alignments..." At this time x-ray still remains the standard to which other methods should be compared.

Haas M, Sharma R, Stano M. Cost-effectiveness of medical and chiropractic care for acute and chronic low back pain. *J Manipulative Physiol Ther* 2005;28:555-63

Cost effectiveness is always a concern in today's health care environment. This article looks at a number of items. The findings are interesting:

- (1) While the office costs are higher for chiropractic in acute and chronic low back pain cases they are about the same as other providers when you add in the cost of referrals.
- (2) Chiropractic produces better outcomes in pain, function and patient satisfaction.
- (3) "... manipulation-based therapy is at least as good and as and, in some cases, better than other therapeutics."

There is a lot to this article so let me know how you like it after you read it carefully.