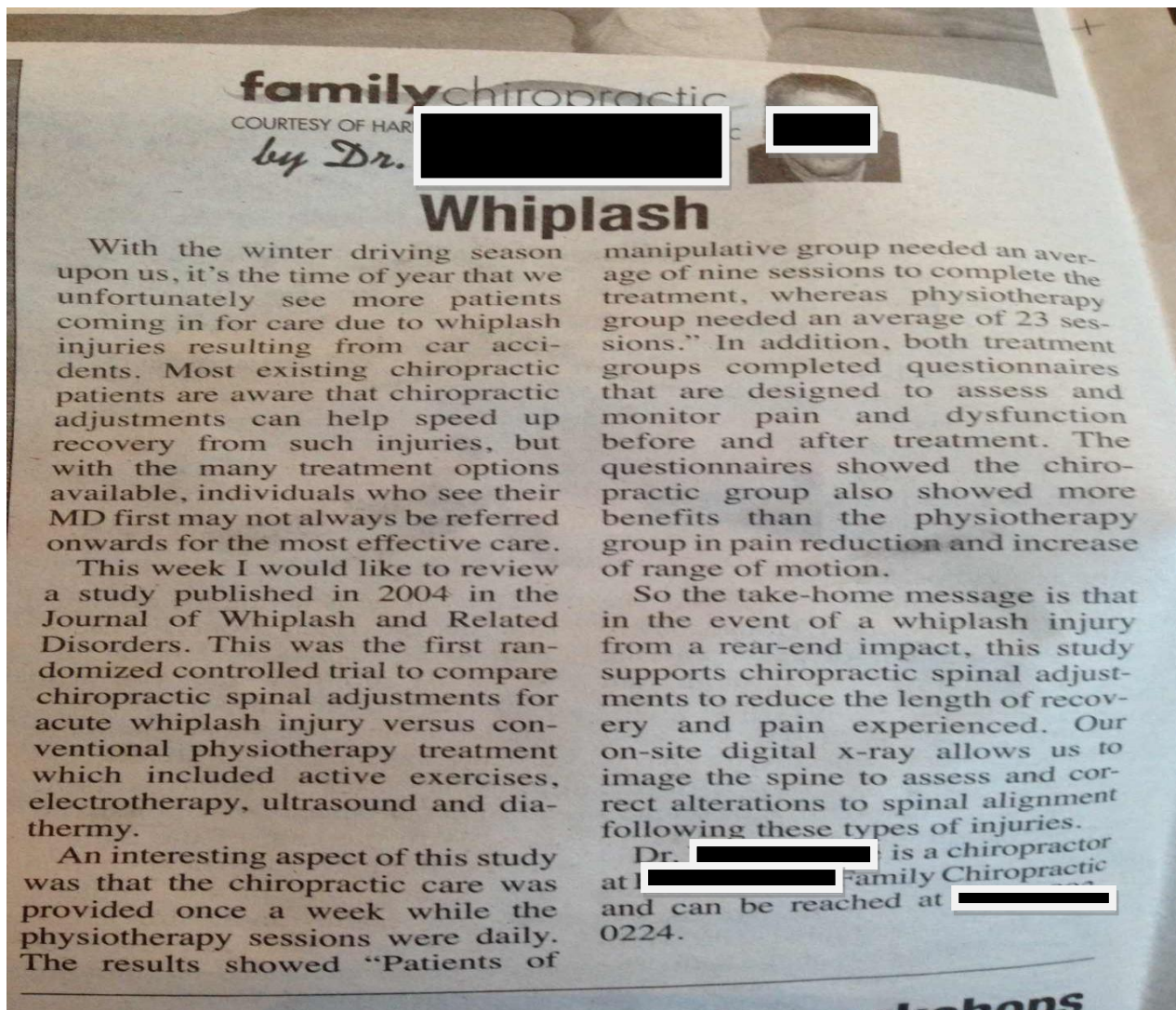


Chiropractic vs. Physiotherapy: A Questionable paper Let's focus on what is best for patients rather than misinforming



This newspaper article, written by a chiropractor, has some important inaccuracies that must be pointed out.

