

Chiropractic
Association
of Alberta

The Case for Publicly Funded Diagnostic Imaging for Alberta's Chiropractors

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Fact: Bodies ache.

And at some point, when their bodies did, six in 10 Albertans saw a chiropractor for help. Of that number, 76 per cent said chiropractic care had a positive impact on their health and 70 per cent said it helped them avoid taking medication such as opioids or other pain killers¹.

Albertans' access to chiropractic care, however, may have been limited by a provincial government decision to save money by ending the ability of chiropractors and physiotherapists in Alberta to order publicly funded diagnostic imaging for their patients. X-rays, ultrasounds and other types of images allow practitioners to diagnose injuries and determine the best course of treatment. The total cost of publicly funded images ordered for both professions was estimated to be between \$5 million and \$8 million annually, a tiny portion of the \$1 billion Alberta spends on imaging each year.

It is possible that decision was influenced by a perception some chiropractors overuse X-rays, but to the extent that has been a problem, it relates to practitioners who routinely use imaging in ways for which there is no scientific evidence of benefit. That situation is being addressed across the country with best practice guidelines and the Chiropractic Association of Alberta is committed to working with the College of Chiropractors of Alberta to promote the use of best practice guidelines by all its members.

Whatever the reasons behind taking away funding for diagnostic imaging, the decision was at odds with research that shows chiropractic is a preferred treatment of people seeking care for spinal, muscle, nerve and joint problems. In fact, chiropractors are second only to physicians as

the healthcare providers most commonly consulted by Albertans, according to a study done for the Chiropractic Association of Alberta by Professor Pierre Côté and colleagues at the Institute for Disability and Rehabilitation Research, Ontario Tech University.

The study used Alberta data from Statistics Canada’s Canadian Community Health Survey² for the years 2001-2010 and 2015-2018. It showed medical doctors were the first choice of roughly 80 per cent of Albertans 15 years and older in both time periods. In second place, between 2001-2010, a total of 17 per cent of Albertans—almost one in five—reported seeing a chiropractor in the previous 12 months. Between 2015 and 2018 a different question was asked—whether the respondent had a regular healthcare provider and if so, what kind. For 11 per cent of Albertans in 2015, the answer was a chiropractor; that number increased to 12.6 per cent in 2017.

Follow-up questions in the 2001-2010 surveys showed between 34 and 35.5 per cent of people with chronic back pain consulted chiropractors, as did between 18.5 and 22.6 per cent of people with arthritis. In response to different questions in 2015, 19 per cent of Albertans with chronic back problems reported receiving regular chiropractic care and the number for people with arthritis was 14 per cent, which had increased to 17 per cent in 2017-2018.



It’s the duty of every practising chiropractor to properly assess and diagnose injuries before providing effective care. Losing the diagnostic funding has greatly affected our ability to diagnose injury promptly thereby delaying care and prolonging pain and suffering. Restoring imaging funding to chiropractors would also end referrals to busy physicians for imaging and get Albertans back on their feet faster.

– Alberta chiropractor

Clearly, potential demand for chiropractic care is high: in the Ipsos opinion survey, half the 1,001 residents of Alberta interviewed had experienced back pain and stiffness (52 per cent) and/or headaches or migraines (49 per cent) in the previous year. Neck pain affected 38 per

cent of respondents, 29 per cent had suffered pain or an injury to their shoulder and 21 per cent arthritis. In all, from a list of 16 ailments, a third of those questioned had five or more and only 14 per cent of those polled had no pain to report.

Of course, not all pain sends people in search of healthcare: for two leading types—back pain and neck pain—the Ipsos study found, just four out of 10 saw a health professional but the vast majority (78 per cent) took medication to deal with the pain. Acetaminophen (such as Tylenol) and anti-inflammatories (Advil, aspirin) were most common, at 58 per cent and 46 per cent respectively. However, smaller but significant numbers reported using gabapentin (13 per cent; it treats nerve pain and convulsions), 11 per cent turned to opioids (strong painkillers) and 10 per cent to benzodiazepines (such as Valium and Xanax, which treat anxiety and were called “the cure worse than the disease” for back pain in an article³ in the journal *Pain*). All three are prescription only, may be used as street drugs and are linked to addiction issues, with opioid addiction in particular a serious public-health issue.

