OPEN ACCESS

ORIGINAL ARTICLE

Managing Neck Pain: Treatment Preferences Amongst Physical Therapist of Khyber Pakhtunkhwa

Syed Zain Ul Abidin[1], Syeda Ayman Zaidi[2], Sara Bukhari[3], Zardad Khan[4], Arif Shah [5], Sajida Mazher[6]

[1]Assistant Professor, College of Physical Therapy, Northwest Institute of Health Sciences, Peshawar, Pakistan
[2]Clinical Physical Therapist, Rehman Medical Institute, Peshawar, Pakistan
[3]Physical Therapist, District Head Quarter Hospital, Nowshera, Pakistan
[4]Demonstrator, Khyber Medical University, Institute of Health Sciences (IHS) Mardan, Pakistan
[5]Physical Therapist Paraplegic Center, Peshawar, Pakistan
[6]Assistant Professor Institute Of Physical Medicine and Rehabilitation, KMU, Peshawar, Pakistan

Author`s Contribution

[1-3]Conception and design, Collection and assembly of data, [2-6]Analysis and interpretation of the data, [3-5]Critical revision of the article for important intellectual content, Statistical expertise [1-6]Final approval and guarantor of the article.

Article Info.

Received: June 25, 2022
Acceptance: 2023-02-01

Conflict of Interest: None
Funding Sources: None

Address of Correspondence

Zardad Khan
Email Id: zardadibrahimi07@gmail.com
ORCID: 0000-0001-9327-6142

Cite this article as: Abidin SZU, Zaidi SA, Bukhari S, Shah A, Khan Z, Mazher S. Managing Neck Pain: Treatment Preferences Amongst Physical Therapist of Khyber Pakhtunkhwa. JRCRS. 2023; 11(2):105-110.
https://dx.doi.org/10.53389/JRCRS.2023110208

A B S T R A C T

Background: Neck pain is one of the most common and prevalent health problems which may interrupt an individual's well-being and productivity, making it a serious public health issue even if the consequences aren't severe. It is a topic of keen interest among health professionals/practitioners, executives and policy makers in the health sector.

Methodology: A was cross sectional survey was conducted over a time period of six months for determining the commonly used treatment approaches by the physical therapists of KP for neck pain For data collection census was performed, giving us the total sample of 120 which included all the physical therapists practicing in tertiary care and DHQ hospitals of KP. For data collection, a self-administered questionnaire from a previously published study was utilized. Frequency distribution was demonstrated with the help of percentages and counts while for comparing categorical variables, Chi-square test was utilized. To indicate Statistical significance, P value of <0.05 was used.

Results: A wide range of interventions including manual and exercises therapies were utilized. Electrotherapy, ergonomic and postural education along with work site modifications were also utilized. Exercises for postural control (87%), neck/upper thoracic stretching (79%), strengthening of neck/upper thoracic (75%) were also prescribed mostly while on the other hand local muscle endurance exercises (55%) and static or dynamic stabilization (45%) were utilized mostly where as hot and cold therapy (81%), TENS (69%) and ultrasound (70%) were most commonly used modalities.

Conclusion: Management of neck pain varied across the province with professionals following different protocols in their setups, which reflects lack of proper guidelines for the treatment of a specific condition which are proved by extensive research literature available already.

Key words: District hospitals, Neck Ache, Cervical Pain, Physical therapists, Tertiary hospitals.

Introduction

Neck pain is one of the most familiar and prevalent complains, next to lower back pain, with nearly two-thirds of the total population experiencing neck-ache at least once in their lifetime. Developed nations have a higher prevalence rate as compared to under developed countries with a worldwide report ranging from 0.4% to a maximum of 86.6%.[1-3] Risk factors associated with neck pain includes hereditary predisposition, bad posture, stress, depression, chain smoking and sedentary lifestyle.[4] According to a study conducted in 2015 (Global burden of diseases) neck pain holds fourth position in conditions causing disabilities along with backache, depression and other musculoskeletal problems.

