

December 19, 2017

Elizabeth Kato, MD, MRP
Task Order Officer
Center for Evidence and Practice Improvement
Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Re: Noninvasive, Nonpharmacological Treatment for Chronic Pain: A Systematic Review

Dear Dr. Kato:

The American Chiropractic Association (ACA) appreciates the opportunity to provide comment on the Agency for Healthcare Research and Quality's (AHRQ) draft report *Noninvasive, Nonpharmacological Treatment for Chronic Pain: A Systematic Review*. ACA, the largest organization in the United States representing doctors of chiropractic, is leading the chiropractic profession in the most constructive and far-reaching ways – by working hand in hand with other health care professionals, by supporting meaningful research, and by using that research to inform chiropractic practice. ACA members pledge to adhere to the highest standards of ethics and patient care, contributing to the health and well-being of the estimated 35 million individuals across the country who seek chiropractic care each year.

We are encouraged by the AHRQ findings that indicate a number of nonpharmacological interventions can provide beneficial effect on pain and/or function in patients with chronic low back pain, chronic neck pain, osteoarthritis, fibromyalgia, and chronic tension headaches. The conditions evaluated constitute the majority of chronic pain diagnoses in the United States. Additionally, the evidence is especially supportive for those with moderate or severe intensity of pain that has persisted for greater than one year.

We would like to recommend consideration of the following, should they meet the inclusion criteria:

Chronic Low Back Pain

Goertz CM, Long CR, Vining R, Pohlman KA, Kane B, Corber L, Walter J, Coulter I. [Assessment of chiropractic treatment for active duty, U.S. military personnel with low back pain: a study protocol for a comparative effectiveness clinical trial with adaptive allocation \(ACT 1\)](#). *Trials* 2016;17:70. doi: 10.1186/s13063-016-1193-8.

This trial evaluated the effects of the addition of chiropractic care to usual medical care on LBP pain and disability. A pilot study¹ compared chiropractic care plus standard medical care with standard medical care alone for active duty military personnel with acute LBP. Improvements in pain and disability were significantly greater in the chiropractic care group. This comparative effectiveness study evaluated whether these prior findings can be reproduced in a larger sample, across multiple sites and with varied populations, including individuals with subacute and chronic LBP.

Chronic Neck Pain

Côté, P., Wong, J.J., Sutton, D. et al. Management of neck pain and associated disorders: [A clinical practice guideline from the Ontario Protocol for Traffic Injury Management \(OPTIMa\) Collaboration](#). *Eur Spine J* (2016) 25: 2000. doi.org/10.1007/s00586-016-4467-7.

The OPTIMa guidelines included similar studies; however, they concluded with a stronger recommendation than the AHRQ review, advocating use of spinal manipulation/mobilization combined with exercise and massage for chronic neck pain.²

As the AHRQ report findings demonstrate, there is a current lack of published data on the impact of noninvasive, nonpharmacological therapies for chronic pain. Although data on harms was limited, no study in the AHRQ reported serious harms. Risk of harm should be reported alongside risk of benefit for all treatments and considered when comparing treatments to one another. Since the evidence identifies such a low risk profile for the nonpharmacological therapies reviewed in this paper, we suggest there is rationale for elevating the enthusiasm of recommendations for therapies with limited or low strength of evidence.

ACA generally supports the conclusions reached but would like to bring attention to the Implications for Clinical and Policy Decision-making on page 267. Nonpharmacological therapies have become a vital part of managing chronic pain. These can be used as stand-alone therapies; however, nonpharmacological treatments often are used to augment and complement pharmacological treatments. Choice of nonpharmacological intervention is determined by the nature of each case, what works for a specific patient and the skills of the clinician. Noninvasive, nonpharmacological interventions may present less risk to the patient than invasive or pharmacological measures and therefore present the need for greater access to and integration of safe and affordable alternatives.

¹ Goertz CM, Long CR, Hondras MA, Petri R, Delgado R, Lawrence DJ, Owens EF, Meeker WC. [Adding chiropractic manipulative therapy to standard medical care for patients with acute low back pain](#). *Spine* 2013;38(8):627-634. doi: 10.1097/BRS.0b013e31827733e7.

² Wong JJ, Shearer HM, Mior S, Jacobs C, Côté P, Randhawa K, Yu H, Southerst D, Varatharajan S, Sutton D, van der Velde G, Carroll LJ, Ameis A, Ammendolia C, Brison R, Nordin M, Stupar M, Taylor-Vaisey A. [Are manual therapies, passive physical modalities, or acupuncture effective for the management of patients with whiplash-associated disorders or neck pain and associated disorders? An update of the Bone and Joint Decade Task Force on Neck Pain and Its Associated Disorders by the OPTIMa collaboration](#). *Spine J*. 2016 Dec;16(12):1598-1630. doi: 10.1016/j.spinee.2015.08.024. Epub 2015 Dec 17. Review.

If you have any questions regarding our comments or need more information, please contact Angela Kennedy, Senior Vice President of Education and Health Policy at the American Chiropractic Association, akennedy@acatoday.org or 703-812-0242.

Respectfully,

A handwritten signature in black ink that reads "David A. Herd, D.C." in a cursive style.

David A. Herd, D.C.
President