

Cost effectiveness of physiotherapy, manual therapy, and general practitioner care for neck pain: economic evaluation alongside a randomized controlled trial

Korthals-de Bos IB, Hoving JL, van Tulder MW, Rutten-van Molken MP, Ader HJ, de Vet HC, Koes BW, Vondeling H, Bouter LM. *Ann Intern Med* 2002; 136: 713722

This study, performed in the Netherlands at the Institute for Research in Extramural Medicine, VU University Medical Centre was designed to determine the most cost-effective and successful intervention for neck pain. Neck pain is a common condition, and although it may not be life threatening, it often results in increased healthcare costs, absence from work, and disability.

Many conservative interventions are available for treating neck pain, including analgesics ("painkillers") as prescribed by general practitioners, physiotherapy, and manual therapy. These treatments were performed and compared to evaluate the cost effectiveness for patients with non-specific neck pain.

Forty-two general practitioners recruited patients age 18-70 who had suffered neck for at least two weeks.

One group of patients was treated with standard medical therapy consisting of advice for self-care and in some cases, drugs such as paracetamol or non-steroidal anti-inflammatories. Group two was treated by five physiotherapists and consisted of exercise therapy, massage and traction. Group three was treated with manual therapy, hands-on techniques including spinal mobilization and manipulation as practiced by chiropractors.

Manual therapy for the treatment of neck pain was more cost effective than physiotherapy or care by a general practitioner. Manual therapy had significantly lower costs and slightly better effects at 52 weeks compared with physiotherapy and general practitioner care. The clinical outcome measures showed that manual therapy resulted in faster recovery than physiotherapy and general practitioner care.