

## Reduced Incidence of Disc Surgery with Chiropractic Care



A December 2022 paper published in the widely respected British Medical Journal Open looked at the [“Association between chiropractic spinal manipulation and lumbar discectomy in adults with lumbar disc herniation and radiculopathy: retrospective cohort study using United States' data”](#) (*BMJ Open. 2022 Dec 16;12(12):e068262. doi: 10.1136/bmjopen-2022-068262*). The study found that adults with a lumbar disc herniation and radiculopathy (LDH/LSR) who first visit a chiropractor for chiropractic spinal manipulative therapy (CSMT) are less likely to undergo discectomy.

This retrospective cohort study used data from TriNetX health records of over 101 million patients to identify adults between the ages of 18-49 with the diagnosis of lumbar disc herniation with radiculopathy. Patients with spondylolisthesis, scoliosis, trauma and prior surgery were excluded from the

study. Patients with bowel or bladder incontinence, fracture, infection and neoplasms were also excluded due to the immediate need for surgery. The patients that were accepted into the study were divided into two cohorts of 5,785 each. One cohort received chiropractic manipulative therapy while the other was receiving “other care”.

*Study Results: At 1 year, 1.5% of the patients receiving chiropractic manipulation went on to have a discectomy compared to 2.2% of the “other care” cohort. At 2 years, 1.9% of the chiropractic manipulation cohort underwent discectomy compared with 2.4% of the “other care” cohort. Those findings represent a 32% reduction in discectomy at one year and a 21% reduction in year 2. The authors conclude that “patients receiving CSMT for newly diagnosed LDH and/or LSR without serious pathology, spinal deformity or absolute indications for surgery have significantly reduced odds of discectomy through 2-year follow-up after index diagnosis compared with those receiving other care.”*

What does all this mean to you and your clients? Simply put, a patient with a suspected disc herniation with radiculopathy without immediate need for surgery or other serious complications would be best served by seeing a chiropractic physician as their primary treating provider. This study will be helpful when confronted by an insurance adjuster that suggests that the chiropractic care was contraindicated for a disc herniation or radiculopathy or that the chiropractic care adversely effected your client’s outcome. Studies like this one provide evidence-based support for your clients’ right to choose a chiropractic provider when you are talking to claims adjusters. Additionally, despite the avoidance of surgery, your client may still nonetheless fail to fully recover and remain with residuals.