

# Chapter 9

## Patient Conditions

Survey participants were asked to provide information concerning their management of 121 conditions that they might have seen in their practices during the previous year. (The list of conditions was consistent with the International Classification of Diseases, ICD-9-CM Codes that are routinely used in chiropractic practice. For details on the scales utilized and the exact wording of the questions, refer to the survey in Appendix D.) For each of the listed conditions, the following specific responses were requested:

- **Frequency** – how often had they seen the particular condition during the previous year? If they had not seen the condition, they were instructed not to answer the following three questions regarding that condition.
- **Diagnosis** – did they make the diagnosis of this condition in the majority of cases they had seen?
- **Management** – what was their choice of management for the majority of the cases they had seen?
- **Referral** – did they refer the majority of patients with the condition for consultation, further diagnostics, or treatment?

In all of the tables in Chapter 9, some conditions which survey respondents indicated they “**treated solely**” are serious conditions which have not responded to or cannot be treated with medication or surgery, but the condition or its symptoms may respond to chiropractic care. **Co-management** of many conditions by chiropractors consists primarily of identifying and correcting spinal subluxations; additionally, many chiropractors provide nutritional counseling, corrective or therapeutic exercises, or physiotherapies which may benefit patients with the condition. Some “**referral**” percentages may be lower than expected as the condition was already being managed by another practitioner when the patient presented for chiropractic care.

## Neurological Conditions

Neurological conditions often seen by doctors of chiropractic include headaches, peripheral neuritis or neuralgia, and radiculitis or radiculopathy. Sixty-nine percent to 77% of chiropractors make a diagnosis of each of these conditions in a typical year. Nearly 81% of respondents acted as the sole providers of care for the majority of headache patients in their practices. Fifty-four percent of chiropractic practitioners are the sole providers of care for the majority of cases of peripheral neuritis or neuralgia they see in their practices. The percentage of respondents who solely manage radiculitis or radiculopathy in the majority of cases in their practices is 69.8%. Loss of equilibrium or vertigo and spinal stenosis or neurogenic claudication are sometimes seen by chiropractors. In the majority of these cases, more than half (64% and 74% respectively) of respondents co-manage this condition with another health care practitioner.

Data for neurological conditions appear in Table 9.1.

### **Discussion<sup>1</sup>**

The anecdotal and empirical evidence for the success of chiropractic care in the treatment of headaches is significant (refer to Chapter 2), and 12% of a typical chiropractor's patients present for treatment of headache or facial pain. (Refer to Chapter 8, Figure 8.5.)

Fourteen percent of a typical chiropractor's patients have been involved in motor vehicle accidents. (Refer to Chapter 8, Figure 8.7.) In these accidents, patients frequently sustain peripheral nerve injuries like neuritis/neuralgia and radiculitis/radiculopathy. These neuromusculoskeletal injuries respond well to chiropractic care.

Vertigo or loss of equilibrium (Table 9.1) can have many etiologies. Some of these etiologies are serious – even life-threatening – health problems that certainly necessitate a medical referral and/or co-management. However, vertigo caused by proprioceptive alterations in the cervical spine secondary to injury or degeneration responds quickly to chiropractic adjustments.

For each of these conditions, the chiropractor is most likely to render treatments that include spinal and/or extraspinal adjustments, therapeutic physiotherapies, and rehabilitative exercises.

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<sup>1</sup> Brief discussion concerning the data on the management of certain conditions is included. Although not explicitly derived from the survey data, the remarks are based on clinical experience and/or research.

Neurological Conditions	Frequency 0 → 4 0 1 2 3 4 Never Routinely		Nonsublux -based Diagnosis (yes)	Management *			Referral (yes)
	Not treated	Treated solely		Co- managed			
Headaches	3.3	Often	76.9%	1.1%	80.8%	18.1%	6.0%
Peripheral neuritis, neuralgia, or neuropathy	2.8	Often	69.5%	2.6%	54.1%	43.3%	24.7%
ALS, multiple sclerosis, or Parkinson's	0.9	Rarely	41.8%	30.2%	5.7%	64.1%	53.8%
Damaged nerve/plexus	1.3	Rarely	58.3%	13.6%	19.4%	67.0%	52.1%
Stroke or cerebrovas- cular condition	0.7	Rarely	43.6%	49.3%	3.8%	46.9%	61.0%
Vertebrobasilar artery insufficiency	0.4	Virtually never	53.1%	66.9%	4.4%	28.7%	71.1%
Cranial nerve disorder	0.8	Rarely	53.1%	25.7%	16.7%	57.6%	48.0%
Radiculitis or radicu- lopathy	2.9	Often	72.8%	1.6%	69.8%	28.7%	16.4%
Vertigo/loss of equilib- rium	1.6	Sometimes	59.1%	5.0%	31.0%	64.0%	37.0%
Brain or spinal cord tumor	0.3	Virtually never	48.3%	82.9%	1.9%	15.2%	80.3%
Spinal stenosis/neuro- genic claudication	1.6	Sometimes	58.3%	7.0%	19.2%	73.8%	49.3%

Table 9.1 Neurological Conditions

## Articular/Joint Conditions

Spinal subluxation/joint dysfunction is the condition most frequently encountered by chiropractors (Table 9.2). It is seen routinely and only rarely co-managed with, or referred to, another health care practitioner in the majority of cases (2.0% and 1.2%, respectively).

