



Hello! It's a reality—we are in a “crisis,” and with everything you hear on TV or read in the newspapers, it seems easy to forget what really matters. Priorities change, and often Money comes before Health.

However... forgetting about your back, regaining restful sleep, being able to play with your grandchildren, discovering that your partner has a sense of humor, watching your children grow up without ever needing antibiotics... All of this is priceless. But if you have doubts, read our issue on the cost-effectiveness of Chiropractic.

Happy Reading!

Dr. Kinnison

CHIROPRACTIC: FROM ITS ORIGINS TO THE PRESENT

The chiropractic profession was born in 1895 in Davenport, Iowa (USA). Daniel David Palmer was the first to successfully perform the first treatment, adjusting a displaced vertebra of Harvey Lillard, a deaf patient. Immediately, this patient regained his hearing.

The good result of this first adjustment unleashed a wave of investigations in the United States that gave rise to the birth of Chiropractic.

Later, in 1921, Dr. Henry Winsor conducted a study in Haverford, Pennsylvania, with the aim of determining—through the observation of dissected human cadavers—whether there was a relationship between slight displacements of the spinal vertebrae

(vertebral subluxations) and damaged or diseased internal organs connected by the nerves stemming from those misaligned vertebrae. Once

the results were confirmed, Chiropractic was validated by the medical profession.

Since then, Chiropractic has developed in parallel with allopathic medicine, becoming the third primary health care profession (after Medicine and Dentistry) in terms of importance and number of patients. The significant growth observed in the United States and Canada, and later in other European countries and worldwide, was based on positive clinical and scientific results, as well as strong patient support. In recent years, this science has generated increasing interest and has become the subject of numerous studies regarding its methods and effectiveness.

Although its development has been uneven over the past 25 years, some countries already include it within their public health systems. In others, such as Spain, efforts are underway for its regulation.

Today, Chiropractic is taught and practiced throughout the world. At present, there are around 80,000 Doctors of Chiropractic spread across the five continents.

COST-EFFECTIVENESS OF CHIROPRACTIC CARE

Most studies conducted by major insurance companies seeking to reduce healthcare costs agree that Chiropractic care cuts sick leave time in half (when compared with conventional treatments), while in many cases also preventing even more costly expenses, such as surgery and hospitalization.

Numerous studies have confirmed the effectiveness of chiropractic treatment, especially in patients with mechanical low back pain (also known as common, simple, or nonspecific back pain) or with back pain in general.

Study by the Canadian Ministry of Health

The Ontario Ministry of Health appointed experts with the task of structuring healthcare in order to optimize its cost-effectiveness. They were specifically commissioned to review the international literature regarding the efficiency of chiropractic care for sacral and lumbar conditions in relation to its cost, to assess the quality of the evidence, and to propose recommendations for shaping health policy concerning neuromuscular and skeletal conditions.

The Ontario study appointed Dr. Pran Manga, Professor of Health Economics at the University of Ottawa, to carry out the study titled *“The Cost-Effectiveness of Chiropractic Management of Low-Back Pain.”*

The initial report, published in 1993, was later continued and expanded so that, in 1998, it included all neuromusculoskeletal disorders. This second study analyzed the international literature of the time on the economic efficiency of chiropractic services, developed an economic model, and estimated specific cost savings.

Manga presented this second study, titled *“Extended Chiropractic Coverage within OHIP”*



(Ontario Health Insurance Plan) as a Means of Reducing Healthcare Costs, Achieving Better Health Outcomes, and Improving Patient Access to Cost-Effective Healthcare Services,” to the Standing Committee on Finance and Economic Affairs of Ontario.

In summary, Manga’s work is extensive, precise, and impartial. It is based on high-quality studies and is of particular relevance for Spanish health policy directors:

“Significant cost savings would be achieved if physicians referred more patients with sacral and lumbar pain to chiropractors. The evidence from Canada and other countries suggests a potential savings of many hundreds of millions annually”.

As a result of his second report, Manga concluded that:

“If the number of patients using chiropractic services in Ontario were to double from 10 to 20 percent, this would result in an annual direct savings of 348 million dollars for the Ontario Health System. Indirect savings would amount to 1.85 billion dollars”.

Study from the British Medical Journal

The Meade study was published in the *British Medical Journal* in 1990 and compared medical treatment with chiropractic treatment. Outcome measurements were both objective—carried out by professionals who were unaware of the treatment the patient had received—and subjective, through questionnaires completed by the patients.

The measurements were taken at six weeks, six months, one year, and two years; in other words, both during the treatment and long after it had been completed. Chiropractic patients fared notably better, including those with acute or chronic pain, and these results were maintained over one and two years.

Meade concluded that chiropractic treatment was successful in the long term and highly cost-effective.

Two companies in the United Kingdom sent **750 employees** with neck, arm, back, and/or leg pain to receive chiropractic care over a two-year period (1994–95). The companies covered the cost of the treatment, expecting better effectiveness, higher patient satisfaction, and overall cost savings.

The results were satisfactory: with extremely high patient improvement and satisfaction, and a **net savings** (combining disability/sick leave payments and treatment costs) of **18% in the first year** and **40% in the second year**.

BACK PAIN

There is evidence showing **a savings of 20 to 60% in total healthcare costs and workers' compensation expenses** by companies, governments, mutual societies, and insurers when medical treatment is replaced with chiropractic care for patients with back pain. The evidence is consistent and comes from workers' compensation studies in North America and Australia, clinical studies from several countries, individual corporate experience, and complex analyses of U.S. health insurance data conducted by health economists.

DISABILITY AND WORK ABSENTEEISM

Other studies show that chiropractic care reduces disability and work absenteeism costs, with longer-lasting effects and lower chances of relapse. The best-designed studies on workers' compensation highlight this point significantly.

Jarvis reported that in Utah, workers with similar back injuries who received medical treatment instead of chiropractic care lost an average of **10 more workdays**, and the average compensation cost was **10 times higher** (\$668.39 compared to \$68.38)