

## Procedure

### What to expect

An initial consultation at this practice involves a full assessment of your complaint and your reason for seeking care. This involves information gathering in the form of a questionnaire followed by a full relevant examination, typically of the spine and nervous system. Your practitioner will assess your condition based on the information gathered, give a working diagnosis and provide a suitable individualised treatment plan based on the best evidence suited to the management of your specific condition.

Whilst manual therapy and in particular spinal manipulation are primary treatment methods at this clinic, we also utilise a range of other evidence-based approaches to patient care.

These include, soft tissue therapy, joint mobilisation, western/medical acupuncture and dry needling. Equally, exercise prescription, lifestyle advice and relevant pain educational tools are utilised as primary management strategies in this clinic. If, however, your condition is not suited to the services offered at this clinic we will refer you out.

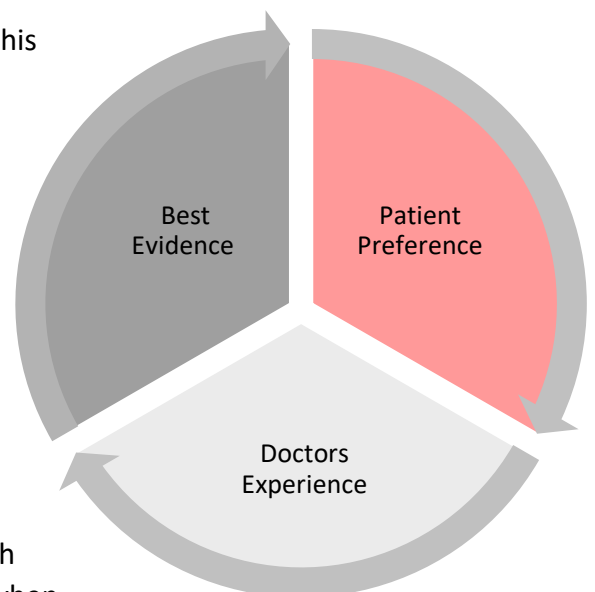
A key focus at this clinic is to deliver patient centred care, this involves a combination of your treatment preferences, the practitioners experience and a current evidence-based approach to the management of your condition. We also aim to encourage self-efficacy beyond treatment and provide you with the tools to develop a healthier and more active lifestyle.

### Information Gathering

To fully assess the nature of your health complaint and your reason for seeking care at this clinic, we will require you to complete a form to capture the information surrounding your condition as well as further general health information. Please be as honest and accurate as you can when completing this form. This information provides an essential tool in the assessment, diagnosis and prognosis of your problem. This ultimately helps us in predicting the outcome of your treatment, but it also highlights considerations important to treatment suitability or outside referral.

#### Chiropractic

- Chiropractic is a healthcare profession; it is not defined solely by the use of spinal manipulation.
- Chiropractors utilise spinal manipulation as one of their primary tools.
- Chiropractors are trained in the diagnosis and management of disorders of the neuromusculoskeletal system
- Chiropractic emphasis and specialisation is in spine care
- Chiropractic training and qualification is on par with medical training with many parallel subjects and an equivalent master's level degree.



## How Will Results be Quantified and Measured?

This clinic utilises validated measures to capture information and monitor your progress. For lower back pain complaints, we utilise the Revised Oswestry Disability Index, for neck pain we use the Neck Bournemouth Questionnaire. These measurement tools are commonly utilised in manual therapy settings and provide information across all dimensions of back and neck pain (1-4). Both of these tools have demonstrated effective measures at intake and at follow up. Furthermore, they have been shown to be sensitive, valid, reliable and responsive (1-3, 5). Completing these questionnaires is simple and time efficient (2, 3).

