

Venue:	Arthritis Care and Research, Vol. 71, no. 11, November 2019
Title:	Article: Short-or long-term treatment of spinal disability in older adults with manipulation and exercise
Date:	November 2019
Type:	Article
Author(s)/ Presenter(s):	Michele Maiers, Jan Hartvigsen, Roni Evans, Kristine Westrom, Qi Wang, Craig Schulz, Brent Leininger, Gert Bronfort
Abstract (or Book Review):	<p>Objective: Back and neck pain are associated with disability and loss of independence in older adults. Whether long-term management using commonly recommended treatments is superior to shorter-term treatment is unknown. This randomized clinical trial compared short-term treatment (12 weeks) versus long-term management (36 weeks) of back- and neck-related disability in older adults using spinal manipulative therapy (SMT) combined with supervised rehabilitative exercises (SRE).</p> <p>Methods: Eligible participants were ages ≥ 65 years with back and neck disability for ≥ 12 weeks. Coprimary outcomes were changes in Oswestry Disability Index (ODI) and Neck Disability Index (NDI) scores after 36 weeks. An intent-to-treat approach used linear mixed-model analysis to detect between-group differences. Secondary analyses included other self-reported outcomes, adverse events, and objective functional measures.</p> <p>Results: A total of 182 participants were randomized. The short-term and long-term groups demonstrated significant improvements in back disability (ODI score -3.9 [95% confidence interval (95% CI) $-5.8, -2.0$] versus ODI score -6.3 [95% CI $-8.2, -4.4$]) and neck disability (NDI score -7.3 [95% CI $-9.1, -5.5$] versus NDI score -9.0 [95% CI $-10.8, -7.2$]) after 36 weeks, with no difference between groups (back ODI score 2.4 [95% CI $-0.3, 5.1$]; neck NDI score 1.7 [95% CI $0.8, 4.2$]). The long-term management group experienced greater improvement in neck pain at week 36, in self-efficacy at weeks 36 and 52, and in functional ability, and balance.</p> <p>Conclusion: For older adults with chronic back and neck disability, extending management with SMT and SRE from 12 to 36 weeks did not result in any additional important reduction in disability.</p>