Research has found that prescription opioid pain medications are ineffective in the treatment of chronic low back (spinal) pain. Chiropractic care offers a non-drug approach to spinal pain and other musculoskeletal conditions that is effective, saves money and may help some patients avoid the risks of addiction associated with opioid use.

**$874 billion**

“Musculoskeletal pain, led by spinal disorders, costs the U.S. health care system $874 billion per year and is the most common cause of severe long-term pain and disability.”

- CDC

**61,000**

“In 2017, a total of 61,311 people died from drug overdoses - many (70%) from prescription opioid medicine.”

- National Safety Council

**400% increase**

“From 1999 to 2008, overdose death rates and substance use rates quadrupled in parallel to sales of prescription pain relievers.”

- CDC
Chiropractic care is associated with a reduction in the use of opioids and significant health care savings.

**Up to 40% less**

“Paid costs for episodes of care initiated with a DC were almost 40% less than episodes initiated with an MD. Even after risk adjusting each patient’s costs, we found that episodes of care initiated with a DC are 20% less expensive than episodes initiated with an MD.”

- *Journal of Manipulative and Physiological Therapeutics*

**2:1**

“Healthcare plans that formally incorporate chiropractic typically realize a 2 to 1 return for every dollar spent.”

- *Optum*

In one study, the rate of opioid use was lower for recipients of chiropractic services (19%) as compared to non-recipients (35%). The likelihood of filling a prescription for opioids was also 55% lower in the chiropractic recipient cohort. The average annual per-person charges for opioid prescription fills were 78% lower for recipients of chiropractic services as compared to non-recipients. In addition, average per person charges for clinical services for low back pain were significantly lower for recipients of chiropractic services, $1,513 for chiropractic management vs. $6,766 for medical management.

“Healthcare plans that formally incorporate chiropractic typically realize a 2 to 1 return for every dollar spent.”

- *Optum*

Following work-related low back injury, patients who visited a chiropractor were nearly 30 times less likely (1.5 vs. 42.7%) to require surgery as compared to those who chose a surgeon as their first provider.

- *Spine*

For Medicare patients with back and/or neck pain, availability of chiropractic care reduces the number of primary care physician visits, resulting in an annual savings of $83.5 million.

- *Journal of the American Board of Family Medicine*

**Lower Back Pain Relief**

**94%**

of manual-thrust manipulation recipients had a 30% reduction in low back pain at week 4

A 2015 study found that manual-thrust manipulation performed by chiropractors provides greater short-term reduction in pain compared with common medical treatments.

- *Spine*

**56%**

of medical care recipients had a 30% reduction in low back pain at week 4

**30x**

Following work-related low back injury, patients who visited a chiropractor were nearly 30 times less likely (1.5 vs. 42.7%) to require surgery as compared to those who chose a surgeon as their first provider.

- *Spine*

**$83.5 million**

“For Medicare patients with back and/or neck pain, availability of chiropractic care reduces the number of primary care physician visits, resulting in an annual savings of $83.5 million.”

- *Journal of the American Board of Family Medicine*
Chiropractic addresses the cause of pain, not just the symptom.

The American College of Physicians Clinical Practice Guideline on Low Back Pain recommends the use of non-drug, noninvasive treatments—including spinal manipulation—before moving on to over-the-counter and prescription pain medications.7

Among Medicare beneficiaries aged 66–99 with an office visit risk for a neuromusculoskeletal problem, risk of injury to the head, neck or trunk within 7 days was 76% lower among subjects with a chiropractic office visit as compared to those who saw a primary care physician.11

Among patients with acute low back pain, spinal manipulative therapy was associated with modest improvements in pain and function at up to 6 weeks with transient minor musculoskeletal harms.8

[Evidence suggests] that therapies involving manual therapy and exercise are more effective than alternative strategies for patients with neck pain.9

Patients who saw a chiropractor as their initial provider for low back pain had 90% decreased odds of both early and long-term opioid use.23

Chiropractic users had 64% lower odds of receiving an opioid prescription than non-users.24

"Patients with chronic low back pain treated by chiropractors showed greater improvement and satisfaction at one month than patients treated by family physicians. Satisfaction scores were higher for chiropractic patients. A higher proportion of chiropractic patients (56% vs. 13%) reported that their low back pain was better or much better, whereas nearly one-third of medical patients reported their low back pain was worse or much worse."10

"Among patients with acute low back pain, spinal manipulative therapy was associated with modest improvements in pain and function at up to 6 weeks with transient minor musculoskeletal harms."8

[Evidence suggests] that therapies involving manual therapy and exercise are more effective than alternative strategies for patients with neck pain.9
The use of non-drug approaches for pain treatment has received wide support.

FEDERAL DRUG ADMINISTRATION (FDA)
“Nonpharmacologic therapies [including chiropractic] can play an important role in managing pain.”17

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
“Extensive evidence suggests some benefits of nonpharmacologic and nonopioid pharmacologic treatments compared with long-term opioid therapy, with less harm.”22

U.S. DEPARTMENT OF DEFENSE (DOD)
Chiropractic management shows significant improvement and high patient satisfaction.23

THE JOINT COMMISSION
“Nonpharmacologic strategies, including chiropractic have a role.”19

STATE ATTORNEYS GENERAL
When patients seek treatment for chronic pain, doctors should be encouraged to explore non-opioid alternatives including physical therapy, acupuncture, massage, and chiropractic care.20

AMERICAN BOARD OF FAMILY MEDICINE
“For Medicare patients with back and/or neck pain, availability of chiropractic care reduces the number of primary care physician visits, resulting in an annual savings of $83.5 million.”16

Support legislation that provides greater access to safe and effective chiropractic services.

References