Chiropractors often see the following articular disorders: osteoarthritis/degenerative joint disease, subluxation or joint dysfunction of extremities, sprains, hypolordosis of the cervical or lumbar spine, intervertebral disc syndromes, and facet syndromes. Hyperlordosis of the cervical or lumbar spine and kyphosis of the thoracic spine are sometimes seen. Eighty-seven percent to 94% of respondents are sole health care providers in the majority of cases of hyperlordosis or hypolordosis of the cervical or lumbar spine and kyphosis of the thoracic spine. For extremity subluxation/joint dysfunction cases, 89% of respondents are the sole managers of their patients, 9% of respondents co-manage, and 5% refer these cases.

\* Please refer to page 101 for an explanation of management and referral categories.

When providing care for patients who have sprains, 82% of respondents are the sole providers of care; 17% of respondents co-manage, and 6% refer the majority of sprain cases seen. Seventy-four percent of respondents make the diagnosis of sprain concurrent with subluxation. In the cases of facet syndrome seen in the previous year, 68% of respondents make this diagnosis concurrent with their subluxation diagnosis the majority of the time; 90% are the sole providers for this condition. Sixty percent of respondents are the sole health care provider for the majority of osteoarthritis/degenerative joint disease seen in their practices. Twelve percent of respondents make referrals for the majority of their patients with degenerative joint disease; 37% of chiropractors co-manage this condition with another provider in the majority of cases.

Scoliosis is sometimes seen by chiropractors. Eighty-two percent of respondents are the sole health care practitioner managing the majority of their patients with a functional scoliotic deformity, while 61% are the sole health care practitioner managing the majority of their patients with a structural scoliosis (Table 9.2). Other articular conditions that are seen some of the time in chiropractic practice include bursitis or synovitis, carpal or tarsal tunnel syndrome, TMJ syndrome, thoracic outlet syndrome, and congenital or developmental anomalies. As reflected in Table 9.2, respondents report various rates of management, referral, and diagnosis.

Respondents rarely or virtually never see four of the listed conditions: rheumatoid arthritis or gout, dislocation, avascular necrosis, and bacterial joint/disc infection. Each of these conditions has a high rate of referral in the majority of cases.

Data for articular/joint conditions appear in Table 9.2.

### **Discussion**

Joints with improper alignment or impaired mobility degenerate. Chiropractic adjustments are designed to restore proper articular alignment and to increase the mobility of hypomobile joints. Accordingly, musculoskeletal conditions (and their associated neurological symptoms) are the conditions that the majority of the population recognizes as problems most effectively treated by chiropractic techniques and are the most frequently seen conditions in chiropractic practice.

Articular/Joint Conditions	Frequency 0 → 4		Nonsublux -based Diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co- managed	
Spinal subluxation/ joint dysfunction	3.9	Routinely	70.4%	0.3%	97.7%	2.0%	1.2%
Extremity subluxation/ joint dysfunction	3.2	Often	68.8%	1.3%	89.3%	9.4%	4.9%
Sprain of any joint	3.1	Often	74.0%	1.5%	81.5%	17.0%	6.0%
Dislocation of any joint	0.8	Rarely	62.6%	37.1%	15.8%	47.2%	62.6%
Vertebral facet syndrome	2.9	Often	67.6%	1.2%	89.5%	9.3%	3.6%
Intervertebral disc syndrome	3.0	Often	72.2%	1.2%	61.1%	37.7%	23.5%
Thoracic outlet syndrome	1.7	Sometimes	70.0%	3.9%	61.9%	34.2%	18.0%
Hyperlordosis of cervical or lumbar spine	2.4	Sometimes	65.8%	2.7%	93.1%	4.2%	1.9%
Hypolordosis of cervical or lumbar spine	3.1	Often	65.9%	2.1%	94.0%	4.0%	1.5%
Kyphosis of thoracic spine	2.4	Sometimes	64.5%	2.6%	88.6%	8.8%	3.4%
Avascular necrosis	0.4	Virtually never	51.8%	64.5%	4.8%	30.7%	77.8%
Structural scoliosis	1.9	Sometimes	66.9%	3.4%	60.8%	35.9%	16.0%
Functional scoliosis	2.2	Sometimes	66.0%	1.9%	81.9%	16.2%	7.0%
Congenital/develop- mental anomaly	1.5	Sometimes	62.6%	12.5%	51.2%	36.3%	18.1%
Osteoarthritis/degener- ative joint disease	3.3	Often	69.9%	3.1%	60.2%	36.7%	12.0%
Systemic/rheumatoid arthritis or gout	1.4	Rarely	51.3%	14.5%	12.4%	73.2%	49.1%
Infection of joint/disc	0.4	Virtually never	51.5%	63.5%	4.8%	31.7%	74.1%
Bursitis or synovitis	2.1	Sometimes	66.8%	2.7%	58.8%	38.5%	17.6%
Carpal or tarsal tunnel syndrome	2.1	Sometimes	65.7%	2.0%	57.1%	40.9%	19.7%
TMJ syndrome	1.8	Sometimes	63.2%	4.0%	44.2%	51.8%	28.6%

Table 9.2 Articular/Joint Conditions

\* Please refer to page 101 for an explanation of management and referral categories.

## Muscular Conditions

The three muscular conditions often seen in chiropractic practice – strain/tear, myofascitis, and tendinitis/tenosynovitis – have similar response rates in all categories. Seventy-five percent to 80% of chiropractors act as the sole health care providers to the majority of their patients with these conditions. Eighteen percent to 22% of chiropractors co-manage their patients with these conditions with another provider, and 6% to 10% of respondents refer patients with these conditions for consultation, further diagnostics, or treatment in the majority of cases. Sixty-five percent to 74% of chiropractors make each of these diagnoses in the majority of cases. Fibromyalgia is sometimes seen in chiropractic practices; a majority of chiropractors diagnose this condition concurrent with their subluxation diagnosis (55%) and elect to co-manage the condition with another health care provider in the majority of cases (64%).

