

Policies, Procedures, Guidelines and Protocols

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1	Mar 2010	Guidelines on the use of Spinal Manipulation by Physiotherapists in Shropshire PCT
2	Nov 2015	Policy reviewed and updated
3	May 2019	Policy reviewed and updated

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1 Introduction

This policy will provide guidance on the use of spinal manipulation as a treatment modality.

2 Purpose

This policy describes the way in which spinal manipulation will be provided by Shropshire Community Healthcare Trust (SCHT) Physiotherapists working within SCHT.

It will include a list of contra-indications and issues surrounding consent together with a procedure to follow to ensure good practice for the use of spinal manipulation.

3 Definitions

Spinal Manipulation (grade V manipulation) is a high velocity short amplitude thrusting movement near or at the limit of abnormal movement outside the control of the patient (Maitland 1986 p3)

Glossary

AHP	Allied Healthcare Professional
CPD	Continuous Professional Development
CSP	Chartered Society of Physiotherapy
GP	General Practitioner
POMR	Problem Orientated Medical Records
SCHT	Shropshire Health NHS Trust

4 Duties

This policy applies to all physiotherapists who are employees of SCHT who practice spinal manipulation.

All physiotherapists are responsible for maintaining their own required CPD levels as set out by the CSP.

Team Leaders must ensure that physiotherapists act in line with SCHT policy on "Consent to examination or treatment"

<https://www.shropscommunityhealth.nhs.uk/content/doclib/10305.pdf>

Spinal Manipulation will be offered within the Trust at various locations where musculoskeletal physiotherapy is provided.

5 The Practice of Spinal Manipulation

Spinal manipulation will only be applied by a physiotherapist who has been formally trained to use these techniques. Further information on the training for manipulation and maintenance of competence can be found below in sections 12 and 13. The physiotherapist will follow the procedures identified to ensure the provision of a safe and effective treatment, as an adjunct to other forms of physiotherapy.

As with all aspects of physiotherapy, practice staff must be governed by The Code of Members' Professional Values and Behaviour' published in 2011

<https://www.csp.org.uk/publications/code-members-professional-values-and-behaviour>

“Chartered physiotherapists shall only practice to the extent that they have established, maintained and developed their ability to work safely and competently...” (CSP 2011).

Indication for Spinal Manipulation

The patient will be referred in the usual way, i.e. by Consultant/GP or AHP. The decision as to whether spinal manipulation is to be used as part of the treatment programme is at the discretion of the physiotherapist, based on their training and experience and the clinical presentation of the patient.

Spinal manipulation should not be treated differently to any other physiotherapy treatment modality.

Clinical decision making must be made on the basis of the findings of a full clinical examination and reasoned clinical judgement.

It is considered good practice that spinal manipulation should never be used in complete isolation but as part of a planned programme of rehabilitation.

Record of Treatment

This must be attached to the patient’s notes. The usual Problem Orientated Medical Records (POMR) must also be kept.

6 Consent

To ensure that the patient is able to give informed consent, they must be given the opportunity to consider what has been proposed.

For consent to be valid, the person must have capacity to consent in accordance with The Mental Capacity Act 2005, and that consent is gained in accordance with SCHAT Consent Policy.

- a) Consent must be obtained prior to proceeding (see appendix 2) should be completed; a copy should be given to the patient and the original place in the patient records.
- b) A standard screening assessment tool must be completed (see appendix 2). The following contraindications/ precautions/ potential hazards must be considered:

The patient should also be made aware that, as part of their direct care, information about their care and treatment will be shared with other healthcare professionals. For further information on this please refer to the Trust’s [Privacy Notice for patients and service users](#)

7 Contraindications

Multi-level nerve root pathology
Worsening neurological function
Unremitting, severe, non-mechanical pain
Unremitting night pain (preventing pain falling asleep)
Relevant recent trauma
Upper motor neurone lesions
Spinal cord damage
Cervical Artery Dysfunction

Special care should be taken when manipulating patients with the following conditions/medication in their medical history

- Local infection
- Inflammatory disease
- Active Cancer
- History of cancer
- Long term steroid use
- Osteoporosis
- Systemically unwell
- Hypermobility syndromes
- Connective tissue disease
- A first sudden episode before age 18 or after age 55
- Cervical anomalies
- Throat infections in children
- Recent manipulation by another health professional

8 Explanation to Patients

The patient should be informed of the proposed treatment and what is involved. This should include:

