



Spinal Manipulation vs. Diclofenac in Acute Low Back Pain

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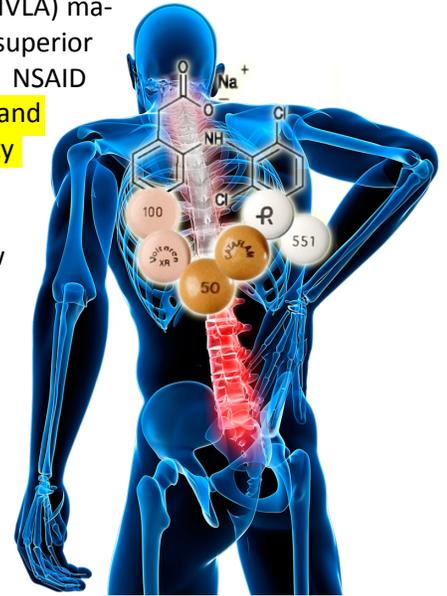
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This past April, *Spine* published a placebo-controlled, randomized, double-blind, study comparing spinal manipulation, the NSAID diclofenac, and placebo in the treatment of acute low back pain (von Heymann, et al. Spinal high-velocity low amplitude manipulation in acute nonspecific low back pain . . . *Spine*: 2013; 38 (7): 540-548.). Specifically, the spinal manipulation provided was high-velocity, low-amplitude (HVLA) manipulation. At 12-week assessment, both interventions proved superior to placebo. The HVLA group achieved better results than the NSAID group. **The HVLA trended better in use of rescue analgesics and scored significantly better in quality of life measures, disability measures, and visual analog pain scales.**

The study admitted 101 subjects with acute, non-specific low back pain (less than 48 hours). Von Heymann and colleagues achieved patient blinding by giving patients in all three arms of the study a tablet and some form of manipulation. Patients in the HVLA arm received placebo diclofenac; patients in the NSAID arm received a sham manipulation; and patients in the control arm received both the placebo tablet and sham manipulation. A separate clinician, blinded to the interventions, conducted the SF-12 inventory for quality of life measures and the Roland-Morris Disability Scale. Subjects in the NSAID arm received 50 mg diclofenac tablets, three times per day, for less than 10 days. All subjects were allowed paracetamol as a rescue analgesic - not to exceed six 500-mg tablets per day. Patients with a known tolerance to NSAIDs were excluded.

In short, diclofenac was good, and high-velocity, low-amplitude spinal manipulation was better. HVLA is in the scope of practice for physical therapists, and many have taken seminars for this form of manipulation. Enfield Health & Wellness Center has the added advantage of having on staff a doctor of chiropractic, Kevin Sadowski, DC, Cert-MDT. Chiropractors receive extensive training in HVLA as a part of their coursework and are much more experienced in HVLA as a group. Having a DC on staff adds to our ability to provide the most efficient treatments to physical therapy patients.



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