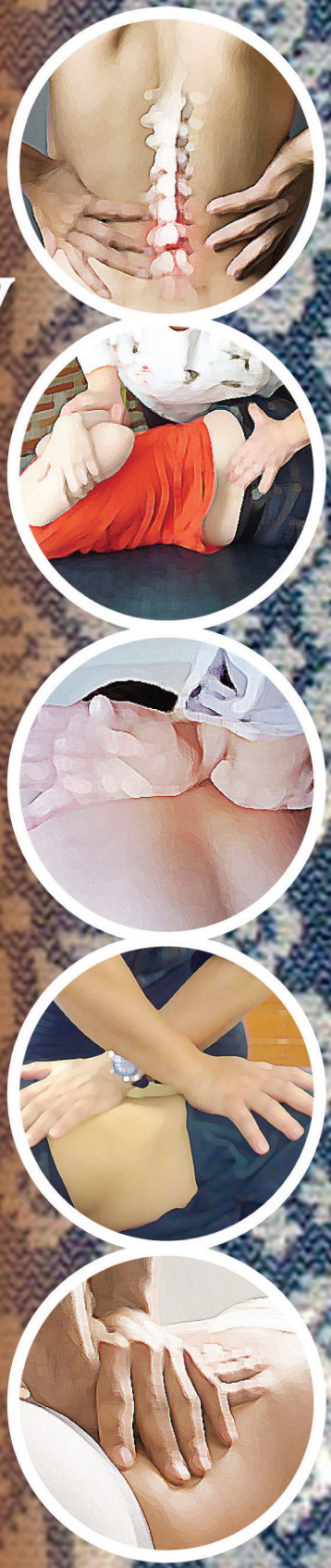
Traditional and Complementary Medicine Practice Guidelines for T&CM Unit : *Chiropractic*



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TRADITIONAL &
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MALAYSIA

CHIROPRACTIC

Traditional and Complementary
Medicine Practice Guideline for T&CM Units

Ministry of Health Malaysia.

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1. INTRODUCTION

In Malaysia, chiropractic is one of the forms of Manipulative Medicine, classified under Complementary Medicine, as defined by the Ministry of Health. It is an approach to human health through the basic premise that the abnormalities and misalignments of the spine can and do distort and interrupt the normal function of the nervous system and may create serious negative health consequences.

Chiropractic as a form of health care originated in the United States of America (USA) in 1895, with the first chiropractic school established in 1897, Palmer School of Chiropractic.[1] Since then, it has continued to be one of the most prominent chiropractic colleges in the USA. Chiropractic has been growing and receiving continuous recognition and support, which has led to the growing demand for chiropractic care throughout the world.

As a profession, the primary belief is in natural and conservative methods of health care. Chiropractors believe in the human body's ability to heal itself without the use of surgery or medication. They pay careful attention to the biomechanics, structure and function of the spine, its effects on the musculoskeletal and neurological systems, and the role played by the proper function of these systems in the preservation and restoration of health. A chiropractor is one who is involved in the treatment and prevention of disease, as well as the promotion of public health, and a wellness approach to patient healthcare.

The practice of chiropractic requires skilled practitioners. In some countries, e.g. USA, Canada and some European countries, chiropractic has been legally recognized and formal university degrees have been established. In these countries, the profession is regulated and the prescribed educational qualifications are satisfactory to the respective accrediting agencies. Even thus, the regulations for this practice vary considerably from country to country.

However, many countries have not yet established chiropractic education or laws to regulate the practice of chiropractic, including Malaysia. Malaysia relies heavily on the various accrediting agencies as reference to ensure that those practicing in Malaysia are satisfactorily qualified to practice. The development of this guideline attempts to address this issue to ensure that practicing chiropractors to ensure that practicing chiropractors at the Traditional and Complementary Medicine (T&CM) Units in Malaysian hospitals are skilled and fulfils the minimum requirements to practice, and that they will wisely prescribe the therapy after careful assessment of the risks and benefits of the treatment.

1 Anon (2011) *History of Chiropractic Care* [Online]. US: American Chiropractic Association. Retrieved from: http://www.acatoday.org/level3_css.cfm?T1ID=13&T2ID=61&T3ID=149 [Accessed 7 February 2011].

2. OBJECTIVES

The main objective of this guideline is to promote rational and safe practice of chiropractic as an adjunct treatment or as a temporary measure for pain disorders. It also aims to protect the public and patients, through these secondary objectives:

- To serve as a standard reference for chiropractors practicing in Malaysian hospitals, especially at the Traditional and Complementary Medicine (T&CM) Units;
- To serve as a reference for national authorities in monitoring the practice of chiropractic in Malaysia (at the T&CM Units).

