

Special Populations—Geriatrics

This page only includes articles published in the last 5 years.

General

- A 2017 update of a set of “best practices” recommendations for chiropractic care for older adults described a comprehensive approach to chiropractic care for older adults.¹

Physical Activity and Exercise

- A 2012 expert commentary found that aerobic exercise and strength training have positive effects on strength, balance and physical functioning.²

Fall prevention

- A 2016 randomized controlled trial investigated the effects of 12 weeks of chiropractic care vs no intervention on proprioception (ankle joint position sense), postural stability (static posturography) sensorimotor function (choice stepping reaction time), multisensory integration (sound-induced flash illusion), and health-related quality of life (SF-36) in 60 adults over age 65. Sensorimotor function and multisensory integration associated with fall risk and the physical component of quality of life improved in older adults receiving chiropractic care compared with control.³
- A 2012 expert commentary found moderate evidence to support the use of exercise for fall prevention. Interventions with balance exercises reduce falls or fall-related fractures while improving balance.²

Vitamin D Supplementation

- A 2015 review found that low vitamin D status is consistently associated with frailty and suggests vitamin D supplementation as a safe and inexpensive recommendation for patients at risk for falls, such as elderly patients, nursing home residents, frail patients with gait and balance and visual impairments, and patients with chronic diseases.⁴

Nutritional Counseling

- A 2012 expert commentary recommends prevention strategies, in the form of diet and health promotion counseling, to improve quality of life, reduce disability, and reduce health care costs. A main goal for nutritional counseling should be improving food choices and increasing intake of fruits and vegetables.²

Safety of Chiropractic Care

- A 2015 cohort study found that “among Medicare beneficiaries aged 66 to 99 years with an office visit risk for a neuromusculoskeletal problem, risk of injury to the head, neck, or trunk within 7 days was 76% lower among subjects with a chiropractic office visit than among those who saw a primary care physician.”⁵
- Another 2015 cohort study found that “among Medicare B beneficiaries aged 66 to 99 years with neck pain, incidence of vertebrobasilar stroke was extremely low. Small differences in risk between patients who saw a chiropractor and those who saw a primary care physician are probably not clinically significant.”⁶

References

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2. Dougherty PE, Hawk C, Weiner DK, Gleberzon B, Andrew K, Killinger L. The role of chiropractic care in older adults. *Chiropr Man Therap*. 2012;20(1):3. **FREE FULL TEXT** <https://www.ncbi.nlm.nih.gov/pubmed/22348431>
3. Holt KR, Haavik H, Lee AC, Murphy B, Elley CR. Effectiveness of chiropractic care to improve sensorimotor function associated with falls risk in older people: a randomized controlled trial. *J Manipulative Physiol Ther*. 2016;39(4):267-278. <https://www.ncbi.nlm.nih.gov/pubmed/27050038>
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6. Whedon JM, Song Y, Mackenzie TA, Phillips RB, Lukovits TG, Lurie JD. Risk of stroke after chiropractic spinal manipulation in medicare B beneficiaries aged 66 to 99 years with neck pain. *J Manipulative Physiol Ther*. 2015;38(2):93-101. **FREE FULL TEXT** <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4336806/pdf/nihms646741.pdf>