CHIROPRACTIC CLINICAL PRACTICE GUIDELINE

Adult Neck Pain Not Due to Whiplash

Summary of Recommendations

November 2005

Note: This summary does not replace or supercede the content of the detailed technical Guideline. Where there may be any perceived discrepancy between this summary and the technical Guideline, the content of the technical Guideline will prevail. Readers are encouraged to review the full content of the Guideline as it relates to any aspect of this summary to ensure thorough and accurate understanding of its recommendations.

The Canadian Chiropractic Association

L'association chiropratique canadienne

CANADIAN FEDERATION OF CHIROPRACTIC REGULATORY BOARDS

LA FÉDÉRATION CANADIENNE DES ORGANISMES DE RÈGLEMENTATION DE LA CHIROPRACTIQUE

Objective of the Guideline

The purpose of this Guideline is to improve chiropractic treatment of adults with acute or chronic neck pain not due to whiplash, through the systematic analysis of the scientific literature and the development of treatment recommendations based on the existing evidence.

Scope of the Guideline

At a minimum, the goal of chiropractic treatment of neck pain is to reduce pain, restore motion, and improve strength and function. Chiropractic treatment was defined as including the most common treatments employed by chiropractors, but *excluding*:

- Acupuncture
- Surgical procedures
- Invasive analgesic procedures
- Injections of botulinum toxin
- Systematic psychological intervention
- Prescription of over-the-counter or prescription drugs

This Guideline makes recommendations on the utility of specific treatment modalities utilized by chiropractors and contraindications to treatment. It does not make recommendations on treatment plans.

Guideline Development Methods

This Guideline is based on the work of three literature search teams, an evidence extraction team and the contribution of individuals with specialties or expert knowledge in chiropractic, medicine, research processes, literature analysis, guidelines development, regulatory affairs and the public interest. The guideline was authored by a ten-person Guidelines Development Committee with input from a five-person review panel, and a six-person Task Force. The draft Guideline underwent two national, professional critiques and a formal peer-review prior to being finalized.

Core Findings: Treatment Modalities

- Manipulation should be part of chiropractic cervical care. The evidence suggests that multiple manipulations improve pain in the short and medium term, and some ROM in the short and medium term. Manipulations in and opposite the direction of restriction may achieve greater ROM benefit than manipulation only in the direction of restriction. The evidence also suggests that thoracic manipulations do not enhance the benefits from cervical manipulation in the short term.

- In addition, the following treatment modalities provide a benefit in the immediate, short, medium, or long term:
  - Mobilization
  - Clinic and home-based exercise
  - Traction
  - Ischemic pressure
  - Cervical pillows
  - Ultra-sound
  - Low-power laser
  - Massage
  - Pulsed electromagnetic therapy
  - TENS
  - Multi-modal therapy

No benefit was found from magnetic necklaces, education or relaxation alone, head retraction-extension exercise combinations alone, or occipital release treatments alone.

The Guideline includes 10 recommendations and the attached (recommended) decision algorithm arising from this evidence.

Other Treatment Recommendations

- If, after a complete examination, all findings except for pain are normal, discharge of the patient with possible referral is recommended.

- Crossed bilateral transverse pisiform or anterior thoracic manipulations should not be added to a course of cervical manipulations, unless required for non-cervical benefits.

- Treatment that is expected to show less or slower improvement than the expected natural resolution of pain is warranted if the treatment also addresses non-pain problems that, left untreated, may have permanent sequelae, or it is deemed that treatment will halt the evolution of acute pain to a chronic condition.

- If maximum clinical progress has been reached *without* all clinical goals being met, treatment should only continue if the patient chooses support or maintenance care. If all clinical goals have been met, continued treatment is only recommended if the patient chooses 'wellness' care. A decrease in the frequency of care is warranted.

- The one-time use of a treatment is only recommended to determine the utility of further treatments or to permit the immediate use of an otherwise painful intervention. The one-time use of a treatment is not recommended to merely achieve an immediate clinical effect.

- Multi-disciplinary care including modalities provided by other health professionals is recommended, where appropriate, to maximize patients' gains from their chiropractic care.

- A lack of beneficial clinical progress may indicate the need for: discharge, referral for treatment elsewhere or to a chiropractic specialist, referral for investigation, or modification of the treatment plan.

Risk Management Recommendations

The Guideline includes the attached (recommended) decision algorithm and recommended Tables of risk factors arising from the evidence.

- Do not treat, and immediately refer to emergency services if a patient:

  – Presents with neck or occipital pain with a sharp quality and severe intensity, or severe and persistent headache, which is sudden and unlike any previously experienced pain (even when it is expected that the pain is of a musculoskeletal or neuralgic origin). N.B., if these symptoms are not ongoing, but reported as recent, proceeding with caution is recommended.

  - Demonstrates 1 of 4 listed signs or symptoms of neurovascular impairment, or any of unknown cause. N.B., vertigo demands immediate investigation for these.

- Do not use cervical manipulation if a patient reports active/existing VAD or CAD. N.B., the identification of signs or symptoms of unprovoked VBI (differentiated from BPPV) is not recommended to identify the presence of dissection, or to identify patients with greater or lessor risk of symptomatic (ischemia-provoking) dissection subsequent to manipulation.

- Do not use Doppler or provocative pre-manipulative vertebral artery function tests to identify impaired vertebral artery flow, the presence of dissection, or patients with greater or lesser risk of symptomatic (ischemia-provoking) dissection subsequent to manipulation.

- Obtain informed consent.

- Use minimal rotation in administering any modality of upper-cervical spinal treatment.

- Strongly consider discontinuing care and referring to a colleague if the practitioner is uncertain about the caliber of any aspect of his or her technique with a particular patient.

- Proceed with caution if a patient presents with trauma, a smoking habit, known arterial tissue abnormalities or shows signs or symptoms of VBI (differentiated from BPPV), or vertigo.

- Undertake an in-depth consideration of possible explanations, reconsideration of treatment options or referral to appropriate health services when an adverse event, not known to be associated with treatment, is noted, e.g. when a patient demonstrates signs or symptoms of an undiagnosed condition, or signs or symptoms not known to be associated with a treatment.

- Always proceed with heightened vigilance for adverse events associated with an administered treatment modality, but not a known or observable risk factor.

Evidence Behind the Recommendations

Practitioners are encouraged to refer to the evidence extractions and syntheses that accompany each recommendation in the Guideline to obtain a full understanding of the recommendations and their application in clinical practice.

The full technical Guideline can be accessed on The CCA website www.ccachiro.org on the Public side of the site. Click on “About Us” on the top navigation bar and then choose “Clinical Practice Guidelines” from the left-hand menu. A copy of the Guideline published in the Journal of The Canadian Chiropractic Association (JCCA) is appended.