3. DEFINITIONS

3.1 Chiropractic is a health profession concerned with the diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system and the effects of these disorders on the function of the nervous system and general health. There is an emphasis on manual treatments including spinal manipulation or adjustment and other joint and soft tissue manipulation.

World Federation of Chiropractic 2001

3.2 The word 'chiropractic' is derived from the Greek words:

- *cheira* – hand; and
- *practos* – done
- chiropractic – done by hand

Chiropractic focuses on the spine as integral to maintaining health through maintenance of optimal neurophysiological balance. It is most often used to treat musculoskeletal conditions.

4. TREATMENT CRITERIA

These criteria are chosen and decided by the editorial members, which comprises officers from Traditional and Complementary Medicine Division (T&CMD), Ministry of Health Malaysia, and Chiropractors, in view of the fact that chiropractic services are to be introduced at the Traditional and Complementary Medicine (T&CM) Units at Integrated Hospitals. To facilitate the implementation of the services, only certain patients with specific conditions will be treated at these Units, by referral from the respective physicians, until further review of the services.

4.1 Patient Selection

4.1.1 Age limit

For the time being, only adult patients ages of 18 years and above, will be accepted for chiropractic treatment at the T&CM unit. This age limit will be revised from time to time, or when the need arises.

4.1.2. General condition of the patient

Patients referred for chiropractic intervention;

a. Should be stable clinically
b. Not bedridden
c. Not acutely psychotic, suicidal, delirious, manic, or has dementia
d. Should be able to understand and follow instructions clearly
e. Should not be intellectually challenged

4.2 Indications

For the time being as an introduction of chiropractic services, the focus will be for patients suffering from acute or chronic pain disorders. These indications shall be revised in the future once the services have been well established in the Integrated Hospitals.

4.2.1 Low back pain[2,3,4,5,6,7,8,9]

a. Acute - symptoms present for 4 weeks duration
b. Subacute - symptoms present for 4 weeks to less than 3 months duration
c. Chronic - symptoms present for more than 3 months duration
d. Secondary to mechanical causes such as prolapsed intervertebral disc, sports injury, degenerative disc disease, etc.

2 Maruti Ram Gudavalli, Jerrilyn A. Cambron, Marion McGregor, James Jedlicka, Michael Keenum, Alexander J. Ghanayem and Avinash G. Patwardhan (2006) 'A randomised clinical trial and subgroup analysis to compare flexion-distraction with active exercise for chronic low back pain.', *European Spine Journal*, Vol. 15, No. 7, pp. 1070-1082.

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6 Eric L. Hurwitz, Hal Morgenstern, Philip Harber, Gerald F. Kominski, Thomas R. Belin (2002) 'A Randomized Trial of Medical Care With and Without Physical Therapy and Chiropractic Care With and Without Physical Modalities for Patients With Low Back Pain: 6-Month Follow-Up Outcomes From the UCLA Low Back Pain Study', *Spine*, Vol. 27, No. 20, pp. 2193-2204.

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4.2.2. Neck pain[10,11,12,13]

a. Chronic mechanical neck pain
b. Not due to whiplash[14]

4.2.3. Sprains and strains

4.3. Contraindications[15,16]

With thorough assessment, multiple caution-indicating risk factors presenting in a patient may indicate modification of or a contraindication to the desired treatment modality. Thus, the decision to administer treatment or not should be made after careful considerations of risk factor(s) present.

4.3.1. Absolute contraindications to spinal manipulative therapy

a. Anomalies such as dens hypoplasia, unstable os odontium, etc
b. Acute fracture in the areas involved or in areas that could be adversely affected by chiropractic care
c. Spinal cord tumour
d. Acute infections such as osteomyelitis, septic discitis, and tuberculosis of the spine
e. Meningeal tumour
f. Haematomas, whether spinal cord or intracanalicular
g Malignancy of the spine
h. Frank disc herniation with accompanying signs of progressive neurological deficit
i Basilar invagination of the upper cervical spine
j. Arnold-Chiari malformation of the upper cervical spine

10 Eric L. Hurwitz, Hal Morgenstern, Philip Harber, Gerald F. Kominski, Fei Yu and Alan H. Adams (2002) 'A Randomized Trial of Chiropractic Manipulation and Mobilization for Patients With Neck Pain: Clinical Outcomes From the UCLA Neck-Pain Study', *American Journal of Public Health*, Vol. 92, No. 10, pp. 1634-1641.

