

Severity: Minimal

Condition Rating: Type I, II

Quality of Evidence: Class II

Consensus Level: 1

13.4 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**.

Risk-of-Complication Rating:

Severity: Minimal to Moderate

Condition Rating: Type I, II

Quality of Evidence: Class II

Consensus Level: 1

13.5 Fractures and dislocations, or healed fractures with signs of ligamentous rupture or instability, represent an **absolute contraindication** to high-velocity thrust procedures applied to the anatomic site or region.

Risk-of-Complication Rating:

Severity: High

Condition Rating: Type III

Quality of Evidence: Class III

Consensus Level: 1

13.6 Atlanto-axial instability represents an **absolute contraindication** to high-velocity thrust procedures to the area of pathology.

Risk-of-Complication Rating:

Severity: High

Condition Rating: Type III

Quality of Evidence: Class III

Consensus Level: 1

13.7 Articular hypermobility, and circumstances where the stability of a joint is uncertain, represent a **relative contraindication** to high-velocity thrust procedures to the area of pathology.

Risk-of-Complication Rating:

Severity: Moderate

Condition Rating: Type I, II

Quality of Evidence: Class III

Consensus Level: 1

13.8 Post-surgical joint or segments with no evidence of instability are **not a contraindication** to high-velocity thrust procedures but may represent a **relative contraindication** depending on clinical signs (e.g., response, pre-test tolerance or degree of healing).

Risk-of-Complication Rating:

Severity: Minimal

Condition Rating: Type II

Quality of Evidence: Class III

Consensus Level: 1

13.9 Acute injuries of joint and soft tissues may require modification of treatment. In most cases, high-velocity thrust procedures to the area of pathology are **not contraindicated**.

Risk-of-Complication Rating:

Severity: Minimal to Moderate

Condition Rating: Type I, II

Quality of Evidence: Class I, II

Consensus Level: 1

13.10 The presence of a scoliosis is **not a contraindication** to high-velocity thrust procedures.

Risk-of-Complication Rating:

Severity: Minimal

Condition Rating: Type I, II

Quality of Evidence: Class II, III

Consensus Level: 1

B. Bone Weakening and Destructive Disorders

13.11 Active juvenile avascular necrosis, specifically of the weight bearing joints (e.g., Legg-Perthes disease) represents an **absolute contraindication** to high-velocity thrust procedures to the area of pathology.

Risk-of-Complication Rating:

Severity: High

Condition Rating: Type III

Quality of Evidence: Class III

Consensus Level: 1

13.12 Demineralization of bone warrants caution. This represents a **relative contraindication** to high-velocity thrust procedures to the area of pathology.

Risk-of-Complication Rating:

Severity: Minimal to Moderate

Condition Rating: Type II

Quality of Evidence: Class III

Consensus Level: 1

13.13 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. Tumour-like and dysplastic bone lesions may undergo malignant transformation or weaken bone to the point of pathological fracture and therefore represent a **relative to absolute contraindication** to high-velocity thrust procedures to the area of pathology.

Risk-of-Complication Rating:

Severity: Minimal to Moderate

Condition Rating: Type II, III

Quality of Evidence: Class III

Consensus Level: 1

13.14 Malignancies, including malignant bone tumours, are conditions for which high-velocity thrust procedures to the area of pathology are **absolutely contraindicated.**

Risk-of-Complication Rating:

Severity: Moderate to High

Condition rating: Type III

Quality of Evidence: Class III

Consensus Level: 1

13.15 Infection of bone and joint represents an **absolute contraindication to high-velocity thrust procedures to the area of pathology.**

Risk-of-Complication Rating:

Severity: High

Condition Rating: Type III

Quality of Evidence: Class III

Consensus Level: 1

C. Circulatory and Cardiovascular Disorders

13.16 Clinical manifestations of vertebrobasilar insufficiency syndrome warrant particular caution and represent a **relative to absolute contraindication to cervical high-velocity thrust procedures to the area of pathology.**

Risk-of-Complication Rating:

Severity: Minimal to High

Condition Rating: Type II, III

Quality of Evidence: Class II

Consensus Level: 1

13.17 When a diagnosis of a significant aneurysm involving a major blood vessel has been made, a **relative to absolute contraindication may exist for high-velocity thrust procedures within the area of pathology.**

Risk-of-Complication Rating:

Severity: High

Condition Rating: Type III

Quality of Evidence: Class III

Consensus Level: 1

13.18 Bleeding is a potential complication of anticoagulant therapy or certain blood dyscrasias. These disorders represent a **relative contraindication** to high-velocity thrust procedures.

