

Chapter 8

Patient Conditions

Introduction

This chapter presents the results of questions regarding the health conditions that chiropractors evaluate and treat in their practices that were included in the 2014 Survey of Chiropractic Practice. Most of the conditions and frequencies reported by respondents were very similar to responses to the 1998 and 2003 surveys. Some health conditions that were previously reported as being treated only rarely were grouped together or not included in this survey. For the few conditions where there have been significant changes over the past 10 years, data from the 2003 survey are discussed in the text. Information obtained from the 2003 survey concerning the chief complaints of chiropractic patients and the etiology of those complaints is also presented as background information.

Chief Complaint & Primary Etiology

A typical patient enters a chiropractor's office complaining of some specific pain or problem — the chief complaint. 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 the patient's history, physical examination, laboratory results, and other data — reaches a diagnostic conclusion that may or may not include *subluxation*. 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. Ten-point scales were used in these two sections, and the responses were averaged (Figures 8.1 and 8.2). Because the previous data had been so stable, the 2009 and 2014 surveys did not include these questions.

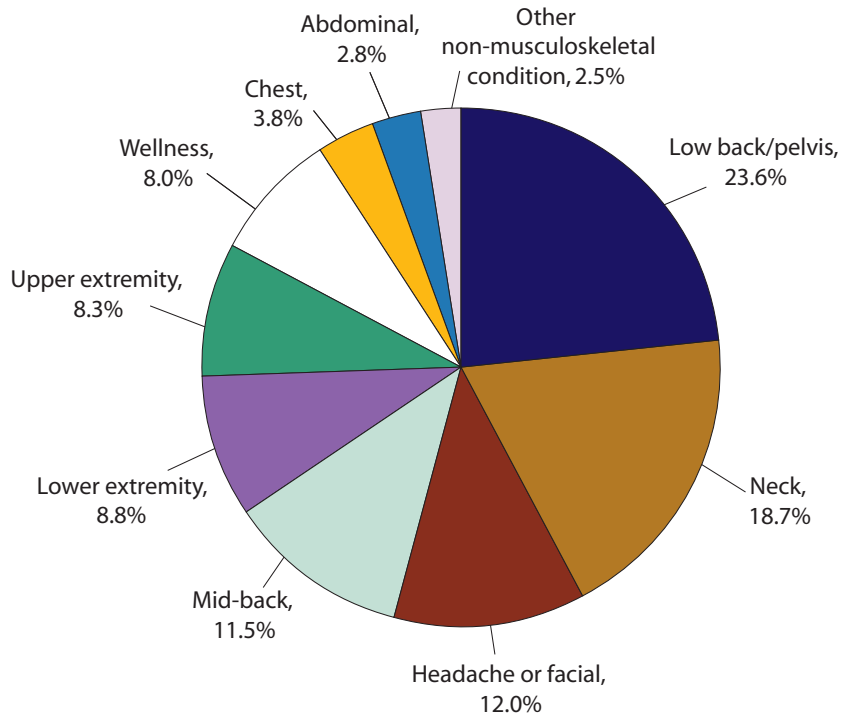


Figure 8.1 Percent of Patients With Chief Complaint (2003)

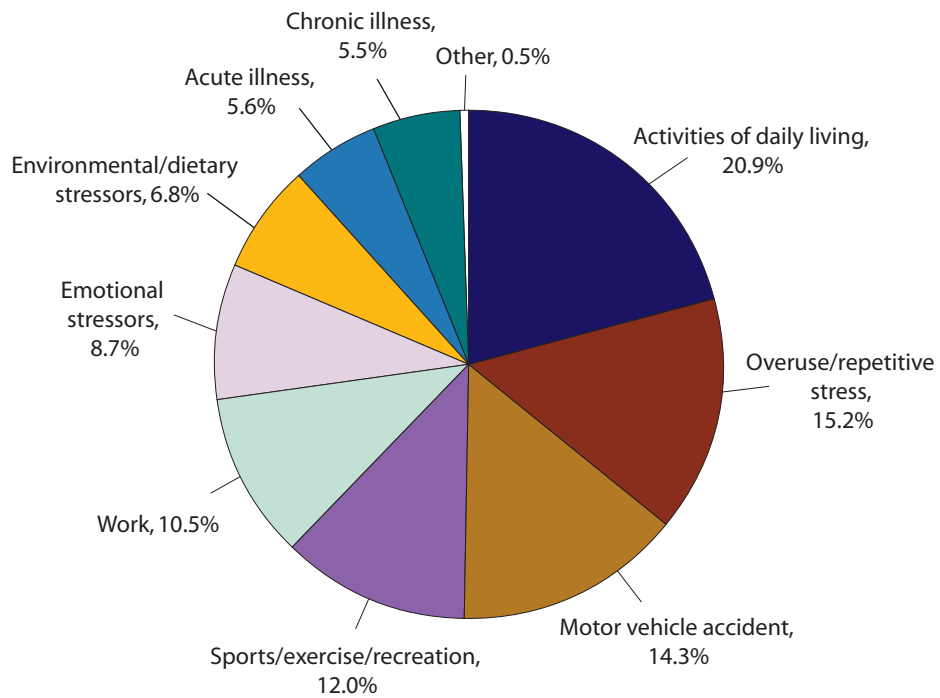


Figure 8.2 Etiology of Patient Conditions (2003)

Conditions

In the 2014 NBCE survey, participants were asked to provide information concerning their management of 84 conditions that they might have seen in their practices during the previous year. (For details on the scales utilized and the exact wording of the questions, refer to the survey instrument in Appendix B.) 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 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 usual method of clinical management for the majority of the cases they had seen?