There is good evidence that chiropractic can reduce opioid use. In a 2020 article in the journal *Pain Medicine*⁴, researchers did a systematic review of six studies on chiropractic treatment and opioid use by people with spinal pain. Between 11.3 and 51.3 of patients in the studies got chiropractic treatment. They had 64 per cent lower odds of being given an opioid prescription than people who didn’t see a chiropractor. A similar study⁵ done in 2020 in New Hampshire (which has the second highest age-adjusted rate of drug overdose in the United States) and Connecticut reviewed the medical records of 101,221 patients with spinal pain. Those that saw chiropractors had half the risk of getting an opioid prescription.

Chiropractic care has also been found to be more effective than standard care for lower back pain. A 2010 randomized controlled trial⁶ published in the journal *Spine* compared medical and chiropractic management of patients with acute lower back pain. It found patients in the cohort that received spinal manipulation showed much better improvement in disability scores than those who got usual care. A 2013 study of comparative effectiveness⁷, also published in *Spine*,

tested standard medical care with and without chiropractic for lower back pain. It found disability scores decreased in both groups, but were significantly better in the group that had chiropractic treatment, which also saw greater improvements in their pain ratings. Benefits from chiropractic were also found in a 2010 study⁸ of sciatica caused by lumbar disk herniation. In 60 per cent of the patients it looked at, spinal manipulation was as beneficial as surgery.



As a chiropractor, losing diagnostic imaging disrupted my ability to do my job as a primary healthcare provider. Getting diagnostic imaging for patients who don't have a family physician has become increasingly problematic and delayed diagnosis and treatment. This goes against patient-centred care.

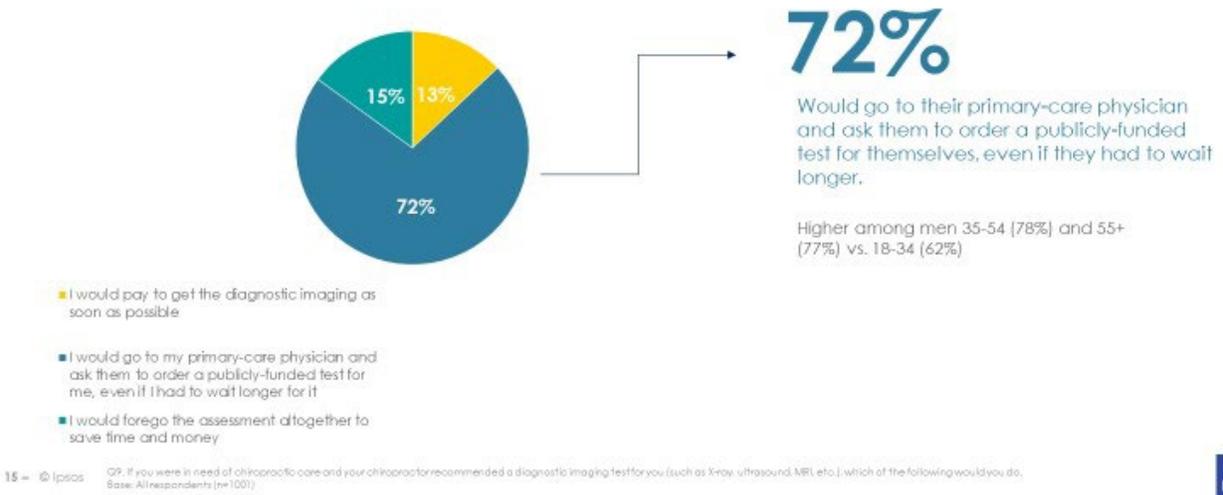
– Alberta chiropractor

Although chiropractors' primary concern is lessening patients' pain and disability, denying them public funding for essential diagnostic tests has other impacts. Musculoskeletal pain, especially back pain, is often chronic. In its 2019 report, Health Canada's Canadian Pain Task Force⁹ called chronic pain "a disease in its own right," and estimated the cost to society of both direct healthcare for all types of chronic pain and lost productivity from affected workers to be as much as \$60 billion per year.

