

Position Statement August 2016

Cervical Manipulation



Position

Section 9 of the Health Practitioners Competence Assurance Act 2003 (the Act), allows for specified activities to be restricted to registered health practitioners, in order to protect members of the public from the risk of serious or permanent harm.

Under the Act Restricted Activities, Order 2005, applying high-velocity, low-amplitude (HVLA) manipulative techniques to cervical spinal joints is declared to be a Restricted Activity.

Therefore, no person may perform, or state or imply that they are willing to perform, an activity declared to be a Restricted Activity, unless the person is a health practitioner who is permitted by their Scope of Practice to perform that activity.

The only exceptions to this restriction, where a practitioner does not contravene these regulations when performing a Restricted Activity is:

- (a) In an emergency;
- (b) In the course of training or instruction and under the control of a health practitioner who is permitted by their Scope of Practice to perform that activity; and,
- (c) In the course of an examination, assessment, or competence review ordered by the responsible authority.

Responsibilities

As part of their Scope of Practice, osteopaths may perform the Restricted Activity of cervical manipulation, applying high velocity, low amplitude thrust techniques to cervical spinal joints.

It is the responsibility of registered osteopaths, holding a current Practising Certificate (PC) and who apply HVLA techniques to cervical spinal joints, to be aware of their obligations under the Act. They must ensure that their practice meets the requirements of the Code of Health and Disability Services Consumers' Rights (the Code), especially regarding consumers' rights to be fully informed, informed consent to treatment and post treatment care. This Restricted Activity must be applied in accordance with the Osteopathic Council of New Zealand (OCNZ) Code of Ethics, OCNZ Capabilities for Osteopathic Practice 2009 and Informed Consent Guidelines for Osteopaths 2014, to ensure potential risks are minimized.

Clinical Standards

Osteopathic training at UNITEC Institute of Technology and the overseas assessment, Competent Authority Pathway Programme (CAPP), are comprehensive in ensuring that contraindications of using HVLA techniques and potential signs and symptoms of injuries associated with the treatment of the cervical spine are understood by practitioners.

As a mandatory prerequisite to annual certification, osteopaths undertake Continued Professional Development (CPD) to maintain ongoing competence, in accordance with OCNZ Capabilities for Osteopathic Practice. Element 3.8 of OCNZ Capabilities for Osteopathic Practice, outlines the practitioner's responsibility to use ongoing education to continually improve skills and efficacy. This includes ensuring they are able to critically evaluate existing and new information, evidence and research that may affect their choice of techniques and therefore impact on patient treatment plans and patient safety.

A comprehensive assessment of the health of the patient using an effective and informed clinical reasoning process is paramount, prior to the application of a Restricted Activity. Both the patient history and examination must be used to eliminate all contraindications to allow the application of a cervical manipulation technique to take place under the safest conditions possible. Evidence shows that practitioners cannot rely on any one clinical test to exclude for example, the presence or risk of cervical arterial dysfunction, or all possible underlying pathologies. Osteopaths must

rely on a clinically reasoned understanding of the patient's presentation, including a risk: benefit analysis, following an informed, planned and individualized assessment (Rushton et al, 2014). Practitioners must ensure that all information provided to patients be "pitched" at a level they can understand, with medical terminology presented in plain language if required to support the patient's decision making and informed consent process.

Gibbons and Tehan (2010), suggest that contraindications to spinal manipulation be considered in two categories;

Absolute contraindications include but are not limited to:

- (a) Presence of pathology that has led to significant weakening of bone including: bone tumour, infection, metabolic disease, congenital anomaly, iatrogenic (eg long term corticosteroid use), inflammatory (eg severe rheumatoid arthritis), trauma (eg fracture)
- (b) Presence of neurological signs suggestive of: cervical myelopathy, cord compression, cauda equina, nerve root compression with increasing neurological deficit
- (c) Presence of vascular signs associated with: previously diagnosed vertebrobasilar insufficiency, previous diagnosed carotid artery dysfunction, aortic aneurism
- (d) Lack of diagnosis
- (e) Lack of patient consent
- (f) Patient positioning cannot be achieved

Relative contraindications include but are not limited to:

- (a) Knowledge of adverse reactions to previous treatment
- (b) Known intervertebral disc herniation or prolapse
- (c) Inflammatory arthritides (especially in acute phases)
- (d) Spondylosis
- (e) Spondylolithesis
- (f) Osteoporosis
- (g) Anticoagulant or long-term corticosteroid use
- (h) Advanced degenerative joint disease and spondylosis
- (i) Ligamentous laxity
- (j) Arterial calcification

Although serious pathologies and adverse events relating to the application of cervical HVLA techniques are rare, they must be an integral consideration in all musculoskeletal assessments of the head and neck.

The Health and Disabilities Commissioner (HDC) has made it clear that in the event of an adverse reaction to treatment, the duty of care and responsibility of patient safety lies with the practitioner. Therefore, it is the responsibility of the osteopath to ensure that adequate post treatment care is provided at the time if an adverse reaction to treatment occurs.

References

- Health Practitioners Competence Assurance Act 2003
- Health Practitioners Competence Assurance (Restricted Activities) Order 2005
- Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996
- Health and Disability Commissioners Act 1994
- OCNZ Code of Ethics
- OCNZ Capabilities for Osteopathic Practice 2009
- OCNZ Informed Consent Guidelines for Osteopaths 2014
- Gibbons P, Tehan P, Manipulation of the spine, thorax and pelvis an osteopathic perspective. 3rd Edition. Edinburgh: Churchill-Livingstone. 2010.
- Rushton A, Rivett D, Carlesso L, Flynn T, Hing W, Kerry R, International Framework for Examination of the Cervical Region for potential of Cervical Arterial Dysfunction prior to Orthopaedic Manual Therapy Intervention. Manual Therapy, 2014.