How Effective Is Chiropractic For Fibromyalgia?

Nearly two-thirds of fibromyalgia patients improve significantly with a course of chiropractic care. How much better do they feel?

Data taken from:
A combined ischemic compression and spinal manipulation in the treatment of fibromyalgia: A preliminary estimate of dose and efficacy.
Private practice of chiropractic, Trois-Rivieres, Quebec, Canada.
A combined ischemic compression and spinal manipulation in the treatment of fibromyalgia: A preliminary estimate of dose and efficacy.


Private practice of chiropractic, Trois-Rivieres, Quebec, Canada.

Background: Fibromyalgia (FMS) as defined by the American College of Rheumatology (ACR) is widespread pain for at least 3 mths (left & right side of body, above and below waist) and palpatory pain on 11/18 tender point sites (suboccipital muscle insertions, ant. aspect of intertransverse spaces between C5-7, midpoint of the upper border of upper trapezius, supraspinatus origins, 2nd costochondral junctions, 2 cm distal to the lateral epicondyle of the elbows, upper outer quadrants of the buttocks, piriformis insertions, and the medial aspect of knees proximal to the joint line).

Study background: 15 women with fibromyalgia were studied (51 yoa, avg., widespread pain for 10 yrs on avg., diagnosed with FMS 2 yrs previous on avg., diagnosed by their GP or rheumatologist, met the ACR criteria for FMS).

Tx description: Underwent a course of 30 chiropractic txs (2-3x each week) consisting of ischemic compression trigger point therapy (2 thumbs on trigger point, pressure to pt’s pain-tolerance threshold, hold for 10 seconds) and spinal manipulative therapy (cervicothoracic diversified manipulation to motion restricted segments that were also tender - bilateral rotary cervical breaks, bilateral thener contact thrusts for thoracic spine).

Results: 1) Pain: after 15 txs - 39% less (75.2 to 45.6/120), after 30 txs - 58% less (to 31.5), 1 mth later - 55% less (to 28.4); 2) Sleep quality: after 15 txs - 33% better (8.06 to 5.43/10), after 30 txs - 55% better (to 3.63), 1 mth later - 59% better (to 3.19). 3) Fatigue level: after 15 txs - 28% less (6.8 to 4.93/10), after 30 txs - 58% less (to 2.87), 1 mth later - 61% less (to 2.77).

Conclusion: "...chiropractic care combining ischemic compression and spinal manipulation may help patients with fibromyalgia." "...this chiropractic approach may have a prolonged effect."

Comments: 60% (9/15) of the pts were considered "respondents" (had a minimum improvement of 50% in pain, which has been previously described as the minimum for a "clinically relevent" improvement). Their improvement after 30 txs: pain levels - 77% decrease, sleep quality - 64% better, fatigue level - 75% better.
Can manual therapy be helpful for "moderate" depression?

What percent of patients become depression-free after just 8 weeks of treatment?

Data taken from:
Adjunctive osteopathic manipulative treatment in women with depression: a pilot study.


Department of Microbiology, Chicago College of Osteopathic Medicine of Midwestern University, USA. Bplotk@Midwestern.edu
Adjunctive osteopathic manipulative treatment in women with depression: a pilot study.


Department of Microbiology, Chicago College of Osteopathic Medicine of Midwestern University, USA. Bplotk@Midwestern.edu

Study background: 17 women (47 yoa, avg., none had back pain, authors sought OMT-na"v subjects for the study) w/ newly dx'd "moderate" depression (based on the "Zung Depression Scale", a 20-question survey) were studied. All received 8 wks of anti-depressant medication (Paxil - 20 mg/day) and 30 min's of weekly psychotherapy (cognitive therapy and neurolinguistic programming).