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k. Dislocation of the vertebra
l. Aggressive types of benign tumours, such as an aneurismal bone cyst, giant cell tumour, osteoblastoma or osteoid osteoma
m. Internal fixation/stabilization devices – no osseous manipulation may be performed, although soft tissue manipulation can be safely used. It is absolutely contraindicated in the spinal region in which the pathology, abnormality or device is located, or the immediate vicinity.
n. Neoplastic disease of muscle or other soft tissue
o. Positive Kernig's or Lhermitte's signs
p. Congenital, generalized hypermobility
q. Signs or patterns of instability
r. Syringomyelia
s. Hydrocephalus of unknown aetiology
t. Diastematomyelia
u. Cauda equina syndrome
v. Unstable abdominal aortic aneurysm

4.3.2. Contraindications to joint manipulation by category of disorder are as outlined in Table 1.

Table 1: *Contraindications to joint manipulation by category of disorder.*

Category	Absolute contraindications at the anatomical site or area of pathology	Relative-to-absolute contraindications	Relative contraindications
Articular derangements	• Rheumatoid arthritis • Seronegative spondyloarthropies • Demineralization or ligamentous laxity with anatomical subluxation or dislocation • Fractures, dislocations and healed fractures with signs of ligamentous rupture or instability • Atlantoaxial instability		• Spondylolitis and spondylolisthesis with progressive slippage • Articular hypermobility with uncertain joint stability • Postsurgical joints or segments with no evidence of instability
Bone-weakening and destructive disorders	• Active juvenile avascular necrosis • Malignancies • Osteomyelitis • Septic arthritis • Osteogenesis imperfecta		• Osteoporosis • Severe or painful disc pathology such as discitis or disc herniations
Circulatory and haematological disorders		• Clinical manifestation of vertebrobasilar insufficiency syndrome, including patients with previous history of stroke • Aneurysm involving a major blood vessel.	• Blood dyscrasias (e.g. thrombocytopaenia, haemophilia or any bleeding tendencies) • Anticoagulant therapy (e.g. warfarin therapy)
Neurological disorders	Signs and symptoms of; • Acute myelopathy • Intracranial hypertension • Meningitis • Acute cauda equina syndrome		
Psychological factors			These represent relative contraindications to continued or persistent treatment, and may need referral; • Malingering • Hysteria • Hypochondriasis • Those with dependent personalities

Adapted from: WHO Guidelines on basic training and safety in chiropractic. Geneva, 2005.

4.4. Precautions

Practicing chiropractors should practice caution when treating certain group of patients, such as those with these conditions;

4.4.1. Neurologic symptoms
4.4.2. Recent infection or surgery
4.4.3. Polyarthralgia
4.4.4. Any conditions listed as a relative contraindication in Table 1

4.5 Adverse Events[3,17,18,19,20,21,22,23,24,25]

Chiropractic intervention is regarded as a relatively safe and effective procedure. However, complications may and can arise. Listed below are adverse events that can arise from chiropractic intervention;

4.5.1. Serious adverse events

a. Cervical region
   - Vertebrobasilar accidents
   - Horner's syndrome
   - Diaphragmatic paralysis
   - Myelopathy
   - Cervical disc lesions
   - Pathological fractures

b. Thoracic region
   - Rib fracture and costochondral separation

c. Lumbar region

17 Edzard Ernst (2007) 'Adverse effects of spinal manipulation: a systematic review.', *Journal of the Royal Society of Medicine*, Vol. 100, No. 1, pp. 330-338.

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24 J. David Cassidy, Eleanor Boyle, Pierre Coˆte´, Yaohua He, Sheilah Hogg-Johnson, Frank L. Silver and Susan J. Bondy (2008) 'Risk of Vertebrobasilar Stroke and Chiropractic Care Results of a Population-Based Case-Control and Case-Crossover Study', *European Spine Journal*, Vol. 17, No. 1, pp. 176-183.

