

The achievement of eliminating the pain and discomfort of our patients and offering excellent health to our community is of paramount priority. As medical professionals we want to offer the best care to our patients. Sometimes the best medical care is no care at all. Not rendering a therapy of any type seems to be against everything we were taught. It is our human nature to render something substantial to help. The inner salesperson kicks into mode whether subconsciously or not and without avaricious intent to render a substantial service.

This physician's most enlightening moment of their life will be to say NO this type of medical treatment is not for you and to refer out to another medical specialist. Not only will the patient and family embrace you, but the whole community will know and respect you for your decision.

We as clinical physicians are so wrapped up in schools and seminars, which teach us to treat and how to treat. This article intends to have the treating physician rendering spinal manipulative therapy to make a decision whether to treat, treat with a co-physician of another complimenting diagnostic or treatment procedure, or just refer out without any treatment for another medical specialty treatment or opinion.

In the many years of my clinical and consulting career, I have come across and reviewed multitudes of cases where the treating physician has deviated from the proper standard of medical care. Even in my clinical career I make a choice whether to accept a patient, co-treat, or refer out all together.

This, however, does not mean to underestimate or insult my colleagues of all medical specialties that render medical spinal manipulation, but only to truly draw attention to the contraindications of spinal manipulation. This has been a huge delinquency in the medical community, which has lead to too many malpractice cases that were reported and could have been most certainly avoided.

It is my opinion and the consensus of the medical community, that all people should not be "adjusted", that is receiving spinal manipulation, despite what they may or may not have been taught in chiropractic schools and at seminars. It seems that so many chiropractors try so hard to fit each patient and/or their condition into some type of treatment plan. There are so many cases where spinal manipulation is contraindicated; the "absolutely don't touch" policy should be enacted immediately. Let me make it clear, that you sometimes even should refrain from active ranges of motion. For example, it is sometimes necessary to abstain even from performing Jackson's test or Foramina Compression test. There are times when I advise not even to harshly perform any orthopedic test and including a Lévesque Straight Leg maneuver. Let me be clear that after the consultation you might even refer out.

It is my intention in the following paragraphs that will be outlined in the numerous litigation malpractice cases I have been an expert witness in, to prove to you and the spinal manipulation community to exercise extremely intense caution .

Just today a pre-certification utilization review company refused to authorize an MRI of a patient involved in a very traumatic motor vehicle accident. Please remember not to compromise your diagnostic evaluations prior to any treatment. It is still your responsibility to have all your systematic diagnostic evaluations prior to any rendering of spinal manipulation. In all actuality, if this patient does not want to pay for your prescribed diagnostics due to the denial, it would be the proper standard of care to deny the treatment of spinal manipulation.

In light of many of the cases I have been involved with, I feel it is so important to realize that rendering spinal and pelvic manipulation with an Activator instrument and or other types of instrumentation is not