# Family Physicians and Chiropractors: What's Best for the Patient?

Daniel C. Cherkin, PhD
*Seattle, Washington*

Curtis and Bove[1] address an issue that has received scant attention in the medical literature: the relationship between allopathic physicians and chiropractors. They note several important facts that may not be appreciated by many family physicians: chiropractic schools require at least 4 years of training, which includes medical basic sciences, general diagnostics, radiology, and physical therapy; chiropractors handle more back pain visits than do medical doctors; and chiropractic services are widely covered by both governmental and private insurance plans. Curtis and Bove also note that back pain patients receiving care from chiropractors have been found to be more satisfied with their care than those receiving care from family physicians.

Thus, chiropractors appear to be well trained and well accepted by both patients and insurers. There is also anecdotal as well as empirical evidence[2] that in recent years, physicians have become more accepting of chiropractors and of spinal manipulation. In spite of this growing acceptance of chiropractic, however, many medical doctors remain uncomfortable with the idea of referring patients to chiropractors. This may not be surprising, since many physicians entered practice in an era during which the American Medical Association denounced chiropractic as "quackery and cultism" and declared it unethical for physicians to have any professional association with chiropractors. Although this decades-long hostility to chiropractic by organized medicine officially ended in 1980, there are undoubtedly many physicians who remain uncomfortable or unwilling to refer patients to chiropractors.

Physicians generally base referral decisions on what they believe is best for the patient. Clearly, family physicians are capable of effectively meeting the needs of the great majority of their patients without referral. Serious questions have been raised, however, about the effectiveness of most conservative medical treatments for back pain. Two in-depth literature syntheses[3,4] concluded that few of the therapeutic modalities commonly employed for back pain have been demonstrated to be useful by randomized trials. One expert on back pain goes so far as to assert that conventional medical treatment for low back pain has failed.[5] Furthermore, patient satisfaction studies comparing care for low back pain provided by medical doctors with that provided by nurses, physical therapists, or chiropractors consistently find the least satisfaction with medical doctors.[6–10]

Although the foregoing does not necessarily mean that family physicians are doing a poor job of managing the patient with low back pain, it does suggest that there is room for improvement. Alternative treatments should not be dismissed out of hand. One of the most promising alternative treatments for back pain is spinal manipulation therapy. In his review of the literature on conservative therapies for low back pain, Deyo[3] found that there was stronger evidence for the short-term efficacy of spinal manipulation than for most other commonly used conservative treatments. A recent meta-analysis of the results of 25 controlled trials of manipulation for low back pain[11] concludes that spinal manipulation therapy significantly hastens recovery from acute uncomplicated low back pain. The value of spinal manipulation for patients with chronic low back pain or with sciatic nerve root irritation, however, is not yet clear.

Curtis and Bove note three perceptions among allopathic physicians that may perpetuate a distrust of chiropractors: (1) chiropractors are poorly trained and therefore could miss a serious disease, (2) spinal manipulation lacks a scientific basis, and (3) manipulation is a dangerous intervention. These perceptions, to the extent they still exist, appear largely unfounded or irrelevant. Chiropractors are highly trained in their discipline and well aware of the serious underlying diseases that could cause their patients (and their own reputations) great harm if ignored. While

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*From the Center for Health Studies, Group Health Cooperative of Puget Sound, and the Departments of Family Medicine and Health Services, University of Washington, Seattle. Requests for reprints should be addressed to Daniel C. Cherkin, PhD, Center for Health Studies, Group Health Cooperative, 1730 Minor Ave, Suite 1600, Seattle, WA 98101.*

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there is currently no clear biologic rationale for the use of manipulation, this is of little concern to the back pain sufferer who benefits from spinal manipulation therapy. Finally, there is the question of danger. The most dramatic and well-publicized complications of spinal manipulation involve vascular accidents following cervical manipulation. Estimates cited by Curtis and Bove put the risk of vascular accidents following cervical manipulation between 1 in 400,000 and 1 in 1 million procedures. The risk of a serious complication (cauda equina syndrome) following lumbar manipulation has recently been estimated as being less than 1 case per 100 million manipulations.[11] Thus, while there are some risks associated with manipulation, they do not appear to be great, especially when performed in the lumbar region.

Additional barriers to referral face even those family physicians who are generally comfortable with the idea of referring their patients to a chiropractor. Some family physicians may fear that their professional reputations would suffer if their peers learned they had referred a patient to a chiropractor. A study of family physicians in the state of Washington, however, found surprisingly little antipathy toward chiropractors.[2] One fourth viewed chiropractors as an excellent source of care for musculoskeletal problems, and only 3% dismissed chiropractors as quacks. A majority of family physicians admitted having encouraged patients to see a chiropractor, and two thirds indicated a desire to learn more about what chiropractors do. Thus, many family physicians appear willing to consider increased professional interactions with chiropractors.

The absence of established professional relationships between most family physicians and chiropractors may be the most important barrier to referrals for spinal manipulation. Physicians are understandably uncomfortable referring their patients to faceless names selected from the yellow pages. Since back pain is one of the most common problems seen by family physicians and there is evidence that chiropractors may be able to help many of these patients,[3,11] family physicians should consider making an attempt to get to know chiropractors in their community. Most chiropractors will be delighted to meet with family physicians to discuss chiropractic training, scope of practice, and treatment philosophies. Curtis and Bove list several clues for identifying competent chiropractors. In this manner, family physicians can determine whether there are any chiropractors in their community to whom they could comfortably refer patients.

Finally, family physicians need guidelines for determining which patients are appropriate candidates for referral. Unfortunately, our knowledge of which patients are most likely to benefit from spinal manipulation remains limited. The best scientific evidence indicates that manipulation increases the probability of recovery of patients with uncomplicated acute low back pain at 3 weeks by about 30%.[11] In the absence of sufficient data on the efficacy of spinal manipulation for chronic low back pain or for sciatic nerve root irritation, family physicians may wish to follow the RAND clinical profiles appropriate for manipulation summarized by Curtis and Bove.

Family physicians who choose to refer their back pain patients to a chiropractor for spinal manipulation do not need to embrace the chiropractic belief system, one that differs markedly from that of the family physician.[12] Rather, they need only accept that spinal manipulation is one of the few conservative treatments for low back pain that have been found to be effective in randomized trials. The risks of complications from lumbar manipulation are also very low. Some patients are poor candidates for manipulation, however, and some chiropractors should be avoided. By *initiating* the referral, family physicians can increase their ability to ensure that their patients who seek chiropractic care have been adequately screened for contraindications and will see a chiropractor who avoids inappropriate or excessive treatments. Is this not in the best interest of the patient?

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