Interventions for neck pain supported by evidence based practice include manual therapy, therapeutic modalities, acupuncture, cervical collars and pain managing advices recommended by healthcare professionals.[5, 6] For outcomes

like patient satisfaction, pain reduction, improved functional activities, range of motion, and strength in patients with neck pain, beneficial effects have been linked with both manipulation and mobilization techniques when used alone or in conjunction with other modalities like exercise and soft tissue work. [7-11] Hot and cold therapies, ultrasonic therapies, mechanical traction, neck ache collar, and psychotherapy during treatment sessions have little or no evidence of beneficial results. [8, 12-14] Soft tissue mobilization and electrotherapy along with acupuncture and advice have limited research evidence to support them as full therapeutic options.[8, 11,12 14, 15-18]

In a situation where systematic reviews and meta-analyses have shown a lack of evidence for the efficacy of physical therapy and multi-disciplinary approach of rehabilitation for neck pain, the real challenge for the clinician is to choose most accurate treatments from a bunch of available interventions. Health care educational programs mostly do not include basic research skill training for medical professionals and for that reason most of them lack the basic skills for research appraisal and synthesizing.[19-21] The age of the professional also holds a great value when it comes to evidence based practice. Practitioners of increased age and experience are less likely experienced in new practices and skills as they had minimal research related skills in their undergraduate degree therefore, correlating weak research handling skills with old age.[20, 22, 23] Clinical practice guidelines (CPG) serves as a framework, intended to optimize patient care. [24] Similarly clinical practice depends upon factors like professional background, resources available, patient population and practice location, at the same time different CPGs from different health professions and for physical therapist guiding neck ache treatment protocols are also available for guidance.[25-28] Several studies have been conducted to assess physical therapy protocols for low back pain management but until now according to author's knowledge, no such study has been done to explore practice patterns and treatment protocols for neck pain working in tertiary care hospitals as well as the district headquarters hospitals of Khyber Pakhtunkhwa, Pakistan. This study was designed to identify commonly used treatment approaches by the physical therapists in KP for neck pain and to know whether they adhered to the treatments protocols suggested by standard clinical guidelines or they are following same treatments pattern across different cases of neck ache.

Methodology

The study was a cross sectional descriptive survey. Data was collected from all the physical therapists working in major tertiary care hospitals of Peshawar and District head quarter Hospitals of KP. We took our sample through census method in which all the physical therapists working in KP tertiary care and District headquarter hospital were included in our study and a total of 120 sample was available As per sample size 120 participants were contacted, out of which seven were excluded because they did not fulfill inclusion criteria and thirteen participants refused to participate in study while ten participants did not return questionnaires, leaving us with 90 active participants.

Specific inclusion and exclusion criteria were used for participants to be eligible for the study i.e qualified physical therapists with Graduate or post Graduate degree in Physical therapy; physical therapists with at least one-year post degree clinical experience treating neck pain patients. Those working in academic and administrative sides, not willing to participate in study or who left the field of physical therapy/rehabilitation sciences were excluded.

Ethical approval was granted by Ethics Committee of Khyber Medical University. (Ref no. DIR/KMU-EB/MN/000658). Participant information sheet was provided to all participants and informed consent was obtained from each participant. The questionnaire used for this study was modified from a questionnaire previously used by Carlesso et al in 2014 in which experts in the field of neck pain from across the world collaborated on the International Collaboration on Neck Pain (ICON). Establishing clear, practical messages in the areas of diagnosis, prognosis, therapies, and outcomes evaluation is the aim of ICON. ICON has conducted a global, interdisciplinary study of clinical practise trends to gather this information, which will be used to provide evidence-based recommendations.[6]

Statistical analysis was conducted by using SPSS version 22. Frequency distribution was demonstrated with the help of percentages and counts and for comparing categorical variables, Chi-square test was utilized. To indicate Statistical significance, P value of <0.05 was used.

Results

Out of total 113 participants, 90 returned the questionnaires. Majority of the participants were males 48 (53.3%) and few were females 42 (46.7%). Most of them (61.1%) were dealing with wards patients (72%) along with OPD patients (28%). Majority of patients (54.4%) visiting physical therapy department were in acute stage of their neck pain, aged between 20-40 years (68.9%) and above 40 years (28.9%). A high number of patients were referred from orthopedic department (32.2%) followed by Neuro physician (11.1%). Average weekly caseload of neck pain presented to physical therapists was 11.09 with standard deviation of ±

