

# Crackin' Good: Chiropractic Session

Chairperson: Tom Winters, MD, FACOEM, FACPM

Tuesday, March 24<sup>th</sup>, 2026

11:00-11:25am

# Chiropractic Care for Neck and Back Pain

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- Focuses on **conservative, non-pharmacologic management** of musculoskeletal pain
- Commonly includes **spinal manipulation, mobilization, and adjunctive therapies**
- Most often used for **mechanical neck pain and low back pain**
- Included in multiple clinical guidelines as a **treatment option**, with evidence showing outcomes comparable to other active conservative therapies
- Today's session will highlight **practical considerations, indications, and patient selection**

# A Simple Case...

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# Disclosures

Spine Care Partners, LLC

Primary Spine Provider Network, LLC

CRISP Education and Research

- Medicolegal expert witness
- Speaking engagements
- Teaching
- Books

Rhode Island Spine Center private practice

# A simple case...

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26 y.o. woman right CTh junction and “shoulder” pain

Works as Certified Nursing Assistant – frequent patient transfers

1 month prior at work slipped on wet floor and fell

12 sessions of “PT” without benefit

Remains OOW

# A simple case...

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Pr: lifting child, dishes; frequently “locks up”

Pa: rest

“It hurts all day, but especially at the end of the day”

“I feel like I am a terrible mother”

# A simple case...

NDI– 88%

Neck Pain and Disability Index (Vernon Mior)	
<b>PLEASE READ DIRECTIONS:</b> This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage in everyday life. <b>Please answer every section and mark in each section only the ONE box which applies to your NECK PAIN and not to any other health problem you may have.</b> We realize you may consider that two of the statements in any one section relate to you, but just mark the box which most closely describes your problem.	
<b>SECTION 1 - PAIN INTENSITY</b>	<b>SECTION 6 - CONCENTRATION</b>
<input type="checkbox"/> I have no pain at the moment.	<input type="checkbox"/> I can concentrate fully when I want with no difficulty.
<input type="checkbox"/> The pain is very mild at the moment.	<input type="checkbox"/> I can concentrate fully when I want with slight difficulty.
<input type="checkbox"/> The pain is moderate at the moment.	<input type="checkbox"/> I have a fair degree of difficulty in concentrating when I want to.
<input type="checkbox"/> The pain is fairly severe at the moment.	<input type="checkbox"/> I have a lot of difficulty concentrating when I want to.
<input type="checkbox"/> The pain is very severe at the moment.	<input type="checkbox"/> I have a great deal of difficulty in concentrating when I want to.
<input type="checkbox"/> The pain is the worst imaginable at the moment.	<input type="checkbox"/> I cannot concentrate at all.
<b>SECTION 2 - PERSONAL CARE (Washing, Dressing, etc.)</b>	<b>SECTION 7 - WORK</b>
<input type="checkbox"/> I can look after myself normally without causing extra pain.	<input type="checkbox"/> I can do as much work as I want to.
<input type="checkbox"/> I can look after myself normally, but it causes extra pain.	<input type="checkbox"/> I can only do my usual work, but no more.
<input type="checkbox"/> It is painful to look after myself and I am slow and careful.	<input type="checkbox"/> I can do most of my usual work, but no more.
<input type="checkbox"/> I need some help but manage most of my personal care.	<input type="checkbox"/> I cannot do my usual work.
<input type="checkbox"/> I need help every day in most aspects of self care.	<input type="checkbox"/> I can hardly do any work at all.
<input type="checkbox"/> I do not get dressed. I wash with difficulty and stay in bed.	<input type="checkbox"/> I can't do any work at all.
<b>SECTION 3 - LIFTING</b>	<b>SECTION 8 - DRIVING</b>
<input type="checkbox"/> I can lift heavy weights without extra pain.	<input type="checkbox"/> I can drive my car without any neck pain.
<input type="checkbox"/> I can lift heavy weights but it gives me extra pain.	<input type="checkbox"/> I can drive my car as long as I want with slight neck pain.
<input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned such as on a table.	<input type="checkbox"/> I can drive my car as long as I want with moderate neck pain.
<input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.	<input type="checkbox"/> I can't drive my car as long as I want because of moderate neck pain.
<input type="checkbox"/> I can lift only very light weights.	<input type="checkbox"/> I can hardly drive at all because of severe pain in my neck.
<input type="checkbox"/> I cannot lift or carry anything at all.	<input type="checkbox"/> I can't drive my car at all.
<b>SECTION 4 - READING</b>	<b>SECTION 9 - SLEEPING</b>
<input type="checkbox"/> I can read as much as I want with no neck pain.	<input type="checkbox"/> I have no trouble sleeping.
<input type="checkbox"/> I can read as much as I want to with slight neck pain.	<input type="checkbox"/> My sleep is slightly disturbed (less than 1 hr. sleepless).
<input type="checkbox"/> I can read as much as I want to with moderate neck pain.	<input type="checkbox"/> My sleep is mildly disturbed (1-2 hrs. sleepless).
<input type="checkbox"/> I can't read as much as I want because of moderate neck pain.	<input type="checkbox"/> My sleep is moderately disturbed (2-3 hrs. sleepless).
<input type="checkbox"/> I can hardly read at all because of severe neck pain.	<input type="checkbox"/> My sleep is greatly disturbed (3-5 hrs. sleepless).
<input type="checkbox"/> I cannot read at all.	<input type="checkbox"/> My sleep is completely disturbed (5-7 hrs. sleepless).
<b>SECTION 5 - HEADACHES</b>	<b>SECTION 10 - RECREATION</b>
<input type="checkbox"/> I have no headaches at all.	<input type="checkbox"/> I am able to engage in all my recreation activities with no neck pain at all.
<input type="checkbox"/> I have slight headaches which come infrequently.	<input type="checkbox"/> I am able to engage in all my recreation activities with some neck pain.
<input type="checkbox"/> I have moderate headaches which come infrequently.	<input type="checkbox"/> I am able to engage in most, but not all of my usual recreation activities because of neck pain.
<input type="checkbox"/> I have moderate headaches which come frequently.	<input type="checkbox"/> I am able to engage in only a few of my usual recreation activities because of neck pain.
<input type="checkbox"/> I have severe headaches which come frequently.	<input type="checkbox"/> I can hardly do any recreation activities because of my neck pain.
<input type="checkbox"/> I have headaches almost all the time.	<input type="checkbox"/> I can't do any recreation activities at all.