In all of the tables in Chapter 8, some conditions that 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.

Neurological Conditions

Neurological conditions seen daily by doctors of chiropractic include headaches and radiculitis or radiculopathy, while peripheral neuritis or neuralgia is seen weekly. Sixty-two to 76% of chiropractors make a diagnosis of each of these conditions in a typical year. Seventy-two percent of respondents acted as the sole providers of care for the majority of headache patients in their practices. Sixty-five percent of chiropractic practitioners are the sole providers of care for the majority of cases of radiculitis or radiculopathy they see in their practices. The percentage of respondents who solely manage peripheral neuritis, neuralgia, or neuropathy in the majority of cases in their practices is 39%, which has decreased from 54% in 2003. This appears to be the result of an increase in interdisciplinary co-management of these related conditions, which has climbed from 43% in 2003 to 55% in 2014. Vertigo or loss of equilibrium and spinal stenosis/ neurogenic claudication are typically seen by chiropractors on a monthly basis. In the majority of these cases, more than half (61% and 66%, respectively) of respondents co-manage these conditions with another healthcare practitioner.

Data for neurological conditions appear in Table 8.1.

Discussion¹

The 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 8.1).

Fourteen percent of a typical chiropractor's patients seek chiropractic care following a motor vehicle accident (Figure 8.2). In these incidents, patients frequently sustain peripheral nerve injuries like neuritis/neuralgia and radiculitis/radiculopathy, which often respond well to chiropractic care.

Vertigo or loss of equilibrium (Table 8.1) 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, based upon anecdotal evidence and specific case studies, vertigo caused by proprioceptive alterations in the cervical spine secondary to injury or degeneration often responds quickly to chiropractic adjustments.

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

Neurological Condition	Frequency 0 1 2 3 4 5 Never Several/day	Made Initial Diagnosis in Majority of Cases	Management		
			Not treated	Treated solely	Co-managed
Headaches	3.9 Daily	76.3%	0.2%	70.1%	23.6%
Radiculitis or radiculopathy	3.5 Daily	74.0%	1.0%	65.5%	27.3%
Peripheral neuritis, neuralgia, or neuropathy	3.1 Weekly	61.8%	0.9%	38.8%	54.8%
Spinal stenosis/neurogenic claudication	2.4 Monthly	50.8%	2.4%	25.9%	65.5%
Vertigo/loss of equilibrium	1.9 Monthly	56.4%	3.0%	31.3%	60.7%
Concussion/head injury	1.1 Yearly	51.6%	11.2%	14.8%	70.0%
ALS, multiple sclerosis, or parkinsonism	0.9 Yearly	21.5%	21.1%	3.3%	70.0%
Cranial nerve disorder	0.9 Yearly	46.3%	8.8%	23.1%	63.2%
Stroke or cerebrovascular condition	0.5 Yearly	15.6%	43.9%	2.0%	49.7%

Table 8.1 Neurological Conditions

¹ 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.

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 (4.4%).

Chiropractors see the following articular disorders daily: osteoarthritis/degenerative joint disease, joint sprains, subluxation/joint dysfunction of extremities, hypolordosis of the cervical or lumbar spine, and intervertebral disc syndrome. Hyperlordosis of the cervical or lumbar spine and kyphosis of the thoracic spine are seen weekly. Eighty-seven percent, 83%, and 81% of respondents are the sole healthcare provider in the majority of cases of hyperlordosis, hypolordosis of the cervical or lumbar spine and kyphosis of the thoracic spine, respectively. For the majority of patients with extremity subluxation/joint dysfunction, 83% of respondents are the sole managers, 10% of respondents co-manage, and 2% do not treat the majority of these cases.

When providing care for patients who have joint sprains, 79% of respondents are the sole providers of care and 15% of respondents co-manage sprains. Seventy-four percent of respondents make the diagnosis of sprain in the majority of cases. Fifty-three percent of respondents are the sole healthcare provider for the majority of the osteoarthritis/degenerative joint disease cases seen in their practices. Forty-one percent of chiropractors co-manage joint degeneration with another provider in the majority of cases.

Patients with both functional and structural scolioses are seen by chiropractors on a monthly basis. Sixty-four percent of respondents are the sole healthcare practitioner managing the majority of patients with a functional scoliotic deformity, while 52% are the sole healthcare practitioner managing the majority of patients with a structural scoliosis (Table 8.2). Other articular conditions that are seen monthly in chiropractic practice include bursitis or synovitis, TMJ syndrome, carpal or tarsal tunnel syndrome, thoracic outlet syndrome, and rheumatoid/inflammatory arthritis or gout.

Respondents reported seeing patients with a joint dislocation yearly, while the condition of avascular necrosis was virtually never seen. As reflected in Table 8.2, respondents report various rates of management and diagnosis for these articular conditions.

Data for articular/joint conditions appear in Table 8.2.

Discussion

Joints with improper alignment or impaired mobility undergo degeneration (Chapter 2). 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 are most frequently seen in chiropractic practice.

