Is chiropractic helpful for patients with chronic, arthritic hip pain?

Data taken from:
Effects of chiropractic care on pain and function in patients with hip osteoarthritis waiting for arthroplasty: a clinical pilot trial.
Scandinavian College of Chiropractic, Solna, Sweden.
Arthritic hip pain is cut in half after an average of just 4 chiropractic treatments.

Effects of chiropractic care on pain and function in patients with hip osteoarthritis waiting for arthroplasty: a clinical pilot trial.

Scandinavian College of Chiropractic, Solna, Sweden.

Study background: study took place 1/08-3/08. Pts were recruited from hospital orthopaedic dept. DC care took place at the Scandinavian College of Chiropractic outpatient clinic. 14 pts were studied (68 yoa, avg./57% female). All had unilateral hip OA and were on a waiting list for surgery. **They were assigned to 1 of 2 tx groups** (both groups continued with their usual medical care): 1) chiropractic (first 7 pts to enroll in the study were assigned to this group): individualized to ea. pt (all r/c HVLA manipulation to spine and LE & TPT; 4/7 r/c SOT, jt mob, mm str’s, & ex’s), all care was given by fifth-year DC students, tx frequency/duration was1-2x/2k for 3 wks (4.4 txs, avg.); 2) control: no DC tx. Results (after 3 wks): 1) % decrease in hip pain (0-100 VAS): control - 5% (from 53 to 50), chiropractic - 51% (51 to 25; ns); 2) % who were able to avoid surgery: data not recorded. Conclusion: “Chiropractic care may provide a short-term benefit in decreasing hip pain for patients with hip osteoarthritis…” “This clinical pilot study has for the first time identified the feasibility and potential benefits of integrating chiropractic and conventional care... in this target group of patients in Sweden.”
How effective is manipulation for patients with arthritic hip pain?

After a course of manipulation or exercise treatment, how much less painful is walking?

Data taken from:
Comparison of manual therapy and exercise therapy in osteoarthritis of the hip: a randomized clinical trial.
Leyenburg Hospital, The Hague, The Netherlands. h.hoeksma@antonius.net
For arthritic hip pain, manipulation is nearly 3x more effective than exercise.


When checked 6 months after completing a five-week course of care, manipulation patients note a 50% decrease in hip pain with walking compared to a 17% decrease for exercise patients.
Comparison of manual therapy and exercise therapy in osteoarthritis of the hip: a randomized clinical trial.
Leyenburg Hospital, The Hague, The Netherlands. h.hoeksma@antonius.net

Study background: Study took place from 9/99-12/01. Pts were referred by orthopods & rheumatologists. 109 hip OA pts were studied (72 yoa, avg./70% female). All had unilateral hip OA (80% had moderate OA). All had either: a) <15° of int. hip rotation and <115° of hip flexion; b) >15° of int. hip rotation and pain w/ int. hip rotation or morning stiffness >60 min's. All were tx'd 2x/wk for 5 wks, and all received pt education and advice to stay active (walking, cycling, swimming, etc.). They were randomly assigned to 1 of 2 txs: 1) exercise (tx given by 1 of 3 PT's w/o any manual therapy training, ea. session lasted 25 min's, individualized for ea. pt, ea. pt also received homecare rx): stretches, active exercises, endurance training (treadmill or cycling), and hip traction; 2) manual therapy (tx given by 1 of 3 licensed manual therapists, ea. session lasted 25 min's): stretches (iliopsoas, quads, tensor fascia latae, sartorius, adductors, and gracilis; ea. str. lasts 8-10s, repeat 2x), long-axis, hip-traction manipulation (Cyriax technique; see description in indented paragraph below). Results: 1) drop-outs: at 5 wks - 6% (6/109; 3 in ea. tx group), at 29 wks - 19% (21/109; exercise - 9 pts {2 d/t sx aggravation}, manipulation - 12 pts {3 d/t sx aggravation}); 2) at 5 wks: a) % of pts "improved" (ns): exercise - 42% (21/50), manipulation - 51% (27/53); b) % of pts "much improved" (ss): exercise - 8% (4/50), manipulation - 30% (16/53); c) % change in walking speed (time required to "walk fast" 80m;ss): exercise - 1% slower (96s to 97s), manipulation - 8% faster (96s to 88s); d) % change in pain at rest (0-100 VAS;ss): exercise - 17% worse (23 to 27), manipulation - 26% better (23 to 17); e) % change in pain w/ walking (0-100 VAS;ss): exercise - 7% better (29 to 27), manipulation - 32% better (34 to 23); 3) at 29 wks: a) % change in walking speed (time required to "walk fast" 80m;ns): exercise - 7% slower (96s to 103s), manipulation - 5% faster (96s to 91s); b) % change in pain at rest (0-100 VAS;ns): exercise - 4% worse (23 to 22), manipulation - 39% better (23 to 14); c) % change in pain w/ walking (0-100 VAS;ns): exercise - 17% better (29 to 24), manipulation - 50% better (34 to 17).

Conclusion: “The effect of the manual therapy program on hip function is superior to the exercise program in patients with OA of the hip.” “Convincing evidence was found for the effectiveness of the manual therapy program...” Other: % of pts who had hip surgery during study period: exercise - 17% (9/53), manipulation - 16% (9/56).

Cyriax long-axis, hip-traction manipulation:
1) therapists hands placed just above the pt's ankle joint
2) pt's hip in slight abduction
   "to avoid slamming of the femoral head into the acetabular surface"
3) 5 separate, long-axis, traction manipulations are performed:
   1st manipulation – hip in the maximum loose packed position
   2nd-4th manipulation – hip gradually placed in more limited positions
   5th manipulation – hip in the most limited position