Introduction

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 are 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 as required by Manitoba Health, there is requirement, 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 and Manitoba Health.**

Guidelines for Informed Consent to Naturopathic Manipulation Treatment

Naturopathic practitioners 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. The consequences of a stroke can be very serious, including significant impairment of vision, speech, balance and brain function, as well as paralysis or death.

A written consent must be obtained from the patient signed by the patient, practitioner 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 practitioner 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.

General Relative Contraindications

1) The use of a technique or the administration of a manipulation in a more complicated case or area which is beyond the Registrant's expertise or training;

2) When it is in the patient's best interest to be treated by a practitioner with more specialized training; and

3) Lack of radiographic examination or the results of radiographic examination of the areas to be manipulated.

Contraindications

Absolute Contraindications (Standard)	Relative Contraindications (Guideline)
I Arthritides	
Atlantoaxial instability • rheumatoid arthritis • Klippel Feil Syndrome • Morquio's • Os odontoideum • Down Syndrome • Marfans Syndrome • seronegative spondyloarthropathies • Acute ankylosing spondylitis • Rheumatoid arthritis *(BC says this ia absolute. ON says it is relative – we will need to decide)*	Inflammatory arthritis Rheumatoid arthritis and ankylosing spondylitis Atlantoaxial occipital osteoarthritis
II Bone Weakening & Destructive Bone Disorders/Diseases	
Destructive Bone Disorders • avascular necrosis • advanced demineralization (2 standard deviations on the Guassian curve) • malignant bone tumors-neoplasms • tumor-like and dysplastic bone lesions • infection of bone at the joint • fractures • anatomical dislocation Congenital malformation • aplasia of the posterior arch of atlas and os odontoideum	Congenital malformation Articular hypermobility-instability Benign bone tumors Demineralization of the bone • osteoporosis • osteopenia • long-term steroid use Calcification of the ligaments of the upper cervical spine Spondylolisthesis
III Neurological Disorders/Diseases	
Cauda Equina Syndrome Acute myelopathy Neurological deficits after cervical spine high velocity thrust procedures	Neurological deficits as a result of discopathy
IV Circulatory/Cardiovascular Disorders/Diseases	
Transient Ischemic Attack Clinical manifestations of vertebral basilar insufficiency (cervical manipulation) Aneurysm involving a major blood vessel in the general area of manipulation	Aneurysm involving a major blood vessel Anti-coagulant therapy and some blood dyscrasias

V	Miscellaneous
Lack of signed patient consent Intoxicated patient Recent surgery in/near area of planned manipulation Ligamentous laxity with anatomic subluxation or dislocation Fractures and dislocations or healed fractures with signs of ligamentous rupture or instability	Discopathies acute and chronic, including pre-existing disc herniation or prolapse Lateral stenosis of lumbar spine Excessive thoracolumbar torque in the lateral recumbent position and inappropriately applied posterior to anterior techniques may cause thoracic cage injuries, particularly in the elderly Fused vertebrae Articular hypermobility and circumstances where the stability of the joint is uncertain Acute injuries of joint and soft tissues Post-surgical joint or segments with no evidence of instability depending on clinical signs (e.g. response, pre-test tolerance or degree of healing) In patients with spondylolysis and spomdylolisthesis 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.

7) Requirements to Maintain the Standard of Practice in SMT

It is mandatory for every practitioner to receive written consent to SMT from each patient that will receive the treatment.

8) Emergency Guidelines for Stroke Following Cervical Manipulation

Signs and Symptoms of CVA:

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. **Call 911 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.

Parts of this policy were developed by the Board of Directors of Drugless Therapy – Naturopathy and the British Columbia College of Naturopathic Practitioners
Revised and adopted by the Manitoba Naturopathic Association November 1, 2008