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Conflict of Interest Disclosures

The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

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To the Editor:

Spinal manipulative therapy (SMT) is very popular; an estimated 19.1 million adults consulted with chiropractors in 2012 in the United States, with spinal pain being the main medical condition for which chiropractic care was sought.¹ As such, the systematic review and meta-analysis by Dr Paige and colleagues² on this topic is important.

However, the meta-analysis may have overestimated the evidence for SMT in acute low back pain. The studies included in the systematic review used a plethora of control interventions, including sham, usual care, drug therapy, physical therapy, education, and exercise, and a variety of designs, from parallel group to factorial study designs. Despite this, the authors presented an overall estimate for SMT vs. all control conditions combined. Moreover, even the SMT groups were highly diverse between studies, e.g. the trials by Blomberg et al³ and Grunnesjö et al⁴ should have been excluded from the analysis as some patients in both trials received “a steroid injection in the parasacrocygeal region,” which makes it unclear whether SMT or the steroids were responsible for any observed effects. The statistical combination of such heterogeneous studies may be hard to justify from a clinical point of view.

Furthermore, although the authors downgraded the quality of evidence from high to moderate due to inconsistency of results according to GRADE, risk of bias was not adequately taken into account. For example, for the outcome of pain in studies comparing SMT with other therapies, 50% of studies were considered to have a high risk of bias, which seems like low quality evidence. Figure 2 of this systematic review² also indicates that SMT was not superior to sham therapies regarding the outcome of pain, and the quality of evidence was considered moderate at best. A more appropriate conclusion may be that there was moderate quality of evidence that SMT is non-superior to sham and low quality of evidence that it is superior to other therapies.

References

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- ³ Blomberg S, Svärdsudd K, Tibblin G. A randomized study of manual therapy with steroid injections in low-back pain: telephone interview follow-up of pain, disability, recovery, and drug consumption. *Eur Spine J*. 1994;3(5):246-254.
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