

## System of therapy

As a user of chiropractic treatment for almost 10 years and now a second-year resident in family medicine, I feel obligated to respond to the letter “Concerns about referring patients to chiropractors” that was published in the October issue of *Canadian Family Physician*.<sup>1</sup> After figure skating for 10 years and sustaining a concussion, I started experiencing severe back pain and muscular spasms at age 17. When my parents witnessed how uncomfortable I was and that usual over-the-counter medications, as well as massage therapy, were not helping, they decided to take me to our local chiropractor.

My initial assessment involved trying to identify past injuries that might have caused the back pain. Following a careful history and physical examination, I was sent for several x-ray scans before manipulation. The x-ray results revealed abnormalities amenable to chiropractic treatment. Initially, I had my neck and upper and lower back treated twice during the first week. Then I went for adjustments on a weekly basis for 1 month. Gradually the visits became less frequent (biweekly, monthly, every 6 weeks, etc).

Some people might be surprised to see how frequent a realistic treatment schedule is with a chiropractor. However, as physicians, is this dissimilar to when we see new patients or patients with acute problems in the office?

What kept me going back on schedule was the effectiveness of chiropractic manipulation. My pain was improving rapidly, and I began to perceive when I needed to return for further treatment. Now, several years later, I no longer suffer in silence and can go for more than 6 months between visits with my chiropractor.

In medical school I was upset to see the attitude toward chiropractors during alternative medicine teaching. Blanket statements about neck manipulation causing

vertebral artery dissection were misleading. And there was no discussion of the evidence in the medical literature regarding chiropractic care. I remember addressing these concerns with my chiropractor. At least now there is teaching at the Faculty of Medicine at the University of Ottawa in Ontario by chiropractors.

Like in any profession, there are individuals who are good representatives and those who are not. I constantly run into other physicians who use the examples of chiropractors being against vaccination, manipulation of neonates, and vertebral artery dissection as reasons why patients should never be referred for chiropractic services. At the chiropractic practice where I am currently treated, every new patient has to sign a consent form explaining the risk of vertebral artery dissection with neck adjustment (1 in a million). Further, every examination room has a posted list detailing what services are not offered (advice regarding vaccinations, etc) and advising patients to speak with their family doctors.

In medicine we might not always approve of alternative treatment methods, but we cannot discount entire professions and their services. It is better to explore treatment options and see what ultimately works for our patients and, as in my case, for ourselves.

—Rachelle C. Denis MD  
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### Competing interests

Dr Denis is a chiropractic patient.

### Reference

1. Bellamy JJ. Concerns about referring patients to chiropractors [Letters]. *Can Fam Physician* 2013;59:1049-53.

## Chiropractors respond

In the October issue of *Canadian Family Physician*, Bellamy's letter<sup>1</sup> suggests an insufficient account of risks associated with chiropractic treatment of pregnant patients in regards to an article by Oswald et al.<sup>2</sup> However, Bellamy provides no evidence of these risks herself. In addition, she suggests that the prudent family

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physician contemplating referring any patient to a chiropractor be fully informed about chiropractic practice before doing so. We want to provide some evidence related to these unreferenced concerns.

Concerning risks with chiropractic care in pregnant patients, 2 recent reviews of the literature found few adverse events in this population.<sup>3,4</sup> Khorsan et al<sup>4</sup> conducted a systematic review on the use of manipulative therapy, a common therapy used by chiropractors, as well as physiotherapists, medical doctors, and doctors of osteopathy, for pregnancy and related conditions. Of the 32 reviewed articles,<sup>4</sup> only 1 adverse event was reported (from a manipulation performed by the patient's general medical doctor). This review concluded that the use of manipulative therapy for pregnancy-related back pain might be considered by clinicians if contraindications are not present. Another even more recent critical literature review<sup>5</sup> of adverse events from spinal manipulation in the pregnant and postpartum periods found a total of 7 reported events (over a period of 31 years), 2 postpartum, and 5 during pregnancy. These 7 reports included the following: increasing pain resolving within a few days, fracture, stroke, and epidural hematoma. Note that 2 of these 7 reports on adverse reactions were attributed to a physiotherapist and a medical doctor, respectively.<sup>5</sup> Additionally, a randomized clinical trial published in 2013 found that a multimodal approach including standard obstetric care and chiropractic manual therapy for low back and pelvic pain during midpregnancy benefits patients more than standard obstetric care alone.<sup>6</sup> This study noted that no adverse events were reported from the chiropractic manual therapy.

Since the Institute of Medicine first published its report *To Err Is Human*,<sup>7</sup> all facets of health care have been faced with the necessary task of supporting a patient safety culture. Chiropractors are community-based providers who face the same challenges identified for those in community-based primary care settings: time-consuming processes, under-reporting of adverse events, and inaccuracies of medical records.<sup>8</sup> From the reviews and clinical trial mentioned above, as well as the lack of community-based patient safety culture research, it is evident that research is needed to support and measure patient safety cultures within all health care professions.

As to the concern of family physicians being fully informed about chiropractic practice before referring, we wholeheartedly agree with this statement. We would recommend all practitioners, including family physicians, examine the scientific literature for the safety and effectiveness of any proposed treatment. With respect to chiropractic care, the best available evidence supports manipulative therapy as a reasonable option for many complaints such as back pain, neck pain, and headaches.<sup>9</sup> Consequently, manipulation has been included as an effective care option in a number of national and international guidelines on back pain.<sup>10,11</sup> Chiropractic care also holds potential value for the treatment of a variety of extremity conditions.<sup>9</sup> Also note that chiropractors refer patients to other health care providers and also receive referrals from medical physicians.<sup>12</sup> In fact, family practitioners were the most likely physicians to refer to chiropractors, followed by family nurse practitioners, internists, neurologists, neurosurgeons, gynecologists, and general surgeons.<sup>12</sup> We appreciate the opportunity to respond to the letter by Bellamy,<sup>1</sup> and we hope this additional information will assist interdisciplinary dialogue between medical doctors and chiropractors to provide the best care for their patients, including those who are pregnant.

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#### Competing interests

None declared

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## Misleading title

The article "Contraceptive practices and attitudes among immigrant and nonimmigrant women in Canada,"<sup>1</sup> which appeared in the October issue of *Canadian Family Physician*, was a most interesting and relevant article for many of us who provide reproductive health care to women. However, I am struck by the article's title, which I believe misrepresents the population under study. This study is of "immigrant and nonimmigrant women at 2 abortion clinics in Vancouver, Canada" and not "immigrant and nonimmigrant women in Canada," as it is titled. As noted in the limitations, these 2 populations might

well differ in contraceptive use, attitudes, and access, and therefore this distinction is critical. Correctly specifying the population under study throughout a manuscript, including its title and tables, is important to prevent misinformation, potentially inappropriate stigma, and misappropriation of resources.

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### Competing interests

None declared

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## Correction

In the photography spread from November's cover story,<sup>1</sup> the photograph of Dr Casey-Campbell's newly arrived daughter Celeste should have been attributed to Jenna Faye Photography. *Canadian Family Physician* apologizes for this omission.

### Reference

1. The faces of family medicine. Milly Casey-Campbell CD MSc MD. *Can Fam Physician* 2013;59:1238-9.