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Physician communication skills and malpractice claims – a complex relationship

Adamson T, Tschann J, Gullion D, Oppenberg A.
West J Med 1989; 150:356–360.

We assessed the relationship between patients' opinions about their physicians' communication skills and the physician's history of medical malpractice claims. The sample consisted of 107 physicians and 2,030 of their patients who had had an operation or a delivery. Although patients tended to give their physicians favorable ratings, they were least satisfied with the amount of explanations they received. Patients gave higher ratings to general surgeons and obstetrician-gynecologists and poorer ratings to orthopedists and anesthesiologists. Women and better-educated patients gave higher ratings on explanations and communication to physicians with fewer claims. Men and patients with less education, however, gave higher ratings on these dimensions to physicians with more claims. These findings suggest the need for physicians to tailor their communications to a patient's individual needs. Improved communication between physicians and patients may result in fewer nonmeritorious malpractice claims while leading to less costly resolution of meritorious claims.

Patient evaluations of low back pain care from family physicians and chiropractors

Cherkin D, MacCornack F. West J Med 1989; 150:351–355.

We compare health maintenance organization enrollees' evaluations of the care they received from family physicians and chiropractors for low back pain. Patients of chiropractors were three times as likely as patients of family physicians to report that they were very satisfied with the care they received for low back pain (66% versus 22%, respectively). Compared with patients of family physicians, patients of chiropractors were much more likely to have been satisfied with the amount of information they were given, to have perceived that their provider was concerned about them, and to have felt that their provider was comfortable and confident dealing with their problem. Although the more positive evaluations of chiropractors may be related to differences in the patient populations served by the two providers or to benefits of spinal manipulation, it is suggested that a potentially more potent force – the therapeutic effect of the patient and provider interaction itself – may explain the observed differences.

Lifestyle and low-back pain – the influence of smoking and obesity

Deyo R, Bass J. Spine 1989; 14(5):501–506.

The authors examined associations between back pain prevalence and lifestyle factors (smoking and obesity) using national survey data. Back pain prevalence rose with increasing levels of smoking, with a relative risk of 1.47 for persons reporting 50 or more pack-years of smoking. This association was strongest in persons under the age of 45 years, however, for whom the corresponding relative risk was 2.33. There

were similar trends toward greater prevalence with increasing body mass index, but prevalence rose substantially only in the most obese 20% of subjects (1.7 times higher than the lowest 20%). In a logistic regression, smoking and obesity contributed independent risk, even after controlling for age, education, exercise level, and employment status. Programs for back pain prevention may wish to test interventions for these lifestyle-related factors.

Anterior knee pain and spinal dysfunction in adolescence

Sweeting R, Fowler C, Crocker B. J Manual Med 1989; 4:65–68.

The underlying aetiology of anterior knee pain is frequently not known, particularly in the adolescent. A review of 260 patients presenting with knee pain in a general orthopaedic practice revealed 16 cases (6% of the total) as having similar clinical features with peripheral muscle weakness associated with segmental spinal dysfunction. The syndrome would appear to be as frequent as patellofemoral instability (15 cases). A treatment protocol is outlined which significantly improves the functioning of these patients, subjectively with reduction of complaints of pain and objectively with increase in muscle power as documented by testing with the Kim-Com as well as clinical by examination.

The relationship of low-back pain, work history, work environment, and stress – a retrospective cross-sectional study of 38- to 64-year-old women

Svensson H, Andersson G. Spine 1989; 14(5):517–522.

The association between low-back pain (LBP) and different work factors was investigated in a retrospective cross-sectional study of a random sample of 1,760 38- to 64-year-old women. The life-time incidence of LBP was 66% and the prevalence was 35%. In a univariate analysis, eight work variables correlated to LBP *viz.* more forward bending, more lifting, more standing, more monotonous work, dissatisfaction with the work tasks, dissatisfaction with the work environment, a higher degree of worry, and fatigue at the end of the work day. In a covariate analysis, however, only the three psychological variables remained directly associated to LBP *viz.* dissatisfaction with the work environment, a higher degree of worry, and fatigue at the end of the work day.

The development of the Dallas pain questionnaire – an assessment of the impact of spinal pain on behavior

Lawlis G, Cuencas R, Selby D, McCoy C. Spine 1989; 14(5):511–516.

The Dallas Pain Questionnaire (DPQ) was developed to assess the amount of chronic spinal pain that affects four aspects (daily and work-leisure activities, anxiety-depression, and social interest) of the patients' lives. Results of the DPQ's statistical properties suggest that

the DPQ is an externally reliable instrument as well as internally consistent. Two factors emerged from factor analysis. Factor 1 represents functional activities and Factor 2 represents emotional capacities. A correlation analysis suggests the concurrent validity of the psychological functional factors of the DPQ. A *t* test demonstrated that chronic pain patients have significantly higher DPQ scores than normals. Because these findings support its statistical properties, the DPQ appears to have utility for clinical and research purposes. The findings, limitations, and implications of this study are detailed, as are suggestions for future research.

