

# Chapter 8

## Patient Conditions

### Introduction

Questions regarding the health conditions that chiropractors evaluate and treat in their practices were not included in the 2009 Survey of Chiropractic Practice since the conditions and frequencies reported by respondents were either virtually identical or very similar in the *Job Analysis of Chiropractic 2000* and *Job Analysis of Chiropractic 2005* reports. The data from the 2005 report are re-printed in this chapter and the survey instrument used to obtain the data for the 2005 report is shown in Appendix D.

### Chief Complaint

A typical patient enters a chiropractor's office complaining of some specific pain or problem (Figures 8.1 and 8.2). This complaint is frequently attributable to an injury or other stressor. For example, a work-related lifting injury, a kidney infection, and/or obesity might be related to, or may be the cause of, a patient's low back pain. The practitioner — based on a proper case history, physical examination, laboratory results, and other data — reaches a diagnostic conclusion that may or may not include subluxation. Respondents to the 1998 survey were asked to estimate the distribution of new patients whom they had seen in the previous year whose chief complaint was in one of nine categories; the 2003 survey added a "Wellness" category to this section and removed it from the *Primary Etiology* section.

### Primary Etiology

Respondents were instructed to make a judgment concerning the primary etiology for their patients' chief complaints by estimating the distribution for each of 10 categories in the 2003 survey and in each of 11 categories in the 1998 survey. As noted above, the "Wellness/Preventive Care" category was removed from this section and included in the *Chief Complaint* section. Ten-point scales were used in these two sections, and the responses were averaged (Figures 8.3 and 8.4).

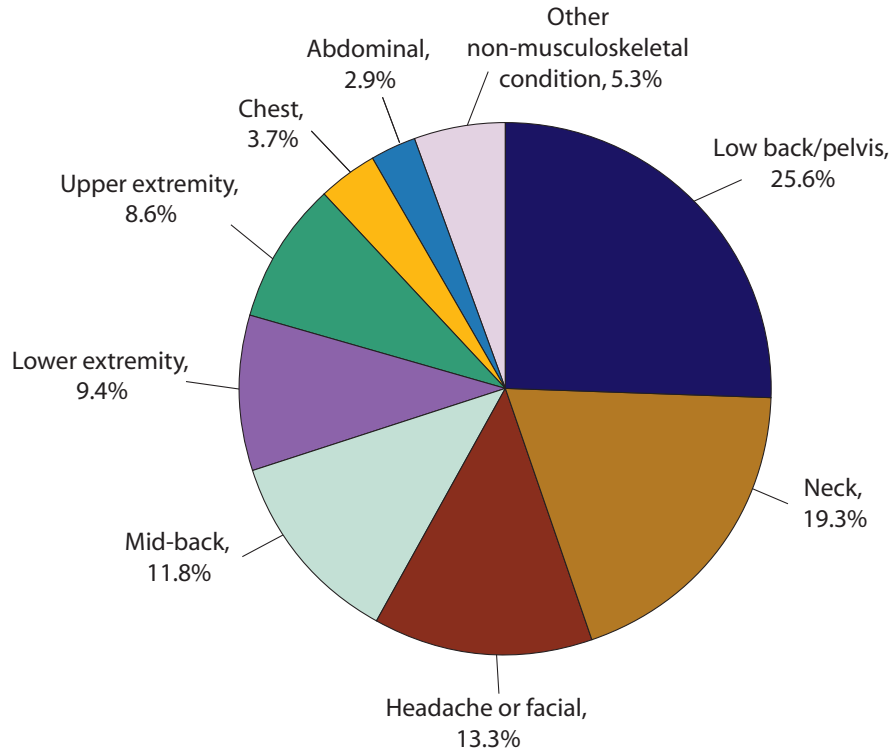


Figure 8.1 Chief Complaints (1998)

