

against you for causation of injuries or as simple as a deviation of the proper standard of current chiropractic care or both.

We must perform at all times as if you are a defendant, medical board, chiropractic board, insurance fraud department and or your professors are actually present observing your actions. Of course, when it is mentioned "your actions" it also includes your staff. You are the responsible party. So there is no such thing as an informal adjustment. You should treat spinal and pelvic manipulation as if it was a surgical procedure and never anything less. You cannot have distractions, be tired, hungry, or angry. It must take 100% of your conscious thoughts. Without a perfect consultation and examination you cannot render the proper medical care and decide whether this patient is a candidate to be a chiropractic case.

It is my design of this text to scare you, thus protecting you and your patient from harm. It is not my design to educate you again to what the perfect consultation and or examination is. You should make it clear to your patient prior to the sit down consultation that today we will find out if they are a chiropractic case meaning you can proceed from consultation to examination, to a medical prescription plan then into their first treatment.

Standard of Care

The Dirty Dozen Contraindications of Spinal Manipulation

There is a standard of care to be followed that dictates the caution that must be exercised when administering medical spinal manipulation. The medical spinal manipulation can be chiropractic, osteopathic or rendered by other medical or non-medical persons all potentially ending in disastrous results. A definitive diagnosis and prognosis must be reached prior to treatment thru a comprehensive history and examination. There is a systematic medical protocol that must be adhered. This may even lead to radiological or imaging studies (MRI) prior to spinal manipulative treatment. Most important in this discovery procedure, is to determine if the patient is a candidate for SMT. Their symptoms may not be coming from spinal or pelvic misalignments. Their spinal and or pelvic structures may not be in good structural condition to accept a manipulation procedure. There can be so many co-morbidity factors such as congenital abnormalities, prior accidents, family histories and or cardiovascular susceptibilities that could end in death or stroke. These all must be ruled out prior to any treatment. Please understand that this is not meant to decrease the scope of what manipulation treats, but to minimize injuries caused by SMT. Of course, these are some of the deadly sins, but the Dirty Dozen Contraindications are as follows:

- 1) Rule out extruded disc myelopathy and refer out for MRI on any suspicion of a protruded disc that may have any degree of an annular tear.
- 2) Rule out cardiovascular predisposing factors, familial history. Perform at least four vertebral artery insufficiency tests, especially for females, smokers, steroid or birth control and blood thinner medications.
- 3) check the structural integrity of the osseous structures prior to SMT, for example osteoporotic, degenerative osteoarthritic, degenerative disease, etc.
- 4) Check for congenital abnormalities or space occupying lesions, yes, this can take time, dig deep and be a good detective and easily refer for radiological and or diagnostic imaging studies.
- 5) Check vital signs especially temperature, there could be an infectious process developing.
- 6) Remember, that visceral symptoms mimicking musculoskeletal symptoms may not warrant SMT and may require an immediate medical or emergency room referral.
- 7) DO NOT PERFORM SMT INTO AN ACUTE SPASTIC MUSCLE REGION.