Risk-of-Complication Rating:

Severity: Minimal to High

Condition Rating: Type II

Quality of Evidence: Class III

Consensus Level: 1

D. Neurological Disorders

13.19 Signs and symptoms of acute myelopathy or acute cauda equina syndrome represent an **absolute contraindication** to high-velocity thrust procedures.

Risk-of-Complication Rating:

Severity: High

Condition Rating: Type II, III

Quality of Evidence: Class II

Consensus Level: 1

* Most dysfunctions or disease processes have variations or phases. In assigning gradations of severity, it is assumed that the condition is characteristic of the average or common classical signs and symptoms. The difficulty in precisely detailing the degree of severity of an individual patient's overall physical and psychological response both to the disease process and therapeutic procedure itself (subtleties of force, amplitude, direction, patient positioning, etc.) is acknowledged; nevertheless, a rating has been assigned based on results of returned surveys and the available literature. This will provide a basis or starting point from which to fine tune future recommendations arising from discussion at the consensus conference.

VII. COMMENTS, SUMMARY OR CONCLUSION [\[Top\]](#)

This chapter provides an analytical framework and specific interim guideline recommendations with respect to complications of and contraindications to manipulative thrust procedures. At present detailed systematic studies on this subject are lacking and the recommendations made are based on information from clinical reviews and case reports, as well as from expert and consensus methods. One objective of this chapter is to encourage productive debate leading to firmer commitment on risk management protocols.

Recommendations made must be continuously re-evaluated in light of ongoing research and clinical experience. Co-operative intradisciplinary and interdisciplinary research will be necessary to determine the true extent of the nature and incidence of iatrogenic complications in chiropractic practice. The development of a central registry system capable of generating comprehensive research data would be valuable, and would facilitate the establishment of more detailed and refined guideline recommendations in the future.

VIII. REFERENCES [Top]

Adams MA, Hutton WC. The mechanical function of the lumbar apophyseal joints. *Spine* 1983; 8(3):327-330.

Adams MA, Hutton WC. The relevance of torsion to the mechanical derangement of the lumbar spine. *Spine* 1981; 6:241-248.

Andersson R, Carleson R, Nylen O. Vertebral artery insufficiency and rotational obstruction. *Acta Med Scand* 1970; 188:475-477.

Austin RT. Pathological vertebral fractures after spinal manipulation. *Br Med J* 1985; 291:1114-1115.

Bromley W. The national chiropractic mutual insurance company: stronger than ever. *ACA J Chiro* 1989; 26:52.

Brownson RJ, Zollinger WK, Maderia T, Fell D. Sudden sensorineural hearing loss following manipulation of the cervical spine. *Laryngoscope* 1986; 96:166-170.

Campbell LK, Ladenheim CJ, Sherman RP, Sportelli L. Risk Management in Chiropractic: Developing Malpractice Prevention Strategies. Fincastle: Health Services Publications Ltd, 1990.

Canadian Chiropractic Protective Association, Data from claims review, Canadian Chiropractic Association. 1978-85; 1986-90.

Cassidy JD, Thiel HW, Kirkaldy-Willis WH. Side posture manipulation for lumbar disk herniation. *J Manipulative Physiol Ther* 1993; 16:96-103.

Cassidy JD, Kirkaldy-Willis WH, Thiel HW. Manipulation. In: Kirkaldy-Willis WH, Burton CV, eds. *Managing low back pain*, 3rd ed. New York: Churchill Livingstone, 1992:283-296.

Chapman S, Nakielny R. *Aids to radiological differential diagnosis*. London: Bailliere Tindall, 1984; 53.

Chrisman OD, Mittnacht A, Snook GA. A study of the results following rotatory manipulation in the lumbar intervertebral-disc syndrome. *J Bone Jt Surg* 1964; 46A:517-524.

Dabbert O, Freeman DG, Weis AJ. Spinal meningeal hematoma, warfarin therapy, and chiropractic adjustment. *JAMA* 1970; 214:2058.

D'Ornano J, Conroazier T, Bossard D, Bochu M, Vignon E. Effets de manipulations vertebrales sur la hernie discale lombaire. *Rev Med Orthop* 1990; 19:21.