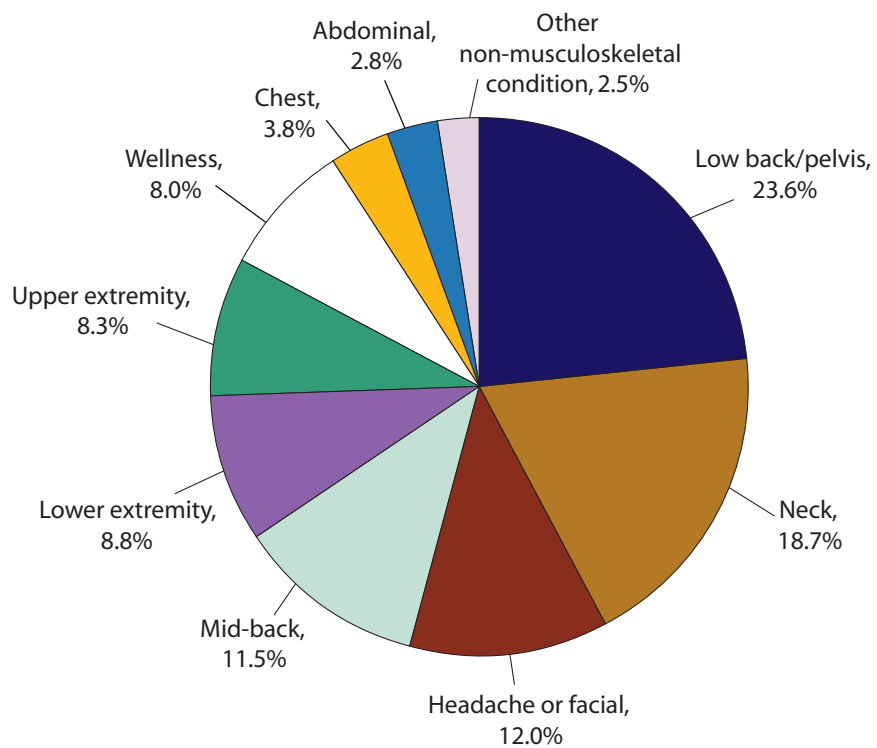
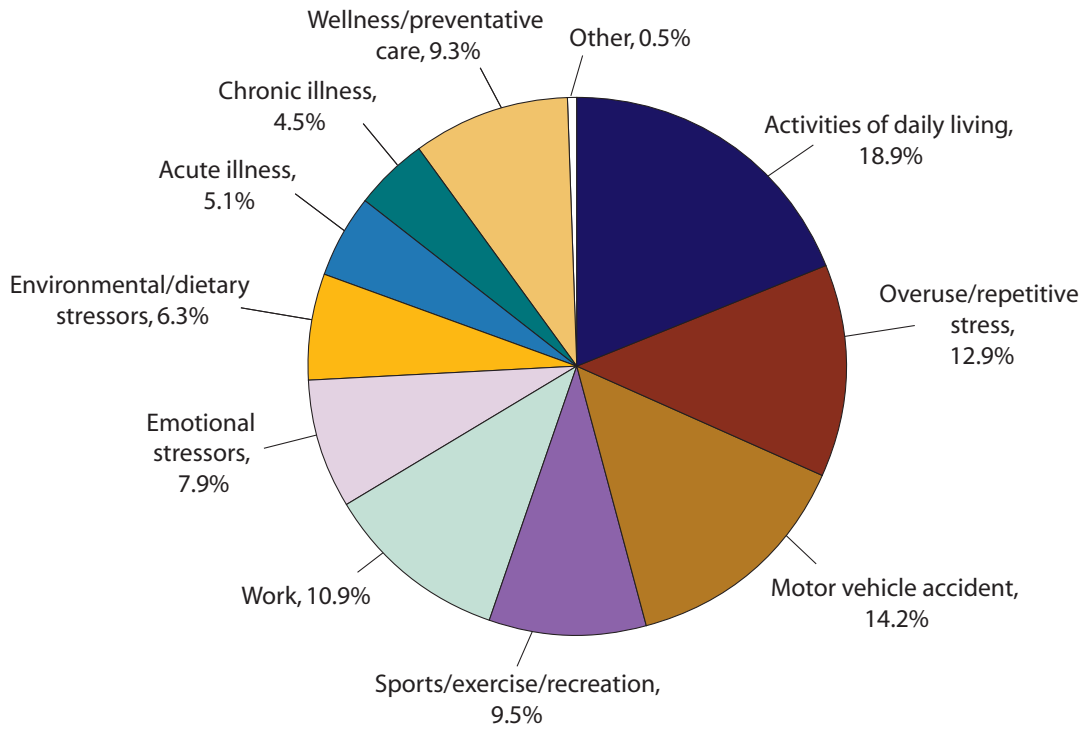
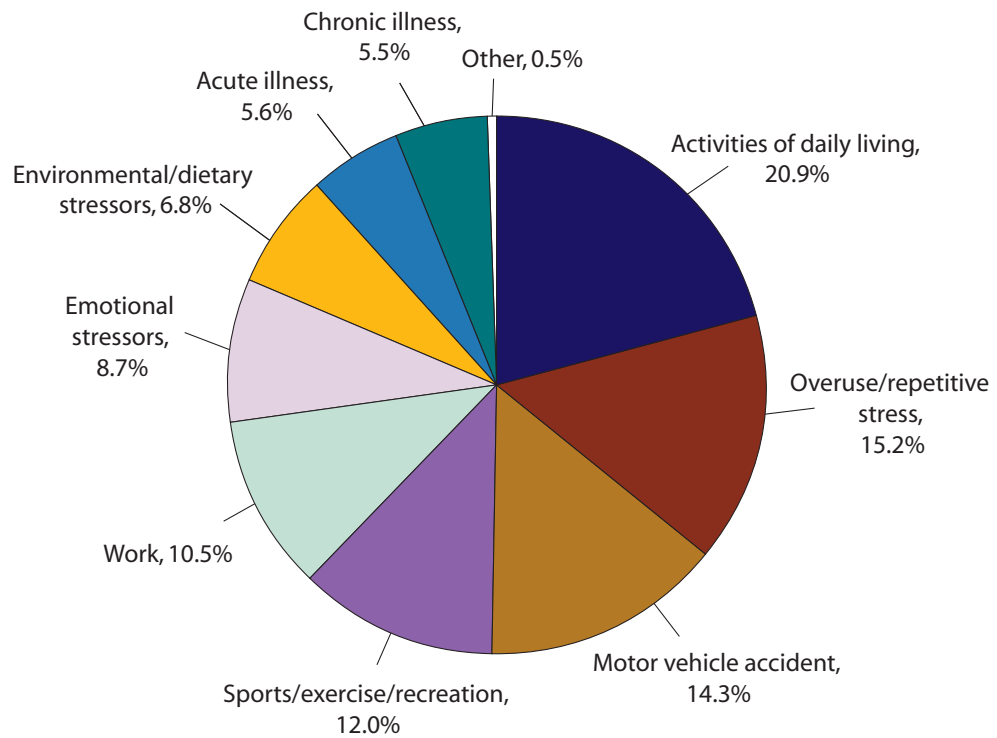


Figure 8.2 Chief Complaints (2003)



**Figure 8.3** Etiology of Patient Conditions (1998)



**Figure 8.4** Etiology of Patient Conditions (2003)

## Conditions

In the 2003 Survey of Chiropractic Practice, participants were asked to provide information concerning their management of 121 conditions that they might have seen in their practices during the previous year. (The list of conditions was consistent with the International Classification of Diseases, ICD-9-CM codes that are routinely used in chiropractic practice. For details on the scales utilized and the exact wording of the questions, refer to the 2003 Survey of Chiropractic Practice in Appendix D.) For each of the listed conditions, the following specific responses were requested:

- **Frequency** — how often had they seen the particular condition during the previous year? If they had not seen the condition, they were instructed not to answer the following three questions regarding that condition.
- **Diagnosis** — did they make the diagnosis of this condition in the majority of cases they had seen?
- **Management** — what was their choice of management for the majority of the cases they had seen?
- **Referral** — did they refer the majority of patients with the condition for consultation, further diagnostics, or treatment?

In all of the tables in Chapter 8, some conditions which survey respondents indicated they “treated solely” are serious conditions which have not responded to or cannot be treated with medication or surgery, but the condition or its symptoms may respond to chiropractic care. Co-management of many conditions by chiropractors consists primarily of identifying and correcting spinal subluxations; additionally, many chiropractors provide nutritional counseling, corrective or therapeutic exercises, or physiotherapies which may benefit patients with the condition. Some “referral” percentages may be lower than expected as the condition was already being managed by another practitioner when the patient presented for chiropractic care.

## Neurological Conditions

Neurological conditions often seen by doctors of chiropractic include headaches, peripheral neuritis or neuralgia, and radiculitis or radiculopathy. Sixty-nine percent to 77% of chiropractors make a diagnosis of each of these conditions in a typical year. Nearly 81% of respondents acted as the sole providers of care for the majority of headache patients in their practices. Fifty-four percent of chiropractic practitioners are the sole providers of care for the majority of cases of peripheral neuritis or neuralgia they see in their practices. The percentage of respondents who solely manage radiculitis or radiculopathy in the majority of cases in their practices is 69.8%. Loss of equilibrium or vertigo and spinal stenosis or neurogenic claudication are

sometimes seen by chiropractors. In the majority of these cases, more than half (64% and 74% respectively) of respondents co-manage this condition with another healthcare practitioner.

Data for neurological conditions appear in Table 8.1.

