

CHIROPRACTIC CARE: A NON-INVASIVE SOLUTION

❖ *Reducing the Need for Opioids, Injections, and Surgery* ❖

DOES CHIROPRACTIC CARE REDUCE THE NEED FOR INJECTIONS OR SURGERY?



Chiropractic care, especially when used as early intervention, is highly effective in reducing opioid use and minimizing the need for spinal injections. ^{1, 2, 3}

It can also lower the chances of requiring surgeries like discectomies. ^{2, 4}
By influencing pain pathways, chiropractic care further supports its role as a non-pharmacological approach to pain relief.



KEY BENEFITS

Reduced Opioid Use

Chiropractic care is linked to a 56% lower risk of filling an opioid prescription for older Medicare patients with spinal pain. ¹

Lower Surgery Rates

Chiropractic care significantly reduces the likelihood of undergoing surgeries like discectomies, with only 1.5% of chiropractic patients requiring a discectomy within one year. ³

Fewer Spinal Injections

Chiropractic care recipients have 64% lower odds of receiving opioid prescriptions and fewer spinal injections. ^{1, 2}

Treatment Type	Typical Cost*	Outcomes & Notes
Chiropractic (monthly)	\$560–\$729 (102-patient disc herniation study)	\$558 vs \$729/month for injections; none required surgery in chiro group
Epidural steroid injections (monthly)	≈ \$730 per patient	Higher cost and three patients needed surgery in one month
Low back surgery	\$8,286 – \$73,727 per procedure ⁷	Hospital stay + weeks recovery; higher risk & higher cost
Spinal injections generally	Also add consultation & repeat costs	Higher long-term cost relative to chiropractic

CHIROPRACTIC IN WORKERS' COMPENSATION

A Proven, Cost-Effective Solution

REDUCTION IN OPIOID USE & INJECTIONS

- Older Medicare patients with spinal pain who received chiropractic care had a 56% lower risk of filling an opioid prescription within 1 year compared to those who didn't. ¹
- Early chiropractic intervention (within 30 days) led to a 62% reduction in opioid use. ²
- A systematic review covering 62,624 individuals with spinal pain found chiropractic care recipients had 64% lower odds of receiving opioid prescriptions versus non-recipients. ¹
- Among Canadian spinal pain patients, chiropractic recipients were 52% less likely to start opioids, and if treatment began within 30 days, the risk dropped 71%. ³

REDUCTION IN SURGERY

- In the U.S., spinal fusion rates are the highest globally, yet over 20% develop failed-back surgery syndrome and 97% report ongoing pain within a year.⁸
- Another analysis of work-related back injuries showed those who first consulted a surgeon had a 42% rate of surgery, while those who first saw a chiropractor had <2% undergoing surgery. ²

CHALLENGING PAIN PERCEPTION

Studies using EEG and neuroimaging suggest chiropractic spinal manipulation can alter central pain processing, potentially decreasing long-term pain perception. ⁵

References:

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