

## Chiropractic treatment for injured workers

**B**ack pain accounts for a significant proportion of WorkSafeBC's injury claims and costs due to time lost from work. In terms of recommended interventions for low back pain, spinal manipulation has received international recognition.<sup>1</sup> Compared with many other conventional therapies, manipulation is associated with better or more rapid reduction in pain and disability over time.

In a recent systematic review of the use of manipulation for chronic low back pain<sup>2</sup> significant benefits are evident during the first 6 months after treatment. At the 1-year mark following treatment, study groups experienced similar outcomes. But, compared with other effective interventions, return-to-work rates were modestly higher among those who had received spinal manipulation.

While approaches may vary between practitioners, evidence-based chiropractors do not use manipulation exclusively—they combine it with an emphasis on education, ergonomics, exercise, and other patient-activation strategies.

### WorkSafeBC coverage

Generally, WorkSafeBC covers 8 weeks of chiropractic treatment; however, limited extensions can be authorized in the following cases:

- Extenuating circumstances explaining delayed recovery (e.g., an initially severe injury or reaggravation of an injury upon returning to heavy work).
- A documented improvement trend, suggesting that complete recovery or durable return to work is immi-

---

*This article is the opinion of WorkSafeBC and has not been peer reviewed by the BCMJ Editorial Board.*

nent within the requested extension period.

WorkSafeBC also covers chiropractors who provide preapproved job site visits to determine workers' critical job demands, logical workplace modifications, and realistic return-to-work plans.

**Consider referring workers to a chiropractor when they are suffering from mechanical neck or back pain that is either directly or secondarily attributable to a compensable injury, particularly if the symptoms are not resolving in a timely fashion.**

More information on WorkSafeBC chiropractic coverage can be found at [www.worksafebc.com](http://www.worksafebc.com) (click on Safety at Work, then Health Care Providers, then Chiropractors).

### When to refer to a chiropractor

Consider referring workers to a chiropractor when they are suffering from mechanical neck or back pain that is either directly or secondarily attributable to a compensable injury, particularly if the symptoms are not resolving in a timely fashion. It's also worth noting that many chiropractors use a sport medicine approach to competently treat other injuries, such as acute or repetitive overuse conditions in the extremities.

### When not to refer to a chiropractor

Chiropractic treatment is not recommended for workers with musculoskeletal conditions or injuries requiring immediate surgical attention such as acute fracture or progressive neurological deficit, or neuropathic conditions like post-amputation or complex regional pain syndrome.

Some conditions like vertebral insufficiency or osteoporosis may constitute relative contraindications to spinal manipulation; however, affected patients may still be managed effectively with low-force techniques, exercise, and other evidence-based modalities.

### Expectations of chiropractic treatment

Chiropractic management often focuses on correcting musculoskeletal dysfunction and pain-related disability. If treatment is effective, physicians and patients can expect to see timely reductions in pain, with a corresponding recovery of normal functioning at work.

Frequently, a patient-centred approach is required to incorporate the psychosocial elements of recovery. Early in the course of injury, physicians play a critical role in shaping workers' expectations for recovery through education and reassurance. However, outcomes can be further enhanced by prescribing scientifically validated treatments that simultaneously respect patients' personal expectations and preferences.

### Concurrent treatment

The general view of WorkSafeBC is that a worker should be under treatment by only one physician or other qualified practitioner at a time. However, subject to approval by Work-

SafeBC, concurrent treatment may be deemed acceptable in certain circumstances. For example, the same disability may require treatment by a general practitioner and a specialist, by multiple specialists, or by a qualified practitioner (e.g., a chiropractor), with concurrent monitoring by the attending physician. If concurrent treatment is denied, patients will be paid benefits to the date of written notification, providing they have submitted appropriate medical reports.

#### For more information

For more information about chiropractic services for injured workers, contact WorkSafeBC Health Care Services at 604 232-7787, or for clinical questions, contact jeff rey.quon@worksafebc.com or 604 279-8128.

— Jeffrey Quon, DC, MHSc,  
PhD, FCCSC  
WorkSafeBC Chiropractic  
Consultant

#### References

1. Dagenais S, Tricco AC, Haldeman S. Synthesis of recommendations for the assessment and management of low back pain from recent clinical practice guidelines. *Spine J* 2010;10:514-529.
2. Rubinstein SM, van Middelkoop M, Assendelft WJJ, et al. Spinal manipulative therapy for chronic low-back pain. *Cochrane Database System Rev* 2011;16:CD008112.

*Continued from 430*

referrals to other community services, such as appropriate nutritional and exercise programs, counseling, and support. Patients can also contact a registered dietitian for additional information by calling 8-1-1 or visiting [www.healthlinkbc.ca/healthyeating/emaildietitian.html](http://www.healthlinkbc.ca/healthyeating/emaildietitian.html).

— Kathleen Cadenhead, MD  
Chair, Nutrition Committee  
— Margo Sweeny, MD  
— Paul Martiquet, MD  
— Helen Yeung, RD  
— Barb Leslie, RD

#### References

1. General Practice Services Committee, GPSC Personal Health Risk Assessment Initiative Information and FAQs. 2011. Accessed 1 October 2013. [www.gpsc.bc.ca/billing-fees/highlights](http://www.gpsc.bc.ca/billing-fees/highlights).
2. Volger S, Vetter ML, Dougherty M, et al. Patients' preferred terms for describing their exceed weight: Discussing obesity in clinical practice. *Obesity (Silver Spring)*, 2012;20:147-150.
3. Vancouver Coastal Health. Fueling Your Mind and Body. 2013. Accessed 1 October 2013. <http://vch.eduhealth.ca/PDFs/BB/BB.200.F952.pdf>.
4. Wansink, B. *Mindless Eating: Why We Eat More Than We Think*. New York, NY: Bantam Dell; 2006.
5. Harvard School of Public Health, Healthy Eating Plate. 2011. Accessed 1 October 2013. [www.hsph.harvard.edu/nutrition-source/healthy-eating-plate](http://www.hsph.harvard.edu/nutrition-source/healthy-eating-plate).

The BC Medical Association thanks the following advertisers for their support of this issue of the *BCMJ*.

|  |          |
|--|----------|
| BC Association of<br>Clinical Counsellors .....          | 419      |
| BC Renal Agency .....                                    | 437      |
| Cambie Surgery Centre/<br>Specialist Referral Clinic ... | 408      |
| Carter Auto .....  | 444      |
| Haughton Art .....                                       | 409      |
| Interior Health .....                                    | 441      |
| MD Physician Services .....                              | 448      |
| Pacific Centre for<br>Reproductive Medicine .....        | 417      |
| Pollock Clinics .....                                    | 412, 414 |
| Sea Courses Cruises .....                                | 435      |
| Speakeasy Solutions .....                                | 413      |
| Ultima Medical<br>Services Inc. ....                     | 439      |
| Westgen .....  | 442      |

**BCMJ**  
*BC Medical Journal*

**Want to reach BC doctors?**  
**We've got you covered—in print and online.**

For all your display  
advertising requirements,  
please contact:

Kashmira Suraliwalla  
115-1665 West Broadway,  
Vancouver, BC V6J 5A4 • 604 638-2815  
[journal@bcma.bc.ca](mailto:journal@bcma.bc.ca) • [www.bcmj.org](http://www.bcmj.org)