Chiropractors rarely see muscular atrophy. Muscular dystrophy and tumors of muscle are virtually never seen. However, when providing health care for muscular atrophy patients, 67% of the respondents co-manage this condition.

Data for muscular conditions appear in Table 9.3.

### Discussion

As indicated in Chapter 10 (Table 10.12), chiropractors typically utilize soft tissue therapies and a variety of physiotherapies in their practices. These modalities specifically address the muscular component of patient conditions. The combination of chiropractic adjustive techniques, soft tissue manipulation, and physiotherapeutics is particularly effective in the treatment of muscular injuries and other muscular conditions.

Muscular Conditions	Frequency 0 → 4		Nonsublux -based Diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co- managed	
Muscular strain/tear	3.0	Often	73.5%	2.8%	75.1%	22.1%	10.3%
Tendinitis/tenosynovitis	2.7	Often	69.5%	2.1%	77.9%	20.0%	6.2%
Myofascitis	2.9	Often	65.1%	2.3%	79.7%	18.0%	5.9%
Fibromyalgia	2.1	Sometimes	54.6%	3.9%	32.5%	63.6%	22.2%
Muscular dystrophy	0.4	Virtually never	40.6%	48.9%	3.4%	47.8%	62.1%
Muscular atrophy	1.0	Rarely	52.0%	14.6%	18.2%	67.2%	48.3%
Muscle tumor	0.3	Virtually never	53.6%	77.9%	2.8%	19.3%	76.8%

Table 9.3 Muscular Conditions

\* Please refer to page 101 for an explanation of management and referral categories.

## Skeletal Conditions

Osteoporosis/osteomalacia is sometimes seen, and congenital or developmental anomalies are rarely seen by chiropractors. In the majority of the cases of these conditions seen by respondents, 56% of practitioners make the diagnosis of osteoporosis/osteomalacia, and 57% make the diagnosis of congenital/developmental anomaly. Seventy percent of respondents co-manage the majority of their patients with osteoporosis/osteomalacia, whereas 41% of respondents co-manage a majority of cases of congenital/developmental anomaly with another provider.

Fractures, endocrine or metabolic disorders, and bone tumors are rarely seen in chiropractic practice, and infections of bone are virtually never seen. Very few respondents indicated that they are the sole providers to patients with these conditions, whereas the majority of practitioners refer patients with these problems for additional diagnosis, consultation, or treatment.

Data for skeletal conditions appear in Table 9.4.

### Discussion

Doctors of chiropractic provide numerous benefits to patients when involved in the management of fractures, osteoporosis, metabolic bone disorders, and other skeletal conditions. For example, an osteoporotic patient who suffers a spontaneous thoracic compression fracture usually requires conservative, non-invasive management. However, a referral for further consultation and diagnostics to rule out a metastatic lesion is often advisable. A chiropractor may diagnose the fracture, fit the patient with an elastic support, advise him/her of appropriate home care and activity restrictions, recommend nutritional supplementation, provide the appropriate referral, and provide follow-up assessment and care.

Skeletal Conditions	Frequency 0 → 4		Nonsublux -based Diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Rarely Sometimes Routinely		Not treated	Treated solely	Co- managed	
Fracture	0.9	Rarely	63.8%	62.2%	2.5%	35.2%	78.3%
Osteoporosis/osteomalacia	2.0	Sometimes	55.6%	14.2%	15.8%	70.0%	36.0%
Congenital/developmental anomaly	1.4	Rarely	56.6%	20.5%	38.3%	41.2%	24.6%
Endocrine or metabolic bone disorder	0.5	Rarely	43.0%	59.2%	3.7%	37.1%	67.9%
Bone tumor/metastasis	0.5	Rarely	50.7%	82.9%	0.7%	16.4%	81.9%
Osteomyelitis/infection	0.3	Virtually never	50.8%	81.0%	0.7%	18.3%	84.4%

Table 9.4 Skeletal Conditions

\* Please refer to page 101 for an explanation of management and referral categories.

## Respiratory Conditions

Chiropractors rarely or virtually never see patients with respiratory problems. The methods by which respondents manage patients with these conditions vary, but between 40% and 46% make a non-subluxation-based diagnosis in the majority of cases seen.

Data for respiratory conditions appear in Table 9.5.

### Discussion

After a medical emergency involving the respiratory system has been stabilized, chiropractic adjustments – with their resultant mobilization of the thoracic spine and rib cage and stimulation of the psychoneuroimmune system – are beneficial to patients suffering from respiratory conditions. (For a brief review of the benefits of manipulation in the treatment of visceral diseases, see Gatterman 1990, p. 389-394.)

Respiratory Conditions	Frequency 0 → 4		Nonsublux -based Diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co- managed	
Viral infection	1.4	Rarely	43.3%	41.6%	19.5%	39.0%	40.8%
Bacterial infection	1.2	Rarely	40.7%	48.0%	7.3%	44.7%	56.7%
Asthma, emphysema, or COPD	1.4	Rarely	41.6%	21.0%	8.3%	70.7%	43.7%
Occupational or environmental disorder	0.8	Rarely	40.1%	35.0%	15.7%	49.3%	45.0%
Atelectasis or pneumo- thorax	0.2	Virtually never	45.2%	86.4%	2.5%	11.2%	79.7%
Tumor of lung or respiratory passages	0.3	Virtually never	45.6%	86.2%	1.2%	12.6%	81.6%

Table 9.5 Respiratory Conditions

## Gastrointestinal Conditions

Doctors of chiropractic rarely or virtually never see any of the gastrointestinal conditions listed below. However, 37% to 50% of chiropractors arrive at the diagnosis of these conditions in the majority of the cases seen in their practices. For all of the conditions listed below, chiropractors more often co-manage or do not treat these problems and rarely act as sole providers.

