

Receipt of physical therapy, chiropractic care reportedly low for comorbid chronic low back pain and opioid use disorder

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For Medicare beneficiaries with chronic low back pain (CLBP) and opioid use disorder (OUD), receipt of physical therapy (PT) and chiropractic care is low overall and lower for racial and ethnic minority groups, according to a study published online Sept. 12 in *JAMA Network Open*.

Fiona Bhondoekhan, from the Brown University School of Public Health in Providence, Rhode Island, and colleagues examined differences in receipt of PT or chiropractic care for CLBP among persons with comorbid OUD in a retrospective cohort study using a 20 percent random sample of national Medicare administrative data from Jan. 1, 2016, to Dec. 31, 2018. Data were analyzed for 69,362 Medicare beneficiaries.

The researchers found that 10.2% of all beneficiaries received any PT or chiropractic care three months after a new CLBP episode. Compared with non-Hispanic white patients, the odds of receiving chiropractic care within three months of CLBP diagnosis were lower for Black or African American and Hispanic persons after adjustment (adjusted odds ratios, 0.46 and 0.54, respectively). The longest median time to chiropractic care was seen for American Indian or Alaska Native and Black or African American persons (median, 8.5 and 7.0 days, respectively), while the shortest median time was seen for Asian or Pacific Islander persons (median, 0 days). For PT, no significant racial and ethnic differences were observed.

"Efforts are needed to elucidate and address the individual, practitioner, and system-level risk factors that limit racial equity in guideline-recommended pain management in general and for persons with OUD," the authors write.

More information: Fiona Bhondoekhan et al, Racial and Ethnic Differences in Receipt of Nonpharmacologic Care for Chronic Low

Back Pain Among Medicare Beneficiaries With OUD, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2023.33251](https://doi.org/10.1001/jamanetworkopen.2023.33251)

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