Georgia Council of Chiropractic
Critique of the C.C.G.P.P Best Practices Document
Low Back Pain Chapter

July 7th, 2006

1. This document is symptom focused rather than condition focused. One of the underlying causes of the poor state of health of U.S. citizens is its myopic focus on eliminating symptoms rather than restoring normal function. The first chapter is focused on eliminating low back and leg pain, rather than correcting abnormal spinal function, symptomatic or not. Reduction of pain is merely one criterion that can be used to monitor progress toward restoring function. In his introduction, Dr. Triano remarks that our current health care system is broken and we couldn't agree more, however one of the underlying reasons for its current state is this focus on treating the effect rather than the cause. The higher up the causative chain to which treatment can be applied; the better will be the clinical result.
2. The document does not acknowledge that any limitations of research (i.e. subluxation) might have more to do with the insufficient funding available for chiropractic research, rather than a reflection of the efficacy of chiropractic or any chiropractic procedure.
3. In providing a clinical tool of value to doctors of chiropractic to aid the ongoing process of clinical decision-making, it should be recognized that when research is limited, procedures that are low cost and low risk should have preference to procedures that are higher cost and/or higher risk.
4. A document that is titled "best practices" should make patient outcomes its primary focus. Considerations for third party reimbursement should have minimal impact on the evaluation process.
5. Clinical outcomes should reflect the health care goal of the patient, whether that goal be to reduce pain, reduce subluxation, restore spinal curves, gain improved mobility, improve athletic or job performance, etc.
6. The document does not acknowledge that the current research regarding SMT does not differentiate between procedures provided by chiropractors and procedures provided by other providers i.e. physical therapists. The document should suggest that although the research does not differentiate between providers of SMT, since chiropractors have substantially more training, it is a reasonable assumption that chiropractic SMT/adjustment could provide superior results. This is an area where consensus opinion would be used since there is little data to support this assumption.
7. The document seems to be more useful as a tool to substantiate third party pay for some procedures i.e. SMT, rather than a tool useful to the practicing chiropractor to help in day-to-day clinical decision making. There is no question that having a document that summarizes (although incompletely) available research is useful, but that doesn't make it a "best practices" document.
8. The criteria used to rate the use of x-ray ignored the difference between medical treatment for back pain and the possible clinical need prior to performing a

chiropractic adjustment. This document also ignored the fact that many widely used chiropractic protocols, including those taught in accredited schools, utilize x-ray not for diagnostic purposes, but for the purpose of guiding care.

9. Very little of the available literature was used to rate SEMG. Although this diagnostic tool is widely used, it wasn't given the same consideration as therapeutic modalities that had little support from the literature, but received approval via consensus due to widespread use. Perhaps much of the literature was ignored because it didn't relate to back pain, but to measuring function. This again illustrates the pain-based focus of this document.
10. Thermography, a widely used tool in chiropractic, was not reviewed, perhaps for the same reason stated above.
11. The concept of Evidence Based Medicine has been clearly reviewed in this document. It is defined as a combination of both external evidence and clinical experience. After this initial introduction, the rest of the document discusses external evidence and doesn't provide any guidelines regarding how to incorporate clinical experience. If this document is going to be useful to practicing chiropractors, it needs to provide practical guidance as to how to integrate research and clinical experience. Along this line, where there are few RCT's, the weight should then go to clinical studies and provider experience. Any "expert opinion" should include opinions from leaders in the field who use the procedure/technology in question. For instance, input on the use of routine diagnostic x-ray should include opinions from practitioners who use x-ray in upper cervical work, curve correction, scoliosis management, etc.

The CCGPP Document Review Committee therefore recommends that this document be rejected until the above concerns are addressed.