Response to review article by Ernst and Posadzki on spinal manipulation

The recent ambitious effort by Professor Edzard Ernst [retired] and Paul Posadzki of the Peninsula Medical School, Universities of Exeter & Plymouth, Exeter, UK, to critique Spinal Manipulation (SM) is fraught with avoidable weaknesses and is therefore more fragile and limited than might appear at first glance.

For example there are significant methodological errors in this particular study, including:

- No attempt made to ensure that the definition of "spinal manipulation" (SM) between the studies was compatible.
- No attempt to demonstrate, from existing literature, that SM provided by different providers using different specific physical techniques is comparable.
- No attempt to demonstrate the validity of the quite unusual systematic review approach, where a heterogeneous treatment modality (SM) is assessed against multiple different conditions each with different aetiologies.

Inherent weakness in this study also comes from the fact that 13 of the systematic reviews (approximately one-third of those cited) that have been reviewed come from their own research unit. The authors do admit that this may affect the independence of the study and, as a result, this data is skewed by their own publications.

In addition there is contradiction within the article:

"Collectively these data fail to demonstrate convincingly that spinal manipulation is an effective intervention for any condition."

Yet in the abstract it is stated that there were positive conclusions for psychological outcomes (n=1) and whiplash (n=1).


There are numerous articles that support the use of SM in a range of conditions [by way of example]. The most recent being by Senna, Mohammed K. MD; Machaly, Shereen A. MD, and published in Spine.

This article concludes:

"SMT is effective for the treatment of chronic non-specific LBP. To obtain long-term benefit, this study suggests maintenance SM after the initial intensive manipulative therapy."
It appears facile to attempt to discredit a modality when there is an expanding body of evidence that provides support.

Patients often choose practitioners who utilise SM approaches because other standard medical approaches have failed, or they are unwilling to undergo a surgical option. Therefore one rationale for the use of SM is that for those for whom standard medical treatments are not satisfactory; SM provides an excellent backstop option.

Prof Ernst has been repeatedly criticised for using references inaccurately, with the apparent intent to mislead. In doing so he compromised the integrity of the scientific reporting and the validity of his own research. This article is just another example of the misuse of scientific data.

Professor Ernst has long demonstrated extreme bias against spinal manual therapy and chiropractic. His writings often fall well short of good peer-review standards.

Writing in the BMJ in 1999, Dr Gordon Waddell, a leading UK orthopaedic surgeon and back pain authority, described Ernst as offering “inter-professional confrontation under the guise of scientific objectivity.”

It would appear that Professor Ernst’s perspective hasn’t changed despite the growing body of evidence to refute it.

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References: