

Chapter Outline

- I. Overview
- II. List of Subtopics
- III. Recommendations
- IV. Chronic Care
- V. Comments
- VI. References

***Please do not attempt to use the following guidelines
without reading the entire manual.***

I. OVERVIEW

Specific parameters of care appropriate for each individual case are impossible to define. Each case must be evaluated with complicating factors, concomitant conditions and all other extenuating circumstances taken into consideration in order to assure the patient maximum benefit through chiropractic care.

The following guidelines should serve only as a general guide for parameters of care. Furthermore, these guidelines are **not** meant to provide cut-off points for care, but rather to assist the analyst in understanding the widely varying patient needs and circumstances requiring varying courses of adjustive care. The clinical necessity of care is based, as had been extensively discussed in previous chapters, in objective findings indicating the presence of subluxation.

Patients may progress at a rate not anticipated in these guidelines. Exacerbation may prolong normal rate of recovery, such as extreme physical activity on the job or injuries like falls, slips or lifting injuries. On the other hand, patients sometimes respond more quickly than expected. The need for documentation is paramount to good communication between the doctor and the insurance company. An admitting analysis and finding(s) may be given initially until patient response to care confirms or alters the initial clinical finding, category of condition and/or its degree of severity. The responsibility of upgrading or downgrading a patient's clinical status rests with the attending doctor.

Principles of Case Management

The primary missions of health care delivery are to provide sufficient care to restore health, maintain it, and prevent the occurrence or recurrence of injury and illness. To meet these objectives, the practitioner uses a myriad of procedures and skills that collectively can be grouped into three categories -- passive intervention, active intervention, and patient education. The practical boundaries on what will constitute necessary and sufficient care are situational. However, guidelines framing expectations of care outcome can be drawn from the literature and adapted by practical experience on a case-by-case basis.

Chiropractic shows the unique ability to determine sub-clinical spinal disorders such as any of the components of the vertebral subluxation complex, known to precede symptoms/end stage conditions eliminating the need for the most part of crisis intervention. A key principle is that chronicity should be prevented wherever possible. Patients who are at risk for becoming chronic show characteristic patterns involving their illness and life situations.

II. LIST OF SUBTOPICS

- A. Over Utilization
- B. Under Utilization
- C. Pediatrics
- D. Geriatrics

III. RECOMMENDATIONS

The frequency of how many times a particular patient needs to see their chiropractor is based on the subjective findings, if applicable and the objective clinical findings and the opinion of the doctor.

There is no set template on the number of visits needed to obtain maximum chiropractic improvement for the population as a whole. Each patient who presents themselves at the chiropractic clinic is unique and different and must be treated as such.

Some of the factors which need to be taken into consideration is the age of the patient, type of work or daily activities, trauma or aggravation, stability and function ability of supporting structures (muscles and ligaments) the structural integrity of the spine and its articulations (degeneration, demineralization, biomechanical loss or failure). These and other factors are the considerations which go into making a plan of care/number of visits for each patient.

After the patient is examined using the applicable procedures of x-ray, instrumentation and examination the doctor will correlate the objective information. Based on the findings and the doctors clinical expertise a frequency of care will be set for that particular patient.

After a patient starts an initial frequency of care they will be re-examined/reassessed at proper intervals. This is done to determine the patients response to care and if the frequency can be reduced or increased and or if a referral is necessary. The re-exam/re-assessment may be performed several times during the course of care until the patient reaches maximum chiropractic improvement(MCI).

Maximum improvement varies with each patient and will depend on those factors noted above. Once a patient reaches MCI they are released from care and recommended to a PRN basis or other type program upon which they and the attending doctor of chiropractic agree.

The following shall serve as a guideline. It is important to note that with proper documentation additional care or alteration of care schedule may be warranted for the categories of conditions and levels of care listed herein.

Additional Definitions

Phase I, II, III, IV:	These phases refer to the radiographic presentation of the (subluxation) degeneration which occur in the spine. (Hadley MD).
Acute:	New condition, not exceeding 12 months duration
Chronic:	Old condition, duration of longer than 12 months
Trauma:	Onset due to accidental/intentional injury.
Non-trauma:	Symptoms which arise insidiously.
Clinical:	That condition which has overt signs and symptoms.
Subclinical:	A condition the signs of which require investigation and in which overt symptoms have yet to occur, and would go unnoticed with progressive degeneration until it becomes clinical.

Duration of Care

Initial	14-45 days as necessitated by subjective and/or objective findings and documentation
Reconstruction	45-180 days as necessitated by subjective and/or objective findings and documentation
Supportive	As necessitated by subjective and/or objective findings and documentation

11.1.1 **Rating:** Strong Positive Recommendation
 Strength: E, L, C

A. Over-utilization

The delivery of care exceeding the previously discussed parameters, without justification, would constitute over-utilization.