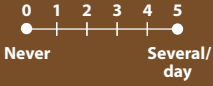
Articular Joint Condition	Frequency 	Made Initial Diagnosis in Majority of Cases	Management		
			Not treated	Treated solely	Co-managed
Spinal subluxation/joint dysfunction	4.6 Several/day	80.3%	0.2%	88.9%	4.4%
Osteoarthritis/degenerative joint disease	3.9 Daily	68.0%	0.4%	52.7%	40.9%
Sprain of any joint	3.7 Daily	74.3%	0.2%	78.5%	15.0%
Extremity subluxation/joint dysfunction	3.6 Daily	77.0%	1.8%	83.0%	9.7%
Hypolordosis of cervical or lumbar spine	3.6 Daily	73.4%	0.7%	83.2%	7.0%
Intervertebral disc syndrome	3.5 Daily	74.3%	0.8%	61.4%	31.5%
Hyperlordosis of cervical or lumbar spine	3.1 Weekly	76.0%	1.3%	86.5%	6.5%
Kyphosis of the thoracic spine	2.8 Weekly	71.4%	0.2%	80.9%	12.0%
Bursitis or synovitis	2.3 Monthly	69.6%	1.1%	54.2%	38.6%
Functional scoliosis	2.2 Monthly	65.6%	0.9%	63.9%	29.0%
TMJ syndrome	2.2 Monthly	63.6%	1.0%	54.8%	38.4%
Carpal or tarsal tunnel syndrome	2.1 Monthly	64.8%	1.0%	55.9%	37.0%
Structural scoliosis	2.1 Monthly	59.2%	2.1%	52.3%	39.7%
Thoracic outlet syndrome	1.8 Monthly	65.6%	1.2%	62.3%	29.5%
Rheumatoid/inflammatory arthritis or gout	1.7 Monthly	31.6%	9.3%	7.6%	78.5%
Dislocation of any joint	0.8 Yearly	53.6%	20.3%	25.4%	46.4%
Avascular necrosis	0.3 Virtually never	36.6%	46.7%	5.3%	44.3%

Table 8.2 Articular Joint Conditions

Muscular Conditions

The three muscular conditions seen most often in chiropractic practice — muscle strain/tear, myofasciitis, and muscle weakness/atrophy — have similar rates of diagnosis. Seventy percent of chiropractors act as the sole healthcare provider to the majority of their patients with muscle strains or tears and for those with myofasciitis. Twenty-two percent of chiropractors co-manage patients with these conditions with another provider. The management of muscle weakness/atrophy is evenly divided; 45% of chiropractors are the sole provider in most cases, while 47% co-manage most of their patients.

Tendinopathy (tendinitis/tenosynovitis) and fibromyalgia are both seen monthly in chiropractic practices; 60% of chiropractors diagnose the majority of their patients with tendinopathy, while 42% make the initial diagnosis in the majority of their fibromyalgia cases. Fibromyalgia patients are typically co-managed with another healthcare professional (71%), while the co-management of patients with tendinopathy has increased from 20% in 2003 to 34% in 2014.

Data for muscular conditions appear in Table 8.3.

Discussion

As indicated in Chapter 9 (Tables 9.11 and 9.12), chiropractors typically utilize a variety of passive and active adjunctive treatments in their practices. Many of these interventions can specifically address the muscular component of a patient's condition. The combination of chiropractic adjustive techniques, soft tissue manipulation, physiotherapeutics, and rehabilitation can be quite effective in the treatment of muscular injuries and other muscular conditions.

Muscular Condition	Frequency		Made Initial Diagnosis in Majority of Cases	Management		
	0 Never	1 2 3 4 5 Several/day		Not treated	Treated solely	Co-managed
Muscle strain/tear	3.6	Daily	74.7%	0.6%	69.7%	23.3%
Myofasciitis	3.4	Weekly	69.7%	1.0%	69.8%	22.3%
Muscle weakness/atrophy	2.6	Weekly	64.2%	1.3%	45.3%	46.5%
Tendinopathy	2.3	Monthly	60.4%	1.7%	58.6%	33.6%
Fibromyalgia	2.3	Monthly	42.0%	1.7%	23.2%	70.5%

Table 8.3 Muscular Conditions

Skeletal Conditions

Osteoporosis/osteomalacia is seen monthly by chiropractors, with 37% of practitioners making the initial diagnosis in the majority of their cases. This is a decrease from the 56% reported in 2003 — perhaps as a result of increased public awareness and screening programs. Seventy-two percent of respondents co-manage the majority of their patients with osteoporosis/osteomalacia with another healthcare professional.

Respondents to the survey reported that they see patients with congenital/developmental anomalies and those with bone fractures yearly in their chiropractic practices, with about half reporting they made the initial diagnosis in the majority of cases (46% and 51%, respectively), and about half (53% and 46%, respectively) being co-managed. Bone tumors/metastases and infections of joint/disc/bone are virtually never seen by most chiropractors, who seldom make the initial diagnosis (31% and 35%, respectively). Very few respondents indicated that they are the sole providers to patients with these conditions, whereas the 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 osteoporosis, fractures, 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 appropriate brace, advise him/her of home care strategies and activity restrictions, recommend nutritional supplementation, provide the appropriate referrals, and be available for follow-up assessment and care.

