Spinal manipulative therapy

- Efficacy and safety of musculoskeletal manipulations in elderly population with musculoskeletal disorders: a systematic review
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Spinal manipulative therapy refers to a form of manual therapy commonly used by chiropractors, osteopaths, and some physical therapists. It involves the application of controlled force to the spine, joints, or soft tissues with the aim of improving musculoskeletal function, relieving pain, and promoting overall health. The techniques employed in spinal manipulative therapy typically include thrusts or manipulations, often characterized by a popping or cracking sound, which is attributed to the release of gas bubbles in the joints.

It is important to note that while some people report relief from musculoskeletal pain and improved mobility after spinal manipulative therapy, the effectiveness and safety of these techniques can vary. Additionally, it may not be suitable for everyone, and individuals with certain health conditions should consult with a healthcare professional before undergoing such treatments.

Patients who undergo lumbar discectomy may experience ongoing lumbosacral radiculopathy (LSR) and seek spinal manipulative therapy (SMT) to manage these symptoms.

Trager et al. hypothesized that adults receiving SMT for LSR at least one year following lumbar discectomy would be less likely to undergo lumbar spine reoperation compared to matched controls not receiving SMT, over two years' follow-up.

They searched a United States network of health records (TriNetX, Inc.) for adults aged \geq 18 years with LSR and lumbar discectomy \geq 1 year previous, without lumbar fusion or instrumentation, from 2003 to 2023. They divided patients into two cohorts: (1) chiropractic SMT, and (2) usual care without chiropractic SMT. They used propensity matching to adjust for confounding variables associated with lumbar spine reoperation (e.g., age, body mass index, nicotine dependence), calculated risk ratios (RR), with 95% confidence intervals (CIs), and explored cumulative incidence of reoperation and the number of SMT follow-up visits.

Following propensity matching there were 378 patients per cohort (mean age 61 years). Lumbar spine reoperation was less frequent in the SMT cohort compared to the usual care cohort (SMT: 7%; usual care: 13%), yielding an RR (95% CIs) of 0.55 (0.35-0.85; P = 0.0062). In the SMT cohort, 72% of

patients had \geq 1 follow-up SMT visit (median = 6).

This study found that adults experiencing LSR at least one year after lumbar discectomy who received SMT were less likely to undergo lumbar spine reoperation compared to matched controls not receiving SMT. While these findings hold promise for clinical implications, they should be corroborated by a prospective study including measures of pain, disability, and safety to confirm their relevance. We cannot exclude the possibility that our results stem from a generalized effect of engaging with a non-surgical clinician, a factor that may extend to related contexts such as physical therapy or acupuncture ¹⁾.

1)

Trager RJ, Gliedt JA, Labak CM, Daniels CJ, Dusek JA. Association between spinal manipulative therapy and lumbar spine reoperation after discectomy: a retrospective cohort study. BMC Musculoskelet Disord. 2024 Jan 10;25(1):46. doi: 10.1186/s12891-024-07166-x. PMID: 38200469.

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