

Spine Management Report

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Chiropractic Reduces Escalation of Spine Care



Understanding how Chiropractic Management can influence the flow of spine pain patients is becoming more critical than ever. A doctor of chiropractic working as a Spine Management Physician™ lessens the learning curve and allows clinics and institutions to focus on what is important, patient satisfaction and clinical outcomes. In a recent paper by Wheaton et al (2021) the authors wrote, “The objective of this study was to compare long-term outcomes for spinal manipulative therapy (SMT) and opioid analgesic therapy (OAT) regarding escalation of care for patients with chronic low back pain (cLBP).” (pg E142)

They focused on spinal pain in this paper, stating “Among 154 medical conditions in 2016, the highest amount of health care spending was for spinal pain, at \$134.5 billion, 30.3% of which was for patients aged 65 years.” (pg E142) The paper continues by reporting, “Efficiency in health care is recognized as one of six domains of health care quality. In the management of cLBP, health care resources are often overutilized, and in such cases, the care of cLBP may be described as unnecessarily escalated and therefore inefficient.” (pg E142)

In terms of evidence-based care and proper coordination of spine pain patients it seems that efficiency can be tied to outcomes if properly managed. The authors state, “Current evidence-based guidelines for clinical management of cLBP include both pharmacological and nonpharmacological approaches. Both opioid analgesic therapy (OAT) and spinal manipulative therapy (SMT) are provided to older adults with cLBP.” (pg E143). They continue by reporting, “The objective of this study was to compare long-term outcomes for SMT and OAT regarding escalation of care for patients with cLBP. We hypothesized that among older Medicare beneficiaries with cLBP, recipients of OAT have higher rates of escalated care for LBP, as compared with recipients of SMT.”

In conclusion, this paper demonstrated “In the management of patients with cLBP, health care resources are often overutilized, and the course of spine care is often unnecessarily escalated. Among older adults with cLBP, the adjusted rate of escalated care encounters was approximately 2.5 times higher for initial choice of opioid analgesic therapy vs. initial choice of spinal manipulative therapy. Increased patient access to the services of chiropractors, who provide 94% of all spinal manipulative therapy in the United States, may enhance the capacity of the Medicare workforce to provide efficient care for the growing population of older adults with low back pain.” (pg E147)



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REFERENCE:

1. Whedon, J. M., Kizhakkeveetil, A., Toler, A. W., Bezdjian, S., Rossi, D., Uptmor, S., ... & Haldeman, S. (2022). Initial choice of spinal manipulation reduces escalation of care for chronic low back pain among older medicare beneficiaries. *Spine*, 47(4), E142-E148.