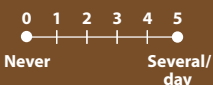
Skeletal Condition	Frequency 	Made Initial Diagnosis in Majority of Cases	Management		
			Not treated	Treated solely	Co-managed
Osteoporosis or osteomalacia	2.3 Monthly	37.1%	10.5%	13.0%	71.8%
Congenital/developmental anomaly	0.9 Yearly	45.7%	14.3%	29.2%	53.4%
Fracture	0.8 Yearly	50.9%	47.2%	2.5%	45.6%
Bone tumor/metastasis	0.4 Virtually never	31.0%	64.5%	1.7%	26.7%
Infection of joint/disc/bone	0.4 Virtually never	35.2%	50.1%	4.6%	37.1%

Table 8.4 Skeletal Conditions

Respiratory Conditions

Chiropractors see patients with respiratory problems yearly or virtually never, depending on the condition. Asthma, emphysema, and COPD comprise the most frequently seen cluster of respiratory problems. The methods by which respondents manage patients with respiratory conditions vary, but between 11% and 26% make the initial 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 — may be beneficial to patients experiencing respiratory conditions.

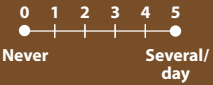
Respiratory Condition	Frequency 	Made Initial Diagnosis in Majority of Cases	Management		
			Not treated	Treated solely	Co-managed
Asthma, emphysema, or COPD	1.3 Yearly	24.4%	16.1%	5.7%	71.4%
Respiratory infection	1.0 Yearly	26.2%	33.6%	9.3%	53.0%
Occupational/ environmental lung disorder	0.3 Virtually never	15.7%	47.2%	2.6%	45.1%
Tumor of lung or respiratory passages	0.2 Virtually never	11.0%	68.5%	1.0%	26.6%
Atelectasis or pneumothorax	0.1 Virtually never	21.0%	62.4%	0.5%	32.6%

Table 8.5 Respiratory Conditions

Gastrointestinal Conditions

Gastrointestinal conditions are not often presenting conditions for patients seeking chiropractic care. (Figure 8.1) However, 16% to 40% of chiropractors arrive at the diagnosis of these conditions in the majority of the cases seen in their practices. The most frequently treated gastrointestinal condition in a chiropractic practice is hiatal hernia/esophageal reflux, which is treated or co-managed 83% of the time. For all of the conditions listed in Table 8.6, 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 46 to 63% 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 9.10), 97% of chiropractors provide nutritional and dietary recommendations to their patients.

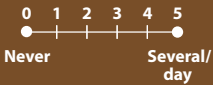
Gastrointestinal Condition	Frequency 	Made Initial Diagnosis in Majority of Cases	Management		
			Not treated	Treated solely	Co-managed
Hiatal hernia/esophageal reflux	1.2 Yearly	39.7%	10.5%	20.3%	62.6%
Colitis or diverticulitis	0.8 Yearly	25.2%	23.0%	10.7%	60.8%
Gastrointestinal infection	0.6 Yearly	25.3%	32.2%	16.3%	45.7%
Ulcer of stomach, small intestine, or colon	0.6 Yearly	15.5%	39.7%	6.9%	47.4%
Inguinal hernia	0.5 Yearly	32.1%	61.1%	1.6%	31.8%
Hemorrhoid	0.5 Yearly	19.9%	36.3%	16.1%	40.3%
Cholecystitis or pancreatitis	0.4 Virtually never	25.2%	42.9%	9.1%	42.7%
Appendicitis	0.2 Virtually never	35.4%	67.8%	5.3%	21.2%

Table 8.6 Gastrointestinal Conditions

Dermatological Conditions

Doctors of chiropractic see the skin conditions listed in the Table 8.7 on a yearly basis, and 20% to 33% of practitioners arrive at the diagnosis of these conditions in the majority of the cases seen in their practices. Chiropractors often do not treat these problems, sometimes co-manage them after having identified the problem, and only rarely act as sole providers.

Data for dermatological conditions appear in Table 8.7.

Discussion

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

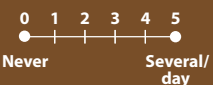
Dermatological Condition	Frequency 	Made Initial Diagnosis in Majority of Cases	Management		
			Not treated	Treated solely	Co-managed
Acne, dermatitis, or psoriasis	0.8 Yearly	31.1%	37.9%	11.1%	44.3%
Herpes simplex or herpes zoster	0.6 Yearly	33.0%	33.1%	16.1%	45.7%
Skin cancer	0.5 Yearly	20.0%	72.0%	0.8%	21.9%

Table 8.7 Dermatological Conditions

Renal/Urological Conditions

Doctors of chiropractic seldom see renal and urological conditions as presenting or concurrent complaints. The conditions listed in Table 8.8 are identified yearly or virtually never. However, 19% to 34% of practitioners arrive at the diagnosis of these conditions in the majority of cases seen in their practices. Chiropractors rarely act as sole providers for renal and urological problems, but in 27% to 56% of cases they identify and co-manage the conditions with other healthcare 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 supplementation. As indicated in Chapter 9 (Table 9.10), 97% of chiropractors provide nutritional and dietary recommendations to their patients.