### Discussion <sup>1</sup>

The anecdotal and empirical evidence for the success of chiropractic care in the treatment of headaches is significant (Chapter 2), and 12% of a typical chiropractor's patients present for treatment of headache or facial pain (Figure 8.2).

Fourteen percent of a typical chiropractor's patients are reporting for chiropractic care based upon a motor vehicle accident (Figure 8.4). In these accidents, patients frequently sustain peripheral nerve injuries like neuritis/neuralgia and radiculitis/radiculopathy. These neuromusculoskeletal injuries respond well to chiropractic care.

Vertigo or loss of equilibrium (Table 8.1 on page 100) can have many etiologies. Some of these etiologies are serious — even life-threatening — health problems that certainly necessitate a medical referral and/or co-management. However, vertigo caused by proprioceptive alterations in the cervical spine secondary to injury or degeneration responds quickly to chiropractic adjustments.

For each of these conditions, the chiropractor is most likely to render treatments that include spinal and/or extraspinal adjustments, therapeutic physiotherapies, and rehabilitative exercises.

Neurological Condition	Frequency		Non-sublux-based diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co-managed	
Headaches	3.3	Often	76.9%	1.1%	80.8%	18.1%	6.0%
Peripheral neuritis, neuralgia, or neuropathy	2.8	Often	69.5%	2.6%	54.1%	43.3%	24.7%
ALS, multiple sclerosis, or Parkinson's	0.9	Rarely	41.8%	30.2%	5.7%	64.1%	53.8%
Damaged nerve/plexus	1.3	Rarely	58.3%	13.6%	19.4%	67.0%	52.1%
Stroke or cerebrovascular condition	0.7	Rarely	43.6%	49.3%	3.8%	46.9%	61.0%
Vertebrobasilar artery insufficiency	0.4	Virtually never	53.1%	66.9%	4.4%	28.7%	71.1%

**Table 8.1** Neurological Conditions

<sup>1</sup> Brief discussion concerning the data on the management of certain conditions is included. Although not explicitly derived from the data, the remarks are based on clinical experience and/or research.

\* Please refer to page 98 for an explanation of management and referral categories.

Neurological Condition	Frequency		Non-sublux-based diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co-managed	
Cranial nerve disorder	0.8	Rarely	53.1%	25.7%	16.7%	57.6%	48.0%
Radiculitis or radiculopathy	2.9	Often	72.8%	1.6%	69.8%	28.7%	16.4%
Vertigo/loss of equilibrium	1.6	Sometimes	59.1%	5.0%	31.0%	64.0%	37.0%
Brain or spinal cord tumor	0.3	Virtually never	48.3%	82.9%	1.9%	15.2%	80.3%
Spinal stenosis / neurogenic claudication	1.6	Sometimes	58.3%	7.0%	19.2%	73.8%	49.3%

**Table 8.1** Neurological Conditions, continued

### Articular/Joint Conditions

Spinal subluxation/joint dysfunction is the condition most frequently encountered by chiropractors (Table 8.2). It is seen routinely and only rarely co-managed with, or referred to, another healthcare practitioner (2.0% and 1.2%, respectively).

Chiropractors often see the following articular disorders: osteoarthritis/degenerative joint disease, subluxation or joint dysfunction of extremities, sprains, hypolordosis of the cervical or lumbar spine, intervertebral disc syndromes, and facet syndromes. Hyperlordosis of the cervical or lumbar spine and kyphosis of the thoracic spine are sometimes seen. Eighty-nine percent to 94% of respondents are sole healthcare providers in the majority of cases of hyperlordosis or hypolordosis of the cervical or lumbar spine and kyphosis of the thoracic spine. For extremity subluxation/joint dysfunction cases, 89% of respondents are the sole managers of their patients; 9% of respondents co-manage, and 5% refer these cases.

When providing care for patients who have sprains, 82% of respondents are the sole providers of care; 17% of respondents co-manage, and 6% refer the majority of sprain cases seen. Seventy-four percent of respondents make the diagnosis of sprain concurrent with subluxation. In the cases of facet syndrome seen in the previous year, 68% of respondents make this diagnosis concurrent with their subluxation diagnosis for the majority of cases; 90% are the sole providers for this condition. Sixty percent of respondents are the sole healthcare provider for the majority of osteoarthritis/degenerative joint disease cases seen in their practices. Twelve percent of respondents make referrals for the majority of their patients with degenerative joint disease; 37% of chiropractors co-manage this condition with another provider in the majority of cases.

\* Please refer to page 98 for an explanation of management and referral categories.

Scoliosis is sometimes seen by chiropractors. Eighty-two percent of respondents are the sole healthcare practitioner managing the majority of their patients with a functional scoliotic deformity, while 61% are the sole healthcare practitioner managing the majority of their patients with a structural scoliosis (Table 8.2). Other articular conditions that are sometimes seen in chiropractic practice include bursitis or synovitis, carpal or tarsal tunnel syndrome, TMJ syndrome, thoracic outlet syndrome, and congenital or developmental anomalies. As reflected in Table 8.2, respondents report various rates of management, referral, and diagnosis.

Respondents rarely or virtually never see four of the listed conditions: rheumatoid arthritis or gout, dislocation, avascular necrosis, and bacterial joint/disc infection. Each of these conditions has a high rate of referral in the majority of cases.

Data for articular/joint conditions appear in Table 8.2 on pages 101 and 102.

**Discussion**

Joints with improper alignment or impaired mobility degenerate. Chiropractic adjustments are designed to restore proper articular alignment and to increase the mobility of hypomobile joints. Accordingly, musculoskeletal conditions (and their associated neurological symptoms) are the conditions that the majority of the population recognizes as problems most effectively treated by chiropractic techniques and are the most frequently seen conditions in chiropractic practice.

Articular Joint Condition	Frequency		Non-sublux-based diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co-managed	
Spinal subluxation/joint dysfunction	3.9	Routinely	70.4%	0.3%	97.7%	2.0%	1.2%
Extremity subluxation/joint dysfunction	3.2	Often	68.8%	1.3%	89.3%	9.4%	4.9%
Sprain of any joint	3.1	Often	74.0%	1.5%	81.5%	17.0%	6.0%
Dislocation of any joint	0.8	Rarely	62.6%	37.1%	15.8%	47.2%	62.6%
Vertebral facet syndrome	2.9	Often	67.6%	1.2%	89.5%	9.3%	3.6%
Intervertebral disc syndrome	3.0	Often	72.2%	1.2%	61.1%	37.7%	23.5%
Thoracic outlet syndrome	1.7	Sometimes	70.0%	3.9%	61.9%	34.2%	18.0%
Hyperlordosis of cervical or lumbar spine	2.4	Sometimes	65.8%	2.7%	93.1%	4.2%	1.9%

**Table 8.2** Articular Joint Conditions

\* Please refer to page 98 for an explanation of management and referral categories.