**\*Note:** All personal and case information in this clinic is confidentially obtained and secured

## What to Expect During and After Treatment

Spinal manipulation, mobilisation, soft tissue therapy techniques involve movement of tissues to restore function, at times during treatment there may be mild associated discomfort. Similarly, with needling procedures discomfort around the needle is usually experienced. This is considered to be part of treatment. Most patients find the treatment process relieving and understand this to be an important part of treatment and for some the significant relief immediately following treatment is significant. However, if you are in significant discomfort during treatment, please advise your practitioner so they can modify their technique (we are all different in our preferences).

Whilst some may find significant relief following treatment, it is not uncommon to experience a transient increase in your symptoms in the first 24 to 48 hours following an appointment. This is not always a desirable effect; however, this slight aggravation or general soreness may also be a sign that changes are occurring, and you are responding favourably.

If you are concerned about any changes in pain or other symptoms, contact your practitioner. We do provide you with a mobile contact for after-hours advice and care.

It is also important to understand that meaningful changes in your symptoms may take time. This is particularly the case if you have experienced pain for an extended period of time. Remember, pain fluctuates, and some days will be better than others. This is normal.

What we notice is that when people improve from treatment, they have good days and bad days, eventually over the course of time the good days outweigh the bad days. Also understand that back pain has a habit of returning and many or most patients will experience further episodes in the

### Recovery points to remember

- ➔ There may be some discomfort during and following treatment.
- ➔ Treatment for back and neck pain is a process, it can take time to get results.
- ➔ Pain comes and goes; some days are better than others.
- ➔ Pain may return in the future.
- ➔ Remain optimistic and positive about the future.

future. The important thing to remember is not to panic or overthink it when pain returns, seek help, remain active as best you can and stay positive.

Patients that do well with treatment often display the following characteristics;

- They are optimistic and open to treatment.
- They are accepting of pain as a function of life.
- They challenge their pain and focus on the future.
- They comply with treatment recommendations and advice.
- They are active and have healthy sleep and dietary habits.

## How to Get Best Results from treatment

A number of studies have shown that the benefits from spinal manipulation are enhanced when combined with other treatments. More specifically the addition of prescribed home exercises and an overall increase in movement and exercise in general (6, 7). Recent reviews also indicate that chiropractic care in combination with usual medical care was superior to usual medical care alone (8).

Equally, spinal manipulation is not an absolute remedy for back and neck complaints, there are a myriad of other treatment modalities that show promising results in the treatment of back and neck pain (9). It is also important to note that contemporary chiropractic and manual therapy practice utilises treatment tools best suited to the individual and the presenting complaint, considering best practice guidelines and patient preferences (10).

### Tips for best results

- ➔ Stay active during your treatment
- ➔ Follow advice
- ➔ Adhere to exercise prescription
- ➔ Be positive in your outlook
- ➔ Be open to treatment
- ➔ Be patient (results may take some time)
- ➔ Communicate effectively about your progress and give feedback
- ➔ Be honest about your preferences
- ➔ Show up to your appointments

## Alternatives treatment methods

Manual therapists use joint mobilisations, stretching techniques, soft tissue techniques, exercise prescription, lifestyle advice, pain education tools, hot and cold therapy, acupuncture and dry needling and in some practices, ultrasound, laser therapy and other electrical modalities. These additions to treatment all have merit and when combined can often produce significant benefits and accelerated recovery.

The chiropractic profession has been modelled on the use of spinal manipulation, however, this one treatment approach should only be applied when best suited to the patient's condition and specific needs.

It is also important to note that complex cases of back and neck pain often involve layers of psychological and social influences, these should be addressed alongside manual therapy or as a complete alternative. Multi-disciplinary teams of practitioners, including psychologists, pain interventional specialists, GPs, occupational therapists and physiotherapists may all provide useful additions as part of a working team to address a patient's needs (11) .

#### Remember

- There is not one treatment for back and neck pain, this is why there is a huge healthcare industry involving multiple disciplines and practices to address this burden.
- Back and neck pain are complex phenomena and it is important that patients and different practitioners work together to find the best solution for the individual.

