To the Editor:

Re: Carey P. Reply to letter to the Editor
JCCA 1995; 39(2):104-5

It appears that Dr. Carey failed to answer the issues raised by Dr. Kreitz.[1] First, Dr. Carey concedes that provocative testing is considered invalid by "most in the profession" for ascertaining risk of stroke from cervical manipulation. In fact, no one outside our profession considers them valid, either.

To the best of my knowledge, these tests are only useful to lawyers, ever since they were imposed as a standard of practice upon those who manipulate cervical spines as a premature "something is better than nothing" measure by panic-stricken insurers. Dr. Carey affirms that discussion and getting informed consent are best for demonstrating the chiropractor's concern and awareness of the risk. Surely, then, it is ill-advised to retain these "provocative" tests as a standard of practice – and to thereby increase the chiropractor's risk of being sued successfully, since not only must the tests be performed repeatedly on each candidate for cervical manipulation, but they must be noted in the SOAP notes, and they must be described as having been performed correctly by the patient and chiropractor should a claim arise – if their only merit is to show " ... that the chiropractor has concern and an awareness to the risk of CVA's in chiropractic practice."

Dr. Carey does " ... not suggest routinely taking x-rays of patients," yet " ... would suggest that we, as chiropractors, should more often look before we leap." Should we not routinely look before we leap? If there is diagnostic benefit in taking x-rays at times when the history and physical examination do not suggest their appropriateness, let's have routine x-rays become a standard of practice. (On the other hand, a chiropractor who does not refer a patient for x-rays when they are indicated by the history or physical examination should rightly be considered negligent if the reason is the cost or lack of convenient access to a radiographic facility.)

In his last paragraph, Dr. Carey assures us we will look foolish if we haven't taken x-rays before treating a patient who subsequently sustains iatrogenic injury. Why so, if the history and physical examination had not indicated the need for x-rays, unless every patient should be x-rayed before treatment (since, hopefully, a chiropractor would not consider treating a patient who s/he thought would be injured by the treatment)?

All health care professions are under pressure to establish evidence-based standards of practice. Surely, the time has come to relegate the "provocative" tests and routine pre-treatment x-rays to their rightful status as being of doubtful utility. Retaining them as valid standards of practice in the face of much evidence to the contrary is to give litigators unwarranted ammunition, at best — and false confidence to chiropractors and their patients, at worst.

The sad truth is that as much as chiropractors, patients and insurers desperately want the means to eliminate all risk from treatment, it is not available at present. A good history is the only way to *minimize* the patient's risk; even other physical (e.g., auscultating for bruits) and imaging (e.g., Doppler ultrasound) examinations have not been demonstrated to be effective in determining risk of stroke from manipulation.[2] Even the suggestion to use laterally-directed thrust[3] is based only upon the infrequency with which it has been described in cases of sequelae of cervical manipulation, not upon any studies. Is this simply reflecting the relative infrequency of lateral (vs. rotary) thrusts used daily in cervical manipulation?

It's time that the Canadian Chiropractic Protective Association reviewed its endorsement of the "provocative" tests and (*de facto*) routine pre-treatment x-rays. On the other hand, it should be lauded for insisting upon routinely obtaining informed consent for treatment.

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References

1 Kreitz B. Letter to the Editor. JCCA 1995; 39(2):104.
2 Thiel H, Wallace K, Donat J, Yong-Hing K. Effect of various head and neck positions on vertebral artery flow. Clin Biomech 1994; 9:105-110.
3 Terrett AGJ. Vascular accidents from cervical spine manipulation: report on 107 cases. J. Austral Chiropr Assoc 1987; 17:15-24.

To the Editor in reply:

It seems that I cannot state this often enough. Provocative tests done prior to manipulation, such as Georges and Houles, referred to in my article are not predictive of a risk of stroke. This fact is acknowledged by most of the chiropractic profession and, indeed, it has been acknowledged by those outside the profession that they have no value for predicting susceptibility to stroke.

These tests may have some value to chiropractors in ascertaining which patients may be somewhat unstable by exhibiting symptoms such as extreme dizziness on doing these tests. This may alert the chiropractors to modify their adjustments, or to contemplate not adjusting the cervical area depending on the symptomatic response to these tests. Having said this, again there is no predictive value to ascertaining the risk of stroke by performing these tests on the patient prior to manipulation.

I will stand by my comments in the article referred to in that the doing of these tests by a chiropractor does benefit and assist them in the eventuality of a lawsuit. It demonstrates that they were, in fact, alert to the possibility of stroke associated with cervical manipulation and that they were attempting to

determine whether or not the patient was a candidate for manipulation as opposed to trying to determine their susceptibility to stroke.

I would freely concede the dominant factor in this issue is to ensure that chiropractors are obtaining informed consent, and further, that they are taking proper case histories and maintaining treatment notes throughout the course of any treatment that they provide for the patient. There is no doubt that a detailed case history is one of the best things any doctor can do prior to undertaking any treatment. This is an area of weakness for both chiropractors and physicians, although, in my experience, more so for chiropractors who tend to be somewhat weaker in obtaining the detailed case history.

In regard to the question of x-rays, there is no doubt in my mind that, twenty-five years ago, chiropractors were over-utilizing x-rays. Having said that, there is no doubt in my mind that, at this point of time, chiropractors tend to be under-utilizing them. I think the reasons are many and I have alluded to them before in my articles and in my past letter to the editor. Suffice to reiterate the fact that, more often than not, chiropractors appear to be not utilizing x-rays because of cost considerations as opposed to diagnostic therapeutic considerations. I stand by that statement.

Neither the CCPA or myself have suggested that the provocative tests that I have referred to earlier are a key issue relative to the standards of practice that are expected of a chiropractor. However, both myself and the CCPA continue to stand by the position that I have reiterated here vis a vis the provocative tests and the use of x-rays in chiropractic practice.

I am puzzled how somebody could misconstrue my comments in this area as one of suggesting routine, 'de facto' or otherwise, use of x-rays.

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