

RESEARCH – MURPHY*continued from page 15*

new work activity or sport), or to conditions causing further decrease in perfusion such as prolonged sitting."

21. Pain leads to reduced motion, and movement restriction increases fibrosis, "setting the patient up for more painful episodes." **[Very Important, Fibrosis]**
22. "In addition to its role in the pathological consequences of immobility and injury, the dynamic and potentially reversible nature of connective tissue plasticity may be key to the beneficial effects of widely used physical therapy techniques as well as 'alternative' treatments involving external application of mechanical forces (e.g. massage, chiropractic manipulation, acupuncture), changes in specific movement patterns (e.g. movement therapies, tai chi, yoga) or more general changes in activity levels (e.g. increased recreational exercise)."
23. "Manual or movement-based treatments have the advantage of not causing drug-induced side effects (e.g. gastritis, sedation)," but excessive motion may lead to inflammation.
24. A "carefully applied direct tissue stretch may be necessary in cases of long standing hypomobility with pronounced fibrosis and stiffness." **[Very Important, as an adjustment may be considered to be a "carefully applied direct tissue stretch."]**

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Hypomobility, Hypermobility,
Chronic Stress

Inflammation

Connective Tissue Fibrosis

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The Central Nervous System

Altered Motor Patterns

Abnormal Tissue Stress

More
Abnormal Mechanical AND
Nociceptive Afferent Input Into
The Central Nervous System
AND
Fibrosis

Chiropractic
Specific Adjusting
Tissue Work
Rehabilitation
AND
Anti-Inflammatory Protocols

Remodeling Of
Connective Tissue Fibrosis

Improvement Of Tissue
Mechanical Function
AND
Improvement Of
Mechanical and Nociceptive
Neurological Afferentation Into
The Central Nervous System



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Research From AECC Concludes No Serious Adverse Events After Cervical Spine Manipulation

A study, recently published in *Spine*, validates the safety of cervical manipulations. The study, conducted by the Department of Research at the Anglo-European College of Chiropractic in the U.K. included the treatment outcomes of 19,722 patients. Following is the abstract in its entirety.

Safety of Chiropractic Manipulation of the Cervical Spine: A Prospective National Survey

Spine. 32(21):2375-2378, October 1, 2007.

Thiel, Haymo W. DC, PhD; Bolton, Jennifer E. PhD; Docherty, Sharon PhD; Portlock, Jane C. PhD

Department of Research and Professional Development, Anglo-European College of Chiropractic, Bournemouth, United Kingdom.

ABSTRACT:

- **STUDY DESIGN:** Prospective national survey.
- **OBJECTIVE:** To estimate the risk of serious and relatively minor adverse events following chiropractic manipulation of the cervical spine by a sample of U.K. chiropractors.
- **SUMMARY OF BACKGROUND DATA:** The risk of a serious adverse event following chiropractic manipulation of the cervical spine is largely unknown. Estimates range from 1 in 200,000 to 1 in several million cervical spine manipulations.
- **METHODS:** We studied treatment outcomes obtained from 19,722 patients. Manipulation was defined as the application of a high-velocity/low-amplitude or mechanically assisted thrust to the cervical spine. Serious adverse events, defined as "referred to hospital A&E and/or severe onset/worsening of symptoms immediately after treatment and/or resulted in persistent or significant disability/incapacity," and minor adverse events reported by patients as a worsening of presenting symptoms or onset of new symptoms, were recorded immediately, and up to 7 days, after treatment.
- **RESULTS:** Data were obtained from 28,807 treatment consultations and 50,276 cervical spine manipulations. There were no reports of serious adverse events. This translates to an estimated risk of a serious adverse event of, at worst [almost equal to] 1 per 10,000 treatment consultations immediately after cervical spine manipulation, [almost equal to] 2 per 10,000 treatment consultations up to 7 days after treatment and [almost equal to] 6 per 100,000 cervical spine manipulations. Minor side effects with a possible neurologic involvement were more common. The highest risk immediately after treatment was fainting/dizziness/light-headedness in, at worst [almost equal to] 16 per 1,000 treatment consultations. Up to 7 days after treatment, these risks were headache in, at worst [almost equal to] 4 per 100, numbness/tingling in upper limbs in, at worst [almost equal to] 15 per 1,000 and fainting/dizziness/light-headedness in, at worst [almost equal to] 13 per 1,000 treatment consultations.
- **CONCLUSION:** Although minor side effects following cervical spine manipulation were relatively common, the risk of a serious adverse event, immediately or up to 7 days after treatment, was low to very low.

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