

# Non-musculoskeletal and wellness care in chiropractic: The self referring patient

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**Narrative:** The decisions of two patients each who nominated their own schedule of care to minimise recurrence of a chronic non-musculoskeletal condition raises questions about how the experiences of patient-facing Chiropractors may better be conveyed to the discipline's researchers and academics.

The matter deserves thought to ascertain the best way to study this phenomenon, using a method which controls for confounders such as placebo or ideomotor effect, regression to the mean, coincidental or casual patient interpretation to treatment response and many others.

Patients with self reported positive unexpected non-musculoskeletal outcomes to Chiropractic care or those patients who are self referring themselves for Chiropractic care for wellness or non-musculoskeletal care, deserve to be considered with a view to determining whether we can develop a prediction instrument for this subset of non-musculoskeletal patients who beneficially respond to chiropractic care.

**Indexing terms:** Chiropractic; non-musculoskeletal presentations; self-referral.

## Introduction

**R**esearchers are forever searching for the ephemeral elusive unbiased 'truth'. To do this various research methods are employed with the highest levels associated with randomised controlled studies, systematic analysis, and meta-analysis. The case report is the way doctors in clinical practice attempt to share what they are finding with patients in live clinical settings to the research community, however the research community considers case reports (n=1 studies) to be the weakest form of research and evidence.

The problem with case reports is that there is no control group to determine if no care or an innocuous intervention might yield the same benefit. Case reports can't really rule out regression to the mean, or that the patient might have been getting better on their own regardless of an intervention. They also can't rule out the placebo or ideomotor effects, which can make findings of a case report confounding and not generalizable to the population at large. (1)

However there are some things that suggest that a case report might offer greater consideration that the intervention actually had an affect on a specific patient though still not address generalisation of the intervention for all patients. For an instance, a patient whose condition has been stable for years, seen multiple practitioners, and taken various medications, that responded positively to a few Chiropractic interventions when nothing prior had a

*... it is time we paid attention to self-referring patients with non-musculoskeletal conditions who benefit from Chiropractic care to develop a predictive tool that may more readily identify such patients ...'*



positive affect. Another compelling scenario is a patient who was in chronic discomfort and received Chiropractic care that helped their condition. For whatever reason they stopped care and their symptoms returned which caused them to return for Chiropractic care, and again with the care their symptoms resolved for a period of time. (1)

Often times the concepts of a patient self reporting independent of a doctor's request for information may offer a greater degree of impartiality. Of interest is that a study by Weber (2) found discordance between a child's report of discomfort versus the parent's perception of the child's head or neck discomfort. Weber found that *'Most of the parents were unaware that their child often had neck pain and/or headache or had suffered head or neck trauma'*. (2) So this study demonstrates that we need to exercise caution and make sure we speak to our paediatric patients with the parent allowing the child to answer first.

### *The self-referring patient*

Of interest is the self-referring patient for Chiropractic care, and particularly for non-musculoskeletal or wellness care. (3) Patients self-reporting positive non-musculoskeletal responses to Chiropractic intervention offers a higher level of consideration for this patient population. (4) This is because *'self-reporting'* suggests that neither the doctor or patient were expecting the Chiropractic intervention would have a positive effect on something non-musculoskeletal.

It is possible that greater study into the *'self-reporting'* or *'self-referring'* patient and its implications may be worthy of further study and how the research arena views this type of patient. A study by Sharma et al demonstrated that when chiropractic patients and doctors share similar beliefs about Chiropractic that this may be an *'important predictor of patients' self-referral decisions'*. (5) That concept led to an article and inquiry about why would anyone seek wellness care as part of a Chiropractic encounter if wellness care isn't a consideration by the Chiropractor physician? (6) This was further explored by Blum et al where it became clear that when a practitioner had a *'wellness and/or preventative'* focus to their care that patients tended to seek this care from their Chiropractor. (3)

Leboeuf-Yde et al's study found that *'a minority of patients with self-reported non-musculoskeletal symptoms report definite improvement after Chiropractic care, and very few report definite worsening'*. (4) This was an interesting study since the Chiropractors were not treating the patients for non-musculoskeletal conditions but still a subset of patients self reported improvements following care.