9.056. Detail demographics of participants is presented in Table I.

Most commonly utilized exercises were postural control (96.7%), strengthening of neck/upper thoracic spine (87.7%), stretching neck/upper thoracic spine (83.3%) and endurance exercises for local muscles (61.1%). Exercises that were occasionally utilized by physical therapists included cardiovascular fitness exercises (74.4%), stretching other body parts (72.2%), strengthening other body parts (68.8), exercises related to motor control (proprioceptive, tactical, visual, pattern synchronization (61.1%) and static and dynamic stabilization (45.6%). For exercises such as postural control, strengthening neck/upper thoracic exercises stretching neck/upper thoracic and endurance exercises for local muscles. Similarly manual therapies have been integral component of physical therapy treatment and most commonly used manual therapies include mobilization (88.9%), manual traction (71.1%) and massage/soft tissue work (70.0%) Manipulation technique was used occasionally while McKenzie mobilization (37.7%) was most preferred mobilization technique amongst all physical therapist. Neck pillow (66.7%) and neck collar (55.6%) were most commonly recommended orthosis by physical therapist. P value according to chi square test was greater than 0.05 in all the above discussed usages of exercises ,manual therapies and Ergonomics which suggests that no association exist between commonly used exercises, Manual therapies and ergonomics with gender, education or type of facility whether it is tertiary care hospital or DHQ hospital as shown in Table II.

Table I: Basic Characteristics/Demographics of Participants

		N (%)
Gender of physical therapist	Male	48(53.3)
	Female	42(46.7)
Please specify area of practice	Outpatient	28(31.1)
	Inpatient	07(7.77)
	Both	55(61.1)
Neck pain chronicity (in what stage do patients mostly come to you?	Acute / Sub acute (less than 12 weeks)	49(54.4)
	Chronic (more than 12 weeks)	41(45.6)
Highest degree obtained	Bachelor's	20(22.2)
	Master's in Physical Therapy or Above	70(77.7)
Post graduate degree specialty	Musculoskeletal Physical therapy	37(41.1)
	Neurological Physical therapy	27(30.0)
	Sport Physical therapy	02(2.22)
	Cardio pulmonary Physical therapy	06(6.67)
	Other	18(20.0)
Please indicate the type of facility in which you practice:	tertiary care hospital	43(47.8)
	district headquarter hospital	47(52.2)
Ratio of patient male to female	Male	43(47.8)
	Female	47(52.2)
Age groups of patients	Less than 20 years	02(2.22)
	20-40 years	62(68.9)
	Above 40 years	26(28.9)
Source of referrals	General physician	06(6.67)
	Orthopedic Surgeon	29(32.2)
	Neurophysician	10(11.1)
	Other	5(5.55)
	All of these	40(44.4)

Table II: Exercises, Manual therapies and Ergonomics recommended by physical Therapist for Neck Pain

Therapeutic Exercises	*Usage Percentage %*	*Manual Techniques/Orthoses And Equipments*	*Usage Percentage %*
Stretching neck or upper thoracic	Commonly 87.7	**Mobilization (e.g., joint or neuromuscular)**	Commonly 88.9
	Occasionally 11.1		Occasionally 8.9
Stretching other body parts	Commonly 21.1	**Manipulation (thrust)**	Commonly 33.3
	Occasionally 72.2		Occasionally 52.2
Strengthening Neck or upper thoracic	Commonly 83.3	**Manual traction**	Commonly 71.1
	Occasionally 12.2		Occasionally 24.4
Strengthening other body parts	Commonly 27.7%	**Massage/soft tissue work**	Commonly 70.0
	Occasionally 68.8		Occasionally 26.7
Local muscle endurance exercises for Neck or lower thoracic	Commonly 61.1	**Neck Collar**	Commonly 55.6
	Occasionally 33.3		Occasionally 38.9
Postural Control (correct spinal posture)	Commonly 96.7	**Pillows**	Commonly 66.7
	Occasionally 3.31		Occasionally 28.9
Exercises related to motor control (proprioceptive, tactical, visual, pattern synchronization)	Commonly 31.1	**Taping**	Commonly 37.8
	Occasionally 61.1		Occasionally 41.1
Static or dynamic stabilization	Commonly 50	**Adaptive Equipment (e.g., rail, wide-angle mirror**	Commonly 7.81
	Occasionally 45.6		Occasionally 48.9
Cardiovascular training fitness	Commonly 11.1	**Other Orthosis/supportive Devices**	Commonly 17.8
	Occasionally 74.4		Occasionally 48.9

Modalities used such as TENS (86.7%), heat/cold therapy (62.2%), diathermy (43.3%) and US (41.1%) were associated with pain relieving effects while EMG biofeedback (63.0%), Laser therapy (68.5%), Shock wave (76.1%),

Traditional acupuncture (65.2%) and Dry needling (68.5%) were rarely used as described in Table III.