Articular Joint Condition	Frequency		Non-sublux-based diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co-managed	
Hypolordosis of cervical or lumbar spine	3.1	Often	65.9%	2.1%	94.0%	4.0%	1.5%
Kyphosis of thoracic spine	2.4	Sometimes	64.5%	2.6%	88.6%	8.8%	3.4%
Avascular necrosis	0.4	Virtually never	51.8%	64.5%	4.8%	30.7%	77.8%
Structural scoliosis	1.9	Sometimes	66.9%	3.4%	60.8%	35.9%	16.0%
Functional scoliosis	2.2	Sometimes	66.0%	1.9%	81.9%	16.2%	7.0%
Congenital/developmental anomaly	1.5	Sometimes	62.6%	12.5%	51.2%	36.3%	18.1%
Osteoarthritis/degenerative joint disease	3.3	Often	69.9%	3.1%	60.2%	36.7%	12.0%
Systemic/rheumatoid arthritis or gout	1.4	Rarely	51.3%	14.5%	12.4%	73.2%	49.1%
Infection of joint/disc	0.4	Virtually never	51.5%	63.5%	4.8%	31.7%	74.1%
Bursitis or synovitis	2.1	Sometimes	66.8%	2.7%	58.8%	38.5%	17.6%
Carpal or tarsal tunnel syndrome	2.1	Sometimes	65.7%	2.0%	57.1%	40.9%	19.7%
TMJ syndrome	1.8	Sometimes	63.2%	4.0%	44.2%	51.8%	28.6%

Table 8.2 Articular/Joint Conditions, continued

\* Please refer to page 98 for an explanation of management and referral categories.



## Muscular Conditions

The three muscular conditions generally seen often in chiropractic practice — strain/tear, myofascitis, and tendinitis/tenosynovitis — have similar response rates in all categories. Seventy-five percent to 80% of chiropractors act as the sole healthcare providers to the majority of their patients with these conditions. Eighteen percent to 22% of chiropractors co-manage their patients with these conditions with another provider, and 6% to 10% of respondents refer patients with these conditions for consultation, further diagnostics, or treatment in the majority of cases. Sixty-five percent to 74% of chiropractors make each of these diagnoses in the majority of cases. Fibromyalgia is sometimes seen in chiropractic practices; a majority of chiropractors diagnose this condition concurrent with their subluxation diagnosis (55%) and elect to co-manage the condition with another healthcare provider in the majority of cases (64%).

Chiropractors rarely see muscular atrophy. Muscular dystrophy and tumors of muscle are virtually never seen. However, when providing health care for muscular atrophy patients, 67% of the respondents co-manage this condition.

Data for muscular conditions appear in Table 8.3.

### Discussion

As indicated in Chapter 9 (Tables 9.3 and 9.4), chiropractors typically utilize soft tissue therapies and a variety of passive and active adjunctive treatments in their practices. Many of these interventions specifically address the muscular component of patient conditions. The combination of chiropractic adjustive techniques, soft tissue manipulation, physiotherapeutics, and rehabilitation is particularly effective in the treatment of muscular injuries and other muscular conditions.

Muscular Condition	Frequency		Non-sublux-based diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co-managed	
Muscular strain/tear	3.0	Often	73.5%	2.8%	75.1%	22.1%	10.3%
Tendinitis/tenosynovitis	2.7	Often	69.5%	2.1%	77.9%	20.0%	6.2%
Myofascitis	2.9	Often	65.1%	2.3%	79.7%	18.0%	5.9%
Fibromyalgia	2.1	Sometimes	54.6%	3.9%	32.5%	63.6%	22.2%
Muscular dystrophy	0.4	Virtually never	40.6%	48.9%	3.4%	47.8%	62.1%
Muscular atrophy	1.0	Rarely	52.0%	14.6%	18.2%	67.2%	48.3%
Muscle tumor	0.3	Virtually never	53.6%	77.9%	2.8%	19.3%	76.8%

**Table 8.3** Muscular Conditions

\* Please refer to page 98 for an explanation of management and referral categories.

## Skeletal Conditions

Osteoporosis/osteomalacia is sometimes seen, and congenital or developmental anomalies are rarely seen by chiropractors. In the majority of the cases of these conditions seen by respondents, 56% of practitioners make the diagnosis of osteoporosis/osteomalacia, and 57% make the diagnosis of congenital/developmental anomaly. Seventy percent of respondents co-manage the majority of their patients with osteoporosis/osteomalacia, whereas 41% of respondents co-manage a majority of cases of congenital/developmental anomaly.

Fractures, endocrine or metabolic disorders, and bone tumors are rarely seen in chiropractic practice, and infections of bone are virtually never seen. Very few respondents indicated that they are the sole providers to patients with these conditions, whereas the vast majority of practitioners refer patients with these problems for additional diagnosis, consultation, or treatment.

Data for skeletal conditions appear in Table 8.4.

### Discussion

Doctors of chiropractic provide numerous benefits to patients when involved in the management of fractures, osteoporosis, metabolic bone disorders, and other skeletal conditions. For example, an osteoporotic patient who suffers a spontaneous thoracic compression fracture usually requires conservative, non-invasive management. However, a referral for further consultation and diagnostics to rule out a metastatic lesion is often advisable. A chiropractor may diagnose the fracture, fit the patient with an elastic support, advise him/her of appropriate home care and activity restrictions, recommend nutritional supplementation, provide the appropriate referral, and provide follow-up assessment and care.

Skeletal Condition	Frequency		Non-sublux-based diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co-managed	
Fracture	0.9	Rarely	63.8%	62.2%	2.5%	35.2%	78.3%
Osteoporosis/osteomalacia	2.0	Sometimes	55.6%	14.2%	15.8%	70.0%	36.0%
Congenital/developmental anomaly	1.4	Rarely	56.6%	20.5%	38.3%	41.2%	24.6%
Endocrine or metabolic bone disorder	0.5	Rarely	43.0%	59.2%	3.7%	37.1%	67.9%
Bone tumor/metastasis	0.5	Rarely	50.7%	82.9%	0.7%	16.4%	81.9%
Osteomyelitis/infection	0.3	Virtually never	50.8%	81.0%	0.7%	18.3%	84.4%

**Table 8.4** Skeletal Conditions

\* Please refer to page 98 for an explanation of management and referral categories.

## Respiratory Conditions

Chiropractors rarely or virtually never see patients with respiratory problems. The methods by which respondents manage patients with these conditions vary, but between 40% and 46% make a nonsubluxation-based diagnosis in the majority of cases seen.

Data for respiratory conditions appear in Table 8.5.