Data for gastrointestinal conditions appear in Table 9.6.

\* Please refer to page 101 for an explanation of management and referral categories.

## Discussion

Doctors of chiropractic sometimes co-manage the following gastrointestinal conditions: hiatal hernia and esophageal reflux, colitis, diverticulitis, ulcers, and infection. Patients with these conditions respond positively to specific nutritional and dietary protocols in addition to chiropractic adjustments. As indicated in Chapter 10 (Table 10.13), 89% of chiropractors provide nutritional counseling, therapy, or recommend dietary supplementation.

Gastrointestinal Conditions	Frequency 0 → 4		Nonsublux -based Diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co- managed	
Bacterial or viral infection	0.9	Rarely	41.4%	49.3%	11.8%	38.9%	55.1%
Appendicitis	0.3	Virtually never	50.1%	84.0%	1.9%	14.1%	81.2%
Cholecystitis or pancreatitis	0.4	Virtually never	42.9%	69.4%	4.4%	26.1%	71.3%
Ulcer of stomach, small intestine, or colon	0.7	Rarely	37.2%	49.9%	6.1%	44.1%	56.7%
Inguinal hernia	0.6	Rarely	44.0%	70.6%	2.5%	26.9%	66.6%
Colitis or diverticulitis	0.9	Rarely	37.9%	41.6%	8.0%	50.4%	51.3%
Hemorrhoids	0.7	Rarely	37.0%	56.2%	11.5%	32.3%	46.2%
Tumor of gastrointestinal tract	0.2	Virtually never	41.3%	89.2%	0.5%	10.4%	81.1%
Hiatal hernia/ esophageal reflux	1.3	Rarely	43.6%	26.4%	17.5%	56.1%	38.6%

Table 9.6 Gastrointestinal Conditions

## Integument Conditions

Doctors of chiropractic rarely or virtually never see any of the conditions listed on the following page affecting the integument; however, 36% to 48% of practitioners arrive at the diagnosis of these conditions in the majority of the cases seen in their practices. Chiropractors most often do not treat these problems, sometimes co-manage them, and only rarely act as sole providers.

Data for integument conditions appear in Table 9.7.

## Discussion

Because chiropractors routinely perform physical examinations and administer adjustments and other therapies directly to patients' exposed skin, chiropractic practice is well-suited to detecting and monitoring conditions of the integument.

\* Please refer to page 101 for an explanation of management and referral categories.

Integument Conditions	Frequency 0 → 4		Nonsublux -based Diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co- managed	
Acne, dermatitis, or psoriasis	1.0	Rarely	39.5%	53.8%	8.6%	37.6%	45.4%
Bacterial or fungal infection	0.7	Rarely	39.0%	66.8%	6.4%	26.9%	55.3%
Herpes simplex	0.6	Rarely	38.4%	61.5%	11.6%	26.9%	45.9%
Herpes zoster	0.6	Rarely	48.0%	45.1%	8.8%	46.1%	55.0%
Pigment disorders	0.4	Virtually never	35.5%	83.2%	5.1%	11.8%	57.6%
Skin cancer	0.6	Rarely	39.1%	85.8%	1.4%	12.8%	73.9%

Table 9.7 Integument Conditions

## Renal/Urological Conditions

Doctors of chiropractic rarely or virtually never see any of the renal/urological conditions listed below. However, 31% to 43% of practitioners arrive at the diagnosis of these conditions in the majority of cases seen in their practices. For all of the conditions listed below, chiropractors rarely act as sole providers, but they sometimes co-manage the conditions with other providers.

Data for renal/urological conditions appear in Table 9.8.

### Discussion

Chiropractic management of renal/urologic conditions primarily consists of adjusting concomitant spinal subluxations and, in some cases, recommending specific nutritional advice and/or support. As indicated in Chapter 10 (Table 10.13), 89% of chiropractors provide nutritional counseling or recommend nutritional supplementation.

Renal/Urological Conditions	Frequency 0 → 4		Nonsublux -based Diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co- managed	
Kidney or urinary tract infection	1.0	Rarely	43.0%	49.1%	7.6%	43.2%	60.7%
Kidney stones	0.7	Rarely	40.2%	66.1%	3.2%	30.7%	67.5%
Chronic kidney disease or failure	0.3	Virtually never	30.9%	73.6%	1.9%	24.5%	65.2%
Kidney or bladder tumor	0.2	Virtually never	38.9%	90.1%	0.6%	9.4%	78.1%
Incontinence	0.8	Rarely	38.0%	39.7%	10.9%	49.4%	49.0%

Table 9.8 Renal/Urological Conditions

\* Please refer to page 101 for an explanation of management and referral categories.

## Cardiovascular Conditions

Of the cardiovascular conditions listed below, only high blood pressure is seen more than rarely in chiropractic practice; it is sometimes seen. Forty-eight percent of chiropractors make the diagnosis of hypertension in the majority of their patients who have the condition, and 69% co-manage the majority of cases with other health care providers. Fifty-five percent to 79% of chiropractic practitioners make referrals for cardiovascular conditions in the majority of the cases they see.