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- Increase in neurological symptoms that originally resulted from a disc injury
- Cauda equina syndrome
- Lumbar dics herniation
- Rupture of abdominal aortic aneurysm

d. Other vascular accidents
- Arterial dissection
- Stroke (haemorrhagic or ischemic)
- Dissecting aneurysm
- Ventricular haemorrhage
- Sinus tear

4.5.1. Mild, transient adverse events[26,27]

a. Local discomfort
b. Headache
c. Tiredness
d. Radiating discomfort
e. Dizziness
f. Nausea and vomiting
g. Increased temperature of the skin
h. Indigestion
i. Pins and needles
j. Vibrating pain
k. Dull ache

5. TREATMENT PROCEDURES

5. 1 Standard Operating Procedure

5.1.1 All patients seeking treatment at the T&CM Unit should be referred by the respective attending medical officers, specialists or consultants, whereby, appropriate investigations and a definite diagnosis has been made (Refer Appendix 1 for the work process for chiropractic). The doctor shall provide the following information;

a. Diagnosis
b. Comorbid conditions
c. Laboratory profiles
d. Radio-imaging films and reports

26 Clare Stevinson, MSc, Edzard Ernst (2002) 'Risks Associated with Spinal Manipulation', *The American Journal of Medicine*, Vol. 112, No. 7, pp. 566-571.

27 Barrett AJ, Breen AC (2000) 'Adverse effects of spinal manipulation', *Journal of the Royal Society of Medicine*, Vol. 93, No. 5, pp. 258-259.

e. Medications
f. Other relevant information

5.1.2 Chiropractors shall attend to the patient at the T&CM Units.

5.1.3 A full assessment of the patient's condition shall be made and the appropriate treatment will be prescribed. Findings from the assessment and the treatment administered shall be recorded in the treatment card (Appendix 3).

5. 2 Treatment Regime

5.2.1 Low back pain

The frequency and duration of chiropractic care varies between patients depending on many factors (e.g. severity of their condition, respond to care, prior history, co-morbidities, aggravation of their condition or re-injury, poor posture, anatomical defects, compliance, and patient deconditioning). Accordingly, patients require a tailored chiropractic treatment plan that takes these factors into consideration. It may be necessary for the chiropractor to adjust the frequency and/or duration of care if the patient exhibits a particularly fast or slow recovery. Below are the suggested frequency and duration of treatment for low back pain;

Table 2: *Frequency and duration for initial (trial) course of chiropractic treatment for low back pain.*

Stage of condition	Frequency	Duration (week)	Re-evaluate after (week)
Acute	3 times, weekly	2 – 4	2 – 4
Subacute	3 times, weekly	2 – 4	2 – 4
Chronic	2 – 3 times, weekly	2 – 4	2 – 4
Recurrent/flare-up	2 – 3 times, weekly	1 – 2	1 – 2

Adapted from: Globe et al (2008) 'Chiropractic Management of Low Back Disorders; Report from a Consensus Process', *Journal of Manipulative and Psychological Therapeutics*, Vol. 31, No. 9, pp. 651-658.

Table 3: *Frequency and duration for continuing courses of treatments for low back pain.*

Stage of condition	Frequency	Duration (week)	Re-evaluate after (week)
Acute	2 - 3 times, weekly	2 – 4	4 – 12
Subacute	2 - 3 times, weekly	2 – 4	4 – 12
Chronic	1 – 3 times, weekly	2 – 4	2 – 12
Recurrent/flare-up	1 – 3 times, weekly	2 – 4	1 – 6

Adapted from: Globe et al (2008) 'Chiropractic Management of Low Back Disorders; Report from a Consensus Process', *Journal of Manipulative and Psychological Therapeutics*, Vol. 31, No. 9, pp. 651-658.

5.2.2 Neck pain, sprains and strains

Below are the suggested frequency of treatment and follow-up for neck pain, sprains and strains. Treatments may be modified to suit the patient based on the severity of their condition, respond to care, prior history, co-morbidities, aggravation of their condition or re-injury, poor posture, anatomical defects, compliance, and patient deconditioning.

Table 4: *Frequency and duration of chiropractic treatments for neck pain, sprains and strains.*

Stage of condition	Frequency	Duration (week)	Re-evaluate after (week)
Initial trial	3 - 5 times, weekly	3 – 4	At treating
Follow-up care	2 - 3 times, weekly	3 – 4	Chiropractor's discretion

5.3 Monitoring and Follow Up

The patient's response to care should be monitored at each follow-up visit and through periodic reassessments. The frequency of reassessment depends on the patient's response. For instance, a patient who is responding as expected could be reassessed less frequent than someone who is responding slowly. Re-injury, exacerbation of symptoms, or new symptoms (especially neurologic) may necessitate immediate reassessment. Patients should be provided with adequate information to enable them to make an informed decision about the type, duration and frequency of the care that they will receive.