## Policy

### Your Role as Health Consumer

It is in your interest as the “health consumer” to give feedback to your practitioner through the treatment process to inform him/her of your progress and any new information about your condition. This feedback and communication between patient and practitioner are an essential component to balancing and modifying your treatment to improve the outcome.

If at any point in the treatment process you are uncomfortable with your progress or the delivery of treatment, you can choose to discontinue treatment, seek further information, ask for alternative options or onward referral.

It is also your right to make a complaint if the standard of care you have received is inadequate or in breach of healthcare standards.

Health and Disability Commission (ref: <http://www.hdc.org.nz/>) (12)

### The Practitioners Role

- To provide you the consumer with understandable, accurate, evidence informed information regarding the nature and management of your health concern.
- To listen to you and advise you in a non-judgemental manner, with dignity and with independence.
- To provide safe delivery of treatment that is appropriate for your condition.
- To refer you for further assessment and management if required.
- To allow you to have a support person present.
- To treat you fairly and with respect.
- To give you a choice about your care and support.

\*(adapted from the Health and Disability Commissioner’s website  
<http://www.hdc.org.nz/disability/the-code-and-your-rights/>)

### Communication

The treatment process involves an active exchange of information between patient and practitioner. Effective communication during the treatment process is extremely important, not only does it relay pertinent information relevant to your case, it also serves to allay concerns between the two parties. Numerous contemporary studies highlight how efficacious this exchange can be on the outcome of your treatment. Reassurance and the educational components of treatment are extremely powerful and relevant (13-15).

Please inform your practitioner if they are unclear in their communication.

## Informed Consent

Informed consent to treatment is the process by which you and your practitioner work through the treatment options for your specific case. This involves a discussion and a “weighing up” of the potential benefits versus the potential risks of any treatment procedure (16, 17). To some degree, the efficacy of some methods may carry a slightly higher risk but also may provide a more effective outcome.

Your practitioner will discuss the nature and mechanisms of your condition, they will also discuss (based on current scientific understandings) how an individual treatment may influence and ameliorate your symptoms to get you back to full function.

Information will also be discussed regarding the limitations of the treatment modality and a consideration that that treatment may not fully restore or change the pattern of your condition. In such cases, referral to another specialisation may be required.

Whilst risks of the treatment modalities used in this clinic are reported to be extremely rare, it is important to understand that many forms of treatment come with some form of risk. These risks will be discussed, and you may be required to sign an informed consent to treatment form.

## Informed Consent to Spinal Manipulation and Manual Therapy

Clinicians who use spinal manual therapy techniques, such as for example joint adjustment or manipulation or mobilization, are required to inform patients that there are or may be some risks associated with such treatment. In particular:

- ⇒ Transient muscles soreness, tiredness, nausea, lightheadedness, tingling in the arms and mild headache. These symptoms usually resolve within 24-48 hours and are reversible.
- ⇒ While rare, some patients have experienced muscle and ligament sprains or strains, or rib fractures following spinal manual therapy. These are considered uncommon (13 per 10 thousand - 1 per 2 million treatments) (18).
- ⇒ There have been reported cases of disc injuries following spinal manual therapy, although no scientific study has ever demonstrated that such injuries are caused, or may be caused by adjustment or manipulative techniques, rather symptoms leading to development of disc herniation (i.e. back pain) are the reason patients seek chiropractic care (19).
- ⇒ There have been reported associations of vertebral artery dissection and neck adjustment, manipulation and mobilization. Such vertebral artery injuries may on rare occasion cause stroke, which may result in serious neurological injury and/or physical impairment. This treatment association is extremely rare (1 in 230 000 to 1 in 3.8 million) (20).

