

Spine Related Pain

Spinal manipulative therapy (SMT) for low back pain (LBP)

SMT is effective for acute, subacute, and chronic low back pain in adults.^{1,2}

Spinal manipulative therapy (SMT) for chronic low back pain (LBP) in adults

A 2011 Cochrane review finds no clinically important differences between SMT and other treatments for pain and functional improvement for chronic LBP.³

Expert consensus recommends the following dosages for chronic spine-related pain:

2-3 visits/week for 2-4 weeks.

Mild exacerbation: 1-6 visits; scheduled ongoing care 1-4 visits/month:⁴

Spinal manipulative therapy (SMT) for neck pain in adults

A 2014 evidence-based guideline made strong recommendations for manipulation, manual therapy, and exercise combined with other modalities for chronic neck pain. It made moderate recommendations for manipulation and mobilization combined with other modalities for acute neck pain. Recommendations were weak for exercise alone for acute neck pain and manipulation alone for chronic neck pain. Thoracic manipulation and trigger point therapy were not recommended for acute neck pain. Transcutaneous nerve stimulation, thoracic manipulation, laser, and traction were not recommended for chronic neck pain.⁵

A 2013 evidence-based guideline from the Italian Society of Physical and Rehabilitation Medicine recommended, for non-specific acute neck pain, NSAIDs, manipulation, massage, physical therapy, acupuncture or anesthetic blocks. For persistent non-specific neck pain it recommended exercises (especially strengthening and stabilizing), manipulation and mobilization. Ultrasound, TENS, laser and acupuncture may be combined to optimize pain relief.⁶

Concerning whiplash-associated disorders (WAD): a 2010 systematic review finds that chiropractic care decreases pain, but that the level of evidence is low and includes expert consensus.⁷

References

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