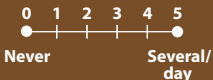
Renal/Urological Condition	Frequency 	Made Initial Diagnosis in Majority of Cases	Management		
			Not treated	Treated solely	Co-managed
Incontinence	0.9 Yearly	25.9%	21.9%	16.4%	56.0%
Kidney or urinary tract infection	0.8 Yearly	33.5%	32.0%	9.2%	52.4%
Kidney stones	0.7 Yearly	24.7%	49.1%	4.3%	43.9%
Kidney or bladder tumor	0.2 Virtually never	18.8%	65.9%	4.3%	26.9%

Table 8.8 Renal/Urological Conditions

Cardiovascular Conditions

Of the cardiovascular conditions listed in Table 8.9, only high blood pressure is seen more than yearly in the typical chiropractic practice; it is identified about once a month. Thirty-six percent of chiropractors make the diagnosis of hypertension in the majority of their patients with the condition, and 67% co-manage the majority of cases with other healthcare providers.

Abdominal aortic aneurysms are an infrequent, but dangerous cause of low back pain, so chiropractors are often the first healthcare provider to suspect and identify this condition. As a result, 53% of practitioners reported making this diagnosis in the majority of cases.

Data for cardiovascular conditions appear in Table 8.9.

Discussion

The efficacy of manipulation for hypertension is being investigated, as discussed in Chapter 2, and demonstrates the breadth of current chiropractic research.

Cardiovascular Condition	Frequency		Made Initial Diagnosis in Majority of Cases	Management		
	0 Never	1 2 3 4 5 Several/day		Not treated	Treated solely	Co-managed
Hypertension/hypotension	2.1	Monthly	36.3%	22.5%	6.4%	67.4%
Peripheral artery or vein disorder	0.7	Yearly	17.8%	50.2%	3.1%	40.2%
Heart murmur or rhythm irregularity	0.6	Yearly	20.3%	52.0%	4.2%	38.0%
Angina or myocardial infarction	0.4	Virtually never	22.5%	52.4%	5.2%	39.5%
Abdominal aortic aneurysm	0.4	Virtually never	52.7%	71.2%	0.6%	23.4%

Table 8.9 Cardiovascular Conditions

Endocrine/Metabolic Conditions

Obesity and diabetes are the two conditions in this section that are seen on a monthly basis as presenting or concurrent conditions in chiropractic practice; the other disorders presented in Table 8.10 are seen on a yearly basis. Nineteen percent of chiropractors are the sole practitioners providing management for the majority of their obese patients. Sixty-six percent of chiropractors co-manage the majority of their patients with diabetes.

Data for endocrine/metabolic conditions appear in Table 8.10.

Discussion

That 7.3% 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 recommending supplementation. As indicated in Chapter 9 (Table 9.10), 97% of chiropractors provide nutritional and dietary recommendations to their patients.

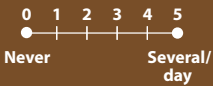
Endocrine/Metabolic Condition	Frequency 	Made Initial Diagnosis in Majority of Cases	Management		
			Not treated	Treated solely	Co-managed
Obesity	2.3 Monthly	37.0%	16.5%	19.4%	57.6%
Diabetes/metabolic syndrome	1.7 Monthly	27.5%	22.3%	7.3%	66.3%
Immune system dysfunction	1.3 Yearly	27.8%	17.4%	19.4%	57.9%
Thyroid disorder	1.2 Yearly	23.1%	32.6%	6.6%	55.3%
Adrenal disorder	1.0 Yearly	44.8%	22.1%	30.8%	41.5%
Anemia	0.7 Yearly	30.7%	36.4%	14.1%	44.6%

Table 8.10 Endocrine/Metabolic Conditions

Female and Male Reproductive Disorders

Chiropractors see pregnancy-related conditions and menstrual disorders on approximately a monthly basis. Thirty to 39% of these conditions are diagnosed by the practitioner in the majority of cases. On a yearly basis, chiropractors treat patients experiencing menopause, infertility, and benign prostatic hypertrophy. They virtually never see patients who present with fibrocystic breast disorder, prostatic carcinoma, or sexually transmitted diseases. When respondents reported seeing these conditions, 8% to 39% reported making the diagnosis in the majority of cases they had seen in the past year.

Data for female and male reproductive disorders appear in Table 8.11.

Discussion

Chiropractic adjustments during pregnancy are being studied; there is anecdotal and some empirical evidence that women with primary dysmenorrhea benefit from spinal manipulation therapy. 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 recommending supplementation.

Reproductive Disorders	Frequency		Made Initial Diagnosis in Majority of Cases	Management		
				Not treated	Treated solely	Co-managed
Pregnancy-related condition	1.7	Monthly	39.3%	3.6%	19.9%	70.8%
Menstrual disorder/PMS	1.5	Monthly	30.2%	14.7%	23.1%	56.3%
Menopause	1.4	Yearly	23.4%	22.6%	13.1%	59.9%
Infertility female/male	0.6	Yearly	19.5%	15.8%	10.7%	64.4%
Benign prostatic hypertrophy	0.6	Yearly	16.7%	39.1%	5.2%	47.6%
Fibrocystic breast or polycystic ovary	0.4	Virtually never	17.5%	42.4%	9.7%	42.9%
Prostatic carcinoma	0.3	Virtually never	8.2%	68.5%	1.5%	25.9%
Sexually transmitted diseases	0.2	Virtually never	11.9%	66.5%	1.0%	27.4%

Table 8.11 Reproductive Disorders

Eye, Ear, Nose, and Throat Conditions

Sinus conditions are seen by chiropractic practitioners on about a monthly basis, while other eye, ear, nose, and throat disorders are seen yearly in most practices. Forty-five percent and 39%, respectively, of practitioners diagnose these conditions in the majority of the cases they see. Thirty-one percent of chiropractors act as sole providers to their patients with sinus conditions, and 17% act as sole providers to their patients with eye, ear, nose, or throat disorders; 55% and 59%, respectively, co-manage these conditions with other providers.