Research also tells us that underlying and pre-existing problems are likely present prior to serious events occurring following spinal manipulative therapy and symptoms of the injury or disease are present prior to delivery of treatment (19-24). In the case of stroke; the most common symptoms of early onset of stroke

are head and neck pain i.e. the symptoms of the event can lead to the patient seeking care. This explains an association, not a direct cause and effect relationship (21-23, 25).

Treatments provided at this clinic, including spinal adjustment, manipulation and/or mobilization, have been the subject of much research conducted over many years and have been demonstrated to be appropriate and effective treatments for many common forms of spinal pain, pain in the shoulders/arms/legs, headaches and other similar symptoms. Treatment provided at this clinic may also contribute to your overall well-being.

The risk of injury or complication from manual treatment is substantially lower than the risk associated with many medications (26-28) and other treatments and procedures frequently given as alternative treatments for the same forms of musculoskeletal pain and other associated syndromes.

Your clinician will evaluate your individual case; provide an explanation of care and a suggested treatment plan, or alternatively a referral for consultation and/or further evaluation if deemed necessary.

**Acknowledgement:** I acknowledge I have discussed, or have been given the opportunity to discuss, with my clinician the nature of chiropractic treatment in general and my treatment in particular as well as the contents of this consent.

**Consent:** I consent to the chiropractic treatment(s) offered or recommended to me by my clinician, including joint adjustment or manipulation or mobilization to the joints of my spine (neck and back), pelvis and extremities (shoulder, upper limbs and lower limbs). I intend this consent to apply to all my present and future treatments at this clinic.

## **Informed Consent Acupuncture and Dry Needling Procedures**

In accordance with updated acupuncture guidelines, the following consent guidelines will be offered to patients prior to receiving acupuncture at Peek Practice.

### **Physiotherapy Acupuncture Association of New Zealand Informed Consent Guidelines (Adapted)**

Acupuncture enhances the body's natural healing capabilities using slim sterile disposable needles. It is commonly used by practitioners following post graduate training.

Before you decide to have acupuncture, you should be aware of the risks as well as the benefits. Your practitioner has access to the latest safety guidelines and ongoing postgraduate education and support.

Although acupuncture is very safe (less than 1 serious reaction per 10,000 treatments) compared to some drugs there are still adverse reactions that you should be aware of.

### **You need to be aware that:**

- the most commonly recognised reaction to acupuncture is fainting. Just like with injections and blood tests some people may faint when they see or experience a needle insertion. Let your chiropractor know if you feel dizzy, nauseous or hot and sweaty straight away and they will take the needle out
- drowsiness may occur after treatment in a small number of patients, and, if affected, you are advised not to drive straight after treatment
- minor bleeding or bruising occurs after acupuncture in about 3% of treatments
- pain during treatment occurs in about 1% of treatments
- tell your chiropractor if the needle hurts/stings and they will remove it straight away
- existing symptoms can temporarily flare after treatment (in less than 3% of patients). You should tell your practitioner about this, but it is usually a good sign that you will respond to acupuncture. It tends to settle spontaneously within 24 hours and then you feel better than before treatment

### **Is there anything your practitioner needs to know?**

Apart from the usual medical details, it is important that you let your practitioner know:

- if you have ever experienced a fit, faint or funny turn
- if you have a pacemaker or any other metal or electrical implants
- if you have a bleeding disorder or are on "blood thinning" medication
- if you are taking anti-coagulants or any other medication
- if you have damaged heart valves or have any other particular risk of infection (i.e. if you have to have antibiotics to go to the dentist)
- if you have HIV, hepatitis, MRSA or AIDS
- if you are pregnant
- if you have a poor immune system (due to illness or medication such as steroids)



- ⇒ if you have an inflammatory arthritis, e.g. Rheumatoid Arthritis
- ⇒ if you have had treatment for cancer or lymphoedema (swelling of tissues)

These conditions will change the way your practitioner will apply your acupuncture treatment. If there are particular risks that apply in your case your chiropractor will discuss these with you before you consent to treatment.