It takes a toll in other ways, as well. Eight out of 10 Albertans polled by Ipsos were worried about access to physicians in rural Alberta, which may be linked to the fact people who live outside of Edmonton and Calgary were much less likely (29 per cent) to say they have never seen a chiropractor than people in Edmonton (48 per cent) and Calgary (40 per cent). Chiropractors may be more available to them than physicians.

While most Albertans would visit their primary-care physician to get a publicly-funded test, 15% would forego diagnostic imaging altogether if they pay out of pocket or wait for a referral

Both the fees or the wait time for a referral present barriers that prevents a significant amount of patients from getting the chiropractic care they need. Men are significantly more likely than women to forego the diagnostic imaging (18% vs. 12%, respectively), as are those 18-34 years old compared to older generations.

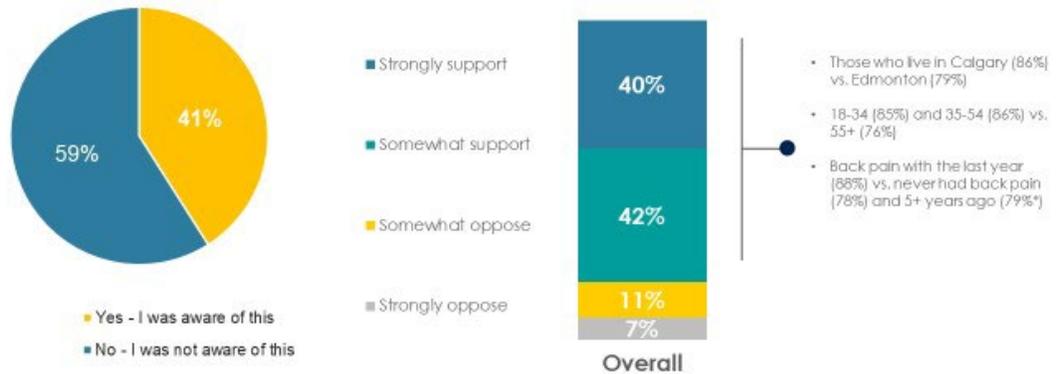


Ipsos also found affluent people (earning over \$100,000) are more likely to see a chiropractor than people earning between \$40,000 and \$60,000. They are probably also better able to pay privately for imaging than those in lower income brackets; 15 per cent of respondents said they would forego diagnostic imaging altogether if they had to pay out of pocket or wait to see a doctor for a referral covered by public health insurance. That last choice is what most respondents (72 per cent) would do—which would, of course, increase billings from physicians to offset any savings from denying chiropractors the ability to order imaging.

Here are two last findings from the Ipsos poll of 1,001 Albertans to consider. Nine out of 10 Albertans (not just those with back pain) agree that Alberta should remove barriers that prevent people from seeking the diagnosis and chiropractic treatment they need. And 82 per cent of Albertans support the ability of chiropractors to order publicly funded diagnostic imaging tests for their patients.

The vast majority (82%) of Albertans support the ability of chiropractors to order publicly diagnostic imaging tests for their patients.

A majority of every demographic group studied supports this policy, particularly high among Calgarians, younger generations, and those with back pain within the past year. However, relatively few (41%) are aware that at present chiropractors cannot order diagnostic imaging for their patients.



Q7. Before today, were you aware that chiropractors cannot order publicly-funded diagnostic imaging tests for their patients (such as X-ray, ultrasound, MRI, etc.), and instead patients must seek this service through their primary care physician or a hospital in order for the tests to be covered? If paying out of pocket, these tests cost anywhere from \$40 to over \$200 for more detailed imaging. Base: All respondents (n=1,001)

Q8. To what extent would you support or oppose the ability of chiropractors to order publicly-funded diagnostic imaging tests (such as X-ray, ultrasound, MRI, etc.) for their chiropractic patients? Base: All respondents (n=1,001)

* Indicates a small sample size.