### Discussion

After a medical emergency involving the respiratory system has been stabilized, chiropractic adjustments — with their resultant mobilization of the thoracic spine and rib cage and stimulation of the psychoneuroimmune system — are beneficial to patients suffering from respiratory conditions.

Respiratory Condition	Frequency		Non-sublux-based diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co-managed	
Viral infection	1.4	Rarely	43.3%	41.6%	19.5%	39.0%	40.8%
Bacterial infection	1.2	Rarely	40.7%	48.0%	7.3%	44.7%	56.7%
Asthma, emphysema, or COPD	1.4	Rarely	41.6%	21.0%	8.3%	70.7%	43.7%
Occupational or environmental disorder	0.8	Rarely	40.1%	35.0%	15.7%	49.3%	45.0%
Atelectasis or pneumothorax	0.2	Virtually never	45.2%	86.4%	2.5%	11.2%	79.7%
Tumor of lung or respiratory passages	0.3	Virtually never	45.6%	86.2%	1.2%	12.6%	81.6%

**Table 8.5** Respiratory Conditions

\* Please refer to page 98 for an explanation of management and referral categories.

## Gastrointestinal Conditions

Doctors of chiropractic rarely or virtually never see any of the gastrointestinal conditions listed below. However, 37% to 50% of chiropractors arrive at the diagnosis of these conditions in the majority of the cases seen in their practices. For all of the conditions listed below, chiropractors more often co-manage or do not treat these problems and rarely act as sole providers.

Data for gastrointestinal conditions appear in Table 8.6.

### Discussion

Doctors of chiropractic, in 39 to 56% of cases seen in their practices, co-manage the following gastrointestinal conditions: hiatal hernia and esophageal reflux, colitis, diverticulitis, ulcers, and infection. Patients with these conditions respond positively to specific nutritional and dietary protocols in addition to chiropractic adjustments. As indicated in Chapter 9 (Table 9.5), more than 90% of chiropractors provide nutritional and dietary recommendations to their patients.

Gastrointestinal Condition	Frequency		Non-sublux-based diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co-managed	
Bacterial or viral infection	0.9	Rarely	41.4%	49.3%	11.8%	38.9%	55.1%
Appendicitis	0.3	Virtually never	50.1%	84.0%	1.9%	14.1%	81.2%
Cholecystitis or pancreatitis	0.4	Virtually never	42.9%	69.4%	4.4%	26.1%	71.3%
Ulcer of stomach, small intestine, or colon	0.7	Rarely	37.2%	49.9%	6.1%	44.1%	56.7%
Inguinal hernia	0.6	Rarely	44.0%	70.6%	2.5%	26.9%	66.6%
Colitis or diverticulitis	0.9	Rarely	37.9%	41.6%	8.0%	50.4%	51.3%
Hemorrhoids	0.7	Rarely	37.0%	56.2%	11.5%	32.3%	46.2%
Tumor of gastrointestinal tract	0.2	Virtually never	41.3%	89.2%	0.5%	10.4%	81.1%
Hiatal hernia/esophageal reflux	1.3	Rarely	43.6%	26.4%	17.5%	56.1%	38.6%

**Table 8.6** Gastrointestinal Conditions

\* Please refer to page 98 for an explanation of management and referral categories.

## Integument Conditions

Doctors of chiropractic rarely or virtually never see any of the skin conditions listed in the integument section; however, 36% to 48% of practitioners arrive at the diagnosis of these conditions in the majority of the cases seen in their practices. Chiropractors most often do not treat these problems, sometimes co-manage them, and only rarely act as sole providers.

Data for integument conditions appear in Table 8.7.

### Discussion

During the process of administering physical examinations, adjustments, or various therapies, a chiropractor may detect an abnormal condition of the integument which may require monitoring and/or referral to another provider.

Integument Condition	Frequency		Non-sublux-based diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co-managed	
Acne, dermatitis, or psoriasis	1.0	Rarely	39.5%	53.8%	8.6%	37.6%	45.4%
Bacterial or fungal infection	0.7	Rarely	39.0%	66.8%	6.4%	26.9%	55.3%
Herpes simplex	0.6	Rarely	38.4%	61.5%	11.6%	26.9%	45.9%
Herpes zoster	0.6	Rarely	48.0%	45.1%	8.8%	46.1%	55.0%
Pigment disorders	0.4	Virtually never	35.5%	83.2%	5.1%	11.8%	57.6%
Skin cancer	0.6	Rarely	39.1%	85.8%	1.4%	12.8%	73.9%

**Table 8.7** Integument Conditions

\* Please refer to page 98 for an explanation of management and referral categories.

## Renal/Urological Conditions

Doctors of chiropractic rarely or virtually never see as presenting or concurrent conditions any of the listed renal/urological conditions. However, 31% to 43% of practitioners arrive at the diagnosis of these conditions in the majority of cases seen in their practices. For all of the conditions listed below, chiropractors rarely act as sole providers, but they sometimes co-manage the conditions with other providers.

Data for renal/urological conditions appear in Table 8.8.

### Discussion

Chiropractic management of renal/urologic conditions primarily consists of adjusting concomitant spinal subluxations and, in some cases, recommending specific nutritional advice and/or support. As indicated in Chapter 9 (Table 9.5), more than 90% of chiropractors provide nutritional and dietary recommendations to their patients.

Renal / Urological Condition	Frequency		Non- sublux- based diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co- managed	
Kidney or urinary tract infection	1.0	Rarely	43.0%	49.1%	7.6%	43.2%	60.7%
Kidney stones	0.7	Rarely	40.2%	66.1%	3.2%	30.7%	67.5%
Chronic kidney disease or failure	0.3	Virtually never	30.9%	73.6%	1.9%	24.5%	65.2%
Kidney or bladder tumor	0.2	Virtually never	38.9%	90.1%	0.6%	9.4%	78.1%
Incontinence	0.8	Rarely	38.0%	39.7%	10.9%	49.4%	49.0%

**Table 8.8** Renal/Urological Conditions

\* Please refer to page 98 for an explanation of management and referral categories.

## Cardiovascular Conditions

Of the cardiovascular conditions listed below, only high blood pressure is seen more than rarely in chiropractic practice; it is sometimes seen. Forty-eight percent of chiropractors make the diagnosis of hypertension in the majority of their patients who have the condition, and 69% co-manage the majority of cases with other healthcare providers. Fifty-five percent to 79% of chiropractic practitioners make referrals for cardiovascular conditions in the majority of the cases they see.

Data for cardiovascular conditions appear in Table 8.9.

### Discussion

Research documenting the positive effect of chiropractic adjustments on blood pressure is reported in Chapter 2. The results are promising and reinforce the need for further study on the efficacy of manipulation for cardiovascular ailments.