Intradural lumbar disc herniation – report of three cases with a review of the literature

Kataoka O, Nishibayashi Y, Sho T. *Spine* 1989; 14(5):529–533.

Intradural lumbar disc herniation (ILDH) is rare. Three new cases of this condition are reported, adding to the 70 previously documented cases. An incidence of ILDH in between 0.04 and 0.33 percent of lumbar disc protrusions has been reported. More than one-third of ILDH were observed at L1–2 to L3–4 levels, while only a tenth of cases occurred at L5–S1. The mechanism of ILDH is not known with certainty. Adhesions between the ventral wall of the dura and posterior longitudinal ligament could act as a preconditioning factor. A diagnosis of ILDP may be made with difficulty, and it is seldom suspected preoperatively. Prompt surgery is necessary because the neurologic prognosis appears to be closely linked with preoperative duration of neurologic symptoms.

A preliminary report of the short-term effect of carbonated beverage consumption on calcium metabolism in normal women

Smith S, Swain J, Brown E, Wyshak G, Albright T. *Arch Intern Med* 1989; 149:2517–2519.

A variety of nutritional factors influence the bioavailability of calcium and increase a woman's risk of osteoporosis. Eight healthy women completed an 8-week metabolic study designed to investigate the effect of nonalcoholic carbonated beverage consumption on calcium metabolism. Compared with women receiving a control diet, women consuming a diet high in nonalcoholic carbonated beverages demonstrated similar mean serum levels of calcium, ionized calcium, phosphorus, alkaline phosphatase, parathyroid hormone, 1,25-dihydroxyvitamin D₃, and osteocalcin. Twenty-four-hour urine volume, creatinine clearance, calcium-creatinine ratio, and phosphorus-creatinine ratio were similar during consumption of the diet high in nonalcoholic carbonated beverages and the control diet. Twenty-four-hour cyclic adenosine monophosphate-creatinine ratio was significantly lower in women consuming the diet high in nonalcoholic carbonated beverage compared with women receiving the control diet (342 ± 27.4 nmol/mmol vs 409 ± 22.1 nmol/mmol). Consumption of a diet high in nonalcoholic carbonated beverages on a short-term basis does not appear to affect adversely the serum or urinary markers of calcium metabolism.

Lifetime risks of hip, Colles', or vertebral fracture and coronary heart disease among white postmenopausal women

Cummings S, Black D, Rubin S. *Arch Intern Med* 1989; 149:2445–2448.

Lifetime risk is a useful way to estimate and compare the risk of various conditions. Hip fractures, Colles' fractures, and coronary heart disease, and breast and endometrial cancers are important conditions in postmenopausal women that might be influenced by the use of hormone replacement therapy. We used population-based data to estimate a woman's lifetime risk of suffering a hip, Colles', or vertebral fracture and her risk of dying of coronary heart disease. A 50-year-old white woman has a 16% risk of suffering a hip fracture, a 15% risk of suffering a Colles' fracture, and a 32% risk of suffering a vertebral fracture during her remaining lifetime. These risks exceed her risk of developing breast or endometrial cancer. She has a 31% risk of dying of coronary heart disease, which is about 10 times greater than her risk of dying of hip fractures or breast cancer. These lifetime risks provide a useful description of the comparative risks of conditions that might be influenced by postmenopausal hormone therapy.

Intracerebral hemorrhage in young adults

Bell M, Olshaker J, Osborn R. *Ann Emerg Med* 1989; 18:1230–1232.

Nontraumatic intracerebral hemorrhage is an uncommon occurrence in young adults. Signs and symptoms may be subtle or atypical and predisposing factors absent in patients with computed tomography or magnetic resonance imaging-proven hemorrhage. Rapid evaluation and referral to a neurosurgeon are critical if consequent morbidity and mortality are to be minimized. Presented are the cases of two patients in their early thirties with computed tomography or magnetic resonance imaging-proven intracerebral hemorrhage. These cases vividly demonstrate that in young adults there is a need to maintain a high index of suspicion and consideration of intracerebral hemorrhage before signs and symptoms are attributed to less malignant disease processes.

The Ontario cohort study of running-related injuries

Walter S, Hart L, McIntosh J, Sutton J. *Arch Intern Med* 1989; 149:2561–2564.

A cohort of 1680 runners was enrolled through two community road race events and monitored during a 12-month follow-up period for the occurrence of musculoskeletal injuries. Forty-eight percent of the runners experienced at least one injury, and 54% of these injuries were new; the remainder were recurrences of previous injuries. The risk of injury was associated with increased running mileage but was relatively unassociated with other aspects of training, such as usual pace, usual running surface, hill running, or intense training. Injury rates were equal for all age-sex groups and were independent of years of running experience. Runner injured in the previous year had approximately a 50% higher risk for a new injury during follow-up.