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EFFECTS OF SPINAL MANIPULATION

There is growing evidence on the effectiveness of manipulation on low back pain. Spinal manipulation (the cracks!) is one of the few treatments that have been supported by well constructed studies. Below are two recent, extensive summaries of the positive effects of spinal manipulation on low back pain.

Spinal manipulative therapy for low back pain: A meta-analysis of effectiveness relative to other therapies.

Assendelft WJJ, Morton SC, Yu EI, Suttorp MJ, Shekelle PG

Spinal manipulation is recommended in the New Zealand Clinical Guidelines as a beneficial treatment for acute low back pain. Current evidence from a recent, high-quality systematic review summarizing data from 38 clinical trials generally found that spinal manipulation had a beneficial effect on the symptoms of acute low back pain in the first 4-6 weeks.

Results from nine other systematic reviews conducted since 1992 were broadly consistent with these findings.

Source: Annals of Internal Medicine 2003;138(11):p 871-881.

United Kingdom back pain, exercise and manipulation (UK BEAM) randomised trial: effectiveness of physical treatments for back pain in primary care.

By UK BEAM Trial Team

OBJECTIVE: To estimate the effect of adding exercise classes, spinal manipulation, or manipulation followed by exercise to "best care" in general practice for patients consulting with back pain. [See figure SETTING: 181 general

practices in Medical Research Council General Practice Research Framework; 63 community settings around 14 centres across the United Kingdom.

PARTICIPANTS: 1334 patients consulting their general practices about low back pain.

RESULTS: All groups improved over time. Exercise improved mean disability questionnaire scores at three months by 1.4 (95% confidence interval 0.6 to 2.1) more than "best care." For manipulation the additional improvement was 1.6 (0.8 to 2.3) at three months and 1.0 (0.2 to 1.8) at 12 months. For manipulation followed by exercise the additional improvement was 1.9 (1.2 to 2.6) at three months and 1.3 (0.5 to 2.1) at 12 months. No significant differences in outcome occurred between manipulation in NHS premises and in private premises. No serious adverse events occurred.

CONCLUSIONS: Relative to "best care" in general practice, manipulation followed by exercise achieved a moderate benefit at three months and a small benefit at 12 months; spinal manipulation achieved a small to moderate benefit at three months and a small benefit at 12 months; and exercise achieved a small benefit at three months but not 12 months.

Source: British Medical Journal 2004 Dec 11; p 329 (7479):1377. Epub 2004 Nov 19.