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Chiropractic Research Roundup

When reading reports on new research, it is important to remember that no single study should be seen as providing the whole truth. The following reports offer helpful clues but in most cases further research is needed before firm conclusions can be drawn.

Spinal Manipulation Effective for Cervicogenic Headache But Increasing Visits Beyond 8 Yields Little Additional Benefit

Systematic reviews of randomized controlled trials suggest that spinal manipulative therapy (SMT) is efficacious for care of cervicogenic headache (CGH) but the effect of SMT dose on outcomes has previously been not been studied. With a group of 80 patients with CGH, Haas and colleagues compared the efficacy of two different doses of SMT and two doses of light massage (LM) for CGH. Their outcome measures included the modified Von Korff pain and disability scales for CGH and neck pain, number of headaches in the last 4 weeks, and medication use. Data were collected every 4 weeks for 24 weeks. The primary outcome was the CGH pain scale.

Participants were randomized to either 8 or 16 treatment sessions with either SMT or a minimal light massage control. Patients were treated once or twice per week for 8 weeks. Adjusted mean differences (AMD) between groups were computed. For the CGH pain scale, comparisons of 8 and 16 treatment sessions yielded small dose effects. There was an advantage for SMT over the control at 12 weeks and at 24 weeks. For the higher dose patients, the advantage was marginally greater. Secondary outcomes showed similar trends favoring SMT. For SMT patients, the mean number of CGH was reduced by half.

Haas M, Spegman A, Peterson D, Aickin M, Vavrek D. Dose response and efficacy of spinal manipulation for chronic cervicogenic headache: a pilot randomized controlled trial. *Spine J.* Feb 2010;10(2):117-128.

Major New Review Compiles Evidence on Manual Therapies

A major systematic review by Bronfort and colleagues covering the current state of research on spinal manipulation and other manual therapies for musculoskeletal and non-musculoskeletal conditions, was published in early 2010 in *Chiropractic and Osteopathy*. This paper reviewed all evidence-based guidelines and systematic reviews of randomized clinical trials (RCTs), plus the results of all RCTs not yet included in previous guidelines and reviews. The strength and quality of the evidence regarding effectiveness was based on an adapted version of the grading system developed by the U.S. Preventive Services Task Force.

The investigators located 26 categories of conditions containing RCT evidence for the use of manual therapy: 13 musculoskeletal conditions, four types of chronic headache and nine non-musculoskeletal conditions. They identified 49 recent relevant systematic reviews and 16 evidence-based clinical guidelines plus an additional 46 RCTs not yet included in other systematic reviews and guidelines.

Based on this comprehensive data analysis, they concluded that manipulation/mobilization is effective in adults for: acute, subacute, and chronic low back pain; migraine and cervicogenic headache; cervicogenic dizziness; manipulation/mobilization is effective for several extremity joint conditions; and thoracic manipulation/mobilization is effective for acute/subacute neck pain. The evidence is inconclusive for cervical manipulation/mobilization alone for neck pain of any duration, and for manipulation/mobilization for mid back pain, sciatica, tension-type headache,

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Page 2

coccydynia, temporomandibular joint disorders, fibromyalgia, premenstrual syndrome, and pneumonia in older adults. Spinal manipulation is not effective for asthma and dysmenorrhea when compared to sham manipulation, or for Stage 1 hypertension when added to an antihypertensive diet. In children, the evidence is inconclusive regarding the effectiveness for otitis media and enuresis, and it is not effective for infantile colic and asthma when compared to sham manipulation. Massage is effective in adults for chronic low back pain and chronic neck pain. The evidence is inconclusive for knee osteoarthritis, fibromyalgia, myofascial pain syndrome, migraine headache, and premenstrual syndrome. In children, the evidence is inconclusive for asthma and infantile colic.

Bronfort G, Haas M, Evans R, Leiniger B, Triano J. Effectiveness of manual therapies: the UK evidence report. *Chiropr Osteopat.* Feb 25 2010;18(1):3.