Data for cardiovascular conditions appear in Table 9.9.

### Discussion

The effect of chiropractic adjustments on blood pressure is the subject of ongoing research. The results are promising and reinforce the need for further study on the efficacy of manipulation for cardiovascular ailments.

Cardiovascular Conditions	Frequency 0 → 4		Nonsublux -based Diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co- managed	
High blood pressure	2.1	Sometimes	48.3%	27.3%	3.9%	68.8%	55.1%
Angina or myocardial infarction	0.6	Rarely	36.7%	71.8%	1.9%	26.4%	70.3%
Arterial aneurysm	0.4	Virtually never	43.8%	88.1%	0.8%	11.1%	79.2%
Peripheral artery or vein disorder	0.6	Rarely	39.1%	70.5%	3.4%	26.1%	67.3%
Murmur or rhythm irregularity	0.7	Rarely	37.1%	65.2%	3.5%	31.2%	61.5%
Congenital anomaly	0.4	Virtually never	31.5%	72.3%	4.6%	23.1%	57.7%
Vascular claudication	0.5	Rarely	41.9%	62.3%	2.3%	35.4%	69.8%

Table 9.9 Cardiovascular Conditions

\* Please refer to page 101 for an explanation of management and referral categories.

## Endocrine/Metabolic Conditions

Obesity and diabetes are the two conditions in this section that are sometimes seen in chiropractic practice; the other disorders are rarely or virtually never seen. Fifteen percent of chiropractors are the sole practitioners providing management for the majority of their obese patients. Fifty-seven percent of chiropractors co-manage the majority of their patients with diabetes.

Data for endocrine/metabolic conditions appear in Table 9.10.

### Discussion

That 3.2% of respondents were the sole provider of treatment for the majority of their patients with diabetes probably indicates that the majority of their diabetic patients are not insulin dependent. Chiropractic co-management of diabetes and other endocrine/metabolic conditions primarily consists of adjusting concomitant spinal subluxations and providing specific nutritional advice and/or support. As indicated in Chapter 10 (Table 10.13), 89% of chiropractors provide nutritional counseling or recommend nutritional supplementation.

Endocrine/Metabolic Conditions	Frequency 0 → 4		Nonsublux -based Diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Rarely Sometimes Routinely		Not treated	Treated solely	Co- managed	
Obesity	2.1	Sometimes	48.9%	28.3%	14.9%	56.9%	32.6%
Thyroid or parathyroid disorder	1.1	Rarely	37.5%	48.3%	5.5%	46.2%	52.1%
Adrenal disorder	0.7	Rarely	37.5%	49.2%	14.5%	36.3%	48.4%
Pituitary disorder	0.4	Virtually never	30.7%	57.1%	5.0%	27.9%	58.9%
Thymus or pineal disorder	0.3	Virtually never	34.1%	71.6%	7.6%	20.8%	59.5%
Diabetes	1.6	Sometimes	34.8%	39.8%	3.2%	57.0%	52.1%
Endocrine tumor	0.2	Virtually never	43.4%	87.5%	1.1%	11.3%	76.2%

Table 9.10 Endocrine/Metabolic Conditions

\* Please refer to page 101 for an explanation of management and referral categories.

## Sexually Transmitted Diseases

Chiropractors virtually never see patients for treatment of sexually transmitted diseases; however, in a typical year, at least 28% of practitioners make a diagnosis of each of the conditions listed below

Data for sexually transmitted diseases appear in Table 9.11.

### Discussion

Psychoneuroimmunology has revealed that there is an interrelationship between the central nervous system and immunity. This is consistent with chiropractic philosophy and paradigm as presented in Chapter 1 of this report. Many HIV/AIDS patients employ numerous strategies to maintain or prolong their lives; some choose chiropractic care in support of their general health and/or as part of their treatment plans. Chiropractic co-management of HIV/AIDS and other sexually transmitted diseases primarily consists of adjusting concomitant subluxations and providing specific nutritional advice and/or support. As indicated in Chapter 10 (Table 10.13), 89% of chiropractors provide nutritional counseling or recommend nutritional supplementation.

Sexually Transmitted Diseases	Frequency 0 → 4		Nonsublux -based Diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co- managed	
Hepatitis B	0.3	Virtually never	31.3%	82.7%	2.6%	14.8%	62.4%
Herpes II	0.3	Virtually never	29.6%	80.7%	2.8%	16.5%	63.0%
HIV/AIDS	0.3	Virtually never	27.8%	76.2%	1.2%	22.6%	62.3%
Other sexually transmitted disease	0.2	Virtually never	29.9%	86.4%	1.0%	12.6%	68.0%

Table 9.11 Sexually Transmitted Diseases

\* Please refer to page 101 for an explanation of management and referral categories.

## Eye, Ear, Nose and Throat

Sinus conditions and dizziness or vertigo are sometimes seen in chiropractic practice. Forty-seven percent and 52%, respectively, of practitioners diagnose these conditions in the majority of these cases they see. Thirty percent of chiropractors act as sole providers treating their patients with sinus conditions, and 26% act as sole providers to their patients with dizziness or vertigo; 59% and 66%, respectively, co-manage these conditions with other providers. Most other pathologies of the eyes, ears, nose, or throat are virtually never seen in chiropractic practice.

Data for eye, ear, nose, and throat conditions appear in Table 9.12.

### Discussion

Determining the cause of dizziness/vertigo is often a significant diagnostic challenge. One cause that may mimic an inner ear pathology is an alteration of proprioception as a result of injury or degeneration of the cervical spine; dizziness/vertigo typically responds well to chiropractic adjustments.