11.2.1 **Rating:** Strong Positive Recommendation
 Strength: Class E, L

B. Under-utilization

The delivery of care below the clinical minimum; withholding of care without justification, would constitute under-utilization

11.3.1 **Rating:** Strong Positive Recommendation
 Strength: Class E, L

C. Pediatrics

Vertebral subluxations and other malpositioned articulations and structures have many possible causes, one of which can often be the birth process. According to Towbin, "The birth process, even under optimal controlled conditions, is potentially a traumatic, crippling event for the fetus. Mechanical stress imposed by obstetrical manipulation -- even the application of standard orthodox procedures -- may prove intolerable to the fetus. The view has been expressed clinically that most neonatal injuries observed in the delivery room are neurological."

Towbin has also related the birth process to Sudden Infant Death Syndrome caused by spine damage to the nervous system. Gutmann found that 80% of the children he examined shortly after birth, or as infants, were suffering from "subluxation" of C1, causing all manner of conditions. Suh and others note that chiropractic care should begin at birth, when subluxation is likely to occur. Ressel advises that early chiropractic care is essential, as abnormal spine and nerve system habits (vertebral subluxation) are caused very early in life. Janse proposes that proper spinal health in the children of today will insure a better next generation. Given the chiropractor's objective and the overwhelming supportive evidence mentioned above, chiropractic care can begin shortly after birth and be followed by a lifetime of continuing care.

11.4.1 **Rating:** Strong Positive Recommendation
 Strength: Class E, L

D. Geriatrics

The care of elderly patients is a special responsibility of the doctor of chiropractic and requires appropriate additional attention to age-related factors and possible complications. Chiropractic care is a strongly indicated element in maintaining mobility in elderly patients and thus fostering a healthier physical profile as well as a more positive mental attitude. Furthermore, the drugless nature of chiropractic care assist senior citizens in avoiding the otherwise widespread drug-related complications of other forms of care related to the spine and nervous system

11.4.2 **Rating:** Strong Positive Recommendation
 Strength: Class E, L,

IV. CHRONIC CARE

The chronic pain/dysfunction patient suffering from spinal or structural injury or disease is frequently the most challenging and difficult responsibility confronted within the health care industry.

Care of the chronic pain dysfunction patient must be balanced between the extremes of reducing patient dependency on the chiropractor and providing maximum relief or reduction in symptoms whereby the patient will approach pre-injury productivity and self-worth. The rationale for chiropractic management in chronic pain dysfunction syndromes of articular origin is well established in the scientific literature.

Chronic musculoskeletal conditions are frequently progressive and degenerative if inappropriately managed. A current search of the literature has not substantiated the scientific efficacy of the long term use of specific pharmaceuticals in chronic pain syndromes. Additionally, commonly used pharmacological agents may hasten the deterioration process if used inappropriately for prolonged periods. The doctor of chiropractic works to manage the patient's subjective complaints, and maintain or increase the patient's ability to be productive in his or her work environment and activities of daily living, through a conservative approach that does not rely on invasive surgical procedures or prolonged pharmaceutical usage, and thus avoids the adverse effects which may result from their use.

The doctor of chiropractic is uniquely suited to care for and rehabilitate the chronic pain patient without the use of drugs or surgery. Long term chiropractic management, when appropriately delivered, based on a case by case evaluation, provides benefits to the patient which are not addressed by any other health care discipline.

The following neurophysiological and biomechanical principles support the rationale for long term chiropractic management of the biomechanically compromised patient suffering from a chronic pain syndrome.

1. Prevention of joint adhesions and subsequent proteoglycan degradation in the hyaline cartilage and intrinsic spinal ligaments.

Multiple research universities have demonstrated that immobilized joints rapidly undergo cartilaginous degradation with deterioration of the hyaline cartilage surface, producing additional degenerative change and increased pathology.

2. Facilitation of normal articular neuroreceptive fields.

The neuroreceptive field is described as all the receptors which supply sensory input to the spinal cord and brain, from the skin, ligaments, muscles, and intrinsic joint structures in a given spinal segment level. Loss of normal function in a given spinal joint produces alteration of the receptive field with a loss of neural network connections, producing a deafferentation state and loss of central sensory integration, at the thalamocortical level. Appropriate chiropractic care provides neural input for the receptive fields and inhibits further loss due to deafferentation.

3. Prevention and inhibition of sensory-motor pain engrams.

Chronic pain produces reflexive spasms through polysynaptic internuncial stimulation of the alpha motor neurons to surrounding intrinsic musculature. When this nocifensive spasm is left unaddressed, metabolic depletion occurs producing an alteration of the muscle and ligament cytoarchitecture with infiltration of fibrotic tissue.

Prolongation of the chronic pain stimulus produces nociceptive pools within the spinal cord which are easily recruited through seemingly insignificant exacerbations. Long term chiropractic management inhibits and frequently prevents excessive nociceptor pool facilitation in all but the most severely injured.

4. Insuring proper articular coupled biomechanics in functional rehabilitation programs.

Management of the patient in chronic pain may include chiropractic supervision of rehabilitation programs. Failure to recognize pathomechanical dysfunction within spinal articulations increases likelihood of exacerbation and progression of degenerative effects seen in the chronic pain patient. Biomechanical integrity of the spine and extremity articulations is essential to produce optimum rehabilitation success in these patients.

