

Evidence in Action: A Focus on Patient Values

By Michael J. Tunning, DC



CONSIDER FOR A MINUTE a patient with neck pain who is skeptical about having his or her neck adjusted. How would a doctor of chiropractic approach this patient? Evidence-based practice is a three-part process involving best evidence, physician expertise and patient values. In a 2011 *Annals of Family Medicine* article, Ronald Epstein and Richard Street state: “Helping patients to be more active in consultations changes centuries of physician-dominated dialogues to those that engage patients as active participants. Training physicians to be more mindful, informative and empathic transforms their role from one characterized by authority to one that has the goals of partnership, solidarity, empathy and collaboration.”¹

Self-efficacy has been shown to be an important factor in health improvement and maintenance. Self-efficacy improvement occurs when patients are empowered to take an active part in the process.² On the other hand, a recent review article in the *European Journal of Pain* shows strong evidence that patients’ beliefs concerning back pain are related to the beliefs held by the health care professionals they see.³

Think back to the original patient, hesitant to undergo cervical spine manipulation. How would you approach this patient? Do you spend time discussing options, of which there are many that fall within the scope of practice for a chiropractor, or

do you try to tell this patient that the risk is minimal, and he or she should just relax? We might tell the hesitant patient that our adjustment is the best option and that there is no way to understand the truth of that statement until we are allowed to thrust. While that may be the case, does such a statement even matter when the patient’s values are against it? Does our profession really need to rely on coaxing a patient into having a cervical adjustment?

Consider Alternatives

The evidence-based, patient-centered clinician will step back and consider it all: the evidence, patient values and experience. This doctor will search the literature for ways to treat the patient to the best of his or her abilities, keeping patient values in mind. Review articles provide summaries about the best evidence available and can be a great place to start. Other articles may help predict those patients who will best respond to manipulation in any region of the spine. For the purposes of this patient, just one of the many options available to the DC is represented in an article from 2011: “The effectiveness of thoracic manipulation on patients with chronic mechanical neck pain – A randomized controlled trial.”⁴

This RCT was conducted at a rehabilitation facility in Hong Kong. One hundred twenty patients were divided into 60 who received thoracic manipulation and 60 who were used as the control group. The treatment group received two treatments per week of thoracic manipulation in an anterior-posterior direction with the patient lying supine, 15 minutes of infrared radiation therapy over the painful area and a standard set of educational materials including stretches and isometric exercises. The control group received 15 minutes of infrared radiation therapy at the painful site and received the same educational materials. Data were gathered by a blinded assessor at baseline, immediately after the eight treatment sessions, at three-month follow-up and again at six-month follow-up.

Results

When the data were analyzed, the results suggested better outcomes when thoracic manipulation was included in the treatment plan. Findings in the numeric pain rating scale showed a statistically significant improvement, as well as a clinical

Michael J. Tunning, DC, ATC, is an assistant professor in the department of Diagnosis and Radiology at Palmer College of Chiropractic.

cally meaningful improvement. Those findings that showed improvement at the six-month follow-up included the numeric pain rating scale, cervical flexion, left-side flexion, right-side flexion and cervical right rotation.

All studies have limitations. In this case, only chronic neck pain patients were involved. Patients with acute sprain/strain were not included. Critical appraisal is an important component to any review article to evaluate validity and applicability to your patient.

When we apply these findings to the current patient, who is hesitant to have the cervical spine adjusted, we are presented with one alternative to cervical spine adjusting that the patient and doctor can discuss together. If this patient fits the population examined (i.e., a chronic mechanical disorder as opposed to an acute injury), thoracic adjusting may present an avenue for treatment that stays within the patient's values and comfort level that weigh against cervical spine adjusting.

Many other options may be available in the form of soft-tissue treatments using instrument-assisted soft-tissue mobilization, nerve mobilization or flossing techniques, focused cervical spine exer-

cises, postural programming and more. In any case, the DC serves the patient best by discussing the options available that are supported in the literature, while keeping in mind the patient's values.

Understanding the literature can help the clinician present alternatives to the patient hesitant to have his or her cervical spine adjusted. When evidence-based practice involves all three aspects, the clinician can feel confident not only that treatment is directed toward the goal, but that the approach has also been made as a team. ■

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