

Neck Pain Treatment Research

Last year the Annals of Internal Medicine published a paper comparing outcomes of patients with neck pain managed using various treatment approaches (Ann Intern Med. 2012 Jan 3;156). This randomized study included 272 persons aged 18 to 65 that had non-specific neck pain for 2 to 12 weeks. The three approaches used in the study included spinal manipulative therapy, medications or home exercises with advice. The study was performed at the Northwestern Health Sciences University, Pain Management and Rehabilitation Center. The objective of the investigation was to determine the efficacy of spinal manipulation therapy, medication and home exercises with active advice for acute and sub-acute neck pain in both the long term and short term. These interventions were performed over a period of 12 weeks and outcomes measured using self reported pain at 2,4,8,12, 26 and 52 weeks, as well as using other measures including the SF-36 assessment.

At the end of the 12 weeks, 57% of the subjects reported a 75% reduction of pain. Overall, the participants in the non-drug group showed the best outcomes. The subjects receiving chiropractic manipulation reported the highest level of pain relief at 48%, while the medication participants reported only 33%. At the 12 month assessment, 53% of the spinal manipulation group and the exercise group continued to report a 75% reduction in pain while the medication group reported only a 38% reduction. Another interesting finding was that the medication group was taking higher doses of the medication over time to achieve a less desirable outcome.

Acute pain is a serious and debilitating concern that must be managed aggressively. Judicious use of medication by trained medical professionals in the acute phase of management is appropriate care. That said, continued use of medication beyond the acute phase of care is not necessarily the best approach for patients. Commonly used medications have significant and severe side effects which must be considered. Long term use of cortico steroids can damage bones and joint and lead to endocrine complications (e.g. Cushing's syndrome). Narcotic medications are addictive. NSAIDS are associated with liver failure, end stage renal disease and gastrointestinal bleeding. Some popular NSAIDS have been associated with 250% -340% increase in heart attack risk.

This study clearly demonstrates that mobilization techniques are superior to pharmacological approaches for both short term relief and long term relief. However, as a clinician that manages traumatically injured patients, I interpret this data in a more practical manner. The multidisciplinary approach using pain medication to quell severe symptoms followed immediately by manipulative therapy for up to a 12 week trial with early transition to a home exercise program should lead to an optimal outcome. No single modality or approach is superior to a customized multidisciplinary approach that is coordinated for the patient's individual needs.

The Shaw Chiropractic Group has well established relationships with providers from multiple healing disciplines. We work daily with orthopedists, physiatrists, neurologists, radiologists and physical therapists to assure that our patients are treated for their injury management needs. For some patients, that may mean that the chiropractor serves as a gatekeeper but not an active therapy provider, and that's perfectly OK. More often than not, the chiropractic approaches are central to the patients care and the doctors of Shaw Chiropractic Group are trained to be the gatekeepers that coordinate the multiple approaches that may be considered.

Call us for more information about the services we offer or visit our web site at www.ShawChiropractic.com

Hartford • New Britain • East Hartford

Personal Injury • Workers Compensation • Expert Opinions • Biomechanical Analysis • Second Opinions

800-232-6824