How effective is chiropractic for bunions?

Average decrease in bunion pain following just 6 chiropractic treatments

Data taken from:
Cleveland Chiropractic College, 590 North Vermont Avenue, Los Angeles, CA 90004, USA.
Bunion pain decreases by an average of 74% with just 6 chiropractic treatments.

A pilot study of the efficacy of a conservative chiropractic protocol using graded mobilization, manipulation and ice in the treatment of symptomatic hallux abducto-valgus bunion.


Study background: Study was done in Durban, South Africa. 60 pts were studied (all females/50 yoa, avg.). All had symptomatic hallux valgus (>15° hallux valgus angle, pain around first MTP joint, enlarged medial portion of first MTP head). No sx duration info provided by authors. They were randomly assigned to 1 of 2 txs (6 txs over 2 wks): 1) chiropractic (the “Brantingham protocol” for hallux valgus): see indented paragraph below; 2) placebo: used a detuned microcurrent machine, tx lasted 8 min's, pts were told that it worked by “electromagnetism and that it was effective in alleviating muscle spasm and pain.” Results (% decrease in 0-100 NPRS): 1) 1 wk: placebo - 8% (from 51 to 47), tx - 41% (46 to 27;ss); 2) 2 wks: placebo - 18% (51 to 42), tx - 65% (46 to 16;ss); 3) 3 wks: placebo - 14% (51 to 44), tx - 74% (46 to 12;ss). Conclusion: “...a conservative chiropractic treatment protocol, as opposed to placebo treatment, was efficacious...”

“Brantingham protocol” for hallux valgus:

Notes: Mild soreness during/after tx is “considered acceptable”, ice is always applied post-tx, and “all other joint dysfunction in the foot and ankle was treated by means of adjustment at each consultation

1) stage 1 - light axial traction of the hallux:
   - 5-10x
   - use on first 2-3 visits
2) stage 2 - light axial traction of the hallux + mild adduction:
   - 5-10x
   - use after pt demonstrates good tolerance to stage 1
3) stage 3 - strong axial traction of the hallux + manipulation:
   - 5-10 strong axial tractions, followed by hallux adduction thrust
   - use after pt demonstrates good tolerance to stage 2
Bunion pain decreases by an average of more than 90% after a course of chiropractic care.

Manual and manipulative therapy compared to night splint for symptomatic hallux abducto valgus: an exploratory randomised clinical trial.


Department of Chiropractic, University of Johannesburg, South Africa.

Study background: Took place in 2005. 30 pts were studied (42 yoa, avg./50% female). All had a bunion: >15° hallux valgus angle, pain/enlargement around first MTP joint, and inability to wear shoes comfortably. All had at least mild-moderate sx: pain at least 30/100 (VAS) and foot function disability at least 30%. They were randomly assigned to 1 of 2 txs: 1) night splint: holds big toe in an adducted (corrected) position, used for 3 wks; 2) the “Brantingham chiropractic protocol” for hallux valgus (4 txs over 2 wks; ice always applied post-tx; other foot/ankle joint dysfunctions were also adjusted):

a) stage 1 - light axial traction of the hallux: 5-10x, use on first couple of visits;
b) stage 2 - light axial traction of the hallux +mild adduction: 5-10x, use after pt demonstrates good tolerance to stage 1;
c) stage 3 - strong axial traction of the hallux + manipulation: 5-10 strong axial tractions, followed by hallux adduction thrust; use after pt demonstrates good tolerance to stage 2.

Results:

1) % decrease in pain (0-100 VAS): a) splint: 2 wks after study start- 79% (from 38 to 8), 3 wks after study start- 87% (38 to 5), 7 wks after study start- 53% (38 to 18); b) DC: 2 wks after study start- 98% (41 to 1), 3 wks after study start- 98% (41 to 1), 7 wks after study start- 98% (41 to 1; ss);

2) % increase in hallux dorsiflexion: a) splint: 2 wks after study start- 21% (34 to 41), 3 wks after study start- 21% (34 to 41), 7 wks after study start- 18% (34 to 40); b) DC: 2 wks after study start- 36% (39 to 53; ss), 3 wks after study start- 36% (39 to 53; ss), 7 wks after study start- 31% (39 to 51; ss).

Conclusion: “...an innovative structured protocol of manual and manipulative therapy is equivalent to standard care of a night splint...” “At the 1-month follow-up the MMT maintains its treatment effect without further treatment, but the night splint does not.” Side-effects: 2 DC pts experienced temporary discomfort/stiffness.