

Patient-Centered Outcomes of High-Velocity, Low-Amplitude Spinal Manipulation for Low Back Pain: a Systematic Review

In this study, authors systematically searched the scientific literature (1974-2011) reporting randomized clinical trials including high velocity, low amplitude (HVLA) spinal manipulation (SM) for low back pain (LBP). Patient-centered outcomes measured were the: Visual Analogue Scale (VAS), Numerical Rating Scale (NRS), Roland-Morris Disability Questionnaire (RM), and Oswestry Low Back Pain Disability Index (OSW).

Study results included:

- > Of 1294 articles identified in the initial publication search, 38 met the criteria for the study
- > The 2 most common pain rating scales were - NRS and VAS
- > The 2 most common patient-reported measures of low back function were – RM and OSW
- > Small but consistent pain reduction and functional improvement followed HVLA-SM treatment
- > Heterogeneity in study methods and inconsistency in reporting/recording pain limited more definitive conclusions

TAKE-HOME MESSAGE

HVLA SM provides a small and consistent pain reducing and functional improvement effect, greater than or equal to other conservative treatments available for patients with LBP.

PRACTICAL APPLICATION

Doctors and patients can be confident in recommending or choosing to receive HVLA-SM for LBP. The body of research supporting its effectiveness relative to other available treatments suggests patients have the choice of several treatment options. Future research would benefit from consistent study designs and pain measurement/reporting. Reporting clear details of the frequency and timing of treatments used in clinical trials would also be useful.

For more information, the complete article can be found online at:

<http://www.sciencedirect.com/science/article/pii/S1050641112000569>

REFERENCE

Goertz CM, Pohlman KA, Vining RD, Brantingham JW, Long CR. **Patient-Centered Outcomes of High-Velocity, Low-Amplitude Spinal Manipulation for Low Back Pain: a Systematic Review.** J Electromyogr Kinesiol. 2012 Oct;22(5):670-91.

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