Adaptive Equipment (rail, wide-angle mirror) (48.9%), other orthosis/supportive devices (48.9%) and taping (37.4%) were prescribed occasionally. Work site modification (66.7%), work site restriction (46.07%), work hardening (30.0%) were advised most commonly to neck patients while communication with employer (43%) and other work-related interventions (47%) were options that were used occasionally by physical therapists described in Table IV.

supportive/orthotic devices (57%), cervical-traction (55%) and ultrasonic therapy (54%) were rarely prescribed by them. While according to data of Carlesso, more commonly used exercises were exercises for postural control (84%), stretching of neck/upper thorax (79%) and strengthening of neck/upper thorax (77%), whereas motor control (41%) and cardiovascular training (51%) were utilized occasionally. Modalities such as thermal therapies (55%) and acupuncture (traditional 17%, dry needling 18%) were used commonly while short wave diathermy (31%), biofeedback (26%), shock wave sonic therapy (21%) and muscle stimulation (19%) were rarely or never used.

Table III: Physical Agents/Modalities and their perceived usage by physical therapist for Neck Pain

Physical Agents/Modalities	*Usage (%)*	*Most Common Usage (%)*	*P Value*	
			Education	***Hospital setting***
TENS	Yes (76.6)	Pain Relief (86) To enhance tissue Healing (6.7)	0.565	0.977
EMG Biofeedback	Yes (21.1)	Do not use/outside scope of practice (37) Retrain/strengthening Muscle (44)	0.653	0.465
Muscle Stimulation (induced contraction)	Yes (46.7)	Retrain/strengthening Muscle (46) Pain Relief (17)	0.546	0.461
Short-Wave Diathermy(SWD)	Yes (67.8)	Pain Relief (39) To alter tissue extensibility prior to manual therapy (16)	0.627	0.655
Heat or cold application	Yes (90.0)	Pain Relief (56) To enhance tissue Healing (11)	0.396	0.173
Ultrasound	Yes (77.8)	Pain Relief (37) To enhance tissue Healing (30)	0.950	0.131
Shock wave	Yes (3.33)	Do not use/outside scope of practice (54) Pain Relief (22)	0.768	0.060
Traditional acupuncture	Yes (7.8)	Do not use/outside scope of practice (51) Pain Relief (23)	0.285	0.46
Dry needling	(Yes) 18.9	Do not use/outside scope of practice (41) Pain Relief (36)	0.578	0.434

Table IV: Neck Ergonomics and work-related interventions

Ergonomics and work-related interventions		%
Work hardening	Commonly	30.00
	Occasionally	47.08
Work Modification	Commonly	66.07
	Occasionally	26.07
Communication with employer	Commonly	35.06
	Occasionally	47.08
Worksite restriction (e.g Hours, duties)	Commonly	46.07
	Occasionally	43.03
Other work related interventions	Commonly	30.00
	Occasionally	52.02

Discussion

In comparison to our present study, data presented by Carlesso et al revealed that 98% of respondents were prescribing exercises to their patients in which manual therapy (99%), ergonomics correction (83%) interventions related to work (73%) and thermal therapies were at the top while other interventions like laser/infrared therapy (65%),

Explaining the uses/indications for modalities he further suggested that (71%) of respondents used TENS for pain relief and (90%) thermal therapies for pain relief, (28%) EMG biofeedback (42%) muscle stimulation for muscle strengthening/retraining while same respondents indicated that shortwave diathermy, shockwave, laser light therapy were outside the scope of their clinical practice.[6]

Another study was conducted by J Hutchinso in which J Hutchinson 2015 divided neck pain and respondent treatment preference in 4 four categories (centralization, exercise, mobility and cervicogenic headaches). Mobilizations (93%), traction (33%) and soft tissues techniques (53%) were mainly utilized for centralization while mobilization (88%), soft tissues (75%) and Stretching and strengthening exercises (65%) were mainly utilized for exercise (muscular imbalance/deficits). For mobility problem, mobilizations (100%), stretching and strengthening exercises (92%) along soft tissues techniques (85%) were used. Similarly, for neck pain with cervicogenic headaches, mobilizations (100%) soft tissues techniques (100%) and Stretching and strengthening exercises (50%) were used more frequently.[29]

