## RCC Research Bulletin

**Comparative effectiveness of spinal manipulation for sciatica**

In 2006, Santilli et al reported that, compared with sham manipulation, active spinal manipulation is more effective at six months at relieving local or radiating pain in people with acute back pain and sciatica with disc protrusion. A recent network meta-analysis of the many different treatment strategies (Lewis et al, 2015) has now concluded that spinal manipulation is one of a number of interventions that provides significant improvement for sciatica compared to inactive control or conservative therapy. The other effective interventions include acupuncture, non-opioid analgesia, epidural injections and surgery. Note that an earlier cohort study demonstrated similar clinical effectiveness and a cost benefit of employing spinal manipulation as opposed to nerve root injections for patients with symptomatic MRI-confirmed lumbar disc herniation (Peterson et al, 2013).

References:

Lewis RA et al (2015) Comparative clinical effectiveness of management strategies for sciatica: systematic review and network meta-analyses. *The Spine Journal* 15, 1461–1477.

Peterson C et al (2013) Symptomatic magnetic resonance imaging-confirmed lumbar disc herniation patients: A comparative effectiveness prospective observational study of 2 age- and sex-matched cohorts treated with either high-velocity, low-amplitude spinal manipulative therapy or imaging-guided lumbar nerve root injections. *Journal of Manipulative and Physiological Therapeutics*219, 36(4), 218-225.

Santilli V et al (2006) Chiropractic manipulation in the treatment of acute back pain and sciatica with disc protrusion: a randomized double-blind clinical trial of active and simulated spinal manipulations. *The Spine Journal* 6, 131–137.