Chinese Medicine Council of New Zealand

# Statement on Cervical Neck Manipulations

## Overview

The Chinese Medicine Council of New Zealand (The Council) is charged under the Health Practitioners Competence Assurance Act 2003 (The Act) to protect the health and safety of the public by ensuring that Chinese Medicine (CM) practitioners are fit and competent to practise their profession. At all times CM practitioners must work within the limits of their own professional scopes of practice and competence and are accountable for ensuring that all health services they provide are consistent with their educational skill level.

Section 9 of the Act enables an activity that forms part of a health service to be declared a restricted activity. The Minister of Health must be satisfied that members of the public risk serious or permanent harm if the activity is performed by persons other than health practitioners, permitted by their scopes of practice to perform that activity. One of those restricted activities is applying manipulative techniques to the joints of the cervical spine. Manipulation is defined as a passive therapeutic technique performed by a therapist using a specifically directed high-velocity, low-amplitude manual impulse or thrust to a joint at or near the end of the passive (physiological) range of motion. An audible pop or crack often accompanies this technique.

Although the incidence of serious adverse events resulting from cervical manipulation is low, the severity of a serious adverse event is potentially high should it occur. CM practitioners, with training and competency in the techniques and knowledge about the prerequisite testing and safe practice, are entitled to perform cervical manipulation. To ensure ongoing competence, CM practitioners must also complete relevant continued professional development in the technique.

## Education

Appropriate training in cervical manipulation will include:

- Developing an understanding of the indications and contraindications;
- In-person training in how to perform techniques both safely and effectively; and
- The place of manipulative techniques in spinal management.

Whilst a wide range of information is available online, hands-on training from a competent and registered health practitioner with appropriate knowledge and experience in cervical manipulation is a mandatory component of training.

Continued professional development must be undertaken, to maintain competence in cervical manipulation. This includes relevant approved courses, peer review, or practice with colleagues.

## Informed Consent and Risk Assessment

Before applying manipulative techniques to the joints of the cervical spine, CM practitioners must obtain **informed consent in writing,** ensuring the consent is freely given by the tangata whai ora, and based

upon detailed information about the technique and its consequences. (Refer to the Council's Informed Consent Standard.)

The decision to proceed or not proceed with any cervical spine intervention, including cervical manipulation, must be informed by a risk assessment. Tangata whai ora presenting with cervical spine complaints must be evaluated, within their clinical context, to determine the level of risk of serious spinal pathology. Where the risk evaluation identifies concerning features, CM practitioners must take steps to mitigate risk and document these. Both the history and examination of the tangata whai ora must eliminate all contraindications and allow the cervical manipulation technique to take place under the safest conditions possible.

CM practitioners must monitor the response of tangata whai ora to cervical manipulation and respond appropriately to adverse events (Refer to Council's Clinical Practice Guidance – Adverse event management and reporting).

## Contraindications to spinal manipulation

*Absolute contraindications* include but are not limited to:

1. Presence of pathology with significant weakening of bone including bone tumour, infection, metabolic disease, congenital anomaly, iatrogenic (e.g., long term corticosteroid use), inflammatory (e.g., severe rheumatoid arthritis), trauma (e.g., fracture);
2. Presence of neurological signs suggestive of cervical myelopathy, cord compression, cauda equina, nerve root compression with increasing neurological deficit;
3. Presence of vascular signs associated with previously diagnosed vertebrobasilar insufficiency, previous diagnosed carotid artery dysfunction or aortic aneurism;
4. Lack of diagnosis;
5. Lack of patient consent; or
6. Correct positioning cannot be achieved.

*Relative contraindications* include but are not limited to:

1. Knowledge of adverse reactions to previous treatment;
2. Known intervertebral disc herniation or prolapse;
3. Inflammatory arthritides (especially in acute phases);
4. Spondylosis;
5. Spondylolisthesis;
6. Osteoporosis;
7. Anticoagulant or long-term corticosteroid use;
8. Advanced degenerative joint disease and spondylosis;
9. Ligamentous laxity; or
10. Arterial calcification.

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