The doctor of chiropractic must be acutely aware of the psychosocial motivation of the patient in chronic pain. The chiropractor must guide the patient away from hostility and pain nurturing by increasing the patient's activity level and by fostering a need for his or her own active participation in the rehabilitative process. A care regime which allows the patient to become excessively dependent on the doctor for psychosocial support, beyond the requirements of his or her impairment, is unacceptable. Care utilization parameters must be determined on a case by case basis.

The need for long term care should be based on the presence of a condition/injury or illness which has been documented by peer acceptable criteria and has been determined to be permanent and/or progressive.

The necessity of long term palliative or supportive care should accomplish one or more of the following goals in order to be considered necessary and appropriate:

1. Care of an exacerbation to return the patient to pre-exacerbation status.
2. Improvement or maintenance of activities of daily living.
3. Improvement or maintenance of work status.
4. Increase of functional strength.
5. Increase stamina, endurance and activity tolerance.
6. Increase functional range of motion.
7. Improve mental attitude.
8. Decrease need for, or amount of, medication.
9. Prevention of surgical intervention when appropriate.
10. To attain optimal expression of life.

V. COMMENTS

In the course of the management of a chiropractic case the objective indicators of vertebral subluxation(s) and other malpositioned articulations and structures demonstrated during Level I (see glossary for definition of levels of care) care may decrease. As the patient's clinical indicators are minimized and spinal function improves and stabilizes, the frequency of care is reduced and the patient is advanced to Level II care. Some of the variables considered during the evaluation of the patient's status include, but are not limited to age, occupation/lifestyle, past metabolic history, past history of injuries/fractures/surgeries, genetic predisposition, amorphic spinal structure, cortical and medullary bone irregularities, bone density irregularities, articular irregularities, joint irregularities, chronic adaptive postural and structural changes, chronicity, the number of spinal subluxations present, patient tolerance to active care, and the degree of patient cooperation.

When a patient has demonstrated sufficient reduction of clinical indicators of vertebral subluxation and other malpositioned articulations and structures, they should be advanced from Level II care. The chiropractor should then recommend Level III care.

Chiropractic clinical experience, since 1895, has demonstrated that periodic chiropractic assessment in a Level III regimen does have merit. The current body of research in this area supports the observation that initial degenerative changes are measurable within one week of the occurrence of vertebral subluxation and other malpositioned articulations and structures. Vertebral subluxations and other malpositioned articulations and structures, regardless of their origin, will initiate negative physiological changes. Weekly or semi-monthly office visits are appropriate. A chiropractor views the detection, location, control, reduction and correction of vertebral subluxations and other malpositioned articulations and structures during all levels of care to be vital toward the optimum expression of health.

At some point during a patient's care, the practitioner may note that those clinical indications of vertebral subluxation and other malpositioned articulations and structures (including, but not limited to those found by motion and static palpation, instrumentation, radiography, etc.) are becoming either more or less noticeable. In order to ascertain the optimal elapsed time period between chiropractic office visits, the practitioner would then begin the process of decreasing or increasing visit frequency. Should the indicators for the presence of a vertebral subluxation and other malpositioned articulations and structures be imperceptible or absent, in the clinical opinion of the practitioner, office visit frequency would be decreased.

At some point in this process, however, the indicators for the presence of a vertebral subluxation and other malpositioned articulations and structures may again be manifested, necessitating a chiropractic adjustment and a reassessment of visit frequency. As a result, the patient may be reclassified from Level III care to Level II care, Level II care to Level I care, or Level III care to Level I care. Visit frequency, duration, and level of considerations may also be influenced by a number of factors in addition to clinical indicators. These include, but are not limited to: age, occupation, lifestyle, past history, genetic predisposition, spinal structure, number of subluxations present, chronicity, compromise of bony integrity and degree of patient compliance.

The concerns of the public regarding health care have shifted to an active responsibility for their physical well-being. Patients who understand the major objective of chiropractic knowingly choose this approach to help them maximize their health potential. Scientific evidence identifies components of the vertebral subluxation and other malpositioned articulations and structures and may reveal physiologic changes that occur after the correction of the vertebral subluxation and other malpositioned articulations and structures. Moreover, it is observed clinically that dramatic changes may occur after the correction of a vertebral subluxation and other malpositioned articulations and structures. Most chiropractors have observed changes after spinal adjustments that affect major body systems and the patient's complex metabolic system.

The clinical explanation for these changes is associated with improved natural functions.

When interference to the nervous system is reduced, the body's capacity to heal and thrive is rekindled. Vertebral subluxations and other malpositioned articulations and structures may occur during the birth process, therefore, it is imperative that chiropractic care should begin as soon as possible. Chiropractic care should continue, in accordance with the patient's needs and the chiropractor's clinical opinion, for the life of the patient.

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