### **Possible adverse reactions:**

Your practitioner will also ask for additional consent to needle over your chest or rib cage. Within the rib cage is the heart and lungs which are vulnerable if the acupuncture needle penetrates too deeply - resulting in the worst-case scenario a punctured lung (pneumothorax) or heart muscle (cardiac tamponade). If you are having acupuncture over the lungs it is important that you do not move or cough while the needles are in and shift them. Also, if you suffer chest pain, a dry cough or difficulty breathing within 48 hours of acupuncture over your ribcage please contact your chiropractor and directly seek medical treatment.

Your practitioner will also ask for additional consent to needle you if you are pregnant. Miscarriage in the first trimester is possible regardless of acupuncture, so your chiropractor will usually ask for your midwife, GP, or obstetrician's approval first. In later trimesters acupuncture can promote Braxton-Hicks type contractions so certain acupuncture points may be avoided till nearer your due date.

If you are having trigger point needling (a style of acupuncture targeting muscle spasm where the needle is left in a very short time) it is normal to experience a strong twitch during treatment. Afterwards the muscle can feel heavy and tired, like it has had a gym work out. This usually only lasts overnight, and the muscle usually feels better for it the next day. If you find this sensation unpleasant you can use a wheat bag or some form of heat to take away the treatment soreness.

You will be given information by your chiropractor on why acupuncture may help you before your treatment and you will be asked to give your consent for acupuncture before every treatment. You will always have the right to say, "no thank you" and chose another treatment option. Or request the needles be removed at any time during treatment.

**Please inform your practitioner immediately if you ever have any unexpected reaction to your acupuncture treatment so they might help.**

