Conservative Health Care

- Health care is a continuum. On one end is conservative care: safe, pharmaceutical- and surgery-free, low cost. As a patient moves through the continuum, they add risk (side effects of pharmaceuticals and more invasive tests and treatments) and cost. At the far end are radical interventions: surgery and high-risk pharmaceuticals that inflict even higher risks and costs.
- Patient care should almost always (excluding life-threatening emergencies) start at the most conservative interventions possible. Not starting at the most conservative treatment adds unnecessary cost and inefficiencies to our health care system.
- A patient can always move to more radical treatment if necessary; if started at more radical treatment, those higher risks and costs have been incurred and cannot be taken back, even if they were unnecessary.
- Chiropractors are the conservative care experts, especially in the neuromuscular conditions that are the second leading cause for visits to a healthcare provider, trailing only the common cold.

Key Facts and Figures

- Chiropractic is a health care profession that focuses on disorders of the musculoskeletal system and the nervous system, and the effects of these disorders on general health. These disorders include, but are not limited to: back pain, neck pain, pain in the joints of the arms or legs, and headaches.
- DCs have broad diagnostic skills and are also trained to recommend therapeutic modalities and rehabilitative services, as well as to provide nutritional, dietary and lifestyle counseling.
- DCs are educated in nationally accredited, four-year doctoral graduate school programs through a curriculum that includes a minimum of 4,200 hours of classroom, laboratory and clinical internship, with the average DC program equivalent in classroom hours to allopathic (MD) and osteopathic (DO) medical schools.
- There are 77,000 DCs in the United States who are required to pass a series of four national board exams and be state licensed. There are currently approximately 3,000 licensed DCs in Michigan.
- A 2017 Gallup poll found that out of 6,206 surveyed, 78% of respondents prefer to try other ways to address their physical pain before they take pain medication prescribed by a doctor.
- A study of Blue Cross Blue Shield of Tennessee beneficiaries found that low back pain care initiated with a chiropractor saved 40 percent on health care costs when compared with care initiated through an MD. Allowing DC-initiated episodes of care would have led to an estimated annual cost savings of $2.3 million. Conclusion: “[I]nsurance companies that restrict access to chiropractic care for LBP may, inadvertently, be paying more for care than they would if they removed these restrictions.”

Outside Endorsements for Chiropractic

- The American College of Physicians (ACP) recommends in an evidence-based clinical practice guideline published in the Annals of Internal Medicine that physicians and patients should treat acute or subacute low back pain with non-drug therapies such as spinal manipulation before the use of prescription opioids.
- The Veterans Health Administration’s Office of Health Services Research and Development has found that spinal manipulation as performed by chiropractors has sufficient evidence to be “implemented across the VHA system as part of pain care” and that effective integration of chiropractic “should be a priority” and “should be offered early in the course of pain treatment...”
- Harvard Medical School recently published an article discussing chiropractic care as a method of pain relief. The article also stresses that chiropractic care isn’t just for back pain and spinal manipulation, stating:

  “While the mainstay of chiropractic is spinal manipulation, chiropractic care now includes a wide variety of other treatments, including manual or manipulative therapies, postural and exercise education, ergonomic training (how to walk, sit, and stand to limit back strain), nutritional consultation, and even ultrasound and laser therapies. In addition, chiropractors today often work in conjunction with primary care doctors, pain experts, and surgeons to treat patients with pain.”