They were also randomly assigned to 8 wks of concurrent osteopathic tx or sham tx: 1) OMT: "No specific OMT protocol was applied..." (tx duration - 20 min's, tx frequency - ?). OMT techniques that were used included: direct and indirect tx, inhibitory pressure, MET, myofascial tx, fascial release, strain/counterstrain, positional release, cranial tx, Galbreath tx, mandibular drainage, lymphatic pump, and exaggeration tx. The pts also received 3 osteopathic structural examinations at the beginning, midpoint, and end of study; 2) sham OMT: Pts received just the 3 osteopathic exams. The counselors were blinded to tx status, and the OMT was provided by student physicians.

Results: 1) depression score (a score of <= 50 is "normal"): a) baseline: OMT - 68, control - 66; b) after 8 wks of tx: OMT - 35 (49% improvement), control - 55 (17% improvement); 2) % who became depression-free: OMT - 100%, control - 33%.

Conclusion: "OMT may be a useful adjunctive treatment for alleviating depression in women."

Comments: 31 women were in the study originally; 14 dropped out primarily d/t refusal to take meds and/or failure to keep counseling appts. "There was no pattern to the osteopathic manipulative structural dysfunctions recorded." However, they did note that "CRI may be useful as an independent readout of an individual's status of depression" (CRI = cranial rhythmic impulse; normal = 10-14/min): 1) OMT pts: baseline - 6.2/min, after 8 wks of tx - 8.8 (3/6 were 10+ {3 pts weren't included d/t "charting inconsistencies"); 2) sham OMT pts: baseline - 5.2, after 8 wks - 6.8 (1/5 were 10+ {3 pts weren't included d/t "charting inconsistencies").
University Department of Orthopaedic Surgery, Bristol, UK

2. The initial effects of an elbow mobilization with movement technique on grip strength in subjects with lateral epicondylalgia.
Institute of Physical Therapy, University of St. Augustine for Health Sciences, St. Augustine, Florida, USA

3. An investigation to compare the effectiveness of carpal bone mobilisation and neurodynamic mobilisation as methods of treatment for carpal tunnel syndrome.
Bern, Switzerland.

4. A clinical prediction rule for classifying patients with low back pain who demonstrate short-term improvement with spinal manipulation.

5. A randomized clinical trial and subgroup analysis to compare flexion-distraction with active exercise for chronic low back pain.
Palmer College of Chiropractic, Research, Davenport, IA, USA.

6. Osteopathic manipulative treatment in the emergency department for patients with acute ankle injuries.
Department of Emergency Medicine, St Barnabas Hospital, Bronx, NY, USA.

Blanchfield Army Community Hospital, Fort Campbell, KY, USA.

8. Use of complementary therapies for arthritis among patients of rheumatologists.
Roudelte Veterans Affairs Medical Center, Indiana University School of Medicine, and Regenstrief Institute for Health Care, Indianapolis 46202, USA.

9. Manipulative therapy in addition to usual medical care for patients with shoulder dysfunction and pain: a randomized, controlled trial.
University of Groningen and University Hospital of Groningen, Groningen, The Netherlands.

10. A randomized controlled trial of chiropractic spinal manipulative therapy for migraine.
Tuchin PJ, Pollard H, Bonello R. JMPT 2000 Feb;23(2):91-5
Department of Chiropractic, Macquarie University, New South Wales, Australia

Utlandt Memorial Hospital, Greenville, IL 62246.

"Did you know that..." excerpts (clockwise, from top of page):

Patients using chiropractors in north america: who are they, and why are they in chiropractic care?
Veterans Affairs Health Services Research and Development Service, Los Angeles, California.

Patient satisfaction with chiropractic physicians in an independent physicians' association.
Gemmell HA, Hayes BM. J Manipulative Physiol Ther 2001 Nov-Dec;24(9):556-9
Director of Research, Oklahoma State Chiropractic Independent Physicians' Association, and private practice of chiropractic, Tulsa, Okla.

Characteristics of visits to licensed acupuncturists, chiropractors, massage therapists, and naturopathic physicians.
Center for Health Studies, Group Health Cooperative, Seattle 98101, USA.