Herniated cervical disc?
A course of spinal manipulation may cut your pain by 80%.


A course of spinal manipulation (including cervical traction) has been shown to decrease neck and/or arm pain from a herniated cervical disc by an average of 83%.
Intermittent cervical traction and thoracic manipulation for management of mild cervical compressive myelopathy attributed to cervical herniated disc: a case series.


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Study background (a case series): 7 pts were studied (all female/40 yoa, avg.). All had neck pain and/or referred arm pain for 85 days, on avg. (insidious onset for 5/7). All were diagnosed w/ grade-1 cervical myelopathy (MRI showed cervical disc herniation occupying space in central canal at spinal level consistent w/ sx and at least 1 upper motor neuron sign {Hoffmann’s reflex, clonus, or hyperreflexia}). All received manipulative tx (9 txs over 56 days {medians}): A) thoracic manipulation (received on at least the first 6 txs): 1) chicken-wing traction manipulation (for upper thoracics): a) pt seated w/ hands clasped behind neck and elbows out to the side; b) Dr squats behind pt w/ hands looped through pt’s arms; c) Dr’s fingers “placed at the motion segment of interest”; d) Dr uses hands and chest to retract pt’s shoulders and induce spinal extension; e) Dr uses legs to apply a quick, vertical thrust; 2) elbow-buster traction manipulation (for mid-thoracics): a) pt seated w/ hands clasped behind neck and elbows together in front; b) Dr squats behind pt w/ hands grasping pt’s elbows; c) Dr applies a quick thrust through pt’s elbows, “lifting the patient’s upper trunk against the clinician’s sternum”; 3) A-P thoracic manipulation (could be used instead of the elbow-buster); B) intermittent cervical traction (received during ea. tx): a) traction description: used a Triton traction machine (Chattanooga) and a Saunders headpiece (pulls from the occipital area); b) traction protocols: 15-20 min’s in duration, neck in 24° of flexion; c) max/min force: max = force required to decrease sx (up to 24 lbs), min = 1/3 of max force; C) traction manipulation of the cervical spine (used on the 3 pts who also had hyporeflexia and/or myotomal mm weakness {lower motor neuron signs})—see description in indented paragraph below. Results: 1) % decrease in NPRS (0-10) - 83% (from 6 to 1; #’s are medians); 2) % improvement in (FRI) functional rating index (the FRI is a neck and/or back pain questionnaire that consists of 10 items, each with 5 possible responses that express graduating degrees of disability) - 59% (from 44% to 18%; #’s are medians); 3) # of pts w/ Hoffmann’s still present - 5/7; 4) # of pts w/ hyperreflexia still present - 7/7. Conclusion: “Intermittent cervical traction and manipulation of the thoracic spine seem useful for the reduction of pain scores and level of disability in patients with mild CCM attributed to HD.” Comment: You may download the FRI at www.chiroevidence.com/FRI.html.

Traction manipulation of the cervical spine (description is for a left-sided C4-5 fixation):
1) pt supine w/ Dr at the head of the table
2) Dr’s right forearm/hand:
   - right forearm supports pt’s right posterolateral head, right hand supports pt’s right lateral jaw
3) Dr’s left hand (thrust hand):
   - second MCP of left hand contacts left C4 articular pillar
4) pre-thrust positioning of pt:
   - slight forward neck flexion, slight left lateral bending, & slight right rotation
5) thrust description:
   - left hand applies a HVLA thrust (“parallel to longitudinal axis of the cervical spine”)
Acute sciatica improves by nearly 80% after a brief course of chiropractic treatment.


Acute sciatica (leg pain) due to a herniated lumbar disc is decreased by 76% following an average of just 13 chiropractic treatments.
Herniated disc pain is cut by nearly 70% after a short course of chiropractic care.


Low back pain due to a herniated lumbar disc is decreased by 68% following an average of just 13 chiropractic treatments.
How effective is chiropractic care for sciatica?

Following an average of just 13 treatments, what percent of sciatica patients are completely free of all of their leg pain symptoms?

55%

12%

Chiropractic Patients  Non-Chiropractic Patients

Data taken from:
Chiropractic manipulation in the treatment of acute back pain and sciatica with disc protrusion: a randomized double-blind clinical trial of active and simulated spinal manipulations.
DIRETTORE CATTEDERA MEDICINA FISICA E RIABILITATIVA, UNIVERSITA DI ROMA LA SAPIENZA, P.LE ALDO MORO 5, ROMA, ROMA, 00185, ITALY.
Chiropractic manipulation in the treatment of acute back pain and sciatica with disc protrusion: a randomized double-blind clinical trial of active and simulated spinal manipulations.


