

In response to: Karen Cheney's "[4 Surgeries to Avoid](#)", (*AARP*, July/August 2011 Issue)

**Dear Editor,**

In reading "4 Surgeries to Avoid", featured in your July/August 2011 issue, I was pleased to see an overview of reasons and alternative procedures to help individuals avoid surgery. However, I was stunned by the article's lack of inclusion of one of the most widely used, clinically and financially effective, evidence-based alternatives to surgery for many patients - chiropractic care.

While the emphasis of your article was on spinal stenosis related problems many spinal surgeries are related to nerve root pain secondary to lumbar disc herniation. A recent study by surgeons and chiropractors in the province of Alberta, Canada published in the *Journal of Manipulative and Physiological Therapeutics*, entitled, "[Manipulation or Microdisketomy for Sciatica? A Prospective Randomized Clinical Study](#)," concluded that chiropractic spinal manipulation was just as effective as microdisketomy for patients struggling with sciatica secondary to lumbar disk herniation (LDH). The population studied had experienced unrelenting low-back and leg pain for at least six months and had failed to obtain relief with exercise, physical therapy and non-steroidal, anti-inflammatories. Overall, 60 percent of patients who received spinal manipulation avoided spinal surgery and benefited to the same degree as those who underwent surgery!

In addition, when factoring in costs, the study "[Outpatient Lumbar Microdiscectomy: A Prospective Study in 122 Patients](#)", indicates more than 200,000 microdiskectomies are performed annually in the United States, at a direct cost of \$5 billion, or \$25,000 per procedure. When applying these figures to the JMPT literature, there is a direct, total savings of \$22,900 per manipulation patient, resulting in system-wide savings of \$2.75 billion dollars annually.

When addressing surgical alternatives; the public deserves to be informed of the clinical and economic research supporting chiropractic care.

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