Where the Blum et al (3) study focused on wellness care offered by *Sacro Occipital Technique* (SOT) practitioners a study by Bablis et al (7) regarding *Neuro Emotional Technique* (NET) practitioners found something similar regarding patients seeking care for non-musculoskeletal complaints. Their retrospective analysis was the first *'comprehensive description of the scope of NET patients and their presenting complaints. The patient profile of this NET clinic has a higher degree of non-musculoskeletal patients than that usually reported in non-NET chiropractic offices, and other forms of chiropractic previously described in the literature'*. (7)

Two interesting patients initially sought care in this clinic for musculoskeletal complaints, a 62 year female for low back pain secondary to a slip and fall accident and a 53 year female for neck pain due what she described as significant emotional stress.

### **Intervention**

With both patients *Sacro Occipital Technique* methods of assessment and treatment were predominately utilised. While they might have had local presenting complaints their whole body and spine was assessed and subsequently treated along with cranial bone related balancing.

### **Results**

Both patients responded well to care and within 2-3 weeks reported little to no low back or neck pain. However they both requested to continue with care initially at weekly and then at every two-week interval. When inquired why they sought to continue care at that frequency when their presenting condition had resolved they noted that they had had chronic colitis which was now able to

be controlled without medication while they were under Chiropractic care. Ultimately they '*self-determined*' that being treated once every 2-4 weeks would keep them stable and as they would approach the 6-8 week mark would again need medication until they would receive their chiropractic treatment. This treatment and patient response was stable over a five-year period.

### Discussion

Ultimately the two patients were self-referring themselves for chiropractic care to treat their non-musculoskeletal presentation, colitis, without informing their practitioner of this positive outcome to care until questioned. Once the practitioner was informed, treatment at this office included viscerosomatic reflex and visceral manipulative interventions (Chiropractic Manipulative Reflex Technique, CMRT) to slow colon peristaltic activity and improve function. (8) These visceral manipulative treatment helped augment the '*standard*' chiropractic treatments that allowed the patients to sometimes go 2m between office visits without a flare up.

It seems reasonable that self-reporting or self-referring patients are considered to offer a bit more substance to a clinician's case report by the research community. This would seem logical since it tends to suggest that the doctor was not influencing the patient's outcome or perceptions. We do understand that there can be subtle nuanced suggestions a doctor might use to inadvertently influence a patient but still when an outcome takes place beyond the initial consideration of the patient or doctor it is worth at least some active contemplation.

It is also interesting that we need to consider why a patient might seek Chiropractic care. If no one, even the doctor thinks of Chiropractic for non-musculoskeletal presentations, why would we expect a high incidence of the Chiropractic patient population seeking non-musculoskeletal care? Ideally the subset of Chiropractic patients responding positively with non-musculoskeletal condition might be determinative with the type of care rendered and the type of patient presenting condition, but clearly further research is needed. (9)

There clearly seems to be a subset of Chiropractic patients seeking Chiropractic care for non-musculoskeletal conditions (3, 7, 10, 11) and some studies are finding a rational for Chiropractic care having an affect on non-musculoskeletal presentations. (12, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24) Yet there are factions of the Chiropractic wishing to eliminate non-musculoskeletal care from the Chiropractic profession. (25)

How might we resolve this seeming conflict? It does seem as though beginning steps are needed to discover if there might be a possibility to develop a consensus among Chiropractic experts in the research and clinical field regarding Chiropractic's position in treating patients with non-musculoskeletal conditions. Ideally one way of taking beginning steps in a research arena could be with a coordinated Delphi study, (26) investigating a consensus process for a best practice document, (27) and even an extensive survey of clinicians' experiences treating patients with non-musculoskeletal conditions. (28)

These types of beginning steps might represent avenues for the creation of prediction instruments (29) to help figure out what might be special about chiropractic patients that have non-musculoskeletal responses to chiropractic care.

### Conclusion

Chiropractic care of patients with non-musculoskeletal care is a controversial topic. There are challenges in ascertaining the best way to study this phenomenon that rules out confounders such as placebo or ideomotor effect, regression to the mean, coincidental or casual patient interpretation to treatment response and many others.

One interesting consideration is the study of patients with self reported positive unexpected non-musculoskeletal outcomes to Chiropractic care or those patients who are self referring themselves for Chiropractic care for wellness or non-musculoskeletal care.

Further studies could start with beginning steps that might entail a Delphi study, developing a consensus process for a best practice document, a survey of doctors treating patients with non-

musculoskeletal presentations, and the development of a prediction instrument to see if a subset of non-musculoskeletal patients responding to chiropractic care might be determined.

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