A similar research study By BJ. Lombard explained the most frequent interventions utilized by participants in management of mechanical and nonspecific neck pain, whiplash associated disorder, and degenerative cervical radiculopathy were approximately similar that included spinal manipulation, auxiliary therapeutic techniques (ischemic compression, massage, stretching, dry needling, TENS, ultrasound, kinesiotaping etc.) along with the initiation of a rehabilitation program. Whereas postural control and ergonomic advice, home stretching and strengthening exercises were most frequently prescribed for home education and advice in all of these four conditions.[30]

Conclusion

The way that neck pain was managed varied across the province, with different physical therapists recommending various exercises and modalities without taking into account the evidence regarding their efficacy. This suggests that very few physical therapists had a thorough understanding of the various modalities, exercises, and ergonomics and how to use them in particular neck conditions, as the majority of them were unaware of the clinical practice guidelines regarding neck pain and its uses.

RECOMMENDATIONS

A Study with a relatively large sample size should be conducted to truly determine the practice patterns of physical therapists. Treatment pattern associated with specific cervical pathology/cases should be explored in detail to get deeper insight about treatment protocols. Further research is required to fill the gap that exists in evidence associated with varying practice patterns and knowledge to minimize the use of certain interventions that have been found to be ineffective.

Conflict of interest: None
Funding Source: None

References

1. Hoy D, Protani M, De R, Buchbinder R. The epidemiology of neck pain. Best Practice & Research Clinical Rheumatology. 2010;24(6):783-92.
2. Ehsani F, Mosallanezhad Z, Vahedi G. The Prevalence, Risk Factors and Consequences of Neck Pain in Office Employees. Middle East Journal of Rehabilitation and Health. 2017;4(2):e42031.
3. Christensen JO, Knardahl S. Work and neck pain: a prospective study of psychological, social, and mechanical risk factors. Pain. 2010;151(1):162-73.
4. Genebra CVDS, Maciel NM, Bento TPF, Simeão SFAP, De Vitta A. Prevalence and factors associated with neck pain: a population-based study. Brazilian journal of physical therapy. 2017;21(4):274-80.
5. Haldeman S, Underwood M. Commentary on the United Kingdom evidence report about the effectiveness of manual therapies. Chiropractic & osteopathy. 2010;18(1):4.
6. Carlesso LC, MacDermid JC, Gross AR, Walton DM, Santaguida PL. Treatment preferences amongst physical therapists and chiropractors for the management of neck pain: results of an international survey. Chiropractic & manual therapies. 2014;22(1):11.
7. Vernon H, Humphreys K, Hagino C. Chronic mechanical neck pain in adults treated by manual therapy: a systematic review of change scores in randomized clinical trials. Journal of Manipulative and Physiological Therapeutics. 2007;30(3):215-27.
8. Hurwitz EL, Carragee EJ, van der Velde G, Carroll LJ, Nordin M, Guzman J, et al. Treatment of neck pain: noninvasive interventions: results of the Bone and Joint Decade 2000–2010 Task Force on Neck Pain and Its Associated Disorders. Journal of manipulative and physiological therapeutics. 2009;32(2):S141-S75.
9. D'Sylva J, Miller J, Gross A, Burnie SJ, Goldsmith CH, Graham N, et al. Manual therapy with or without physical medicine modalities for neck pain: a systematic review. Manual therapy. 2010;15(5):415-33.
10. Gross A, Miller J, D'Sylva J, Burnie SJ, Goldsmith CH, Graham N, et al. Manipulation or mobilisation for neck pain: a Cochrane Review. Manual therapy. 2010;15(4):315-33.
11. Leaver AM, Refshauge KM, Maher CG, McAuley JH. Conservative interventions provide short-term relief for non-specific neck pain: a systematic review. Journal of Physiotherapy. 2010;56(2):73-85.
12. Gross AR, Goldsmith C, Hoving JL, Haines T, Peloso P, Aker P, et al. Conservative management of mechanical neck disorders: a systematic review. The Journal of rheumatology. 2007;34(5):1083-102.
13. Graham N, Gross AR, Carlesso LC, Santaguida PL, MacDermid JC, Walton D, et al. Suppl 4: An ICON Overview on Physical Modalities for Neck Pain and Associated Disorders. The open orthopaedics journal. 2013;7:440.
14. Gross AR, Dziengo S, Boers O, Goldsmith CH, Graham N, Lilge L, et al. Suppl 4: Low Level Laser Therapy (LLLT) for Neck Pain: A Systematic Review and Meta-Regression. The open orthopaedics journal. 2013;7:396.
15. Bryans R, Decina P, Descarreaux M, Duranleau M, Marcoux H, Potter B, et al. Evidence-based guidelines for the chiropractic treatment of adults with neck pain. Journal of Manipulative and Physiological Therapeutics. 2014;37(1):42-63.
16. Chow RT, Johnson MI, Lopes-Martins RA, Bjordal JM. Efficacy of low-level laser therapy in the management of neck pain: a systematic review and meta-analysis of randomised placebo or active-treatment controlled trials. The Lancet. 2009;374(9705):1897-908.
17. Driessen MT, Proper KI, van Tulder MW, Anema JR, Bongers PM, van der Beek AJ. The effectiveness of physical and organisational ergonomic interventions on low back pain and neck pain: a systematic review. Occupational and environmental medicine. 2010;67(4):277-85.
18. Clar C, Tsertsvadze A, Hundt GL, Clarke A, Sutcliffe P. Clinical effectiveness of manual therapy for the management of musculoskeletal and non-musculoskeletal conditions: systematic review and update of UK evidence report. Chiropractic & manual therapies. 2014;22(1):12.
19. Hadley J, Hassan I, Khan KS. Knowledge and beliefs concerning evidence-based practice amongst complementary and alternative medicine health care practitioners and allied