- a) Purpose of, and explanation of, treatment
- b) Advise of possible adverse reactions

9 Pre-manipulative checks

In order to proceed with spinal manipulation the following steps should be taken:

- a) Testing of the cervical spine- familiarisation with current guidelines should be undertaken (Rushton, A et al. (2012) International Framework for the Examination of the Cervical region for potential of Cervical Arterial Dysfunction prior to Orthopaedic Manual Therapy Intervention).

b)

- c) When in the pre-manipulative position ask:

For cervical and upper thoracic manipulations

- is your vision clear
- are you feeling dizzy
- are there noises in your ears

For lower thoracic and lumbar manipulations

- do you have any unusual feelings in your legs or feet

10 Potential Problems during or after treatment

The commonest adverse reaction is some treatment soreness which could last a day or two but this can be normal.

There are very rare cases of patients having serious adverse events including stroke and death following cervical manipulation. These events are associated with damage to the vertebral arteries. See appendix 1

All adverse incidents occurring during or following spinal manipulation must be recorded in the patient's notes and on the DATIX system and the patient should be advised to arrange a further urgent assessment if needed.

11 Consultation

Physiotherapy Team Leads in SCHAT

Colette Bourne	Market Drayton
Claire Strickland	Whitchurch
Annie Vale	Bridgnorth
Beverly Terrington	Ludlow
Kathy Davenhill	Newport
Andy Laing	Shrewsbury and Atcham

12 Dissemination and Implementation

The policy will be disseminated electronically to team leads in SCHAT and available to all staff via the Trust Intranet.

All physiotherapists are responsible for maintaining their own required CPD levels as set out by the CSP.

12.1 Training/Implementation of Spinal Manipulation

No Physiotherapist should practice manipulative techniques if they are outside their current competency and scope of practice as monitored by HCPC.

This training may be at an undergraduate level for limited techniques or from direct training by a senior member of staff. However for a full understanding of the techniques and dangers involved, attendance on a recognised Grade V manipulations course is strongly recommended.

Pre-requisites to training:

- a) Ideally two years (but a minimum of 1 year) post qualification experience, but at the discretion of the local team leader.
- b) Staff need to demonstrate that they have sufficiently developed their clinical knowledge and clinical reasoning skills before they will be considered for support in developing this skill.
- c) Consideration must be given to the extent that this modality is likely to be used in their current post. Where it is anticipated that there will be no or very limited opportunity to use this technique immediately following training and thereafter on a regular basis, then such requests for such training would not be supported.
- d) Support may be provided in a number of ways, for example:
 - by joint assessment and treatment using spinal manipulation techniques
 - by 1:1 discussion of techniques to be used
 - by attending peer group meetings/training events

13 Monitoring Compliance

Compliance will be monitored by the Team Leads in SCHAT via Clinical Supervision, Appraisal Process and Annual Audit

14 References

- The Code of Members' Professional Values and Behaviour published in 2011 <https://www.csp.org.uk/publications/code-members-professional-values-and-behaviour>
- Maitland Vertebral manipulation Edited by Geoff Maitland, Elly Hengeveld, Kevin Banks and Kay English Seventh Edition 2005 MACP
- Rushton, A et al. (2012) International Framework for the Examination of the Cervical region for potential of Cervical Arterial Dysfunction prior to Orthopaedic Manual Therapy Intervention. IFOMPT
- Taylor, A. J., & Kerry, R. (2010). A “system based” approach to risk assessment of the cervical spine prior to manual therapy. International Journal of Osteopathic Medicine, 13(3), 85–93.

15 Associated Documents

- Consent to examination and treatment policy SCHAT

16. Appendices

Appendix 1: Spinal Manipulation Information for patients leaflet

Appendix 2: Spinal Manipulation Consent Form/Screening Tool PH 304

Appendix 1: Spinal Manipulation Leaflet

The Spinal Manipulation Information for patients leaflet is available on the Trust website: <https://www.shropscommunityhealth.nhs.uk/content/doclib/13574.pdf>

References:

Title: [Adverse effects of spinal manipulation: a systematic review](#)

Author(s): Ernst E

Citation: Journal of the Royal Society of Medicine. 2007, 100;06-0100

Title: [Spinal manipulative therapy for chronic low back pain](#)

Author(s): Rubinstein SM, van Middelkoop M, Assendelft WJ, de Boer MR, van Tulder MW

Citation: Cochrane database of Systemic Reviews, 01 February 2011, vol./is./2;(0-)

Source: CINAHL

Comments, compliments or complaints

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www.shropscommunityhealth.nhs.uk



Spinal Manipulation Information for patients



Datix Ref: 1998

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What is Spinal Manipulation?

