

8) DO NOT PERFORM SMT WITHOUT MRI INTO A SPINAL REGION WITH BILATERAL RADICULAR EXTREMITY SYMPTOMS ESPECIALLY IF THERE OTHER ORTHOPEDIC AND NEUROLOGICAL TESTS THAT ARE POSITIVE.

9) SMT IS NOT GOING TO DECREASE THE PROGRESSIVE DESTRUCTIVE EFFECTS OF CONGENITAL JUVENILE IDIOPATHIC SCOLIOSIS.

10) THE STANDARD OF CARE IS THAT IF SYMPTOMS DO NOT ABATE EVEN A LITTLE BIT WITHIN TWO WEEKS OF CARE IS TO REFER OUT AND CO-TREAT WITH ANOTHER MEDICAL PHYSICIAN FOR FURTHER DIAGNOSTICS AND/OR TREATMENT.

11) UNBELIEVABLE AS IT MAY SEEM AND QUITE OBVIOUS....DO NOT PERFORM SMT INTO SURGICAL FUSION HARDWARE, ESPECIALLY IF THE SURGERY WAS VERY RECENT.

12) REMEMBER, "WHAT CAN DO GOOD, CAN DO HARM!" ACTIVATOR AND/ OR OTHER MECHANICAL SMT TOOLS CAN DO HARM TO A CONTRAINDICATED PATIENT.

PLEASE NOTE THAT THIS IS NOT TO DECREASE THE SCOPE OF TREATMENT POSSIBILITIES THAT SMT CAN BE OF VALUE TO, BUT TO SINCERELY EXERCISE CAUTION WHEN CONSIDERING A PATIENT FOR SMT, WHICH IS CERTAINLY A MEDICAL PROCEDURE.

Chiropractic Spinal Manipulation & Stroke

Chiropractors are not the only physicians performing cervical spinal manipulative treatment. Actually, non-professionals, layman, and sports travelers are performing spinal manipulative treatment (SMT). Some people do it to themselves. So whoever is spreading the word that chiropractors may cause strokes when performing cervical manipulation is perpetuating an anti-chiropractic campaign. Other medical physicians are osteopaths, orthopedists, physiatrists and physical therapists. The prudent physicians of all the above professions will rule out contraindications of SMT prior to any treatment. It is unfair and belligerent to single out chiropractors like that, especially how advanced our education and excellence of performance of our physicians is in the new millennium.

Risk Factors for Stroke

No modifiable Risk Factors:

- Age:** Stroke risk doubles in each successive decade after 55 years of age.
- Sex:** Stroke is more prevalent in men than in women.
- Race/ethnicity:** African Americans and some Hispanic have higher stroke death rates compared with European Americans.
- Family History:** Family history of stroke associated with higher stroke risk.

Well-Documented Modifiable Risk Factors

- Hypertension:** A major risk factor for stroke, with increased relative risk of 2-4 for people aged 50-70 years.
- Smoking:** Increase relative risk of 1.8.
- Diabetes:** Increased relative risk of 2-6 folds in diabetics.
- Carotid artery disease:** Neck carotid arteries with atherosclerosis increases risk.
- Heart disease:** People with heart problems (e.g. coronary heart disease) have high stroke risk.
- Sickle cell disease:** Increases stroke risk.
- Hyperlipidemia:** Abnormal blood lipids and lipoproteins increase stroke risk.

Less well documented or Potentially Modifiable Risk Factors

- Obesity:** Increases stroke risk, especially abdominal obesity.
- Physical inactivity:** There is increasing evidence that an inverse relation exists between level of physical activity and stroke.