Firstly, the study that is referenced above was completed **only by physiotherapists**.¹ There were no chiropractors involved in the study; the manual therapies were all provided by physiotherapists and not by chiropractors. Nonetheless the study was still of relatively low quality from a research perspective.

Secondly, although the study did support that manipulation provided greater pain relief for patients with whiplash injuries, it must be noted that the patients in the manipulative group received **2 months of treatments** whereas patients in the physiotherapy group received

only 1 month of treatment; therefore recovery of these patients could have been partly due to the natural course of the injury as they **had an extra month of recovery time**. The reason the physiotherapy group had greater number of treatments was that they were told to attend daily for one month (23 sessions) and the manipulation group were told to attend once a week for 2 months (9 sessions) which obviously results in a very biased outcome for number of treatments as **it was predetermined prior to the study**.

Thirdly, there is certainly evidence that patients with neck pain benefit equally from all forms of manual therapies such as manipulations, mobilizations and soft tissue techniques. In the above-mentioned study, the

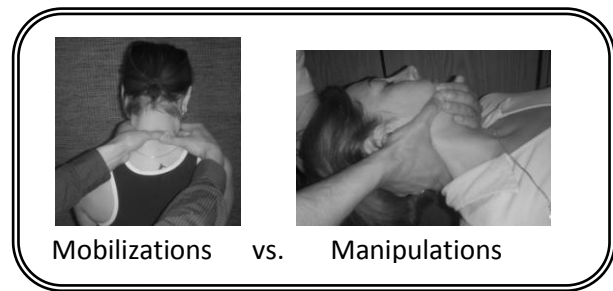
patients who received the manipulation also received soft-tissue massage work by the physiotherapist; therefore one is not able to determine if the benefits were from the manipulations **or from the soft-tissue and trigger point release techniques.**

Instead of focusing on a single low quality 2004 study, one must discuss the results of a research review paper based on 83 high quality studies, published in 2010 in the *Pain Research & Management* journal.² They concluded that for patients with whiplash injuries the **strong evidence is supportive of exercise therapy,** then for mobilizations and manipulations.

Several studies have shown neck mobilizations (the gentler non-clicking technique) to be equally as effective as manipulations (clicking technique), in both the short and long term.^{3,4,5} Manipulations of the neck are, however, associated with risks and side-effects ranging from developing dizziness to having a stroke.⁶ Although the risk of a stroke is estimated to be extremely low, (one in 500 000), the risk of developing dizziness and headaches after neck manipulations has been shown to be one in 25.

Based on the best available evidence to date (Cochrane Review Board, 2015), patients with neck pain may get the most benefit if they perform neck and shoulder strengthening exercises.⁷

On a final note, here is a direct quote from a published Chiropractic paper, **“the presence of the manipulative lesion remains hypothetical”.**⁸ This is based on the fact that to date several studies have shown that minor misalignments of the spine can neither be felt nor detected on x-rays. The existence of spinal “subluxations” and the notion that the spine “goes out of alignment” and can be put back in has not been supported by a single study.⁹ In fact patients who are falsely told of non-existing “misalignments”, may become fearful and worried about their condition; and this has been clearly associated with a delay in recovery.¹⁰



In conclusion, the optimal treatments for managing neck pain and whiplash injuries should be based on high quality research studies, involving reassurance, pain education, a progressive strengthening program with a short course of manual therapy such as mobilizations and soft-tissue release techniques. Considering the well documented potential risks associated with neck manipulations, safer approaches such as mobilizations and exercising are suggested for the management of neck pain and whiplash injuries.

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“The debate on PT versus Chiro must stop as it is taking focus away from patient care. When focus is on caring for patients based on the best available evidence, the title of the health care provider providing the treatment becomes irrelevant.” Dr. Bahram Jam, PT