Cardiovascular Condition	Frequency		Non-subluc-based diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co-managed	
High blood pressure	2.1	Sometimes	48.3%	27.3%	3.9%	68.8%	55.1%
Angina or myocardial infarction	0.6	Rarely	36.7%	71.8%	1.9%	26.4%	70.3%
Arterial aneurysm	0.4	Virtually never	43.8%	88.1%	0.8%	11.1%	79.2%
Peripheral artery or vein disorder	0.6	Rarely	39.1%	70.5%	3.4%	26.1%	67.3%
Murmur or rhythm irregularity	0.7	Rarely	37.1%	65.2%	3.5%	31.2%	61.5%
Congenital anomaly	0.4	Virtually never	31.5%	72.3%	4.6%	23.1%	57.7%
Vascular claudication	0.5	Rarely	41.9%	62.3%	2.3%	35.4%	69.8%

**Table 8.9** Cardiovascular Conditions

\* Please refer to page 98 for an explanation of management and referral categories.

## Endocrine/Metabolic Conditions

Obesity and diabetes are the two conditions in this section that are sometimes seen as presenting or concurrent conditions in chiropractic practice; the other disorders are rarely or virtually never seen. Fifteen percent of chiropractors are the sole practitioners providing management for the majority of their obese patients. Fifty-seven percent of chiropractors co-manage the majority of their patients with diabetes.

Data for endocrine/metabolic conditions appear in Table 8.10.

### Discussion

That 3.2% of respondents were the sole provider of treatment for the majority of their patients with diabetes may indicate that the majority of their diabetic patients for whom they provide care are not insulin dependent. Chiropractic co-management of diabetes and other endocrine/metabolic conditions primarily consists of adjusting concomitant spinal subluxations and providing specific nutritional advice and/or support. As indicated in Chapter 9 (Table 9.5), more than 90% of chiropractors provide nutritional and dietary recommendations to their patients.

Endocrine / Metabolic Condition	Frequency		Non-sublux-based diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co-managed	
Obesity	2.1	Sometimes	48.9%	28.3%	14.9%	56.9%	32.6%
Thyroid or parathyroid disorder	1.1	Rarely	37.5%	48.3%	5.5%	46.2%	52.1%
Adrenal disorder	0.7	Rarely	37.5%	49.2%	14.5%	36.3%	48.4%
Pituitary disorder	0.4	Virtually never	30.7%	67.1%	5.0%	27.9%	58.9%
Thymus or pineal disorder	0.3	Virtually never	34.1%	71.6%	7.6%	20.8%	59.5%
Diabetes	1.6	Sometimes	34.8%	39.8%	3.2%	57.0%	52.1%
Endocrine tumor	0.2	Virtually never	43.4%	87.5%	1.1%	11.3%	76.2%

**Table 8.10** Endocrine/Metabolic Conditions

\* Please refer to page 98 for an explanation of management and referral categories.



## Sexually Transmitted Diseases

Chiropractors virtually never see patients for treatment of sexually transmitted diseases; however, in a typical year, at least 28% of practitioners make a diagnosis of each of the conditions listed.

Data for sexually transmitted diseases appear in Table 8.11.

### Discussion

Psychoneuroimmunology has revealed that there is an interrelationship between the central nervous system and immunity. This is consistent with chiropractic philosophy as presented in Chapter 1 of this report. Many HIV/AIDS patients employ numerous strategies to maintain or prolong their lives; some choose chiropractic care in support of their general health and/or as part of their treatment plans. Chiropractic co-management of HIV/AIDS and other sexually transmitted diseases primarily consists of adjusting concomitant subluxations and providing specific nutritional advice and/or support.

Sexually Transmitted Disease	Frequency		Non-sublux-based diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co-managed	
Hepatitis B	0.3	Virtually never	31.3%	82.7%	2.6%	14.8%	62.4%
Herpes II	0.3	Virtually never	29.6%	80.7%	2.8%	16.5%	63.0%
HIV/AIDS	0.3	Virtually never	27.8%	76.2%	1.2%	22.6%	62.3%
Other sexually transmitted disease	0.2	Virtually never	29.9%	86.4%	1.0%	12.6%	68.0%

**Table 8.11** Sexually Transmitted Diseases

\* Please refer to page 98 for an explanation of management and referral categories.

## Eye, Ear, Nose, and Throat Conditions

Sinus conditions and dizziness or vertigo are sometimes seen in chiropractic practice. Forty-seven percent and 52%, respectively, of practitioners diagnose these conditions in the majority of the cases they see. Thirty percent of chiropractors act as sole providers to their patients with sinus conditions, and 26% act as sole providers to their patients with dizziness or vertigo; 59% and 66%, respectively, co-manage these conditions with other providers. Most other pathologies of the eyes, ears, nose, or throat are virtually never seen in chiropractic practice.

Data for eye, ear, nose, and throat conditions appear in Table 8.12.

### Discussion

Determining the cause of dizziness/vertigo is often a significant diagnostic challenge. One cause that may mimic an inner ear pathology is an alteration of proprioception as a result of injury or degeneration of the cervical spine; dizziness/vertigo typically responds well to chiropractic adjustments.

Eye, Ear, Nose, and Throat Condition	Frequency		Non-sublux-based diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co-managed	
Significant eye pathology	0.3	Virtually never	36.5%	81.1%	1.0%	17.9%	70.3%
Significant ear pathology	0.4	Virtually never	35.5%	74.9%	2.7%	22.4%	70.3%
Disorder of nose or sense of smell	0.4	Virtually never	33.3%	62.4%	6.2%	31.4%	54.7%
Throat or larynx disorder	0.4	Virtually never	33.3%	64.1%	5.0%	31.0%	55.2%
Eye, ear, nose, or throat tumor	0.1	Virtually never	36.4%	90.5%	0.9%	8.6%	76.2%
Dizziness/vertigo	1.7	Sometimes	52.3%	8.5%	25.9%	65.6%	40.1%
Sinus condition	2.0	Sometimes	46.7%	11.2%	30.2%	58.7%	28.5%

**Table 8.12** Eye, Ear, Nose, and Throat Conditions

\* Please refer to page 98 for an explanation of management and referral categories.

## Hematological/Lymphatic Conditions

Doctors of chiropractic rarely or virtually never see any of the hematological/lymphatic conditions listed below. However, 32% to 40% of chiropractors arrive at the diagnosis of these conditions in the majority of the cases seen in their practices. For all of the conditions listed below, chiropractors most often do not treat these problems and rarely act as sole providers.

Data for hematological/lymphatic conditions appear in Table 8.13.