Table 4: *Example of outcome measures during reassessment.*

Outcome Measures	**Initial/Previous Visit**	**Current**	**Difference**
Pain on 11-point NRS*/VAS**			
Low-back or neck disability index†			
Range of motion (global % of normal)			
Other:			

* Numeric Rating Scale, which ranges from 0 (no pain) to 10 (worst possible pain)

** Visual Analogue Scale, which ranges from 0 (no pain) to 10 (worst possible pain)

† Oswestry Disability Index for low-back and Neck Disability Index for neck conditions

6. STANDARDS OF PRACTICE

6.1 Practice Facilities

6.1.1. Treatment room

a. Each practice facility should have a dedicated room for treatment which is equipped with a treatment bed, equipment tray/trolley, and proper waste bins. Segregation of clinical wastes shall be done using the standard waste bag with appropriate colour coding[28].
b. Treatment rooms should be well lighted and ventilated.
c. There should be a regular cleaning schedule which is diligently adhered to keep the environment clean and safe.
d. There should be proper management of spillage, soiled/contaminated linen, and disposal of sharps and clinical waste.

6.1.2. Equipments

a. All equipments should be maintained properly, to ensure that it is in top working condition at all times.
b. There should be a maintenance schedule, which is strictly adhered to, for all equipments used at the chiropractic treatment unit.

6.1.3. Cleanliness and sterility

a. All practitioners must always maintain good personal hygiene.
b. All practitioners should wash his/her hands prior to the examination of patients and starting treatment.
c. The premise and all equipments used should be cleaned regularly and after each treatment session.
d. Practitioners are required to take appropriate measures for prevention of infection.
e. All instruments used should be disinfected and sterilized according to the recommended methods of sterilization and disinfection.

6.2 Documentations

6.2.1. General considerations

a. All information must be recorded in a chronological order and entered as contemporaneously as possible.
b. Records should not be backdated or altered.
c. Corrections or additions should be initialled and dated.
d. Charts or files should be fully documented and contain all relevant, objective information, extraneous information should not be included.

28 DOE (2009) *Guidelines on Handling and Management of Clinical Wastes in Malaysia*. Malaysia: Department of Environment.

e. Records must be complete to provide the practitioner with information required for subsequent patient care or reporting to outside parties.

6.2.1. Legibility and clarity

a. All records should be neat, organized and complete to provide adequate information requested by a subsequent healthcare provider, insurance company, and/or attorney. A dated record of what occurred on each visit and any significant changes in the clinical picture or assessment or care plan need to be noted.
b. All entries should be written in ink.
c. Entries should not be erased or altered with correction fluid/tape/adhesive labels.
d. If the contents are changed, the practitioner should initial and date such changes in the corresponding margin.
e. The method in which notes are recorded is a matter of preference for each practitioner.
f. All records must be in a language that has been agreed upon, i.e. Malay or English, typewritten or in a legible handwriting.
g. The patient's records are confidential and should be kept properly.

6.3 Ethics and Professionalism

At all times during the provision of treatment to patients, practitioners should;

6.3.1. Adhere to guideline for ethical conduct[29].

6.3.2. Maintains clinical boundaries during the treatment through appropriate draping, chaperones and communication with the patient[30].

6.3.3. Demonstrates responsible and caring concern for the patient.

6.3.4. Responds appropriately to the patient's emotional reaction to treatment.

6.3.5. Elicit patient's ongoing feedback on progress with clinical outcomes and provides the patient with appropriate education on ongoing care.

6.3.6. Maintain an updated documentation on the treatment provided and the patient's response to it.

6.3.7. Maintain communication with the referring clinician or other healthcare professional as appropriate.

6.4 Emergency Protocol

6.4.1. Emergency medical services must be contacted immediately in the event of cardiorespiratory collapse.

29 Traditional & Complementary Medicine Division, MOH. Code of Ethics and Code of Practice for Traditional and Complementary Medicine Practitioners. Malaysia, 2007.

30 GCC (2010) *Code of Practice and Standard of Proficiency*. 4th ed.UK: General Chiropractic Council.

6.4.2. Patients should be referred to the nearest available healthcare facility in event of occurrence of complications or adverse events that are serious and/or requiring further medical care, with adequate information or account of events and procedures done.

6.4.3. Appropriate measures should be taken whilst awaiting the arrival of medical help (e.g. provision of basic life support or first aid, or call for help).

7. CONCLUSION

This document is intended to serve as guide and a standard reference for practitioners practicing Chiropractic at the T&CM Units. However, the ultimate judgement regarding the appropriateness or suitability of therapy must be made by the practitioner based on the clinical data presented by the patient. We hope that this guideline will be able to assist them to wisely prescribe the therapy after careful assessment of risks and benefits. This guideline is drafted based on current available evidence and will be updated from time to time.