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

Discussion

Chiropractors manage or co-manage patients with sinus conditions or disorders of the eye, ear, nose, or throat. Although many of these conditions may require consultation and/or treatment by a medical specialist, many chiropractors can provide relief of symptoms using soft tissue therapies, nutritional intervention, adjustment of the spine, or techniques specific to the treatment of sinusitis and related headaches. It is not uncommon for patients to seek care from a chiropractor prior to consulting a medical specialist for sinus-related complaints.

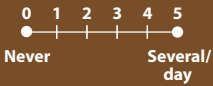
Eye, Ear, Nose, and Throat Condition	Frequency 	Made Initial Diagnosis in Majority of Cases	Management		
			Not treated	Treated solely	Co-managed
Sinus condition	2.2 Monthly	45.0%	8.0%	31.0%	55.2%
Eye, ear, nose, or throat disorder	1.3 Yearly	38.6%	20.1%	16.8%	58.8%

Table 8.12 Eye, Ear, Nose, and Throat Conditions

Childhood Disorders

Upper respiratory tract or ear infections and infantile colic are seen in chiropractic practice approximately yearly. When respondents reported seeing such conditions, 46% and 47% of practitioners reported making the diagnosis in the majority of cases, respectively. Forty-eight to 59% of chiropractors co-manage their patients with these conditions with another provider, and 28% act as sole providers for the majority of their patients with upper respiratory tract or ear infections; 45% act as sole healthcare providers for the majority of children with infantile colic. Data for childhood disorders appear in Table 8.13.

Discussion

While there is anecdotal and some empirical evidence for the benefit of chiropractic care in the treatment of infantile colic, most studies have been small, and blinding has been considered a problem. However, a recent high quality randomized controlled trial of chiropractic manual therapy found significantly reduced crying time in the treated infants, irrespective of parent blinding (Miller, Newell, & Bolton, 2012).

Many childhood upper respiratory or ear infections and childhood disease 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 recommending supplements and other palliative measures.

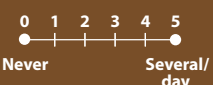
Childhood Disorder	Frequency 	Made Initial Diagnosis in Majority of Cases	Management		
			Not treated	Treated solely	Co-managed
Childhood respiratory/ear infection	1.1 Yearly	46.9%	7.0%	28.2%	59.4%
Infantile colic	0.9 Yearly	46.4%	2.1%	45.3%	47.7%

Table 8.13 Childhood Disorders

Miscellaneous Conditions

Patients experiencing nutritional disorders and allergies are seen monthly in chiropractic practice. These conditions are frequently identified by chiropractic practitioners (45% and 41% made the initial diagnosis in the majority of cases) and typically co-managed with other healthcare professionals. While sleep, psychological, and eating disorders are seen about yearly in many practices, they are co-managed in 44% to 58% of the cases.

Data for miscellaneous conditions appear in Table 8.14.

Discussion

Nutritional disorders are diagnosed by chiropractors in 45% of cases. Allergies are a form of immune reaction. Psychoneuroimmunology has revealed an interrelationship 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 program and/or as part of their treatment plan. Chiropractic management of nutritional disorders and allergies primarily consists of adjusting subluxations and providing specific nutritional advice and/or recommending supplementation.

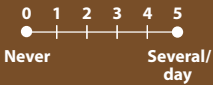
Miscellaneous Condition	Frequency 	Made Initial Diagnosis in Majority of Cases	Management		
			Not treated	Treated solely	Co-managed
Nutritional disorder	1.8 Monthly	44.6%	8.0%	34.5%	51.5%
Food/environmental allergies	1.7 Monthly	41.4%	10.8%	25.1%	59.7%
Sleep disorder	1.4 Yearly	29.9%	16.9%	17.5%	58.0%
Psychological disorder	0.9 Yearly	13.9%	47.3%	2.9%	44.2%
Eating disorder	0.6 Yearly	24.8%	29.7%	10.4%	54.8%

Table 8.14 Miscellaneous Conditions

Diagnosis and Management of Conditions

As noted previously in this chapter, the 2014 Survey of Chiropractic Practice instructed participants to indicate whether they had made the primary diagnosis in the majority of cases of each listed condition seen in their practices during the previous year. Figure 8.3 graphically presents, in descending order, the conditions for which more than 50% of respondents made the initial diagnosis in the majority of cases they saw in the previous year.

