

Chiropractic Patients Approve of This Message

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Evidence-based chiropractic (EBC) applies the best available scientific evidence to healthcare decisions in order to increase the probability of favorable patient outcomes. However, EBC doesn't offer chiropractors a thought-proof mechanism for improving care. All evidence must be interpreted sensibly, applied with discretion, and subjected to careful clinical judgment.

Practitioners using an evidence-based model rely upon both their clinical expertise and the best available clinical evidence when making decisions about patient care. EBC is not a cookbook process in which patients are treated according to some strict scheme derived exclusively from research and randomized clinical trials.¹ Research is just one component of clinical decision-making. Other important components include evaluation of the patient, patient preferences, and the clinical judgment of the doctor. Taken together, these factors provide a valuable decision framework for practitioners that helps them achieve the primary benefit of evidence-based care -- better patient outcomes.

Evidence-based chiropractors have the enhanced knowledge to provide a higher level of care and improved outcomes for their patients. Because these practitioners know which research findings are reliable and valid, they have distinct advantages over their peers. Fortunately for chiropractic patients, a growing number of practitioners are using EBC.

The following example from orthopaedic surgeons underscores how an evidence-based approach can benefit patients:

For decades, hundreds of thousands of patients have received surgical arthroscopic treatment for osteoarthritis of the knee. But until recently, no research team had explored whether arthroscopic treatment provided benefit beyond the placebo effect. In groundbreaking studies, patients were randomized to either a placebo arthroscopy group (a surgical incision followed by closure), an arthroscopic lavage group (a surgical incision followed by a fluid rinse and closure), or a standard arthroscopic debridement group.^{2,3} The patients as well as the physicians performing the postoperative assessment remained blinded as to treatment. This high-quality study concluded that outcomes after arthroscopic lavage or arthroscopic debridement were no better than those after a placebo procedure, despite the fact that placebo patients thought their procedure was worthwhile and would recommend it to family and friends. These

findings were confirmed by another study published in the New England Journal of Medicine earlier this year.⁴

The compelling message from this example is that we can spare our patients from ineffective and costly interventions if we include relevant research findings. Moreover, there are several effective non-surgical strategies available to our patients, and recent research findings have provided the direction. EBC practitioners are able to determine which of these strategies are supported by evidence. They know which nutritional supplements, which physical modalities and which specific exercises to apply and which to avoid to get the best results. This enhanced knowledge allows EBC practitioners to provide a higher level of care and achieve better outcomes, which, in turn, leads to greater patient loyalty and enhanced market share.⁵

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