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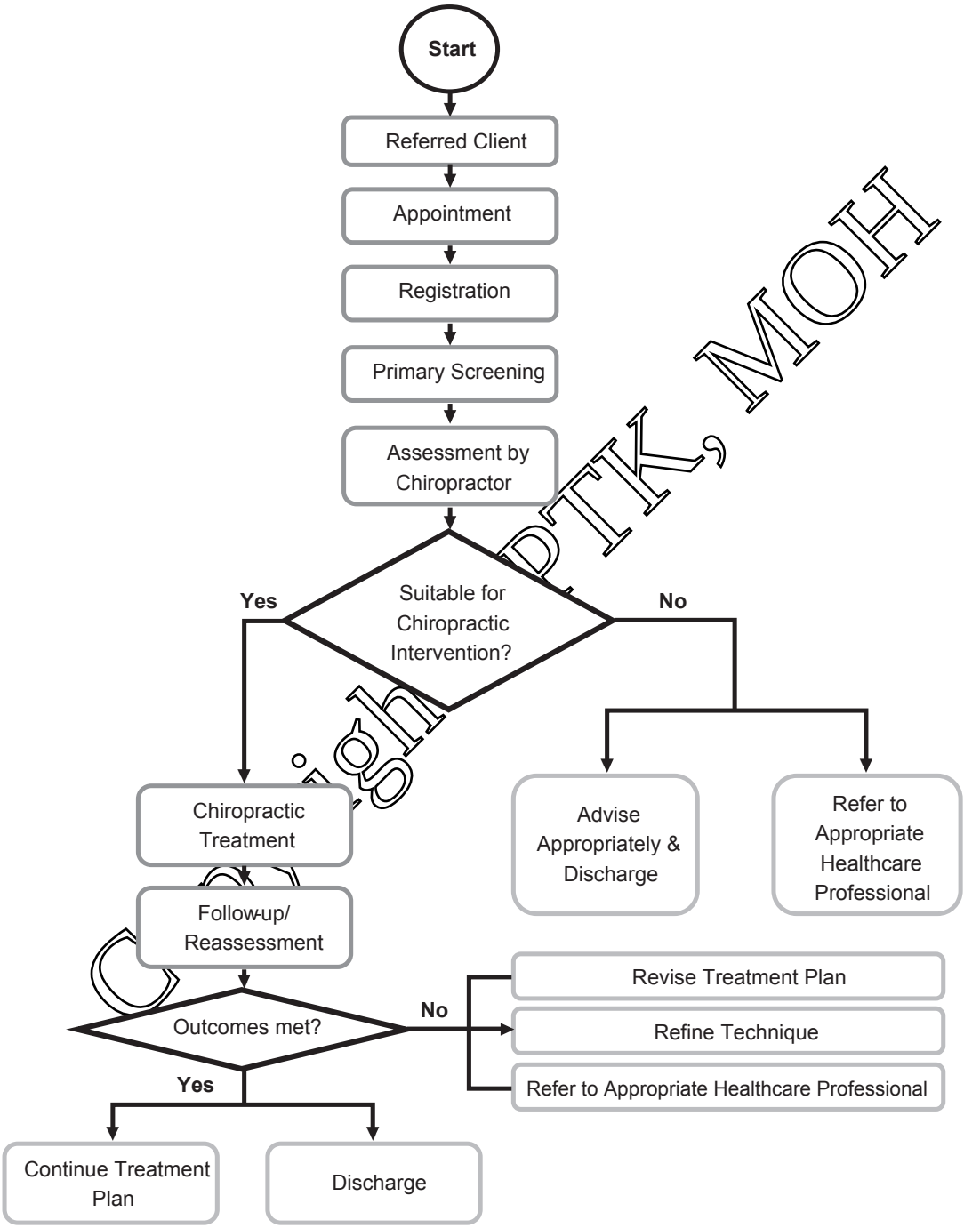
Appendices

Documents to be utilised at the T&CM Units

Appendix 1: Overview of the Work Process for Chiropractors.



Appendix 2: Screening Form

KEMENTERIAN KESIHATAN MALAYSIA
UNIT PERUBATAN TRADISIONAL DAN KOMPLEMENTARI
HOSPITAL ……..