Dvorak J. Inappropriate indications and contraindications for manual therapy. *Manual Medicine* 1991; 6:85-88.

Dvorak J, Baumgartner H, Burn L, Dalgaard JB, et al. Consensus and recommendations as to the side-effects and complications of manual therapy of the cervical spine. *Manual Medicine* 1991; 6:117-118.

Dvorak J, Orelli F. How dangerous is manipulation to the cervical spine? *Manual Medicine* 1985; 2:1-4.

Farfan HF. Biomechanics of the lumbar spine. In: Kirkaldy-Willis WH, ed. *Managing low back pain*. New York: Churchill Livingstone, 1983:109-127.

Fast A, Zincola DF, Marin EL. Vertebral artery damage complicating cervical manipulation. *Spine* 1987; 12:840-842.

Frumkin LR, Baloh RW. Wallenberg's syndrome following neck manipulation. *Neurology* 1990; 40:611-615.

Gallinaro P, Cartesegna M. Three cases of lumbar disc rupture and one of cauda equina associated with spinal manipulation (chiropraxis). *Lancet* 1983; 1:411.

Gatterman MI. Complications of and contraindications to spinal manipulative therapy. In: Gatterman MI, ed. *Chiropractic management of spine related disorders*. Baltimore: Williams & Wilkins, 1990; 55-69.

Gatterman MI. Contraindications and complications of spinal manipulative therapy. *ACA J Chiro* 1981; 18:S75-86.

George PE, Silverstein HT, Wallace H, Marshall M. Identification of the high risk pre-stroke patient. *ACA J Chiro* 1981; 18:S26-28.

Giles LGF. Vertebral-basilar artery insufficiency. *J Can Chiropr Assoc* 1977; 21:112-117.

Gilmore KL. Biomechanics of the lumbar motion segment. In: Grieve GP, ed. *Modern manual therapy of the vertebral column*. New York: Churchill-Livingstone, 1986:103-111.

Gotlib AC, Thiel H. A selected annotated bibliography of the core biomedical literature pertaining to stroke, cervical spine, manipulation and head/neck movement. *J Can Chiropr Assoc* 1985; 29:80-89.

Grayson MF. Horner's syndrome after manipulation of the neck. *Br Med J* 1987; 295:1381-1382.

Grieve GP. Incidents and accidents of manipulation. In: Grieve GP, ed. *Modern manual therapy of the vertebral column*. New York: Churchill Livingstone, 1986:873-884.

Gutmann G, ed. *Arteria vertebralis - traumatalogie und funktionelle pathologie*. Berlin/Heidelberg: Springer-Verlag, 1985.

Gutmann G. Injuries to the vertebral artery caused by manual therapy. *Manuelle Medizin* 1983; 21:2-14.

Gutmann G. Durchblutungsstörungen der arteria vertebralis im Zusammenhang mit halswirbelsauleenverletzungen. *Manuelle Medizin* 1971; 5:112-116.

Gutmann G. Halswirbelsaule und durchblutungsstörungen in der vertebralis-basilaris-strombahn. In: *Die wirbelsaule in forschung und praxis*. Stuttgart: Hippokrates, 1962; 25:138-155.

Gutmann G, Tiwina T. Zum problem der irritation der arteria vertebralis. *Hippokrates* 1959; 15:1-7.

Haldeman S, Rubinstein SM. The precipitation or aggravation of musculoskeletal pain in patients receiving spinal manipulative therapy. *J Manipulative Physiol Ther* 1993; 16:47-50.

Haldeman S, Rubinstein SM. Cauda equina syndrome in patients undergoing manipulation of the lumbar spine. *Spine* 1992; 17:1469-1473.

Heffner JE. Diaphragmatic paralysis following chiropractic manipulation of the cervical spine. *Arch Intern Med* 1985; 145:562-564.

Henderson DJ. Vertebral artery syndrome. In: Vear HJ, ed. *Chiropractic standards of practice and quality of care*. Gaithersburg: Aspen Publishers Inc. 1992; 115-143.

Henderson DJ. Significance of vertebral dyskinesia in relation to the cervical syndrome. *J Manipulative Physiol Ther* 1979; 2:3-15.