### Discussion

Psychoneuroimmunology has revealed that there is an interrelationship between the central nervous system and immunity. This is consistent with chiropractic philosophy as presented in Chapter 1 of this report. Many patients employ numerous strategies to maintain or regain their health; some choose chiropractic care in support of their general health and/or as part of their treatment plans. Chiropractic co-management of immunological disorders or other hematological/lymphatic conditions primarily consists of adjusting concomitant subluxations and providing specific nutritional advice and/or support. As indicated in Chapter 9 (Table 9.5), more than 90% of chiropractors provide nutritional and dietary recommendations to their patients.

Hematological / Lymphatic Condition	Frequency		Non-sublux-based diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co-managed	
Anemia	0.7	Rarely	37.4%	55.4%	7.4%	37.2%	49.3%
Immunological disorder	0.5	Rarely	33.4%	58.7%	4.5%	36.8%	54.5%
Hereditary disorder	0.4	Virtually never	31.7%	69.7%	2.0%	28.3%	56.9%
Polycythemia	0.2	Virtually never	40.1%	85.3%	1.3%	13.4%	70.8%
Marrow or lymphatic system cancer	0.2	Virtually never	35.8%	87.9%	0.1%	12.0%	74.4%

**Table 8.13** Hematological/Lymphatic Conditions

\* Please refer to page 98 for an explanation of management and referral categories.

## Female and Male Reproductive Conditions

Of the conditions listed below, the only condition of the male or female reproductive system that chiropractors see more than rarely is menstrual disorder. Twenty-nine percent to 36% of chiropractors diagnose the conditions below for the majority of their patients with these conditions. Of these conditions, chiropractors most often co-manage pregnancy, menstrual disorders, menopause, and female infertility; chiropractors most often do not treat the remainder of the listed conditions.

Data for female and male reproductive conditions appear in Tables 8.14 and 8.15.

### Discussion

Data from numerous case studies and preliminary research studies have provided some evidence that chiropractic care may have a positive effect on female reproductive disorders like primary dysmenorrhea and chronic pelvic pain. More research is needed in these areas.

Chiropractic management or co-management of female and male reproductive conditions primarily consists of adjusting spinal subluxations and in many cases providing specific nutritional advice and/or support.

Female Reproductive Condition	Frequency		Non-sublux-based diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co-managed	
Female infertility	0.6	Rarely	29.0%	42.1%	9.0%	49.0%	46.0%
Pregnancy	1.4	Rarely	32.1%	22.8%	5.0%	72.1%	40.1%
Menstrual disorder/PMS	1.5	Sometimes	35.8%	15.7%	25.3%	58.9%	28.0%
Noncancerous breast disorder	0.4	Virtually never	28.4%	65.0%	9.2%	25.8%	50.0%
Breast or reproductive system tumor	0.3	Virtually never	28.5%	82.2%	0.5%	17.3%	65.0%
Menopause	1.4	Rarely	32.4%	24.5%	13.5%	62.1%	31.5%

**Table 8.14** Female Reproductive Conditions

\* Please refer to page 98 for an explanation of management and referral categories.

Male Reproductive Condition	Frequency		Non-sublux-based diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co-managed	
Male infertility	0.3	Virtually never	32.2%	64.1%	7.7%	28.2%	55.5%
Impotency	0.4	Virtually never	31.3%	52.4%	9.3%	38.4%	52.4%
Benign prostatic hypertrophy	0.7	Rarely	33.9%	53.3%	7.7%	39.0%	51.0%
Prostatic carcinoma	0.3	Virtually never	32.0%	83.0%	0.4%	16.6%	66.1%
Other reproductive system tumor	0.1	Virtually never	35.8%	91.1%	0.1%	8.8%	77.7%

**Table 8.15** Male Reproductive Conditions

\* Please refer to page 98 for an explanation of management and referral categories.

## Childhood Disorders

Upper respiratory or ear infections are rarely seen in chiropractic practice. However, when respondents did report seeing such conditions, 48% reported making the diagnosis in the majority of these cases. Sixty-two percent of chiropractors co-manage their patients with another provider, and 22% act as sole providers for the majority of their patients with upper respiratory or ear infections.

Infantile colic is rarely seen in chiropractic practice, but 41% of respondents act as sole providers for this condition in the majority of cases seen. Other childhood infectious diseases and children with parasites are virtually never seen.

Data for childhood disorders appear in Table 8.16.

### Discussion

Two studies on the effectiveness of chiropractic care in the treatment of infantile colic are mentioned in Chapter 2 of this report. The authors noted “[s]pinal manipulation is normally used in the treatment of musculoskeletal disorders, and results of this trial leave open two possible interpretations. Either spinal manipulation is effective in the treatment of the visceral disorder infantile colic or infantile colic is, in fact, a musculoskeletal disorder, and not, as normally assumed, visceral” (Wiberg et al., 1999, p. 520).

Many childhood upper respiratory or ear infections and childhood diseases like chicken pox are routinely treated with simple palliative measures. Many parents choose a chiropractor as their children’s primary healthcare provider. Chiropractic management of childhood disorders primarily consists of adjusting concomitant spinal subluxations and providing specific nutritional advice and/or support and other palliative measures.

Childhood Disorder	Frequency		Non-sublux-based diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co-managed	
Upper respiratory or ear infection	1.4	Rarely	48.4%	15.6%	22.3%	62.0%	36.3%
Parasites	0.3	Virtually never	40.2%	65.2%	14.1%	20.7%	51.5%
Colic	0.9	Rarely	40.1%	18.0%	41.0%	41.0%	23.6%
Infectious diseases (mumps, measles, chicken pox)	0.3	Virtually never	37.0%	66.6%	6.1%	27.3%	51.4%

Table 8.16 Childhood Disorders

\* Please refer to page 98 for an explanation of management and referral categories.

## Miscellaneous Conditions

Patients suffering from allergies are sometimes seen in chiropractic practice. This condition is typically co-managed by chiropractors. While nutritional disorders are rarely seen in many practices, they are co-managed in 48% of the cases.

Data for miscellaneous conditions appear in Table 8.17.

### Discussion

Allergies are a form of immune reaction. Psychoneuroimmunology has revealed an inter-relationship between the central nervous system and immunity (consistent with chiropractic philosophy). Many patients employ numerous strategies to maintain or regain their health; some choose chiropractic care in support of their general health and/or as part of their treatment plan. Chiropractic management of allergies primarily consists of adjusting subluxations and providing specific nutritional advice.

