

<MD Name>  
<MD Practice Name>  
<Street Address>  
<City, State Zip>

<date>

Dear Dr. <MD Last Name>

In the past year, many trusted medical establishments including the FDA (1), CDC (2), Joint Commission (3,4), JAMA (5), and The American College of Physicians/ Annals of Internal Medicine (6) have encouraged medical providers to prescribe spinal manipulation as a first line treatment for acute, subacute, and chronic LBP.

Most recently, The Lancet echoed that endorsement, and provided a unique perspective:

*The reduced emphasis on pharmacological care recommends nonpharmacological care as the first treatment option and reserves pharmacological care for patients for whom nonpharmacological care has not worked. These guidelines endorse the use of exercise and a range of other non-pharmacological therapies, including massage, spinal manipulation, and acupuncture.*

*Gaps between evidence and practice exist, with limited use of recommended first-line treatments and inappropriately high use of imaging, rest, opioids, spinal injections, and surgery. Doing more of the same will not reduce back-related disability or its long-term consequences. The advances with the greatest potential are arguably those that align practice with the evidence. (7)*

Unfortunately, personal experience skews our perception of each other's merit, i.e., we primarily see each other's failures since the successes don't need to seek additional care. Regardless of our professional degree, we all have failed cases mixed into our many clinical successes. We must not lose sight of the evidence supporting each other's overwhelming proven value for a given diagnosis. If we judge each other by our successes rather than our failures, we will work toward an integrated model where the patient wins. Together, we will help more patients than either working alone.

We are honored for the opportunity to co-manage your patients.

Sincerely,

<provider name>

## References

1. *FDA Education Blueprint for Health Care Providers Involved in the Management or Support of Patients with Pain*. May 2017. Accessed on May 12, 2017
2. Dowell D, Haegerich TM, Chou R. *CDC Guideline for Prescribing Opioids for Chronic Pain- United States, 2016*. *MMWR Recomm Rep* 2016;65(No. RR-1):1–49.
3. *The Official Newsletter of The Joint Commission. Joint Commission Enhances Pain Assessment and Management Requirements for Accredited Hospitals*. July 2017 Volume 37 Number 7. Ahead of print in *2018 Comprehensive Accreditation Manual for Hospitals*.
4. *Joint Commission Online. Revision to Pain Management Standards*. [http://www.jointcommission.org/assets/1/23/jconline\\_november\\_12\\_14.pdf](http://www.jointcommission.org/assets/1/23/jconline_november_12_14.pdf)
5. Paige NM, Miake-Lye IM, Booth MS, et al. *Association of Spinal Manipulative Therapy With Clinical Benefit and Harm for Acute Low Back Pain; Systematic Review and Meta-analysis*. *JAMA*. 2017;317(14):1451-1460.
6. Qaseem A, et al. for the *Clinical Guidelines Committee of the American College of Physicians. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians*. *Ann Intern Med*. 2017;166(7):514-530.
7. Foster, Nadine EBuchbinder, Rachele et al. *Prevention and treatment of low back pain: evidence, challenges, and promising directions*. *The Lancet*, Published Online March 21, 2018 [http://dx.doi.org/10.1016/S0140-6736\(18\)30489-6](http://dx.doi.org/10.1016/S0140-6736(18)30489-6)