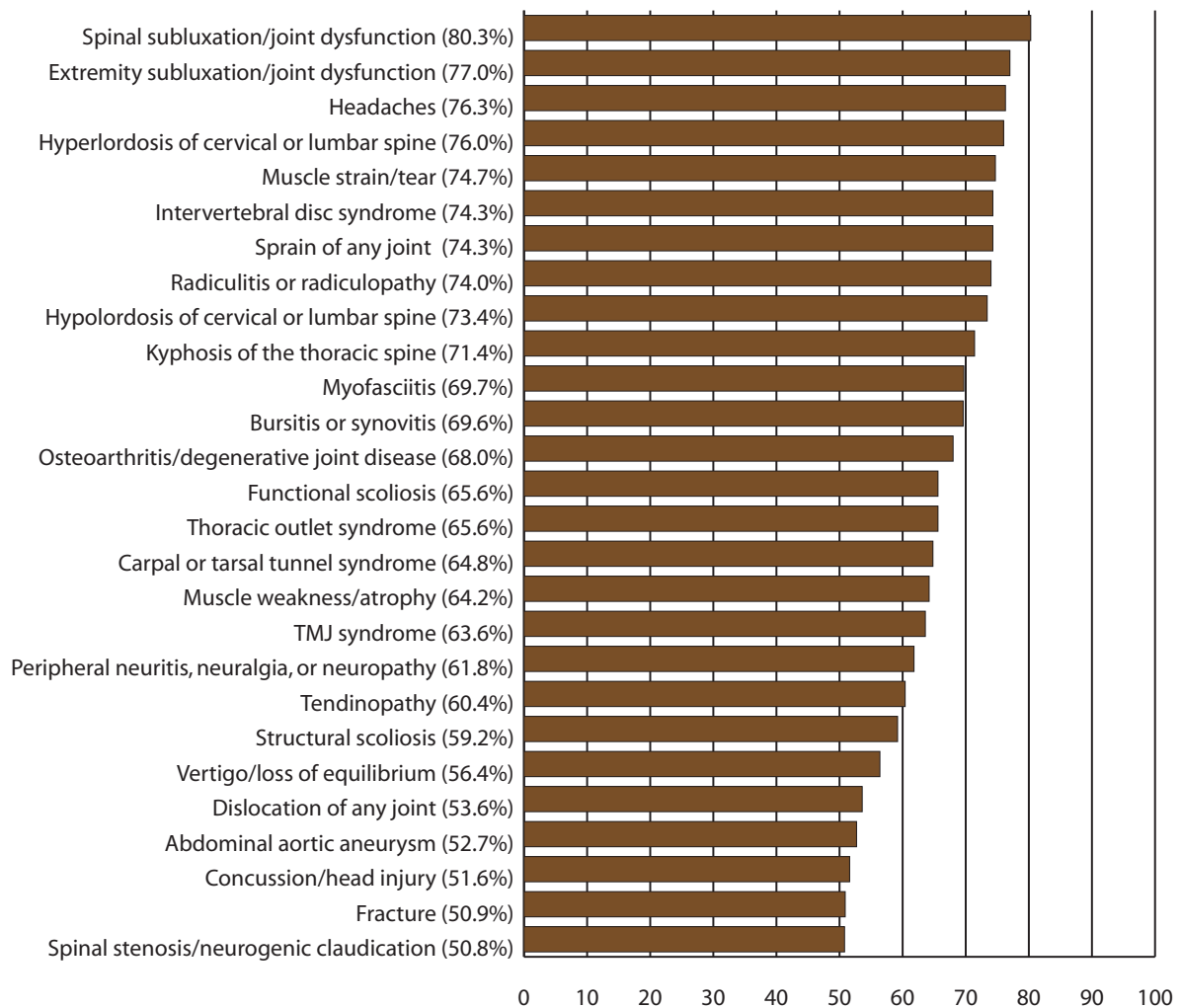


Figure 8.3 Conditions for Which Chiropractors Made the Diagnosis in the Majority of Cases

Figure 8.4 presents the conditions that were treated solely by chiropractors in the majority of cases that they saw during the previous year.