Eye, Ear, Nose and Throat	Frequency 0 → 4		Nonsublux -based Diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co- managed	
Significant eye pathology	0.3	Virtually never	36.5%	81.1%	1.0%	17.9%	70.3%
Significant ear pathology	0.4	Virtually never	35.5%	74.9%	2.7%	22.4%	70.3%
Disorder of nose or sense of smell	0.4	Virtually never	33.3%	62.4%	6.2%	31.4%	54.7%
Throat or larynx disorder	0.4	Virtually never	33.3%	64.1%	5.0%	31.0%	55.2%
Eye, ear, nose, or throat tumor	0.1	Virtually never	36.4%	90.5%	0.9%	8.6%	76.2%
Dizziness/vertigo	1.7	Sometimes	52.3%	8.5%	25.9%	65.6%	40.1%
Sinus condition	2.0	Sometimes	46.7%	11.2%	30.2%	58.7%	28.5%

Table 9.12 Eye, Ear, Nose and Throat

\* Please refer to page 101 for an explanation of management and referral categories.

## Hematological/Lymphatic Conditions

Doctors of chiropractic rarely or virtually never see any of the hematological/lymphatic conditions listed below. However, 32% to 40% of chiropractors arrive at the diagnosis of these conditions in the majority of these cases seen in their practices. For all of the conditions listed below, chiropractors most often do not treat these problems and rarely act as sole providers.

Data for hematological/lymphatic conditions appear in Table 9.13.

### Discussion

Psychoneuroimmunology has revealed that there is an interrelationship between the central nervous system and immunity. This is consistent with chiropractic philosophy as presented in Chapter 1 of this report. Many patients employ numerous strategies to maintain or regain their health; some choose chiropractic care in support of their general health and/or as part of their treatment plans. Chiropractic co-management of immunology disorders or other hematological/lymphatic conditions primarily consists of adjusting concomitant subluxations and providing specific nutritional advice and/or support. As indicated in Chapter 10 (Table 10.13), 89% of chiropractors provide nutritional counseling or recommend nutritional supplementation.

Hematological/ Lymphatic Conditions	Frequency 0 → 4		Nonsublux -based Diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co- managed	
Anemia	0.7	Rarely	37.4%	55.4%	7.4%	37.2%	49.3%
Immunological disorder	0.5	Rarely	33.4%	58.7%	4.5%	36.8%	54.5%
Hereditary disorder	0.4	Virtually never	31.7%	69.7%	2.0%	28.3%	56.9%
Polycythemia	0.2	Virtually never	40.1%	85.3%	1.3%	13.4%	70.8%
Marrow or lymphatic system cancer	0.2	Virtually never	35.8%	87.9%	0.1%	12.0%	74.4%

Table 9.13 Hematological/Lymphatic Conditions

\* Please refer to page 101 for an explanation of management and referral categories.

## Female and Male Reproductive Conditions

Of the conditions listed below, the only condition of the male or female reproductive system that chiropractors see more than rarely is menstrual disorder. Twenty-nine percent to 36% of chiropractors diagnose the conditions below for the majority of their patients with these conditions. Of these conditions, chiropractors most often co-manage pregnancy, menstrual disorders, menopause, and female infertility; chiropractors most often do not treat the remainder of the listed conditions.

Data for female and male reproductive conditions appear in Tables 9.14 and 9.15.

### Discussion

Data from numerous case studies and preliminary research studies have provided some evidence that chiropractic care may have a positive effect on female reproductive disorders like primary dysmenorrhea and chronic pelvic pain. More research is needed in these areas.

Chiropractic management or co-management of female and male reproductive conditions primarily consists of adjusting spinal subluxations and in many cases providing specific nutritional advice and/or support.

Female Reproductive Conditions	Frequency 0 → 4		Nonsublux -based Diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co- managed	
Female infertility	0.6	Rarely	29.0%	42.1%	9.0%	49.0%	46.0%
Pregnancy	1.4	Rarely	32.1%	22.8%	5.0%	72.1%	40.1%
Menstrual disorder/ PMS	1.5	Sometimes	35.8%	15.7%	25.3%	58.9%	28.0%
Noncancerous breast disorder	0.4	Virtually never	28.4%	65.0%	9.2%	25.8%	50.0%
Breast or reproductive system tumor	0.3	Virtually never	28.5%	82.2%	0.5%	17.3%	65.0%
Menopause	1.4	Rarely	32.4%	24.5%	13.5%	62.1%	31.5%

Table 9.14 Female Reproductive Conditions

\* Please refer to page 101 for an explanation of management and referral categories.

Male Reproductive Conditions	Frequency 0 → 4		Nonsublux -based Diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co- managed	
Male infertility	0.3	Virtually never	32.2%	64.1%	7.7%	28.2%	55.5%
Impotency	0.4	Virtually never	31.3%	52.4%	9.3%	38.4%	52.4%
Benign prostatic hypertrophy	0.7	Rarely	33.9%	53.3%	7.7%	39.0%	51.0%
Prostatic carcinoma	0.3	Virtually never	32.0%	83.0%	0.4%	16.6%	66.1%
Other reproductive system tumor	0.1	Virtually never	35.8%	91.1%	0.1%	8.8%	77.7%

Table 9.15 Male Reproductive Conditions

## Childhood Disorders

Upper respiratory or ear infections are rarely seen in chiropractic practice. However, when respondents did report seeing such conditions, 48% reported making the diagnosis in the majority of these cases. Sixty-two percent of chiropractors co-manage their patients with another provider, and 22% act as sole providers for the majority of their patients with upper respiratory or ear infections.

