

# **QUALITY ASSURANCE REPORT ON NATUROPATHIC MANIPULATION**

## **Clinical Guidelines for Spinal Manipulation in Naturopathic Practice**

**Executive Summary      April 19, 2005**

Clinical guidelines are designed to assist clinicians and protect the public by providing a framework for the evaluation and treatment of common clinical problems using SMT. These guidelines are not intended to replace a clinician's clinical judgment or to establish the only appropriate approach for all patients. They are intended to be flexible.

Many factors must be considered in determining clinical necessity in each individual case. The primary considerations in drafting practice guidelines are:

- Protecting the patient's best interest.
- Ensuring that guidelines are realistic and reasonable for the practitioner to implement in daily practice.

Guidelines should not meant to represent a rigid prescription or standard given that individual clinical situations vary from case to case and given that continuing changes in practice are necessary in light of new research.

### **1) Informed Consent**

As a matter of ethics and law there is an obligation, prior to examination and treatment, to disclose any material risk to the patient in order to obtain a valid informed consent. This legal duty has been established by case law.

#### **Guidelines for Informed Consent To Naturopathic Manipulation Treatment**

Naturopathic physicians who use manual therapy techniques such as spinal adjustments are required to advise patients that there are or may be some risks associated with such treatment. In particular note:

- a) While rare, some patients have experienced rib fracture or muscle and ligament sprains or strains following spinal adjustments.
- b) There have been rare reported cases of disc injuries following cervical and lumbar spinal adjustments although no scientific study has ever demonstrated such injuries are caused, or may be caused, by spinal adjustments.
- c) There have been reported cases of injury to vertebral and carotid arteries following cervical spinal adjustments. Arterial injuries have been known to cause stroke, sometimes with serious neurological impairment, and may on rare occasion result in serious injury or death. The possibility of such injuries resulting from cervical spinal adjustment is extremely rare.

A written consent should be obtained from the patient signed by the patient, doctor and a third party witness, if possible, such as a receptionist, after having verbally explained the above 3 points.

Specifically, the patient needs to be made aware of the potential risk and benefits of spinal manipulation and that he/she gives full and knowledgeable consent to this and future manipulative treatments

## **2) Record Keeping**

For professional and legal reasons a naturopathic physician is required to keep and maintain adequate patient records which clearly reflect the course of patient management. Records must be accurate, legible, and comprehensive so that a reviewer of these records can establish the essential relationship between the patient and the practitioner in terms of past, present and future health care. Records must include all examination findings and SMT performed.

## **3) Clinical Impression and Diagnosis**

- **Diagnosis is an art as well as a science. According to Wulff (1976) *a diagnosis may be characterized as a mental resting place for therapeutic decisions and prognostic considerations.***
- **In the absence of a clear diagnosis a working diagnosis or clinical impression must be made. It is acceptable to begin with a working hypothesis and proceed with a trial of therapy. One aspect of reaching a clinical impression or a diagnosis should be a consideration of all potential causes of the patient's complaint, and whether or not there may be a need for referral.**

## **4) Frequency and Duration of Care**

- **Initiation of a treatment program should be based on clinical need, and must consider the outcome of the condition if no treatment was to be provided, i.e., the natural history of the disorder.**
- **The frequency and duration of care should be based on the subjective and objective clinical information gleaned from the case history, the physical and other examination findings, and the clinical impression or diagnosis.**
- **The length of time required to achieve clinical objectives may require modification if there has been a delay in seeking treatment, if the pain is severe, if there is a history of several or more previous episodes, or if the injury was superimposed on a pre-existing condition.**
- **As treatment proceeds, the patient's response should be periodically re-assessed by subjective and objective means. A lack of expected improvement necessitates a change in treatment approach or a referral for a second opinion.**

## **5) Assessment Criteria**

When assessing whether any particular therapeutic procedure is safe and effective, two major interdependent factors require consideration:

- 1) **The patient's overall condition in association with the specific complaint for which the patient sought care.**
- 2) **The risk associated with the application of a therapeutic procedure in any given situation.**

