

# Readers' Forum

---

## To the Editor:

As published in the journal *Annals of Internal Medicine*, the American College of Physicians (ACP) and the American Pain Society (APS) convened a multidisciplinary panel of experts to perform a systematic evidence review and develop guidelines in the evaluation and management of low back pain. Spinal manipulation was recommended as the only proven non-pharmacologic, non-invasive means of treatment for acute low back pain. Additionally, spinal manipulation was recommended in the care of sub-acute and chronic low back pain.<sup>1</sup>

In the United States, it has been estimated that direct health care costs attributable to low back pain are in excess of \$26 billion per year.<sup>2</sup> Indirect costs including associated disability, administrative activities, and lost productivity have been found to generate a societal financial burden of 7 to 8 times greater than direct costs.<sup>3,4</sup> Stewart et al<sup>5</sup> reported \$61.2 billion in losses due to lost productivity related to spinal complaints during a one-year period.

The goal of evidence-based protocols is to provide clinicians with practice guidelines based on the best evidence available; to make recommendations based on that evidence; to inform clinicians of when there is no evidence; and, finally, to help them deliver the best health care possible.<sup>6</sup> The ACP/APS spinal manipulation guideline reflects an opportunity to improve health care outcomes through medical and chiropractic inter-professional patient comanagement. The implementation of this guideline may necessitate a paradigm shift in decision making that will cause physicians to insert chiropractic referrals into their algorithms of care.

Medical practitioners should consider the training necessary

to attain a chiropractic doctorate. In North Carolina, chiropractors must achieve a baccalaureate degree, complete chiropractic school, and pass national board and licensing examinations. In the United States, 16 accredited chiropractic university programs require a minimum of 4200-5500 hours of combined core science and clinical coursework. Some chiropractic schools are affiliated with medical hospitals, providing chiropractic interns clinical rotations and invaluable clinical experience.<sup>7,8</sup>

Some chiropractors undergo additional postgraduate training to attain advanced subspecialty board certification. Chiropractic colleges provide postdoctoral training in orthopedics, neurology, sports injuries, nutrition, rehabilitation, radiology, industrial consulting, family practice, forensics, pediatrics, and applied chiropractic sciences.<sup>9</sup>

It is important to recognize that medical schools now provide chiropractic course electives and clinical rotations in chiropractic offices. Major medical universities such as the Duke University School of Medicine, the University of North Carolina at Chapel Hill School of Medicine, and the Albert Einstein College of Medicine actively participate in these programs.<sup>10</sup>

In light of the economic impact and morbidity associated with low back pain, it is imperative for physicians to consider the evidence-based guidelines put forth by the American College of Physicians and the American Pain Society. As substantiated by available data, medical and chiropractic interdisciplinary collegiality is now reasonable, appropriate, and in the best interest of patients and our society.

James Demetrious, DC, FACO  
Private Practice  
Post-graduate Faculty  
New York Chiropractic College

---

## REFERENCES

- 1 Chou R, Qaseem A, Snow V, et al. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. *Ann Intern Med.* 2007;147(7):478-491.
- 2 Luo X, Pietrobon R, Sun SX, Liu GG, Hey L. Estimates and patterns of direct health care expenditures among individuals with back pain in the United States. *Spine.* 2004;29(1):79-86.
- 3 Walker BF, Muller R, Grant WD. Low back in Australian adults: the economic burden. *Asia Pac J Public Health.* 2003;15(2):79-87.
- 4 Maniadakis N, Gray A. The economic burden of back pain in the UK. *Pain.* 2000;84(1):95-103.
- 5 Stewart W, Ricci J, Chee E, Morganstein D, Lipton R. Lost productive time and cost due to common pain conditions in the US workforce. *JAMA.* 2003;290(18):2443-2454.
- 6 Clinical Efficacy Assessment Project. American College of Physicians Web site. [http://www.acponline.org/clinical\\_information/guidelines/process/ceap/](http://www.acponline.org/clinical_information/guidelines/process/ceap/). Accessed January 10, 2008.
- 7 Dunn AS. A chiropractic internship program in the Department of Veterans Affairs Health Care System. *The Journal of Chiropractic Education.* 2005;19(2):92-96.
- 8 Hospital rotation program. Texas Chiropractic College Web site. <http://www.txchiro.edu/students/rotation.asp>. Accessed January 10, 2008.
- 9 US Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook.* 2006-2007 ed. Washington, DC: US Dept of Labor; 2007.
- 10 Clinically-oriented training opportunities. Consortium of Academic Health Centers for Integrative Medicine Web site. <http://www.imconsortium.org/cahcm/opportunities/trainingopportunities.html#duke>. Accessed January 10, 2008.