



## Case Reports

# Changes in Quality of Life in 7 Older Adult Patients Receiving Activator Methods Chiropractic Technique



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### Abstract

**Objective:** The purpose of this case series is to report on symptomatic and quality of life (QoL) changes in 7 older adult chiropractic patients who were receiving care using Activator Methods Chiropractic Technique (AMCT).

**Clinical Features:** Seven patients were selected from 2 chiropractic offices in Auckland, New Zealand. Patients were included if they were older adults receiving AMCT care and for whom at least 2 QoL assessments had been performed. The patients, aged 69-80 years, primarily received care for a variety of musculoskeletal complaints.

**Intervention and Outcomes:** The patients reported improvements in their presenting complaints as well as a number of nonmusculoskeletal symptoms. Each patient demonstrated clinical improvements in their RAND 36-Item Short Form Health Survey (SF-36) results. The average improvement in QoL measured using a SF-36 questionnaire was 8.0 points in the physical component and 4.1 points in the mental component. Four cases had a second progress evaluation using the SF-36 and showed an overall improvement of 5.2 in the physical and 9.8 in the mental components from baseline.

**Conclusion:** This case series describes an improvement in QoL, as measured by the SF-36 instrument, as well as subjectively reported improvements in both musculoskeletal and nonmusculoskeletal symptoms in 7 older adults receiving chiropractic care.

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## Introduction

The older adult population is growing faster than at any other time in history and is expected to increase by an estimated 19% by 2021 in New Zealand alone.<sup>1</sup> Globally, the percentage of older people (aged 60 years or older) increased to 11.7% in 2013 and is estimated to reach 21.1%, or more than double to exceed 2 billion people, by 2050.<sup>2</sup> There are multiple important issues relating to population aging and older adults which have both economic and social implications. Quality of life (QoL) measures are widely used to determine the impact of health interventions and relate to a person's overall well-being, which naturally declines with age, and are useful even in situations where complete restoration of health may not be possible.<sup>3</sup> QoL measures have been shown to correlate with people's ability to remain independent and perform activities of daily living<sup>1,4,5</sup> as well as their ability to be able to participate in life on many different levels, including physical, social, and mental,<sup>6</sup> which in turn have positive economic and social effects.

Although it has been suggested that chiropractic care may enhance health and QoL in various patient populations, the body of evidence supporting this claim is limited.<sup>7–13</sup> One recent clinical trial reported that 12 weeks of chiropractic care for an older adult population positively influenced the RAND 36-Item Short Form Health Survey (SF-36) Physical Component Summary scores compared with the control group.<sup>7</sup> In addition, a retrospective study of 2818 chiropractic patients using Network Spinal Analysis reported improvements in QoL in 4 domains.<sup>14</sup> A small-scale, prospective follow-up study completed at the New Zealand School of Chiropractic showed an increase in patients' self-rated wellness and increases to both physical and mental/emotional domains of health.<sup>15</sup>

At present, there are few case series that chronicle QoL improvements in the older chiropractic patients. The purpose of this case series is to present QoL outcomes in 7 older adults receiving Activator Methods Chiropractic Technique (AMCT) chiropractic care in Auckland, New Zealand.

## Case Series

Two chiropractors from practices in Auckland, New Zealand, provided case notes for consenting, current, older adult patients receiving full-spine AMCT (the Activator II instrument was used in all 7 cases) care for

whom at least 2 SF-36<sup>6</sup> assessments had been performed. Cases were selected if clinical spinal findings were noted in the initial assessment of all patients. Historically, only 1 patient (case 2) reported using any prescribed or over-the-counter medication on a regular basis. None of the patients were given additional lifestyle advice.

The patients were initially seen 1–3 times per week until the 12th visit, at which time they had a progress examination. Each patient followed a unique care plan for a period of time ranging in duration from 5 weeks to 15 months (Table 1). At the progress examination, each patient was asked to report on their overall perceived improvements as a percentage in addition to completing the SF-36. Subjective statements of progress as verbally reported by the patient were recorded on the notes at each visit.

## Outcome Measures

The SF-36 measures self-reported physical and mental health status. It consists of 36 questions designed to assess 8 different aspects of QoL, divided into 2 component summary scores: physical and mental.<sup>16</sup> Component summary scores are normalized to have a mean of 50 and standard deviation of 10 based on population norms. The SF-36 has been demonstrated to be a valid and reliable measure of health-related QoL for the New Zealand population<sup>16,17</sup> Although there is some disagreement in the literature, it appears that improvements in component summary scores of between 2 and 5 represent clinically important changes in QoL.<sup>7</sup>

## Chiropractic Management Protocol

Activator Methods Chiropractic Technique, developed by Arlan Fuhr, DC, in 1967, uses a handheld instrument with a blunt stylus to deliver a specific, high-velocity, low-amplitude thrust for the correction of vertebral subluxation. Levels of vertebral subluxation are detected using a series of provocative maneuvers: pressure testing, isolation testing, and stress testing. Following a chiropractic adjustment, these tests are repeated to evaluate for functional changes to the neuroarticular unit.<sup>18</sup> Activator Methods Chiropractic Technique is used with older adults because it may be well suited for the aging spine.<sup>7,19</sup>

## Patient Response to Care

The 7 patients (4 female and 3 male), aged 69–80 years (average age, 74 years), presented for care primarily presenting with a variety of musculoskeletal

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