

College of Chiropractic Sports Sciences (Canada) (CCSS(C)) Recommended initial parameters for guidelines of rehabilitation of the injured athlete

Overview

In recent years the need to develop a unanimous and comprehensive consensus with respect to the components of treatment and rehabilitation of the injured athlete has been a focus of the CCSS(C). Much discussion and review of available literature on the chiropractic approach to treating athletes has transpired. The Canadian Chiropractic Association (CCA) in an effort "to standardize the chiropractic approach and terminology in the evaluation, treatment and rehabilitation of sports related injuries and peripheral joint disorders" restructured the former Canadian Chiropractic Sports Academy and the CCA Committee for Sports Fitness and Rehabilitation and formed the CCSS(C).

With concern for the care of the injured athlete and the quality of the care as its mandate in part, the CCSS(C) has been involved in evaluating what constitutes rehabilitation. In examining the articles as they appear in the constitution of CCSS(C), direct reference to "rehabilitation" in ARTICLE II - OBJECTIVES, SECTION 4, confirms that "Rehabilitation is a integral part of the post graduate training Doctors of Chiropractic receive in the program offered by the College". It was therefore considered appropriate to address this topic of rehabilitation in greater detail.

An invitation was sent to the various Fellows of the CCSS(C) and other chiropractors having expertise in the field of rehabilitation. After careful evaluation of their opinions on the components of rehabilitation and of the literature available from the Federation International Chiropractive Sportive (FICS), the American Chiropractic Association Sports and Fitness Council, and the American Chiropractic Rehabilitation Association Guidelines, the CCSS(C) has compiled guidelines to outline what it believes to be the minimum components required in the care and rehabilitation of an individual who seeks out a chiropractor that has post graduate training and certification in the field of *Sports Chiropractic*. The emphasis of the CCSS(C)'s "Recommended Initial Parameters for Guidelines of Rehabilitation of the Injured Athlete" is placed on the "pro-active phase" of management, particularly rehabilitation.

These are initial parameters only and will require final consensus after each section is thoroughly considered in detail over the next year.

Definitions

Rehabilitation is that part of the athlete's care which:

- 1 Restores strength and endurance
- 2 Increases physical work capacity.

Once therapeutic necessity has been determined, success of the rehabilitation plan will be determined primarily by:

- 1 Anticipated future physical activity
- 2 Patient motivation
- 3 Patient education
- 4 Training of the chiropractor and associate staff.

Subtopics

These are the proposed criteria for offering a rehabilitation program, for the injured athlete:

- 1 Staff
- 2 Space
- 3 Equipment
- 4 Clinical Management Scheme
- 5 Billing Procedures
- 6 Research/Outcome Data Collection.

Assessment criteria

A Disability indices

- 1 Oswestry questionnaires
- 2 Neck and low back questionnaires
- 3 Visual analog scales
- 4 Visual pain rating scales
- 5 Coronary risk scales.

B Capacity assessment instruments

- 1 Range of motion testing
- 2 Isometric, isotonic and isokinetic testing
- 3 Static angular (linear) measurements
- 4 Pressure algometers.

C Progress formats

- 1 Flow charts
- 2 Test - retest records
- 3 Passive and active progress sheets
- 4 Medical doctor's certificate (depending on age of the athlete).

D Out-come records

- 1 Capacity assessment charting
- 2 Patient satisfaction questionnaires
- 3 Patient disability questionnaires

Subtopic recommendations

1 Staff

- | | |
|---------------------|---|
| a) Clinical staff | Chiropractor (with post graduate sport injury training)
Kinesiologist
Athletic and/or Exercise Therapist
Secretary |
| b) Supporting staff | Medical Specialists
Massage Therapists
Psychologist
Social Worker
Certified Trainer
Dentists
Physiologist |

2 Space

Adequate square footage be devoted entirely to the active rehab-

ilitation component of the Clinic and will depend on the level of rehabilitation being performed.

3 Equipment

- a) Aerobic/Cardiovascular
- b) Progressive Resistance Equipment
- c) Sports and Life Style Educational Programs, i.e. videos, pamphlets, etc.
- d) Diagnostic Testing Equipment, i.e. dynameters, inclinometers, ergometers, fat calipers, visual analogue scales, disability index forms etc.
- e) Miscellaneous, i.e. mirrors, charts, clock, towels, lockers, coat rack, showers etc.

4 Clinical Management Scheme: These are the protocols carried out in implementing the rehabilitation program, how the athlete's progress is evaluated and the mechanism for progression from one stage to the next within the program prescribed.

5 Billing Procedures: These should be consistent with those of other multidisciplinary clinics of like design within the health care community offering similar services and remaining within the provincial association's guidelines.

6 Research/Outcome Data Collection

Summary/conclusions

Programs of rehabilitation should clearly reflect their capabilities, i.e. if there is no equipment available to meet the needs of the athletes, then the program should not be called 'Rehabilitation'.

The way in which standards should develop should delineate process criteria as minimum requirements (as listed under sub-topics) in order to define what is meant by rehabilitation.

It is also acknowledged that this brief is an outline only and each section will be elaborated on by the Rehabilitation Committee of the CCSS(C). The reader is cautioned that this preliminary document represents draft requisite constituent elements and is subject to continuing revision.

Supplementary reading

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