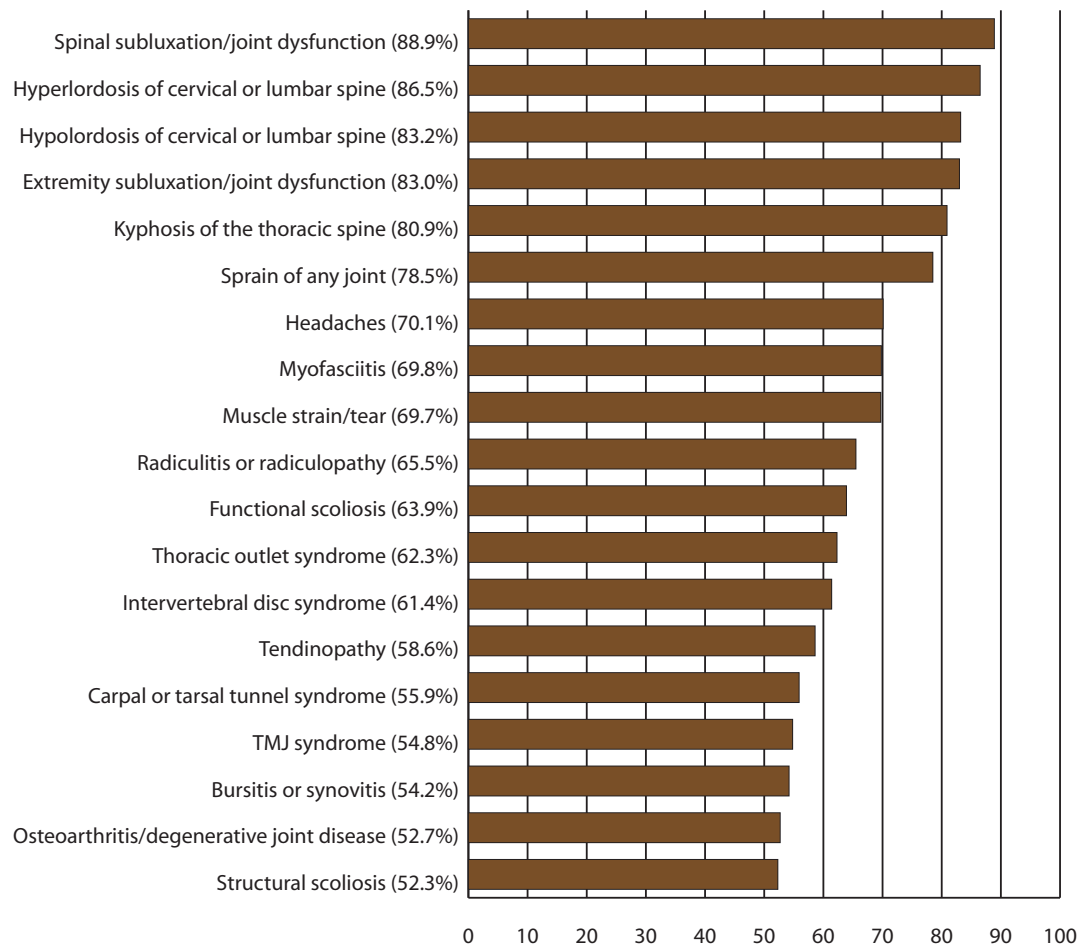


Figure 8.4 Conditions Which Chiropractors Treat Solely in the Majority of Cases

Figure 8.5 presents the conditions that were co-managed in the majority of cases seen by chiropractors.

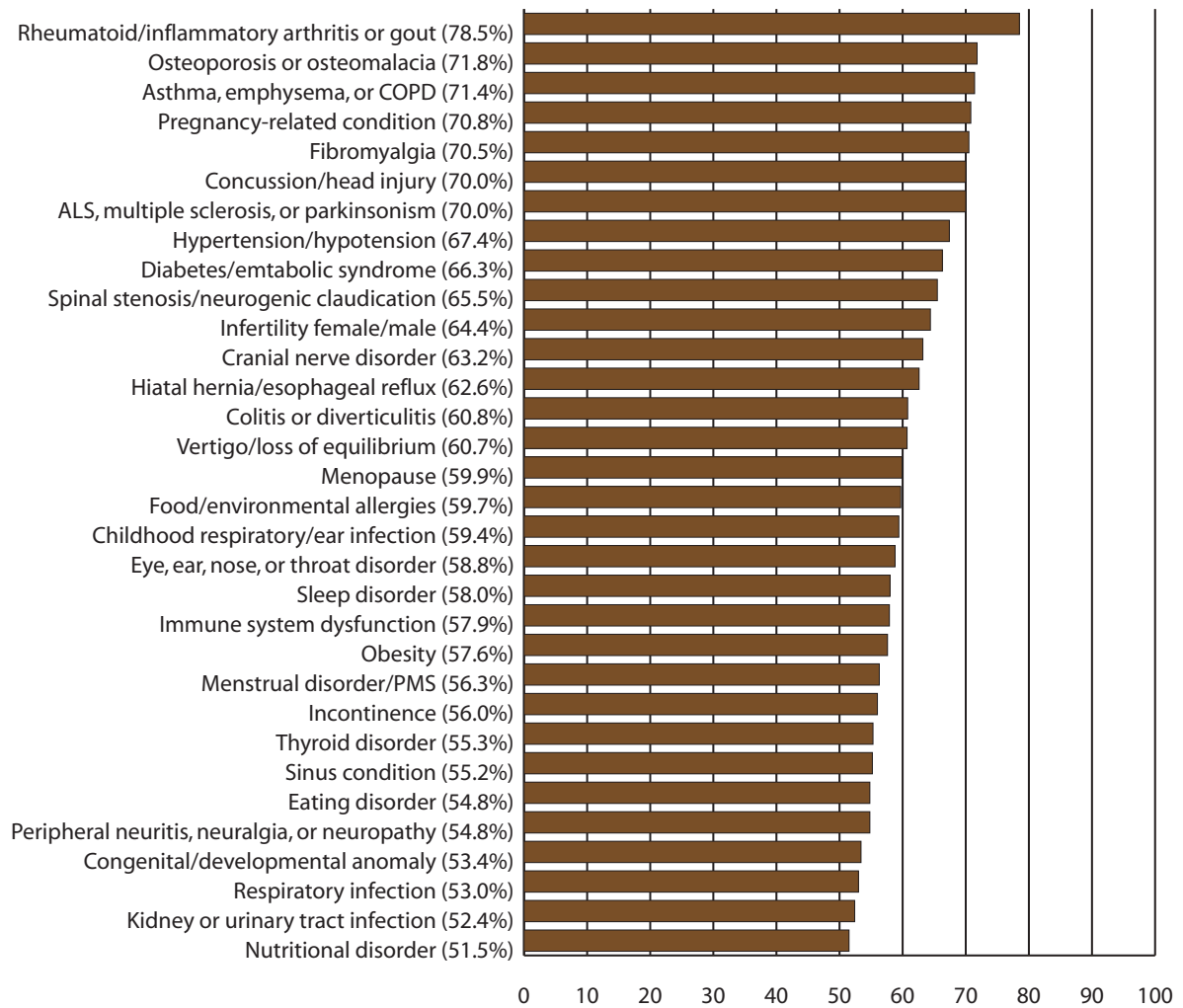


Figure 8.5 Conditions Which Chiropractors Co-manage in the Majority of Cases

