

Manipulative Therapy for Lower-Extremity Conditions

A growing number of peer-reviewed studies document the use of manipulative therapies for lower-extremity disorders.

Brantingham JW, Globe G, Pollard H, Hicks M, Korporeal C, Hoskins W. *J Manipulative Physiol Ther* 2009 Jan;32(1):53-71.

BACKGROUND

While the public most commonly associates chiropractic care with treatment for low-back pain, most doctors of chiropractic, based on their professional training, regularly diagnose and treat conditions of lower extremities. Data show that upper- and lower-extremity problems make up 20 percent of chiropractic visits and that 76.1 percent of doctors of chiropractic typically utilize extremity therapies in their practices.

THE OBJECTIVE of this study was to expand upon a previous systematic review of evidence that documents the use of manipulative therapy for treating lower-extremity conditions.

THIS STUDY conducted a search of literature through the following major healthcare databases: PubMed; the Cumulative Index to Nursing and Allied Health Literature; Manual, Alternative and Natural Therapy Index System; Science Direct; and Index to Chiropractic Literature. The results of the search were screened and rated for relevance, yielding 39 articles that were analyzed in detail.

RESULTS

- A growing body of evidence shows that manipulative therapy for lower-extremity disorders appears to be safe and of value.
- Most manipulative therapy of lower extremities is accompanied by exercise, soft-tissue treatment and modalities, and is specific as to the condition and the patient.
- The use of manipulative therapy combined with multimodal or exercise therapy of the hip for treating hip osteoarthritis has been documented by limited evidence.
- Manipulative therapy of the knee and/or full kinetic chain combined with multimodal or exercise therapy for knee osteoarthritis has fair support in literature.
- Manipulative therapy of the ankle and/or foot combined with multimodal or exercise therapy has fair support in literature for treating ankle inversion sprain and limited support for treating plantar fasciitis, metatarsalgia or hallux limitus/rigidus.

WHO MAY BE AFFECTED?

Manipulative therapy of extremities may be indicated in patients:

1. diagnosed with a painful neuromusculoskeletal pain disorder
2. experiencing pain in or from palpation of bony joint surfaces or joint soft tissues
3. presenting with decreased or altered range or quality of motion
4. experiencing pain from stressing a joint.

CAVEATS

This systematic review excluded studies without a diagnosis, those describing immediate rehabilitative postsurgical manipulative therapy, red-flag conditions, or conditions that required a referral.

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The research described in this column comes from credible, peer-reviewed journals. It is intended to serve as a resource for practitioners and patients to assist them in consideration of various healthcare options and does not replace clinical judgment.