Musculoskeletal pain, led by spinal disorders, costs the US healthcare system 874 billion dollars per year and is the most common cause of severe long-term pain and disability.\(^{(1,2,3)}\)

Most musculoskeletal problems are caused by “mechanical” triggers, like falls, poor posture, and strains that are not well addressed by “chemical” drug treatments. In fact, some chemical treatments trigger undesired consequences.

\[\text{20,000 OVERDOSES}\]

“In 2015, two million Americans had a substance use disorder involving prescription pain relievers... with 20,101 overdose deaths related to prescription pain relievers.”\(^{(4)}\)

\[\text{4X INCREASE}\]

“From 1999 to 2008, overdose death rates and substance use rates quadrupled in parallel to sales of prescription pain relievers.”\(^{(5)}\)
CHIROPRACTIC CARE IS AN EFFECTIVE NON-DRUG ALTERNATIVE BECAUSE IT ADDRESSES THE UNDERLYING MECHANICAL CAUSE.

“The American College of Physicians Clinical Practice Guideline recommends that for acute, subacute, or chronic low back pain, physicians and patients initially utilize spinal manipulation and delay pharmacologic management.” (6)

“In addition to manipulation, chiropractors employ a variety of effective tools to address the mechanical cause of musculoskeletal problems that are safer alternatives.”

“Patients with chronic low-back pain treated by chiropractors showed greater improvement and satisfaction at one month than patients treated by family physicians. Satisfaction scores were higher for chiropractic patients. A higher proportion of chiropractic patients (56 percent vs. 13 percent) reported that their low-back pain was better or much better, whereas nearly one-third of medical patients reported their low-back pain was worse or much worse.” (7)

“Among patients with acute low back pain, spinal manipulative therapy was associated with improvements in pain and function with only transient minor musculoskeletal harms.” (10)

“It is unlikely that chiropractic care is a significant cause of injury in older adults. In fact, among Medicare beneficiaries aged 66 to 99 years, risk of injury to the head, neck, or trunk within 7 days was 76% lower among subjects with a chiropractic office visit than those who saw a primary care physician.” (11)
FOR PATIENTS, INSURERS, EMPLOYERS, AND GOVERNMENT:

CHIROPRACTIC CARE CARRIES A SIGNIFICANTLY LOWER SOCIAL COST WHEN COMPARED TO OPIOIDS.

“The rate of opioid use was lower for recipients of chiropractic services (19%) as compared to non-recipients (35%). The likelihood of filling a prescription for opioids was 55% lower in the chiropractic recipient cohort. Average annual per-person charges for opioid prescription fills were 78% lower for recipients of chiropractic services as compared to non-recipients. Average per person charges for clinical services for low back pain were also significantly lower for recipients of chiropractic services. (Avg. $1513 for chiropractic management vs. $6766 for medical management)” (12)

...AND SIGNIFICANT HEALTHCARE SAVINGS

2:1
“Healthcare plans that formally incorporate chiropractic typically realize a 2:1 return for every dollar spent.” (13)

30X
“Following work-related low back injury, patients who visited a chiropractor were nearly 30 times less likely to require surgery as compared to those who chose a surgeon as their first provider (42.7 vs. 1.5%).” (14)

40%
“Low back pain care initiated with a doctor of chiropractic (DC) saves 40 percent on health care costs when compared with care initiated through a medical doctor (MD).” (15)

AVAILABILITY IS KEY

“For Medicare patients with back and/or neck pain, availability of chiropractic care reduces the number of primary care physician visits, resulting in an annual savings of $83.5 million.” (16)
CHIROPRACTIC CARE IS ENDORSED
BY OPINIONS THAT MATTER

"Chiropractic management shows significant improvement and high patient satisfaction." (17)

"Non-pharmacologic therapies, including chiropractic, should be used" (18)

"Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred" (19)

Nonpharmacologic strategies, including chiropractic, have a role (20, 21)

37 states: Prescribe non-opioid alternatives including chiropractic (22)

References
17. FDA Education Blueprint for Health Care Providers Involved in the Management or Support of Patients with Pain. SPINE Volume 38, Number 11, pp 953–964

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CHOOSE THE DRUG-FREE SOLUTION TO THE OPIOID CRISIS.
SUPPORT LEGISLATION THAT PROVIDES GREATER ACCESS TO
SAFE AND EFFECTIVE CHIROPRACTIC SERVICES.