## **6) Contraindications And Complications**

**Complication defined: The unexpected aggravation of an existing disorder, or the onset of an unexpected new disorder as a result of treatment.**

## Guidelines for Contraindications for SMT

### Absolute Contraindications to high-velocity thrust procedures

- **Atlanto-axial instability.** May be seen in congenital anomalies such as:
  - Klippel Feil syndrome
  - Morquio's
  - Os odontoideum
  - Patients with Down's syndrome
- **Advanced demineralization** (2 standard deviation on the Gaussian curve)
- **ligamentous laxity with anatomic subluxation or dislocation**
- **fractures and dislocations, or healed fractures with signs of ligamentous rupture or instability**
  
- **Arthritides**
  - rheumatoid arthritis
  - seronegative spondyloarthropathies
  - acute ankylosing spondylitis

In patients with spondylolysis and spondylolisthesis caution is warranted when high-velocity thrust procedures are used. These conditions are not contraindications, but with progressive slippage, they may represent a relative contraindication.

### Bone Weakening and Destructive Disorders

- **Active juvenile avascular necrosis, specifically of the weight bearing joints** (e.g., Legg-Perthes disease)
- **Tumour-like and dysplastic bone lesions**
- **Infection of bone and joint represents an absolute contraindication to high-velocity thrust procedures to the area of pathology.**

### Circulatory and Cardiovascular Disorders

- **A patient with a diagnosis of Transient Ischemic Attack (TIA) has a 10% chance of developing stroke within 90 days of the event and represents an absolute contraindication to cervical manipulation.**
- **Clinical manifestations of vertebrobasilar insufficiency syndrome.**
- **Diagnosis of a significant aneurysm involving a major blood vessel.**

### Neurological Disorders

- **Signs and symptoms of acute myelopathy or acute cauda equina syndrome**

### Relative Contraindication to high-velocity thrust procedures

- Acute injuries of joint and soft tissues may require modification of treatment.
- Anticoagulant therapy or certain blood dyscrasias.
- Articular hypermobility, and circumstances where the stability of a joint is uncertain
- Benign bone tumours may result in pathological fractures and therefore represent a relative to absolute contraindication to high-velocity thrust procedures to the area of pathology.
- Excessive thoracolumbar torque in the lateral recumbent position as well as inappropriately applied posterior to anterior techniques may also cause thoracic cage injuries, particularly in the elderly.
- Osteopenia warrants caution
- Post-surgical joint or segments with no evidence of instability depending on clinical signs (e.g., response, pre-test tolerance or degree of healing).
- The presence of a scoliosis is not a contraindication to high-velocity thrust procedures.
- . pre-existing disc herniation or prolapse

### 7) Requirements to Maintain the Standard of Practice in SMT

- It is mandatory for every doctor to receive written consent to SMT from each patient that will receive the treatment.
- Each doctor that intends to use SMT in their practice will be required, at their own responsibility, to attend CE in SMT .

### 8) Emergency Guidelines for Stroke Following Cervical Manipulation

- Signs and Symptoms of CVA

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1. Dizziness/vertigo/giddiness/lightheadedness
2. Drop attacks/loss of consciousness
3. Diplopia or other visual disturbances
4. Dysarthria difficulty in articulating words
5. Dysphasia difficulty in swallowing
6. Ataxia of gait, coordination
7. Nausea
8. Numbness, one side of the body or face
9. Nystagmus

### In Case of Emergency

1. Recognize the signs and symptoms of CVA injury. Manipulation of the neck after the onset of signs of brainstem ischemia is an absolute contraindication!
2. If left alone the patient may recover; continuing to treat the patient may result in death, quadriplegia or neurological deficit.
3. Observe the patient, symptoms may resolve in a short time indicating a transient situation
4. Refer the patient to the emergency room if the symptoms do not abate.

- 5. Your description of what happened may be helpful in getting the correct treatment instituted quickly thus an incident report may be of value**