Infantile colic is rarely seen in chiropractic practice, but 41% of respondents act as sole providers for this condition in the majority of cases seen. Other childhood infectious diseases and children with parasites are virtually never seen.

Data for childhood disorders appear in Table 9.16.

### Discussion

Two studies on the effectiveness of chiropractic care in the treatment of infantile colic are summarized in Chapter 2 of this report. The authors noted “[s]pinal manipulation is normally used in the treatment of musculoskeletal disorders, and results of this trial leave open two possible interpretations. Either spinal manipulation is effective in the treatment of the visceral disorder infantile colic or infantile colic is, in fact, a musculoskeletal disorder, and not, as normally assumed, visceral” (Wiberg et al. 1999, p. 520).

Many childhood upper respiratory or ear infections and childhood diseases like chicken pox are routinely treated with simple palliative measures. Many parents choose a chiropractor as their children’s primary health care provider. Chiropractic management of childhood disorders primarily consists of adjusting concomitant spinal subluxations and providing specific nutritional advice and/or support and other palliative measures.

\* Please refer to page 101 for an explanation of management and referral categories.

Childhood Disorders	Frequency 0 → 4		Nonsublux -based Diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co- managed	
Upper respiratory or ear infection	1.4	Rarely	48.4%	15.6%	22.3%	62.0%	36.3%
Parasites	0.3	Virtually never	40.2%	65.2%	14.1%	20.7%	51.5%
Colic	0.9	Rarely	40.1%	18.0%	41.0%	41.0%	23.6%
Infectious diseases (mumps, measles, chicken pox)	0.3	Virtually never	37.0%	66.6%	6.1%	27.3%	51.4%

Table 9.16 Childhood Disorders

## Miscellaneous Conditions

Patients suffering from allergies are sometimes seen in chiropractic practice. This condition is typically co-managed by chiropractors. While nutritional disorders are rarely seen in many practices, they are co-managed in 48% of the cases.

Data for miscellaneous conditions appear in Table 9.17.

### Discussion

Allergies are a form of immune reaction. Psychoneuroimmunology has revealed an interrelationship between the central nervous system and immunity (consistent with chiropractic philosophy). Many patients employ numerous strategies to maintain or regain their health; some choose chiropractic care in support of their general health and/or as part of their treatment plan. Chiropractic management of allergies primarily consists of adjusting subluxations and providing specific nutritional advice.

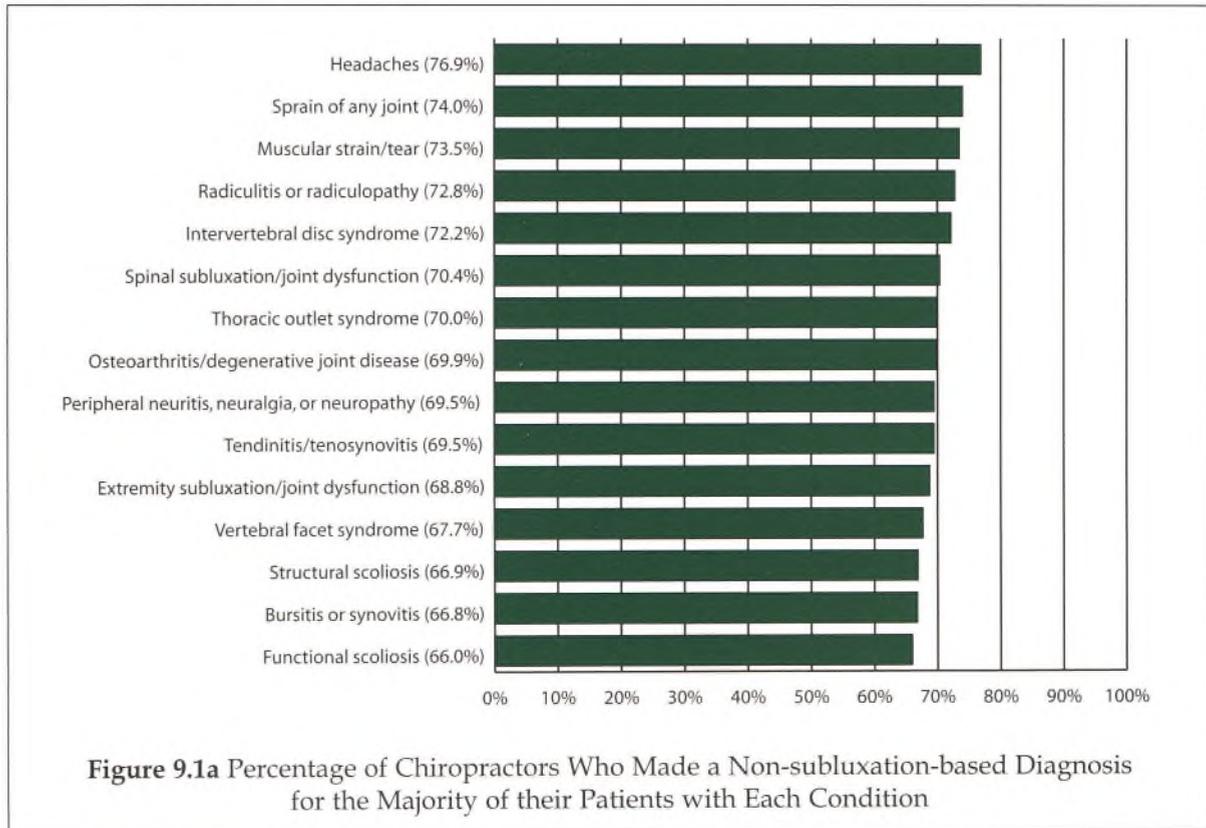
Miscellaneous Conditions	Frequency 0 → 4		Nonsublux -based Diagnosis (yes)	Management *			Referral (yes)
	0 Never	1 2 3 4 Routinely		Not treated	Treated solely	Co- managed	
Allergies	1.9	Sometimes	39.4%	15.5%	21.1%	63.5%	29.2%
Nutritional disorders	1.4	Rarely	38.7%	17.7%	34.5%	47.8%	30.1%
Eating disorders	0.7	Rarely	33.3%	46.7%	8.2%	45.1%	51.5%
Psychological disorders	0.9	Rarely	31.5%	53.3%	3.1%	43.6%	58.9%

