



Chiropractic Care May Ease Back-Related Leg Pain

A new study has found that people with back-related leg pain can receive more relief when chiropractic care is combined with exercise and advice, compared to exercise and advice alone. Shereen Lehman of Reuters explains in this story that ran in the [Chicago Tribune](#).



People with leg pain related to back problems had more short-term relief if they received chiropractic care along with exercise and advice, rather than exercise and advice alone, a new study has found.

Patients with back-related leg pain, such as sciatica, are usually treated with prescription medications, injections and surgery.

Increasingly, spinal manipulative therapy by chiropractors, exercise and self-management are being recommended as low-risk strategies for back-related leg pain, but good research studies have been lacking, experts say.

"Spinal manipulation combined with home exercise may be worth trying for those with back-related leg pain that has lasted more than four weeks," Gert Bronfort told Reuters Health in an

email. Bronfort, who led the study, is a researcher with the Integrative Health and Wellbeing Research Program at the University of Minnesota in Minneapolis.

"This combination resulted in advantages in pain reduction, disability, global improvement, satisfaction, medication use and general physical health status after 12 weeks," he said.

Nine months after the treatment ended, patients who received chiropractic therapy were still doing better than the other group in terms of global improvement, medication use and satisfaction, he added.



Bronfort said that about four out of five people will develop low back pain during their lifetime, and up to 40 percent of them will develop back-related leg pain.

As reported in *Annals of Internal Medicine*, Bronfort and colleagues enrolled 192 adults with back pain that had been radiating into the leg for at least four weeks. Patients were recruited through newspaper advertisements, direct mail, and community posters.



Half the patients received instructions for specific exercises to do at home plus simple pain management techniques. In addition, during the first 12 weeks, they visited a chiropractor up to 20 times for 10 to 20 minutes of spinal manipulation at each visit.

Patients in the other group also received the instructions for exercises and pain management techniques. They too met with a chiropractor, exercise therapist, or personal trainer during the first 12 weeks, but for four one-hour sessions without spinal manipulation.

The patients were asked to rate their pain at the beginning of the study, after the 12 weeks of treatments and again at the end of the year. At 12 weeks, 37 percent of the spinal manipulation group felt their pain was reduced by at least three-quarters, compared to 19 percent of those who received exercise and advice only.

In addition, the patients who had spinal manipulation had higher scores for overall improvement and satisfaction.

By the one-year follow-up, the no-manipulation group had caught up, and there was no longer a significant difference in pain relief. But the scores for overall improvement and satisfaction remained higher for the patients who received spinal manipulative therapy.

"We actually find the outcomes of the home exercise alone group to be very interesting," Bronfort said.

Almost half of these patients experienced a 50 percent reduction in leg pain symptoms in both the short (at 12 weeks) and long term (at 52 weeks), Bronfort said.



"That's an important improvement and warrants future research," he said, "We look forward to investigating how home exercise alone may compare to usual medical treatment and/or no treatment at all."

"This is a well-conducted study by a group of well-respected chiropractic researchers," Sidney Rubinstein told Reuters Health in an email.

Rubinstein is a researcher with the Department of Health Sciences at the University of Amsterdam in The Netherlands. He wasn't involved in the study, but has recently published a paper analyzing previous studies on spinal manipulative therapy.

"It is perhaps the only study of good methodological quality using a robust sample of patients which examines the additional benefit of spinal manipulative therapy in those with sub-acute or chronic back-related leg pain," Rubinstein said.

Rubinstein said it would be necessary to conduct an economic evaluation to determine if the use of spinal manipulative therapy in addition to home exercises is worth the cost.

"This of course, must be considered in light of alternatives for this condition, such as epidural steroid injections or surgery, which are not only much more costly but also associated with important (and serious) adverse events," he said.

Bronfort said his team feels that as long as there are no serious medical complications, patients can focus on self-management strategies.

"Try and keep moving simple activities like taking short walks and changing positions frequently (both advised in the home exercise program) may be helpful," he said.

But, he added, for people who have pain that is too severe for to deal with on their own, seeing a chiropractor, physical therapist, or osteopath who can use spinal manipulation might help relieve their pain – possibly without the use of medications.

SOURCE: Annals of Internal Medicine.

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