BORANG SARINGAN
(SCREENING FORM)

Nama		No. K/Pengenalan / P/N	
Alamat		Tarikh lahir:	Jantina:
		Untuk:	Tarikh: Masa:
Diagnosa Pesakit *(Patient's Diagnosis):*			
Aduan Pesakit *(Chief Complaints):*			
Sejarah Perubatan yang lalu (Past medical history): Darah tinggi (hypertension) Kencing manis (diabetes mellitus) Penyakit jantung (ischaemic heart disease) Sawan (epilepsy) Lelah (asthma) Barah (cancer) Lain-lain: ……		**Sejarah pembedahan yang lalu (Past surgical history):** …… …… …… ……	
Keputusan Ujian jika ada (investigations results if available):		**Sejarah Pengambilan Ubat-ubatan** (Medication History):	
		Alahan ***(Allergy)***	

Appendix 3: Consent Form

CONSENT FORM FOR CHIROPRACTIC TREATMENT

Please read the following information carefully. If there are any questions, do not hesitate to ask your attending practitioner. * Chiropractors are required to explain the following to the clients:

What is chiropractic?
It is one of the forms of Manipulative Medicine, classified under Complementary Medicine. It is an approach to human health through the basic premise that the abnormalities and misalignments of the spine can and do distort and interrupt the normal function of the nervous system and may create serious negative health consequences.

Is it safe?
Chiropractic intervention is regarded as a relatively safe and effective procedure.

Does it have any adverse effects?
However, complications may and can arise. Listed below are adverse events that can arise from chiropractic intervention;

I. Serious Adverse Events
- a. Vascular accidents
  - Stroke (haemorrhagic or ischemic)
  - Dissecting aneurysm
  - Intracranial haemorrhage
- b. Horner's syndrome
- c. Diaphragmatic paralysis
- d. Myelopathy
- e. Vertebral disc lesions
- f. Pathological fractures
- g. Rib fracture and costochondral separation
- h. Increase in neurological symptoms
- i. Cauda equina syndrome
- j. Rupture of abdominal aortic aneurysm

II. Mild, transient adverse events
- a. Local discomfort
- b. Headache
- c. Tiredness
- d. Radiating discomfort
- e. Dizziness
- f. Nausea and vomiting
- g. Increased temperature of the skin
- h. Indigestion
- i. Pins and needles
- j. Vibrating pain
- k. Dull ache

What should I inform my therapist prior to treatment?
You should let your therapist know if you are suffering any medical conditions such as listed below:

Please tick (√) the relevant box.

Conditions	Yes	No
Pregnancy		
Cardiovascular disorders		
Painful joint conditions		
Osteoporosis		
Neurological symptoms		
Recent infections or surgery		
Psychiatric conditions		
HIV/AIDS		
Bleeding/blood disorders		
Skin conditions, including site affected		

CONSENT FOR TREATMENT

I understand that I can ask any questions pertaining to the treatment before signing this form. I could, if the need arises, withdraw my consent to stop the treatment at any time throughout the procedure. **The procedure, its risks and benefits has been explained to me, and I understand the explanation given.** I agree that **the above information provided is true.**

I hereby agree for the treatment to be carried out on me. I also understand that a record of the treatment given shall be kept. This record is confidential and will not be disclosed to an outside party, unless has been authorized by me, or my representative, or as ordered by the court of law to do so.

PATIENT/LEGAL GUARDIAN	**WITNESS**
Signature:	Signature: .....
Full Name:	Witness: .....
Identity Card Number:	Identity Card Number: .....

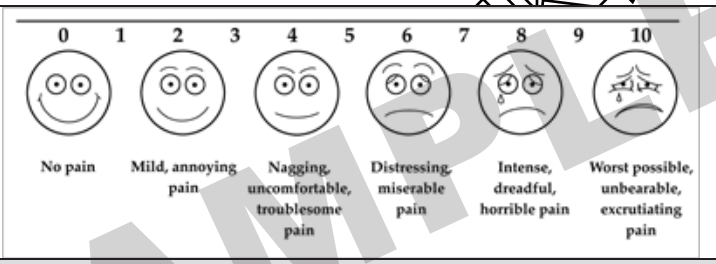
PRACTITIONER
Full Name: Signature: Date :

Appendix 4: Chiropractic Clerking Form

TRADITIONAL & COMPLEMENTARY MEDICINE UNIT

_____ HOSPITAL

PATIENT INFORMATION			
Name:		**I/C No:**	**Registration No:**
Address:		**Age:**	**Gender:**
		Tel. No:	**Race:**
Postcode:	**State:**		
Referring Physician/Unit:			
VITAL SIGNS			
Weight (kg):	**Blood pressure (mmHg):**		**Temperature (°C):**
Height (cm):			**Pulse rate (per minute):**
HISTORY			
Chief complaint:		**Past surgical history:**	
Past medical history:		**Treatment history:**	
		Allergy:	