health care professionals: a questionnaire survey. BMC complementary and alternative medicine. 2008;8(1):45.
20. Agrawal S, Szatmari P, Hanson M. Teaching evidence-based psychiatry: integrating and aligning the formal and hidden curricula. Academic Psychiatry. 2008;32(6):470-4.
21. Aiyer MK, Dorsch JL. The transformation of an EBM curriculum: a 10-year experience. Medical Teacher. 2008;30(4):377-83.
22. Coomarasamy A, Taylor R, Khan K. A systematic review of postgraduate teaching in evidence-based medicine and critical appraisal. Medical teacher. 2003;25(1):77-81.
23. Khan KS, Coomarasamy A. A hierarchy of effective teaching and learning to acquire competence in evidenced-based medicine. BMC medical education. 2006;6(1):59.
24. Brouwers MC, Kho ME, Browman GP, Burgers JS, Cluzeau F, Feder G, et al. AGREE II: advancing guideline development, reporting and evaluation in health care. Cmaj. 2010;182(18):E839-E42.
25. Association CC, Boards CFoCR, Initiative CPGD, Committee GD. Chiropractic clinical practice guideline: evidence-based treatment of adult neck pain not due to whiplash. The Journal of the Canadian Chiropractic Association. 2005;49(3):158.
26. Bono CM, Ghiselli G, Gilbert TJ, Kreiner DS, Reitman C, Summers JT, et al. An evidence-based clinical guideline for the diagnosis and treatment of cervical radiculopathy from degenerative disorders. The Spine Journal. 2011;11(1):64-72.
27. Childs JD, Cleland JA, Elliott JM, Teyhen DS, Wainner RS, Whitman JM, et al. Neck pain: clinical practice guidelines linked to the International Classification of Functioning, Disability, and Health from the Orthopaedic Section of the American Physical Therapy Association. Journal of Orthopaedic & Sports Physical Therapy. 2008;38(9):A1-A34.
28. Chou R, Huffman LH. Nonpharmacologic therapies for acute and chronic low back pain: a review of the evidence for an American Pain Society/American College of Physicians clinical practice guideline. Annals of internal medicine. 2007;147(7):492-504.
29. Hutchinson J, Reid D, Hing W, Moran R. A survey of the management and classification of patients presenting with neck pain to osteopathic and physiotherapy practices. 2015.
30. Lombard BJ. An investigation into the patient management protocols of selected cervical spine conditions by chiropractors in KwaZulu-Natal 2016.