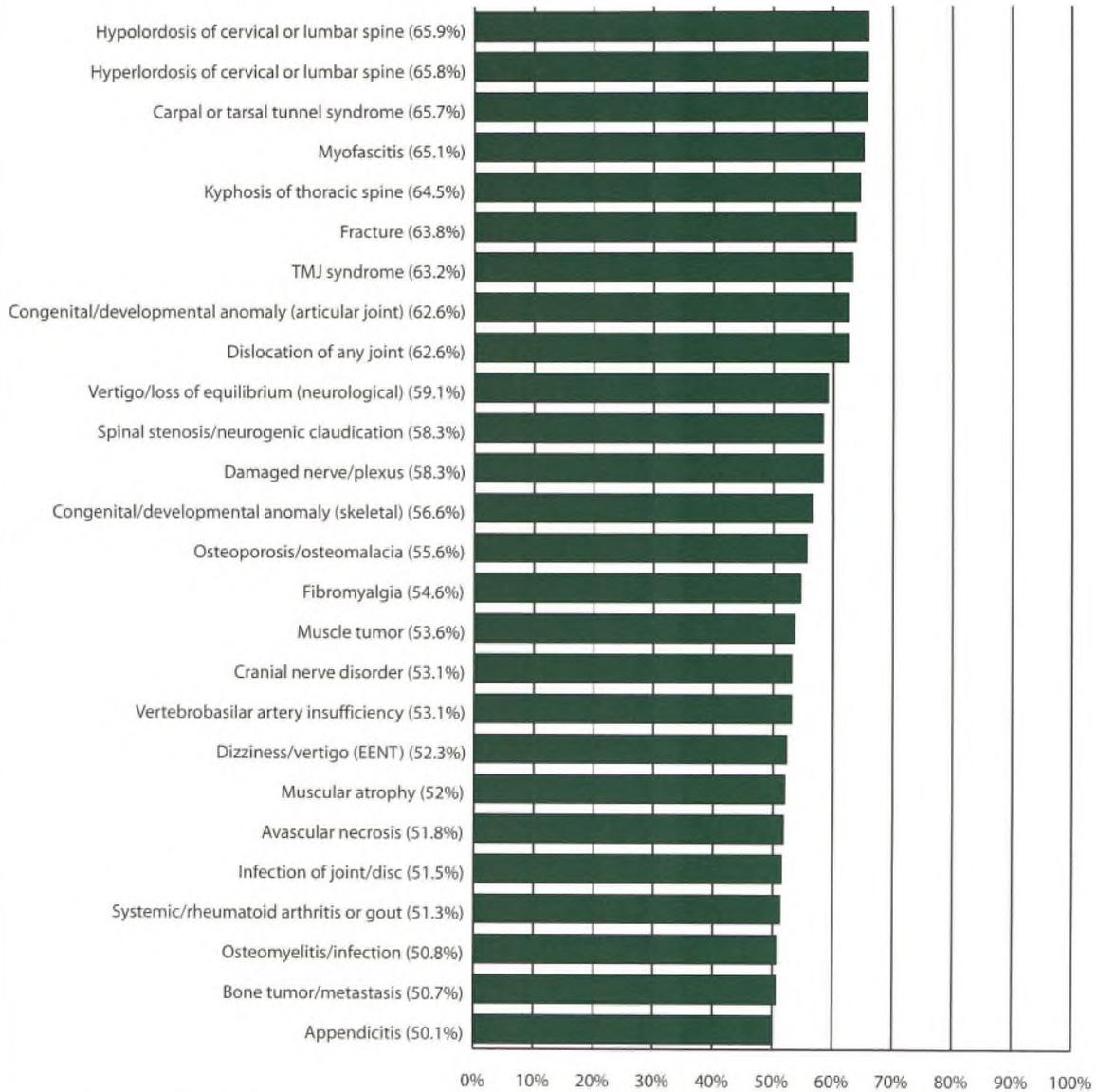
Table 9.17 Miscellaneous Conditions

\* Please refer to page 101 for an explanation of management and referral categories.

## Diagnosis of Conditions

As shown previously in the chapter, the survey instructed participants to indicate whether they had made a diagnosis other than subluxation in the majority of cases of each listed condition seen in their practices during the previous year. Figures 9.1a and Figure 9.1b graph, in descending order, the conditions for which more than 50% of respondents indicated that they made a non-subluxation-based diagnosis in the majority of cases that they saw in the previous year.





**FIGURE 9.1b** Percentage of Chiropractors Who Made a Non-subluxation-based Diagnosis for the Majority of their Patients with Each Condition