



Boyles, RE; Walker, MJ; Young, BA; Strunce, JB; Wainner, RS. The Addition of Cervical Thrust Manipulations to a Manual Physical Therapy Approach in Patients Treated for Mechanical Neck Pain: A Secondary Analysis. JOURNAL OF ORTHOPAEDIC & SPORTS PHYSICAL THERAPY 40 (3). MAR 2010. p.133-140

- **MANUAL PHYSICAL THERAPY TO MECHANICAL NECK PAIN SHOWED NO DIFFERENCE IN CLINICAL OUTCOME WITH OR WITHOUT THRUST ADJUSTMENT BEING GIVEN OVER NON THRUST MANIPULATION**

## Cox JM

- Chiropractic research by Gudavalli in Flexion Distraction has proven that decompression is part of the Cox® flexion distraction adjustment.
- Do not give this away to our detractors.
- Bill it as the adjustment
- Bill unattended long y axis decompression as 97012 and electric stimulation, rehabilitation, and thermal care separately
- **BE A CHIROPRACTOR & NURTURE OUR PROFESSION.**

Collins SA con't

- Spinal decompression is traction
- Future seems best as traction, not decompression
- Drawback = High Cost of Decompression Machines
- **DO THE RIGHT THING = CALL IT THE CHIROPRACTIC ADJUSTMENT. IT IS. EVERY CHIROPRACTIC ADJUSTMENT IS DECOMPRESSION. COX CALLS FLEXION DISTRACTION AND DECOMPRESSION AN ADJUSTMENT (98940-41-42).**
- **KEEP IT CHIROPRACTIC AND DO NOT GIVE IT AWAY TO PTS, MDS, OR ANYONE ELSE WHO CAN AFFORD \$150,000.00 TO BE A CHIROPRACTOR**

Tyburski M, Akuthota V: Motorized lumbar traction devices: what's the evidence. Spine Line from North American Spine Society. Nov/Dec, 2006:36-39

- **Vax D, DRX 2000,3000,5000,9000, Lordex, SpineRx – FDA 510(k) shows only change of DRX to VAX D is addition of "True non surgical spine decompression"**
- **Pain Practice Sept. 2006: Motorized traction articles show 6 of 7 studies reported no difference with spinal decompression.**
- **Workers Compensation Board of British Columbia Canada showed VAX D showed no benefit in treating chronic low back pain**

Tyburski M, Akuthota V: Motorized lumbar traction devices: what's the evidence. Spine Line from North American Spine Society. Nov/Dec, 2006:36-39

- 24 papers in Cochrane review in 2006 showed lumbar traction no more benefit than placebo or sham
- 86% success is reported on 219 patients. No findings of motor, reflex, sensory change before treatment. No control, incomplete data, treatment description
- Unsupported in peer reviewed literature
- Aetna, Blue Cross, Regency consider it experimental and no reimbursement to date. May pay 18 to 25\$ a session.

## Chou (cont.)

- 4. SPINAL CORD STIMULATION IS MODERATELY EFFECTIVE FOR FAILED BACK SURGERY SYNDROME WITH PERSISTENT RADICULOPATHY, THOUGH DEVICE-RELATED COMPLICATIONS ARE COMMON
- 5. SURGERY FOR LEG PAIN (RADICULOPATHY) WITH HERNIATED LUMBAR DISC AND SYMPTOMATIC SPINAL STENOSIS IS ASSOCIATED WITH SHORT-TERM BENEFITS COMPARED TO NONSURGICAL THERAPY, THOUGH BENEFITS DIMINISH WITH LONG-TERM FOLLOW-UP.
- 6. FOR PATIENTS WITH NO LEG PAIN (NONRADICULAR BACK PAIN) WITH DISC DEGENERATION, FUSION IS NO MORE EFFECTIVE THAN INTENSIVE REHABILITATION, BUT ASSOCIATED WITH SMALL TO MODERATE BENEFITS COMPARED TO STANDARD NONSURGICAL THERAPY.

Chou, R et al; Interventional Therapies, Surgery, and Interdisciplinary Rehabilitation for Low Back Pain An Evidence-Based Clinical Practice Guideline From the American Pain Society. SPINE 34 (10). MAY 1 2009.

- 1. SPINAL MANIPULATION IS RECOMMENDED BY THE AMERICAN PAIN SOCIETY AND THE AMERICAN COLLEGE OF PHYSICIANS FOR PRIMARY CARE OF LOW BACK PAIN
- 2. PROLOTHERAPY, FACET JOINT INJECTION, INTRADISCAL STERIOD INJECTION, AND PERCUTANEOUS INTRADISCAL RADIOFREQUENCY THERMOCOAGULATION ARE NOT EFFECTIVE
- 3. EPIDURAL STERIOD INJECTIONS GIVE SHORT TERM BUT NOT LONG TERM RELIEF OF PAIN

Chou R: Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society. Ann Intern Med 147:478.2007

- LBP 3 groups: non-specific LBP, back pain with radiculopathy or spinal stenosis, back pain with other specific causes
- Dx imaging on patients with progressive neurologic deficits or serious factors
- MRI only if surgery or ESI considered
- Give patient evidence based options
- Recommend spinal manipulation, acupuncture, exercise, massage, yoga

Flynn T, et al: A clinical prediction rule for classifying patients with low back pain who demonstrate short term improvement with spinal manipulation. Spine 2002;27(24):2835

- More acute symptoms were more likely to respond favorably
- variables predicting favorable outcome:
  - 1. duration of symptoms less than 16 days
  - 2. Hypomobility of lumbar spine
  - 3. No symptoms distal to knee
  - 4. fear avoidance beliefs
  - 5. hip internal rotation of motion
- Presence of 4 of 5 of these increased the probability of success with manipulation from 45% to 95%

Cleland, JA; Fritz, JM; Whitman, JM; Childs, JD; Palmer, JA. The use of a lumbar spine manipulation technique by physical therapists in patients who satisfy a clinical prediction rule: A case series. JOURNAL OF ORTHOPAEDIC & SPORTS PHYSICAL THERAPY 36 (4).APR 2006. p.209-214 J O S P T., ALEXANDRIA

## ■ PHYSICAL THERAPISTS USE SIDE POSTURE MANIPULATION FOR LOW BACK PAIN WITH GREAT PAIN RELIEF

Deyo R et al: Spine 12(3): 1987

- 33% of 27,810 people chose chiropractors as their treating physician for low back pain in the National Health and Nutrition Examination Survey (NHANE)

## LECTURE MATERIAL SOURCE

- Institute for Scientific Information
- Monthly Newsletter
- Low Back and Cervical textbooks
- Patient clinical rounds – video and pictoral
- 7 Federal funded research studies into flexion distraction decompression adjusting
- Clinical patient examination and treatment