

Spinal Manipulation

Purpose:

The College of Physiotherapists of Manitoba (CPM) requires that all members practice within their individual knowledge, skills, and abilities. Physiotherapists are expected to show judgment in their practice.

This Practice Direction provides direction to physiotherapists when performing spinal manipulation. Physiotherapists must practice only those manipulative techniques for which they have been trained in and must have completed any and all requirements for that course/level.

Definitions/terminology:

Spinal manipulation is the administration of a high velocity, low amplitude thrust to move a joint of the spine within its anatomical range of motion.

Interventions:

Physiotherapists must:

- Obtain and document informed consent at initial assessment and for all ongoing assessments and treatment.
 - Discuss potential treatment options with the patient, including an explanation of the interventions, benefits, risks, and side effects. To help patients clearly understand and provide informed consent about an intervention, physiotherapists must provide appropriate information about the proposed intervention in a way that the patient can understand.
 - Discuss potential side effects and potential adverse responses including those that may occur during and/or after the interventions and describe the proper management of these side effects or adverse events.
- Monitor, clarify, and respond to the patient's verbal and non-verbal communication and cease interventions if deemed necessary.
- Address side effects and adverse events and describe the proper management of these side effects or adverse events. Provide patient education to enable and optimize patients' transition to self-management. Facilitating self-management may include exercise instruction and education on lifestyle modification.
- Maintain their competence by keeping up to date with best available evidence and by continually building on their specific body of knowledge with respect to spinal manipulation and must demonstrate their ongoing competence.
- Follow all relevant legislation when dealing with personal health information and sharing of patient information.

- Have a written plan in place and be prepared to manage any critical or unexpected side effects or adverse events – urgent and emergent - during or associated with manipulation.

Educational Requirements:

Only physiotherapists who have met the CPM requirements and plan to practice spinal manipulation may do so keeping within the limits and scope of their practice and skill level.

Physiotherapists must acquire relevant competencies (knowledge, skills and attitudes) which are required to safely and effectively perform spinal manipulation.

Specific course programs are not stipulated in this Practice Direction. It is understood that many courses build on previous course work and clinical experience or are based on a level system.

The CPM does not approve, endorse, or accredit specific continuing education courses. It is the sole responsibility of the physiotherapist to reflect on their individual learning needs, the needs of the patient population they serve, and the curriculum content of courses offered when selecting continuing education courses.

Course content must at a minimum include:

- Theoretical basis of spinal manipulation
- Indications/contraindications/precautions
- Safety
- Relevant anatomy
- Spinal manipulation as a component in continuum of client care
- Technique
- Adverse event management including an overview of common risks associated with spinal manipulation

Physiotherapists who perform spinal manipulations are expected to pass a program of study that must include, but is not limited to, the following components as part of the curriculum:

Theory:

- risks of cerebrovascular ischemia
- presence of frank vascular pathology
- subtle signs and symptoms of suspected vascular pathologies.
- practical skills in employing the primary, secondary and tertiary assessments of vascular and neurological assessments
- dizziness differentiation
- comparative vascular risks involved in various medical interventions.
- informed consent related to employing manipulation in clinical practice
- practice of taking detailed medical patient histories while employing a clinical reasoning approach.
- treatment based classification of spinal dysfunction
- models of pain, pain mechanisms, normal/abnormal end feels, effects/efficacy/mechanisms of manipulative therapy, effects/efficacy of mechanical/neurophysiological/psychological mechanisms related to manipulative therapy

- indications, contraindications and cautions in assessment and treatment procedures for manipulation, including both patient and therapist factors
- differential diagnosis and assimilation of comprehensive assessment findings
- reliability and validity of outcome measures
- research evidence regarding treatment methods
- principles and practice of spinal facet/ligamentous locking and spinal localization using congruent and incongruent locking
- hazardous practices in manipulative therapy at all levels of the spinal column, pelvis and costal elements
- safety parameters related to “cardinal signs”
- effects of metabolic disease, inflammatory diseases and medications on neuromusculoskeletal areas
- patient management and the concept of multimodal care of individuals experiencing the pain and dysfunction of spinal, pelvic and costal diseases and dysfunctions

Practical:

- an appropriate subjective examination and knowledge and understanding of the potential risk factors for manipulation in specific spinal, pelvic and costal areas
- a comprehensive physical examination
- appropriate application of special tests for each spinal, pelvic and costal joint dysfunctions

The individual performing manipulation techniques **must** demonstrate the ability to perform the following:

- An analysis of examination findings to establish the indications and contraindications of manipulation
- High velocity, low amplitude thrust techniques to specific spinal, pelvic and costal joint dysfunctions

The individual performing manipulation **must** demonstrate evidence for patient and clinic protocol in the event of an urgent or emergent adverse event during and/or following manipulation:

- Have a written plan in place and be prepared to manage any critical or unexpected side effects or adverse events – urgent and emergent – during or associated with manipulation.
- Review the plan regularly and ensure that it is well understood by all staff in the practice, including non-PT staff members.

Evaluation:

All courses must include a summative evaluation of theory, practical and safety components of the curriculum. This evaluation must be administered by the course instructor and the registrant must be able to provide evidence of the techniques evaluated that resulted in a passing grade.

Mentorship:

Considering the limited opportunity for incidental observation and peer feedback, or for clinical skill development through observation, a period of mentorship or supervised practice is strongly recommended.

Competency:

Only physiotherapists who have met the CPM requirements and plan to practice manipulations may do so keeping within the limits and scope of their practice and skill level.

Physiotherapists must:

- Maintain ongoing competence. The Continuing Competency Program will require members to demonstrate evidence of ongoing competency in spinal manipulation.
- Show all documentation related to adverse event(s) action plans when requested during participation in clinical audits.

Related Standards

Informed Consent

Risk Management and Safety (Patient Safety Incident Resource)

Continuing Competence