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Study background (DB, PC, RCT): Took place 2/99 - 10/00 at 2 medical centers in Rome. 102 pts were studied (63% male/43 yoa, avg.). All had acute LBP and radiating leg pain, less than 10 d sx duration (and no sx for previous 3 mths), and MRI w/ “evidence of disc protrusion [w/ intact annulus] in the spinal segments involved in pain.” Exclusion criteria: SMT in past, “clinical electrophysiological, or radiological findings suggesting a lesion requiring surgery”. **They were randomly assigned to 1 of 2 tx groups** (tx’d 5x/wk by an experienced DC for a max of 20 txs; both groups r/c 13 txs, avg.; 5 min’s/session): 1) chiropractic care: used seated motion palpation to detect lumbar restrictions, SMT = side-posture w/ “brisk, rotational thrusting”; 2) simulated chiropractic care (placebo): same as above, but “subjects received soft muscle pressing apparently similar to manipulations but not following any specific patterns and not involving rapid thrusts.” Results: 1) % decrease in LBP (0-10 VAS): a) placebo: 1 mth - 25% (from 6.3 to 4.7), 3 mths - 40% (6.3 to 3.8), 6 mths - 48% (6.3 to 3.3); b) chiropractic: 1 mth - 48% (6.3 to 3.3), 3 mths - 68% (6.3 to 2; ss superior to placebo), 6 mths - 70% (6.3 to 1.9); 2) % decrease in radiating leg pain (0-10 VAS): a) placebo: 1 mth - 31% (5.5 to 3.8), 3 mths - 44% (5.5 to 3.1), 6 mths - 53% (5.5 to 2.6); b) chiropractic: 1 mth - 56% (5.5 to 2.4, 3 mths - 76% (5.5 to 1.3; ss superior to placebo), 6 mths - 76% (5.5 to 1.3); 3) % of pts completely free of LBP: a) placebo: 1 mth - none, 3 mths - 6%, 6 mths - 6%; b) chiropractic: 1 mth - 6%, 3 mths - 24% (ss to placebo), 6 mths - 28% (ss to placebo); 4) % of pts completely free of radiating leg pain: a) placebo: 1 mth - 12%, 3 mths - 12%, 6 mths - 20%; b) chiropractic: 1 mth - 23%, 3 mths - 55% (ss superior to placebo), 6 mths - 55% (ss superior to placebo). Conclusion: “Patients receiving active manipulations enjoyed significantly greater relief of local and radiating LBP...” Comments: 1) adverse reactions - none; 2) drop-outs: placebo - 2% (1/49; 1 - lack of efficacy), chiropractic - 9% (5/53; 2 - lost to follow-up, 3 - lack of efficacy); 3) MRI changes (pre- to post-tx) - none.
Chiropractic care is more than 2x as effective as exercise for chronic leg pain.


Patients with chronic sciatica (leg pain due to a herniated lumbar disc) improve more than twice as much with chiropractic treatment compared to a comprehensive physical therapy exercise program.
A randomized clinical trial and subgroup analysis to compare flexion-distraction with active exercise for chronic low back pain.


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Study background: Study took place 8/98-12/99. Pts were from 2 chiropractic clinics in Chicago area, and were paid $150 to participate ($75 for completion of tx phase, $75 for 1-yr follow-up). 235 consecutive new LBP pts were studied (63% male/41 yoa, avg.). All had 3+ mths of sx (gradual onset – 69% of pts; > 3 episodes – 58% of pts), pain between L1 and S1, palpatory tenderness over lumbar facets, and no DC or PT tx in last 6 mths. **They were randomly assigned to 1 of 2 txs** (4 wks of tx, tx'd 2-4x/wk, ea. tx lasted 30-45 min's): 1) DC (DC's had 24 hrs of flexion-distraction training, passed 2 tests on flexion-distraction protocols, and were certified in the technique): a) flexion-distraction ("lasted between 3 and 6 min."): first phase - "traction procedures using the flexion range of motion directed at a specified joint level" (3 sets, up to 5 repetitions/set, each repetition held for 4s); second phase - "a series of mobilization procedures using a combination of ranges of motion targeted at a specific joint level" (3 sets, up to 15 repetitions/set, each repetition held for 2s); b) modalities: "The FD group also received modalities such as ultrasound and cryotherapy."; 2) exercise ("active trunk exercise program" administered by licensed PT's; "aim of program was to strengthen the muscles surrounding the spine and increase flexibility"): a) phase one: stabilizing exercises (classic "abdominal hollowing" protocols), flexion or extension exercises, flexibility exercises, "modalities such as ultrasound and cryotherapy", cardiovascular exercises (CV), McKenzie exercises (for pts w/ sx below the knee); b) phase two: added upper and lower extremity weight training; c) phase three: added lumbar extension training; d) phase four: added more CV and "an increase in weight training". **Results** (recorded w/in 2 days of completion of 4 wks of tx): 1) % who completed tx – 83% (194/235; exercise – 77% {86/112}, DC – 88% {108/123}); most of the drop-outs (76%) were d/t "no longer interested in participation" and "scheduling conflicts"; 2) side-effects – "No adverse events or side-effects were reported..."; 3) % decrease in pain (0-100 VAS): exercise – 42% (from 36 to 21), DC – 61% (38 to 15;ss); 4) % improvement in disability (used the Roland-Morris Disability Questionnaire; consists of 24 questions, check off those that apply, 24 is worst score possible): exercise – 44% (6.8 to 3.8), DC – 48% (6.6 to 3.4;ns); 5) pt satisfaction (ns): a) "Overall how much were you helped" (% who said "very much"): exercise – 34%, DC – 50%; b) "In the future, would you return to this type of care?" (% who said "definitely"): exercise – 38%, DC – 54%; c) "Would you recommend this type of care to family or friends?" (% who said "definitely"): exercise – 45%, DC – 60%.

Conclusion: "...subjects in the FD group were observed to experience significantly greater reduced perceived pain..." Other: "...those with radiculopathy improved most with FD." **Avg. decrease in pain (0-100 VAS):**
a) no radiculopathy (156 pts): exercise – 17 (47% - ?; no starting VAS provided), DC – 22 (58% - ?; no starting VAS provided); b) radiculopathy (38 pts): exercise – 11 (31% - ?; no starting VAS provided), DC – 26 (68% - ?; no starting VAS provided).