

Cost-effectiveness of chiropractic care



A 2014 systematic review found “some economic advantage of manual therapy relative to other interventions used for the management of musculoskeletal conditions, indicating that some manual therapy techniques may be more cost-effective than usual GP care, spinal stabilization, GP advice, advice to remain active, or brief pain management for improving low back and shoulder pain/disability. However, at present, there is a paucity of evidence on the cost-effectiveness and/or cost-utility evaluations for manual therapy interventions.”¹

A 2014 randomized controlled trial examined “costs and benefits of different doses of spinal manipulative therapy (SMT) in patients with chronic low back pain (LBP).” It concluded that “a dose of 12 SMT sessions yielded a modest benefit in pain-free and disability-free days. Care of chronic LBP with SMT did not increase the costs of treatment plus lost productivity.”²

A retrospective claims analysis found that Tennessee Blue Cross/Blue Shield beneficiaries initiating care with chiropractic physicians had lower treatment costs for low back pain episodes than those initiating care with medical physicians.³

A 2011 systematic review found that guideline-endorsed acupuncture, cognitive behavioral therapy, exercise, interdisciplinary rehabilitation, and spinal manipulation were all cost-effective for patients with sub-acute or chronic LBP. There was insufficient evidence for the cost-effectiveness of spinal manipulation for acute LBP.⁴

A 2012 systematic review found spinal manipulation was cost-effective for neck and back pain, used either alone or combined with other therapies.⁵

A prospective cohort study of Washington state workers found that 1.5% of workers who saw a chiropractor first for work-related back pain review later had surgery, compared to 42.7% of those who first saw a surgeon.⁶

References

1. Tsertsvadze A, Clar C, Court R, Clarke A, Mistry H, Sutcliffe P. [Cost-effectiveness of manual therapy for the management of musculoskeletal conditions: A systematic review and narrative synthesis of evidence from randomized controlled trials \[review\]](#). *J Manipulative Physiol Ther.* Jul/Aug 2014;37(6):343-362. **FREE FULL TEXT**
2. Vavrek DA, Sharma R, Haas M. [Cost analysis related to dose-response of spinal manipulative therapy for chronic low back pain: Outcomes from a randomized controlled trial \[randomized controlled trial\]](#). *J Manipulative Physiol Ther.* Jun 2014;37(5):300-311.3.
3. Liliedahl RL, Finch MD, Axene DV, Goertz CM. [Cost of care for common back pain conditions initiated with chiropractic doctor vs medical doctor/doctor of osteopathy as first physician: experience of one Tennessee-based general health insurer](#). *J Manipulative Physiol Ther.* Nov-Dec 2010;33(9):640-643.
4. Lin CW, Haas M, Maher CG, Machado LA, van Tulder MW. [Cost-effectiveness of guideline-endorsed treatments for low back pain: a systematic review](#). *Eur Spine J.* Jul 2011;20(7):1024-1038. **FREE FULL TEXT**

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5. Michaleff ZA, Lin CW, Maher CG, van Tulder MW. [Spinal manipulation epidemiology: systematic review of cost effectiveness studies](#). *J Electromyogr Kinesiol*. Oct 2012;22(5):655-662.
6. Keeney BJ, Fulton-Kehoe D, Turner JA, Wickizer TM, Chan KC, Franklin GM. [Early predictors of lumbar spine surgery after occupational back injury: results from a prospective study of workers in Washington State](#). *Spine (Phila Pa 1976)*. May 15 2013;38(11):953-964. **FREE FULL TEXT**