PATIENT ASSESSMENT
Physical examination:
Pain score: 

CONCLUSION Please tick √ at the appropriate box
Contraindications: ☐ **Present, specify (refer to list A for contraindications to chiropractic treatment):** ☐ **None present.**
☐ **Suitable for Chiropractic** ☐ **Not suitable for Chiropractic**

TREATMENT PLAN
Treatment regime:
Practitioner's name:
Signature: **Date:**

Appendix 5: List A: Contraindications to chiropractic treatment

List A

Contraindications to chiropractic treatment

I. Absolute contraindications to spinal manipulative therapy
a. Anomalies such as dens hypoplasia, unstable os odontium, etc b. Acute fracture c. Spinal cord tumour d. Acute infections such as osteomyelitis, septic discitis, and tuberculosis of the spine e. Meningeal tumour f. Haematomas, whether spinal cord or intracanalicular g. Malignancy of the spine h. Frank disc herniation with accompanying signs of progressive neurological deficit i. Basilar invagination of the upper cervical spine j. Arnold-Chiari malformation of the upper cervical spine k. Dislocation of the vertebra l. Aggressive types of benign tumours, such as an aneurismal bone cyst, giant cell tumour, osteoblastoma or osteoid osteoma m. Internal fixation/stabilization devices n. Neoplastic disease of muscle or other soft tissue o. Positive Kernig's or Lhermitte's signs p. Congenital, generalized hypermobility q. Signs or patterns of instability r. Syringomyelia s. Hydrocephalus of unknown aetiology t. Diastematomyelia u. Cauda equina syndrome v. Unstable abdominal aortic aneurysm

Appendix 5: List A: Contraindications to chiropractic treatment *(continue)*.

II. Contraindications to joint manipulation by category of disorder.			
Category	**Absolute contraindications at the anatomical site or area of pathology**	**Relative-to-absolute contraindications**	**Relative contraindications**
Articular derangements	• Rheumatoid arthritis • Seronegative spondyloarthropies • Demineralization or ligamentous laxity with anatomical subluxation or dislocation • Fractures, dislocations and healed fractures with signs of ligamentous rupture or instability • Atlantoaxial instability		• Spondylolitis and spondylolisthesis with progressive slippage • Articular hypermobility with uncertain joint stability • Postsurgical joints or segments with no evidence of instability
Bone-weakening and destructive disorders	• Active juvenile avascular necrosis • Malignancies • Osteomyelitis • Septic arthritis • Osteogenesis imperfecta		• Osteoporosis • Severe or painful disc pathology such as discitis or disc herniations
Circulatory and aematological disorders		• Clinical manifestation of vertebrobasilar insufficiency syndrome, including patients with previous history of stroke • Aneurysm involving a major blood vessel.	• Blood dyscrasias (e.g. thrombocytopaenia, haemophilia or any bleeding tendencies) • Anticoagulant therapy (e.g. warfarin therapy)
Neurological disorders	Signs and symptoms of: • Acute myelopathy • Intracranial hypertension • Meningitis • Acute cauda equina syndrome		
Psychological factors			These represent relative contraindications to continued or persistent treatment, and may need referral; • Malingering • Hysteria • Hypochondriasis • Those with dependent personalities

Appendix 6: Chiropractic Reassessment Form.

TRADITIONAL & COMPLEMENTARY MEDICINE UNIT

_____ HOSPITAL

PATIENT INFORMATION		
Name:	**Registration No:**	
I/C No:	**Visit No:**	**Date:**
Practitioner's Name:		

1ST VISIT		
Treatment:	**Pain Score:**	**ODI*:**
	NDI†:	**ROM‡:**

PREVIOUS VISIT		
Treatment:	**Pain Score:**	**ODI*** :
	NDI:	**ROM‡** :

CURRENT VISIT		
Treatment:	**Pain Score:**	**ODI*:**
	NDI:	**ROM‡:**

CONCLUSION

Outcome measures	**Previous Visit**	**Current Visit**	**Difference**
Pain Score			
ODI			
NDI			
ROM			

Recommendations: ***(√ tick the appropriate box)***

	Discontinuation of treatment
	Continue current treatment regime
	Referral to other healthcare practitioner, specify: _____
	Others:

Practitioner's Signature:

* ODI - Oswestry Disability Index for low-back pain
† NDI – Neck Disability Index for neck pain
‡ ROM – Range of Motion

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