



When Chiropractic is Covered, Everyone Benefits



Low back pain and other musculoskeletal (MSK) conditions, such as neck and shoulder pain, affect 11 million Canadians annually and are estimated to cost the Canadian economy upwards of \$22 billion each year, with injuries costing an additional \$15 billion annually.¹ Low back pain in particular is the **leading cause of disability** in Canada.²

People who live with chronic diseases also commonly suffer from MSK conditions that contribute to pain and limit mobility. An estimated 60% of COPD patients suffer from chronic pain³ and MSK pain is up to twice as likely to occur in people with type 2 diabetes.⁴

Of the plan members surveyed in the 2019 Sanofi Canada Healthcare Survey:



Chiropractors play an important role in helping the millions of people living with MSK conditions, having spent four years at an accredited chiropractic institution after graduating from a university degree and receiving more than 4,200 hours of specialized clinical training.

The Benefits of Chiropractic Care

Research has shown the following economic and patient benefits of chiropractic care:



Employees accessing chiropractic care tend to incur fewer costs because they are less likely to be prescribed medications or end up with complex medical procedures.⁵



Manual therapy, a common treatment used by chiropractors, shows an economic advantage relative to other interventions used for the management of MSK conditions.⁶



Patients receiving chiropractic care have lower associations of disability recurrence and shorter disability duration compared to patients receiving care from other providers.⁷

The level of chronic pain reported by plan members is surprising and scary.

- 2019 Sanofi Canada Healthcare Survey Advisory Board Members

Recent guidelines, including from the American College of Physicians, recommend non-pharmacological treatments that chiropractors provide, such as spinal manipulation, for treatment of acute, sub-acute and chronic low back pain.⁸ *The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain* recommends optimization of non-opioid pharmacotherapy and non-pharmacological therapy, rather than a trial of opioids (and provides the example of spinal manipulation therapy for back pain, neck pain, knee osteoarthritis, fibromyalgia, severe headaches or migraines).⁹

Common Conditions Chiropractors Help With

- ▶ Back, shoulder and neck pain
- ▶ Strains and sprains
- ▶ Headaches and whiplash
- ▶ Work and sports-related injuries
- ▶ Arthritis pain including osteoarthritis of the hip and knee
- ▶ Restricted movement in the back, shoulders, neck or limb

How Chiropractors Treat Pain and MSK Conditions

- ▶ Education to understand condition and how to improve and prevent pain or injury
- ▶ Exercises for at-home and supervised in the clinic to help reduce pain, improve function and independence
- ▶ Soft tissue therapy, which involves using hands to work on muscles, tendons or ligaments
- ▶ Spinal manipulation therapy: hands-on joint movement to relieve pain and improve motion
- ▶ Nutrition education: diet recommendations that can help with injury recovery and muscle and joint health

For more information about chiropractic care please visit: www.chiropractic.on.ca

References

- ¹ Canadian Institute of Health Research. (2014). IMHA strategic plan 2014-2018: Enhancing musculoskeletal, skin and oral health. Retrieved from: <http://www.cihr-irsc.gc.ca/e/48830.html>.
- ² GBD 2017 Disease and Injury Incidence and Prevalence Collaborators. Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *The Lancet*. 8 Nov 2018: 392
- ³ Roberts, M., Mapel, D., Hartry, A., Worley, A., & Thomson, H. (2013). Chronic pain and pain medication use in chronic obstructive pulmonary disease. *Annals of the American Thoracic Society*, 10(4), 290-298. Retrieval from: www.atsjournals.org/doi/abs/10.1513/AnnalsATS.201303-040OC#.VBxR5fdVqU
- ⁴ Molsted, S., Tribler, J., Snorgaard, O. (2012). Musculoskeletal pain in patients with type 2 diabetes. *Diabetes Research and Clinical Practice*, 96, 135-140. Retrieval from: www.ncbi.nlm.nih.gov/pubmed/22244365
- ⁵ Allen, H., Wright, M., Craigh, T., Mardekian, J., Cheung, R., Sanchez, R., Bunn, W. and Rogers, W. (2014) Tracking low back problems in a major self-insured workforce: toward improvement in the patient's journey. *Journal of Occupational and Environmental Medicine*, 56(6), 604-620. Retrieval from: <http://www.ncbi.nlm.nih.gov/pubmed/24854253>
- ⁶ Tsertsvadze, A., Clar, C., Court, R., Clarke, A., Mistry, H. & Sutcliffe, P. (2014). Cost-effectiveness of manual therapy for the management of musculoskeletal conditions: A systematic review and narrative synthesis of evidence from randomized controlled trials. *Journal of Manipulative and Physiological Therapeutics*, 37(6), 343-362. Retrieval from: [www.jmptonline.org/article/S0161-4754\(14\)00087-6/abstract](http://www.jmptonline.org/article/S0161-4754(14)00087-6/abstract)
- ⁷ Allen, H., Wright, M., Craigh, T., Mardekian, J., Cheung, R., Sanchez, R., Bunn, W. and Rogers, W. (2014) Tracking low back problems in a major self-insured workforce: toward improvement in the patient's journey. *Journal of Occupational and Environmental Medicine*, 56(6), 604-620. Retrieval from: <http://www.ncbi.nlm.nih.gov/pubmed/24854253>
- ⁸ Gaseem, A., Wilt, T. J., McLean, R. M., & Forciea, M. A. (2017). Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain. *Annals of internal medicine*, 166(7), 514-530.
- ⁹ Busse, J. (2017). The 2017 Canadian guideline for opioids for chronic non-cancer pain. Retrieved from http://nationalpaincentre.mcmaster.ca/documents/Opioid%20GL%20for%20CAJ_01may2017.pdf