## References

1. Bolton JE, Humphreys BK. The Bournemouth Questionnaire: a short-form comprehensive outcome measure. II. Psychometric properties in neck pain patients. *J Manipulative Physiol Ther.* 2002;25(3):141-8.
2. Bolton JE, Breen AC. The Bournemouth Questionnaire: A short-form comprehensive outcome measure. I. Psychometric properties in back pain patients. *Journal of Manipulative and Physiological Therapeutics.* 1999;22(8):503-10.
3. Vianin M. Psychometric properties and clinical usefulness of the Oswestry Disability Index. *J Chiropr Med.* 2008;7(4):161-
4. Fairbank CTJ, Pynsent BP. The Oswestry Disability Index. *Spine.* 2000;25(22):2940-53.
5. Bolton JE. Sensitivity and specificity of outcome measures in patients with neck pain: detecting clinically significant improvement. *Spine (Phila Pa 1976).* 2004;29(21):2410-7; discussion 8.
6. Miller J, Gross A, Amp, Apos, Sylva J, Burnie SJ, et al. Manual therapy and exercise for neck pain: A systematic review. *Manual Therapy.* 2010;15(4):334-54.
7. Gross A, Langevin P, Burnie SJ, Bedard-Brochu MS, Empey B, Dugas E, et al. Manipulation and mobilisation for neck pain contrasted against an inactive control or another active treatment. *Cochrane Database Syst Rev*2015.
8. Goertz CM, Long CR, Vining RD, Pohlman KA, Walter J, Coulter I. Effect of Usual Medical Care Plus Chiropractic Care vs Usual Medical Care Alone on Pain and Disability Among US Service Members With Low Back Pain: A Comparative Effectiveness Clinical Trial. *JAMA Network Open.* 2018;1(1).
9. Foster NE, Anema JR, Cherkin D, Chou R, Cohen SP, Gross DP, et al. Prevention and treatment of low back pain: evidence, challenges, and promising directions. *The Lancet.* 2018;391(10137):2368-83.
10. Bussi eres AE, Stewart G, Al-Zoubi F, Decina P, Descarreaux M, Haskett D, et al. Spinal Manipulative Therapy and Other Conservative Treatments for Low Back Pain: A Guideline From the Canadian Chiropractic Guideline Initiative. *Journal of Manipulative and Physiological Therapeutics.* 2018;41(4):265-93.
11. Van Griensven H, Strong J, Unruh AM. *Pain : a textbook for health professionals.* Second edition. ed: Oxford : Churchill Livingstone Elsevier; 2014.
12. The Code and Your Rights - Health and Disability Commissioner [Available from: <https://www.hdc.org.nz/your-rights/the-code-and-your-rights/>].
13. Abhishek A, Doherty M. Understanding placebo effects in rheumatology. 2015. p. 222.
14. Nayak D, Patel P. Enhancing placebo effects in clinical care. *Psychiatric Annals.* 2014;44(2):94-8.
15. Testa M, Rossettini G. Enhance placebo, avoid nocebo: How contextual factors affect physiotherapy outcomes. *Manual Therapy.* 2016;24(C):65-74.
16. Waller BN, Repko RA. Informed Consent: Good Medicine, Dangerous Side Effects. *Camb Q Healthc Ethics.* 2008;17(1):66-
17. Walker BF, Cameron M, French S, Pollard HP, Vitiello AL, Reggars JW, et al. Risk management for chiropractors and osteopaths: informed consent. A common law requirement. *Australas Chiropr Osteopath.* 2004;12(1):19-23.
18. Nielsen SM, Tarp S, Christensen R, Bliddal H, Klokke L, Henriksen M. The risk associated with spinal manipulation: an overview of reviews.(Report). *Systematic Reviews.* 2017;6(1).
19. Hincapi  C, Tomlinson G, C t  P, Rampersaud Y, Jadad A, Cassidy J. Chiropractic care and risk for acute lumbar disc herniation: a population-based self-controlled case series study. *European Spine Journal.* 2018;27(7):1526-37.
20. Swait G, Finch R. What are the risks of manual treatment of the spine? A scoping review for clinicians. *Chiropractic & Manual Therapies.* 2017;25(1):37.
21. Church EW, Sieg EP, Zalatimo O, Hussain NS, Glantz M, Harbaugh RE. Systematic Review and Meta-analysis of Chiropractic Care and Cervical Artery Dissection: No Evidence for Causation. *Cureus.* 2016;8(2):e498.
22. Cassidy D, Boyle E, Cote P, Hogg-Johnson S, Bondy SJ, Haldeman S. Risk of Carotid Stroke after Chiropractic Care: A Population-Based Case-Crossover Study. *J Stroke Cerebrovasc Dis.* 2017;26(4):842-50.
23. Cassidy D, Boyle LE, C t  JP, He JY, Hogg-Johnson JS, Silver JF, et al. Risk of Vertebrobasilar Stroke and Chiropractic Care: Results of a Population-Based Case-Control and Case-Crossover Study. *Spine.* 2008;33(4S Suppl):S176-S83.

24. Cassidy D, Bronfort G, Hartvigsen J. Should we abandon cervical spine manipulation for mechanical neck pain? No. *BMJ : British Medical Journal*. 2012;344(jun07 3).
25. Kosloff TM, Elton D, Tao J, Bannister WM. Chiropractic care and the risk of vertebrobasilar stroke: results of a case-control study in U.S. commercial and Medicare Advantage populations.(Report)(Case study). *Chiropractic & Manual Therapies*. 2015;23(1).
26. Fine M. Quantifying the Impact of NSAID-Associated Adverse Events. *American Journal of Managed Care*. 2013(19):S267-S572.
27. Rahme E, Joseph L, Kong SX, Watson DJ, Leloir J. Cost of prescribed NSAID-related gastrointestinal adverse events in elderly patients. *British Journal of Clinical Pharmacology*. 2001;52(2):185-92.
28. Schmidt M, Sorensen HT, Pedersen L. Diclofenac use and cardiovascular risks: series of nationwide cohort studies. *Bmj*. 2018;362:k3426.