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## I. Clinical Update – I) Comparison of Treatments for Neck Pain

Neck pain is a common complaint that can be severely disabling and costly. However, little is known regarding its clinical course. Patient history and a diagnostic exam may suggest a specific cause but most pain is unclear and labeled non-specific. At this point, conservative treatment or referral is frequently employed in general practice.

In a recent study by Hoving et al, treatments were compared in the conservative management of neck pain. Treatment methods compared included analgesics, rest, or referral to a physical or manual therapist. Physical therapy included massage, interferential current/heat,

and active care such as exercise. Manual therapies included mobilization/manipulation.

The interventions described were administered for 6 weeks. Manual therapy once a week, physical therapy twice a week, or continued care by general practitioner.

At seven week follow-up success rates were 68.3% for manual therapy, 50.8% for physical therapy, and 35% for general practitioners.

### **CONCLUSIONS:**

Manual therapy seems to be a favorable option for patients with neck pain.

Hoving JL, et al. 2002. Manual Therapy, Physical Therapy, of Continued Care by a General Practitioner for Patients with Neck Pain. Ann Intern Med. 136(10):713-722.

## II) Predictors for response to cervical manipulation

Cervical manipulation has been thought of as an effective treatment for neck pain. However, manipulation does not prove efficacious for every patient suffering from neck pain.

Improvement in clinical decision-making when to manipulate the cervical spine was discovered in 2005 by Tseng et al. One hundred patients participated in their study. Outcomes measured pain intensity, perceived improvement, and satisfaction level. Patient histories were taken and exam was performed. Before the cervical manipulation was applied a screening test was used to assess for vertebral basilar insufficiency on each patient.

After assessing the segmental movement the practitioner then applied a high-velocity, low amplitude thrust to the hypomobile segments. Patients were then re-evaluated to determine the extent of their improvement.

The following were identified as predictors for responders:

- o Initial Neck disability index <11.5
- o Bilateral involvement pattern
- o Not performing sedentary work >5 hours daily
- o Feeling better when moving the neck
- o Feeling worse while extending the neck

- o Diagnosis of spondylosis w/o radiculopathy

### **CONCLUSIONS:**

Using these predictors, clinicians can identify patients who will respond to cervical manipulation.

Tseng Y et al. 2006. Predictors for immediate responders to cervical manipulation in patients with neck pain, Manual Therapy. 11:306-315.

## B. Office News

We are pleased to announce the opening of our new office at 2415 Boston Post Rd. Unit 11, Guilford CT. 06437.

Our doctors specialize in the evaluation, treatment, and rehabilitation of musculoskeletal conditions.

Treatment modalities include spinal manipulation and mobilization, cervical and lumbar traction, physical therapy modalities, soft tissue mobilization, and rehabilitative exercise.

We use an evidence-based approach to discern a specific pain generating tissue. The perpetuating factors are assessed and addressed through dietary advice, posture and lifestyle changes. Psychosocial factors are also addressed due to their implication in leading to chronicity and increased recurrence.

Both Drs. Coulis and Furtado have extensive training in multi-disciplinary settings and are dedicated to fostering the integration of

traditional medicine and chiropractic care to best achieve positive patient outcomes.

Our care is patient centered, outcomes oriented, and finite.

The Doctors at Shoreline Spine and Pain are Fellows of the American Back Society.



*“Specializing in the evaluation, treatment, and rehabilitation of musculoskeletal conditions.”*

## C. Question of the month

### **Are all chiropractors the same?**

Simply stated, No. There of two factions of the profession. The first is thought of as philosophical-based and the second is the scientific or evidence-based.

The first group has a dogmatic perspective of the profession. The clinical thought process is devoid of any scientific reasoning or critical thinking. They believe that “nerve interference” is caused by “subluxations” and that all are at risk. The whole spine is treated regardless of region of complaint. The only manner in which patients are

treated is with manipulation. This practitioner is usually engaged in a doctor-centered practice and does not collaborate with medical doctors. There is typically no definite end to this type of treatment and poor outcome measures are used.

The second group uses the best evidence available in clinical decision making. This practitioner frequently collaborates and communicates with medical doctors. This doctor uses a myriad of manual procedures and exercise. Manual treatment is including but not limited to manipulation depending on the condition. The type of practice model employed by this practitioner is patient-centered.

This type of care is finite and outcomes oriented.

## D. Contact Us

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Please be aware that Drs. Coulis and Furtado are available to give a 20 minute lunchtime

presentation on how a medical physician can best collaborate with a chiropractor. They are also available to give 45 minute grand round type lectures. These include: Introduction to Chiropractic, Non-Surgical Management of Lower Back Pain, Conservative Management of Spinal Stenosis, or Evaluation and Conservative Management of Intervertebral Disc Syndromes. Please contact our office to schedule either Dr. Coulis or Dr. Furtado to come to

your office.

If you would like some additional literature about our office and the services we provide, please contact our office and request our introduction package to the Shoreline Spine & Pain Associates