Spinal manipulation is a therapeutic procedure applied by the physiotherapist to the patient's spine to help restore normal movement and relieve pain.

It is a small movement applied quickly and may be associated with an audible and harmless click.

An audible click is due to a change in pressure with the joint of the spine, however, the absence of a click does not mean failure of the technique.

What are the benefits?

- Reduce pain
- Increase range of motion
- Improve posture & postural awareness
- Helps aid recovery from episodes of back/neck pain

Is it recommended?

Spinal manipulation is recommended by the National Institute for Clinical Excellence (NICE) for back pain.

Are there any risks?

Prior to manipulation the physiotherapist will have evaluated any risks by a thorough assessment. Manipulation is not recommended if you have any of the following conditions:

- Cancer
- Osteoporosis
- History of steroid use
- Unhealed fractures
- Rheumatoid Arthritis
- Infection in the joints
- Circulation problems such as angina, peripheral vascular disease, strokes
- Severe diabetes
- High blood pressure
- Problems with blood clotting or on anti-coagulation treatment, such as Warfarin
- Hypermobility syndrome
- Neurological arm or leg symptoms, such as tingling or weakness
- Spinal stenosis An acute slipped disc
Difficulty passing water

Manipulation is also not advised if you are:

- Under 16years old
- Pregnant
- Extremely overweight
- A heavy smoker

Common Side Effects

- You may feel sore for up to 72 hours post treatment

Other Side Effects

- It is extremely unlikely, however, manipulation could lead to rib fracture or a slipped disc
- Also, you may experience fatigue, nausea or dizziness
- Physiotherapists within this trust do not offer upper neck manipulation, which in extremely rare situations have been linked to injury to the artery in the neck

Appendix 2: Spinal Manipulation Checklist and Consent Form

First Name: _____ Last Name: _____ Date of Birth: _____ NHS Number: _____	Shropshire Community Health NHS NHS Trust		
<h3 style="margin: 0;">Spinal Manipulation Checklist and Consent Form</h3>			
	Question	* please give additional details	Details/Comments
1.	History of cervical trauma	Yes * <input type="checkbox"/> No <input type="checkbox"/>	
2.	Migraine headache	Yes * <input type="checkbox"/> No <input type="checkbox"/>	
3.	Hypertension	Yes * <input type="checkbox"/> No <input type="checkbox"/>	
4.	High Cholesterol	Yes * <input type="checkbox"/> No <input type="checkbox"/>	
5.	Cardiac/vascular disease	Yes * <input type="checkbox"/> No <input type="checkbox"/>	
6.	Diabetes	Yes * <input type="checkbox"/> No <input type="checkbox"/>	
7.	Blood clotting disorders	Yes * <input type="checkbox"/> No <input type="checkbox"/>	
8.	Anticoagulation therapy	Yes * <input type="checkbox"/> No <input type="checkbox"/>	
9.	Long term use of steroids	Yes * <input type="checkbox"/> No <input type="checkbox"/>	
10.	Recent infection	Yes * <input type="checkbox"/> No <input type="checkbox"/>	
11.	Recent childbirth	Yes * <input type="checkbox"/> No <input type="checkbox"/>	
12.	History of smoking	Yes * <input type="checkbox"/> No <input type="checkbox"/>	
Additional Comments:			
Patient / parental agreement to the Spinal Manipulation			
Statement of Health Professional			
<ul style="list-style-type: none"> • I have explained the procedure to the patient 			
Manual Therapy and Manipulation Advice Sheet		Yes * <input type="checkbox"/> No <input type="checkbox"/>	*Date:
Health Professional's Signature			Date:
Name (please print):		Designation:	
Statement of Patient/person with parental responsibility for patient			
<ul style="list-style-type: none"> • The physiotherapist has explained the treatment process to me and I have answered all the above questions to the best of my knowledge • I agree to the use of spinal manipulation technique during my treatment 			
Signature:			Date:
Name (please print):		Relationship to patient:	
Copy given to patient? Yes <input type="checkbox"/> No <input type="checkbox"/>			
PH 304 Spinal Manipulation Checklist and Consent Form V1 Nov 2015			