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PROPOSER –AUTHOR 1

Family Name Arienti
Name Chiara
Name of organization, institute or company Istituto Superiore di Osteopatia
Name of department Department of Research
Full Address Via E. Breda, 120-20126 Milano
Country Italy
Telephone 022571001
Email chiara.arianti@isoi.it
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Text of ABSTRACT

Introduction. Pain in patients with Spinal Cord Injury (SCI) is a common occurrence, with an incidence ranging between 65%-80% of the subjects. One third of these experiences severe pain. Several therapeutic strategies are used, including pharmacological treatment (analgesics, opioids and Non Steroideal Anti-Inflammatory Drugs - NSAIDs). Pain management in these patients is difficult and complete recovery is rare. We verified the effects of the association between conventional pharmacological treatment and osteopathic manipulative treatment (OMT) for neuropathic chronic pain management in spinal cord injury (SCI).

Methods. To this aim we enrolled 47 patients with SCI, 26 with pain of both nociceptive and neuropathic origin and 21 with pure neuropathic pain. 33 patients had a complete spinal cord lesion (ASIA Level A) and 14 had incomplete lesion (ASIA Level B, C, D). The patients were subdivided in a Pharmacologic group (Ph), a PhO (Pharmacologic Osteopathic) group, and a Os (Osteopathic) group. The Verbal Numeric Scale (VNS) was used at various time intervals to evaluate treatment outcomes.

Results: Ph patients reached a 24% improvement in their pain perception, assessed by the VNS scale after 3 weeks of treatment, while Os patients reached a 16% improvement in their pain perception for the same weeks. Both treatments per se failed to induce further improvements at later time points. In contrast, the combination of the two approaches yielded in the PhO group a significantly better pain relief both in patients with nociceptive or pure neuropathic pain.

Conclusions: Our results suggest the OMT is a feasible approach in patients in which available drugs cannot be used. Moreover, a benefit can be expected by the association of OMT in patients treated according to existing pharmacological protocols.

PRESENTING AUTHOR Arienti Chiara

AUTHOR 2

Family Name Daccò
Name Silvia
Affiliation Istituto Superiore di Osteopatia-Department of Research
Full Address Via E.Breda, 120-20126 Milano
Country Italy
E-mail silvia.dacco@fastwebnet.it

AUTHOR 3

Family Name Piccolo
Name Immacolata
Affiliation A.O. Ospedale Niaguarda Ca' Granda-Unità Spinale Unipolare
Full Address Piazza Ospedale Maggiore, 3-20100 Milano
Country Italy
E-mail immacolata.piccolo@ospedaleniguarda.it

AUTHOR 4

Family Name Redaelli
Name Tiziana

Affiliation	A.O. Ospedale Niaguarda Ca' Granda-Unità Spinale Unipolare
Full Address	Piazza Ospedale Maggiore, 3-20100 Milano
Country	Italy
E-mail	tiziana.redaelli@ospedaleniguarda.it