Henderson DJ, Cassidy JD. Vertebral artery syndrome, Part A: Vertebrobasilar vascular accidents associated with cervical manipulation. In: Vernon H, ed. *Upper cervical syndrome - chiropractic diagnosis and treatment*. Baltimore: Williams & Wilkins, 1988; 194-206.

Henderson RS. The treatment of lumbar intervertebral disk protrusion: an assessment of conservative measures. *Br Med J* 1952; 2:597-598.

Holta O. Hemangioma of the cervical vertebra with fracture and compression myelomalacia. *Acta Radiol* 1942; 23:423-430.

Hooper J. Low back pain and manipulation: paraparesis after treatment of low back pain by physical methods. *Med J Aust* 1973; 1:549-51.

Houle JOE. Assessing hemodynamics of the vertebro-basilar complex through angiothlipsis. *J Can Chiropr Assoc* 1972; 16:35-6,41.

Hulse M. *Die zervikalen gleichgewichtsstörungen*. Berlin: Springer-Verlag, 1983; 4-9.

Jaskoviak PA. Complications arising from manipulation of the cervical spine. *J Manipulative Physiol Ther* 1980; 3:213-219.

Jeffreys E. *Disorders of the cervical spine*. London: Butterworths, 1980; 106-118.

Kewalramani LS, Kewalramani DL, Krebs M, Saleem A. Myelopathy following cervical spine manipulation. *Am J Phys Med* 1982; 61:165-175.

Kleynhans AM. Complication and contraindications to spinal manipulative therapy. In: Haldeman S, ed. *Modern developments in the principles and practice of chiropractic*. Norwalk: Appleton-Century-Crofts, 1980; 359-384.

Kleynhans AM. The prevention of complications from spinal manipulative therapy. In: Idezak RM, ed. *Aspects of manipulative therapy*. Proceedings of the Lincoln Institute of Health Sciences Conference. Melbourne, 1980; 133-141.

Kornberg E. Lumbar artery aneurysm with acute aortic occlusion resulting from chiropractic manipulation: a case report. *Surgery* 1988; 103:122-124.

Koskas F, Comizzoli I, Gobin YP, Lenot B, Vitte E, Franco E, Kieffer E. Effects of spinal mechanics on the vertebral artery; anatomic basis of positional postural compression of the cervical vertebral artery. In: Berguer R, Caplan LR, eds. *Vertebrobasilar arterial disease*. St. Louis: Quality Medical Publishing Inc, 1992; 15-28.

Krueger BR, Okazaki H. Vertebral-basilar distribution infarction following chiropractic manipulation. *Mayo Clin Proc* 1980; 55:322-332.

Kuo PP, Loh ZC. Treatment of lumbar intervertebral disc protrusions by manipulation. *Clin Orthop* 1987; 215:47-55.

Ladermann JP. Accidents of spinal manipulation. *Ann Swiss Chiro Assoc* 1981; 7:161-208.

Lehmann OJ, Mendoza ND, Bradford R. Beware the prolapsed disc. *Br J Hosp Med* 1991; 46:52.

Lewit K. Komplikationen nach chiropraktischen manipulationen. *Dtsch Med Wochenschr* 1972; 97:784-785.

Livingston MCP. Spinal manipulation causing injury: a three year study. *Clin Orthop* 1971; 81:82-86.

Maigne R. Manipulations vertébrales et les thromboses vertebrobasilaires. *Angeiologie* 1969; 21:287.

Malmivaara A, Pohjola R. Cauda equina syndrome caused by chiropraxis on a patient previously free of lumbar spine symptoms. *Lancet* 1982; 2:986-987.

Martenssen J, Nilsson N. Cerebrovascular accidents following upper cervical manipulation: the importance of age, gender and technique. *Amer J Chiro Med* 1989; 2:160-163.

Martin CC. Case history: retraction of a large herniated disc by noninvasive therapy. *Texas J Chiropractic* 1988; 3:21.

Mas JL, Bousser MG, Hasboun D, Laplane D. Extracranial vertebral artery dissections: a review of 13 cases. *Stroke* 1987; 18:1037-1047.

Mensor MC. Non-operative treatment, including manipulation, for lumbar intervertebral disc syndrome. *J Bone Jt Surg* 1955; 37A:925-936.

National Chiropractic Mutual Insurance Company: Claim Information. 1990.

Nwuga VCB. Relative therapeutic efficacy of vertebral manipulation and conventional treatment in back pain management. *Am J Phys Med* 1982; 61:273-278.

