

POSTER PRESENTATION

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P02.157. Dose-response of spinal manipulation for low back pain: outside care outcomes from a randomized clinical trial

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Purpose

To assess amounts of outside care amongst participants who participated in a randomized clinical dose trial assessing Spinal Manipulative Therapy (SMT) for chronic low back pain (cLBP).

Methods

Four hundred participants with cLBP were randomized to 4 doses (n = 100/group). Participants were seen three times per week for six weeks, receiving 0, 6, 12, or 18 sessions of SMT, and a light massage control on visits without manipulation. Data were collected until 52 weeks after randomization. Outside care outcomes included prescription and non-prescription use, and treatments outside of the study including the following healthcare providers: chiropractor, primary care physician, surgeon, neurologist, psychiatrist, naturopath/homeopath, nurse practitioner, acupuncturist, physical therapist / occupational therapist, or massage therapist. Preliminary analysis used the chi-square test or Fisher's exact test of categorized data as appropriate.

Results

Abstinence from prescription use for prevention of cLBP, within the past four weeks, was greater than 75% of participants using none at any time point. The abstinence from non-prescription medication, within the last four weeks, was greatest in the 18 SMT visit group from week 6 through week 39 follow-up time points with the greatest incidence of non-use at 54% at week six. Seeking care from a chiropractor during the follow-up phase did not differ between groups at any time point with average chiropractor seeking behavior across all four groups reaching

a maximum at 52 weeks of 10.6%. Differences between groups seeking outside care from a massage therapist were observed at 18 and 52 weeks, with more SMT associated with less massage care, but this was not consistent across all time points.

Conclusion

Preliminary analysis of outside care shows that care was balanced across all four dose groups during treatment phases including use of prescription and treatment visits to non-study medical providers and classes. Results from adjusted models will be presented.

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