# A simple case...

Pain intensity 8/10

Self-efficacy 0/12

Coping 1/12



Over the past week, on average, how would you rate your back pain?

0	1	2	3	4	5	6	7	8	9	10
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*No pain* *Worst possible pain*

I can do some form of work, despite the pain ("work" includes housework and paid and unpaid work).

0	1	2	3	4	5	6
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*Not at all confident* *Completely confident*

I can live a normal lifestyle, despite the pain.

0	1	2	3	4	5	6
---	---	---	---	---	---	---

*Not at all confident* *Completely confident*

Based on all the things you do to cope with, or deal with, your back pain, on an average day, how much control do you feel you have over it?

0	1	2	3	4	5	6
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*No control* *Some* *Complete control*

Based on all the things you do to cope with, or deal with, your back pain, on an average day, how much are you able to decrease it?

0	1	2	3	4	5	6
---	---	---	---	---	---	---

*Can't decrease it at all* *Can decrease it somewhat* *Can decrease it completely*

# A simple case...

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Primary spine care (chiro) management:

Self-care exercises

Manual therapy

All care in CBT-ACT Context

Starts in WH



6 visits over 3  
weeks f/b 4  
weeks WH

# A simple case...

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Reexam:

NDI: 44% from 88%

Pain 5/10 from 8/10

Self-efficacy and Coping measures improved

Report from FCE: functioning at Medium PDL (requires Medium-Heavy)

“I am feeling better and was progressing well but now I’m really confused”

“I was ready to finally get my life back but now I need shots”

# ...until it became complicated

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Told by case mgr to see ortho

Waits on couch for ortho visit 3 weeks

Ortho orders MRI – 2 small central herniations

- Told pt to stop WH and referred for ESI

Waits on couch for ESI 3 weeks

Ortho FU 3 weeks after ESI – no better

# ...until her determination came through

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After 12 weeks returns to PSP (Chiro)

- Pain back to 8/10
- But disability and distress much worse!
- Thank goodness:
  - “I wanna get my life back!”

# ...and it became uncomplicated again

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Back to self-care

Back to manual therapy

Back to WH

# 3 months of needless suffering

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After 4 weeks of primary spine care and WH

NDI minimal

Pain 1/10

High Coping, High Self-Efficacy

PDL Medium-Heavy

RTW FD

Thank you!