Patijn J. Complications in manual medicine: a review of the literature. *Manual Medicine* 1991; 6:89-92.

Pratt-Thomas HR, Berger KE. Cerebellar and spinal injuries after chiropractic manipulations. *JAMA* 1947; 133:600-603.

Quon JA, Cassidy JD, O'Connor SM, Kirkaldy-Willis WH. Lumbar intervertebral disc herniation: treatment by rotational manipulation. *J Manipulative Physiol Ther* 1989; 12:220-227.

Raskind R, North CM. Vertebral artery injuries following chiropractic cervical spine manipulation - case reports. *Angiology* 1990; 41:445-452.

Redlund-Johnell I. Atlanto-occipital dislocation in rheumatoid arthritis. *Acta Radiol* 1984; 25:165-168.

Rinsky LA, Reynolds GG, Jameson RM, Hamilton RD. A cervical spinal cord injury following chiropractic manipulation. *Paraplegia* 1976; 13:223-227.

Sandman TD, Sandman KB. Rheumatoid arthritis of the cervical spine; examination prior to chiropractic manipulative therapy. *J Manipulative Physiol Ther* 1981; 4:19-20.

Sandoz R. The natural history of a spinal degenerative lesion. *Ann Swiss Chiro Assoc* 1989; 9:149-192.

Schellhas KP, Latchaw RE, Wendling LR, Gold LHA. Vertebrobasilar injuries following cervical manipulation. *JAMA* 1980; 244:1450-1453.

Schmidley JW, Koch T. The noncerebrovascular complications of

chiropractic manipulation. *Neurology* 1984; 34:684-685.

Schmitt HP. Anatomical structure of the cervical spine with reference to the pathology of manipulation complications. *Manual Medicine* 1991; 6:93-101.

Selecki BR. The effects of rotation of the atlas on the axis: experimental work. *Med J Aust* 1969; 1:1012-1015.

Shekelle PG, Adams AH, Chassin MR, Hurwitz EL, et al. The appropriateness of spinal manipulation for low-back pain. Santa Monica, California: RAND 1991, RAND publication #R-4025/1 and 2-CCR/FCER.

Sherman MR, Smialek JE, Zane WE. Pathogenesis of vertebral artery occlusion following cervical manipulation. *Arch Path Lab Med* 1987; 111:851-853.

Smith RA, Etridge MN. Neurologic complications of head and neck manipulations. *JAMA* 1962; 182:528-531.

Terrett AGJ. It is more important to know when not to adjust. *Chiropractic Technique* 1990; 2:1-9.

Terrett AGJ. Vascular accidents from cervical spine manipulation: report of 107 cases. *J Aust Chiro Assoc* 1987; 17:15-24.

Terrett AGJ. Vascular accidents from cervical spine manipulation: the mechanisms. *J Aust Chiro Assoc* 1987; 17:131-144.

Terrett AGJ. Importance and interpretation of tests designed to predict susceptibility to neurocirculatory accidents from manipulation. *J Aust Chiro Assoc* 1983; 13:29-34.

Terrett AGJ, Webb MN. Vertebrobasilar accidents (VA) following cervical spine adjustment manipulation. *J Aust Chiro Assoc* 1982; 12:24-27.

Thiel HW. Gross morphology and pathoanatomy of the vertebral arteries. *J Manipulative Physiol Ther* 1991; 14:133-141.

Toole JF, Tucker SH. Influence of head position upon cerebral circulation. Studies on blood flow in cadavers. *Arch Neurol* 1960; 2:616-623.

Triano JJ. Proceedings of the American Society of Biomechanics. Phoenix, Arizona, 1991.

Triano JJ, Hyde TE. Nonsurgical treatment of sports-related spine injuries - manipulation. In: Hochschuler SH, ed. *The spine in sports*. Philadelphia: Hanley & Belfus Inc, 1990:246-253.

Yochum TR, Rowe LJ. *Essentials of skeletal radiology*. Baltimore: Williams & Wilkins, 1987.

Yochum TR, Rowe LJ. Arthritides of the upper cervical complex. In: Idczak RM, ed. *Aspects of manipulative therapy*. Melbourne: Lincoln Institute of

Health Sciences, 1980:22-32.

IX. MINORITY OPINIONS [Top]

None

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