This *Case for Publicly Funded Diagnostic Imaging for Chiropractors* combines the voices of Albertans from the Ipsos survey and Statistics Canada’s Canadian Community Health Survey with research evidence and insights from some of our members. We believe they clearly illustrate the benefits of good chiropractic care, and even more clearly show the costs and risks of taking away chiropractors’ ability to order diagnostic imaging. We’ve shown chiropractic care is effective for low back pain, which the International Association for the Study of Pain says is “the leading cause of global disability¹⁰.”

We’ve presented evidence that chiropractic treatment greatly reduces the odds people with low back pain will be treated with opioids, at a time when opioid addiction is surging across Canada. We’ve shown chiropractic options could reduce demand on doctors, and that not allowing funding for chiropractic diagnostic imaging could increase demand on them for imaging referrals.



We think the case is clear: restoring chiropractors' ability to order diagnostic imaging will bring benefits far beyond the small proportion of spending saved when it was taken away. Overwhelmingly, Albertans told us they agree.



Twenty per cent of rural Albertans don't have a family physician and many seek musculoskeletal diagnosis and care first from their chiropractor. Without publicly funded diagnostic imaging, rural chiropractic patients who need an X-ray or ultrasound—a senior who's fallen, or someone with trauma from a car accident—are faced with delayed care, inappropriate care (including self-medication and ER visits) or no care at all. Chiropractors are here to serve Albertans' musculoskeletal needs, and at the same time help ease demands on healthcare, but we need to be able to work to our full scope.

– Alberta chiropractor



References

- ¹ *Chiropractic Association of Alberta: Access to Diagnostic Testing*. An online public-opinion survey of 1,001 Albertans conducted by Ipsos April 5 to April 8, 2022. Results are accurate to within +/- 3.5 percentage points, 19 times out of 20, of what the results would have been had all Albertans been polled. Unpublished.
- ² Statistics Canada: Canadian Community Health Survey.
<https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3226>
- ³ Cohen, Steven P. Benzodiazepines for neuropathic back pain: When the cure is worse than the disease, *Pain*: June 2010 - Volume 149 - Issue 3 - p 424-425 doi: 10.1016/j.pain.2010.03.038
- ⁴ Corcoran KL, Bastian LA, Gunderson CG, Steffens C, Brackett A, Lisi AJ. Association Between Chiropractic Use and Opioid Receipt Among Patients with Spinal Pain: A Systematic Review and Meta-analysis. *Pain Med*. 2020 Feb 1;21(2):e139-e145.
- ⁵ Whedon JM, Toler AWJ, Kazal LA, Bezdjian S, Goehl JM, Greenstein J. Impact of Chiropractic Care on Use of Prescription Opioids in Patients with Spinal Pain. *Pain Med*. 2020 Dec 25;21(12):3567-3573.
- ⁶ Bishop PB, Quon JA, Fisher CG, Dvorak MF. The Chiropractic Hospital-based Interventions Research Outcomes (CHIRO) study: a randomized controlled trial on the effectiveness of clinical practice guidelines in the medical and chiropractic management of patients with acute mechanical low back pain. *Spine J*. 2010 Dec;10(12):1055-64.
- ⁷ Goertz CM, Long CR, Hondras MA, Petri R, Delgado R, Lawrence DJ, Owens EF, Meeker WC. Adding chiropractic manipulative therapy to standard medical care for patients with acute low back pain: results of a pragmatic randomized comparative effectiveness study. *Spine (Phila Pa 1976)*. 2013 Apr 15;38(8):627-34.
- ⁸ McMorland G, Suter E, Casha S, du Plessis SJ, Hurlbert RJ. Manipulation or microdiscectomy for sciatica? A prospective randomized clinical study. *J Manipulative Physiol Ther*. 2010 Oct;33(8):576-84.
- ⁹ <https://www.canada.ca/content/dam/hc-sc/documents/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2019/canadian-pain-task-force-June-2019-report-en.pdf>
- ¹⁰ International Association for the Study of Pain. Fact Sheet: The Global Burden of Back Pain. Published 9 July 2021. Downloaded May 31, 2022. <https://www.iasp-pain.org/resources/fact-sheets/the-global-burden-of-low-back-pain/#:~:text=Low%20back%20pain%20is%20the,54%20age%20group%20in%202019.>