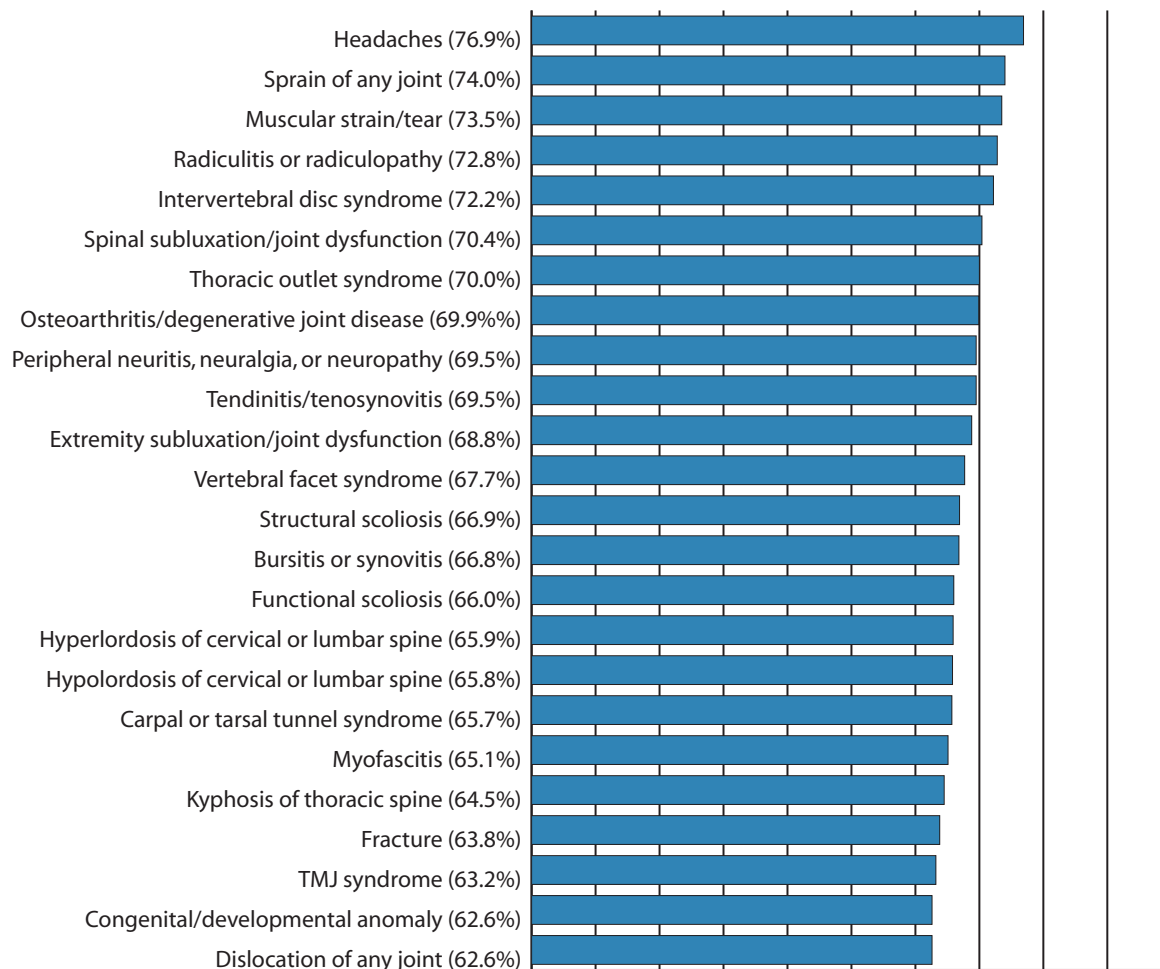
Miscellaneous Condition	Frequency		Non-sublux-based diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co-managed	
Allergies	1.9	Sometimes	39.4%	15.5%	21.1%	63.5%	29.2%
Nutritional disorders	1.4	Rarely	38.7%	17.7%	34.5%	47.8%	30.1%
Eating disorders	0.7	Rarely	33.3%	46.7%	8.2%	45.1%	51.5%
Psychological disorders	0.9	Rarely	31.5%	53.3%	3.1%	43.6%	58.9%

**Table 8.17** Miscellaneous Conditions

\* Please refer to page 98 for an explanation of management and referral categories.

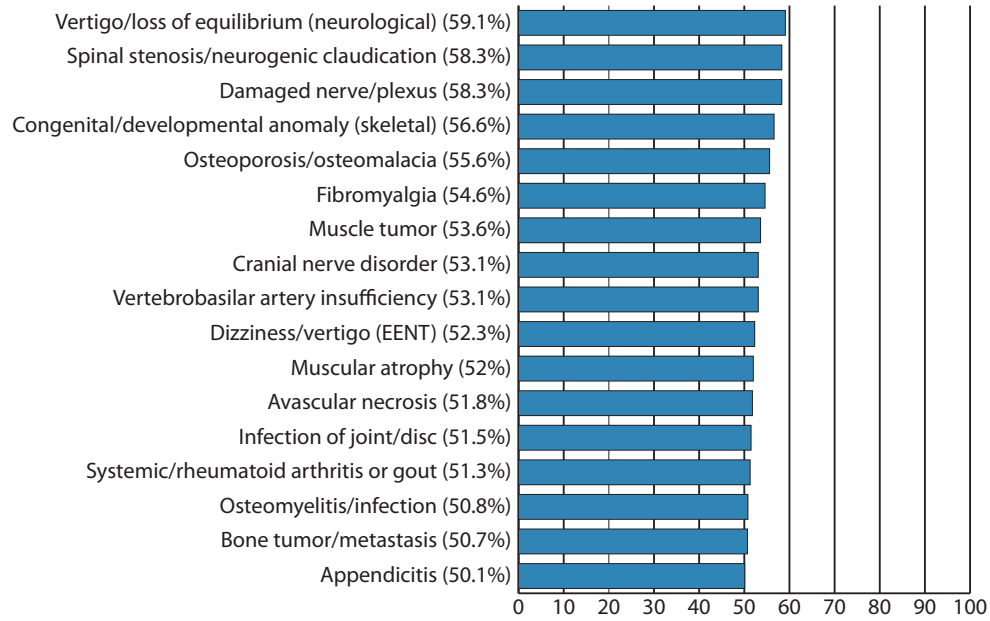
## Diagnosis of Conditions

As shown previously in the chapter, the 2003 Survey of Chiropractic Practice instructed participants to indicate whether they had made a diagnosis other than subluxation in the majority of cases of each listed condition seen in their practices during the previous year. Figure 8.5 graphically presents, in descending order, the conditions for which more than 50% of respondents indicated that they made a non-subluxation-based diagnosis in the majority of cases that they saw in the previous year.



**Figure 8.5** Percentage of Chiropractors Who Made a Non-subluxation-based Diagnosis for the Majority of Their Patients with Each Condition





**Figure 8.5** Percentage of Chiropractors Who Made a Non-subluxation-based Diagnosis for the Majority of their Patients with Each Condition, continued

