Chiropractic Therapy			
Prepared By:	Chesapeake Employers' Insurance Medical Staff	**Reviewed/Updated**	May 2024

POLICY

- **Neck, Upper Back, Low Back:** Supported in patients with Neck, Upper Back, Low Back symptoms applying to cervical strains, sprains. Chiropractic manipulation may be trialed for whiplash (WAD) understanding that evidence generally supports manual therapy and exercise as the most effective treatment, A short course of thoracic manipulation may be attempted for treatment of neck pain/sprain including and other injuries. If manipulation has not resulted in functional improvement in the first two weeks, it should be stopped and the patient re-evaluated. Demonstrable increase in Functional Improvement Measure after a 6 visit trial justifies treatment extension to 6-8 weeks. Such interventions should be utilized to the extent they are aimed at facilitating return to normal functional activities, particularly work. In general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. Inclusion of active treatment modalities is recommended as treatment frequency is reduced to wards achieving discharge to a home program.

- **Radiculopathy:** A trial of manipulation for patients with radiculopathy may also be an option, when radiculopathy is not progressive, and studies support its safety.

- **Sprain and Strains of Shoulder and Upper Arm:** Manipulation for sprains and strains of shoulder and upper arm is indicated however treatment should be stopped if there is failure to show objective signs of functional improvement after 2-3 visits. Manual therapy may be trialed for 2-3 visits in patients with a shoulder impingement syndrome.

- **Rotator Cuff Disorders, Shoulder Disorders, Adhesive Capsulitis, and Soft Tissue Disorders:** There is fair evidence for the treatment of a variety of common rotator cuff disorders, shoulder disorders, adhesive capsulitis, and soft tissue disorders using manual and manipulative therapy to the shoulder, shoulder girdle, and/or the full kinetic chain combined with or without exercise and/or multimodal therapy. Manual and manipulative therapy, 2 to 3 weeks for transition to a self-directed home therapy program is reasonable.

- **Frozen Shoulder:** Manipulation performed about the same as steroid injections for frozen shoulder.

- **Neurogenic Shoulder Pain and Shoulder Osteoarthritis:** There is limited and insufficient evidence for manual manipulation treatment of minor neurogenic shoulder pain and shoulder osteoarthritis, respectively. A short-term limited basis is indicated. In general, if approved on a limited basis, it would not be advisable to use these modalities beyond 2-3 visits if signs of objective progress towards pain reduction VAS greater than 4 change and returning to regular work is demonstrated.

- **Hip and Pelvis:** Manipulation of the hip is indicated for pain and adhesions for sprain injuries. Preliminary study results suggest that manipulative treatment may reduce pain, improve ambulation, and increase rehabilitation efficiency in patients undergoing hip arthroplasty. In addition, some evidence shows that manual therapy may affect hip range of motion. An 8 week course may be reasonable if there is improvement after 2-3 visits.

- **Elbow:** Insufficient evidence exists to evaluate manipulation used to treat disorders of the elbow, often employed based on anecdotal or case reports alone. In general, if approved on a limited basis, it would not be advisable to use these modalities beyond 2-3 visits if signs of objective progress towards pain reduction VAS greater than 4 change and returning to regular work is demonstrated. Manual therapy and active programs are the recommended treatment.

- **Knee:** ODG Manipulation for the knee is not recommended. There are no studies showing that manipulation is proven effective for patients with knee and leg complaints. ODG Chiropractic Guidelines. (If a decision is made to use this treatment despite the lack of convincing evidence. The treatment may be chiropractic physical therapy versus manipulation.) trial of 6 sessions, maximum 12 visits over 8 weeks.

- **Ankle:** ODG Manipulation of the ankle is not recommended. ODG Chiropractic Guidelines (If a decision is made to use this treatment despite the lack of evidence), Ankle Sprain: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks. In general, it would not be advisable to use this beyond 2-3 weeks if signs of objective progress towards functional restoration are not clearly demonstrated. Manual mobilization of the ankle has limited added value and is not recommended.

- **Forearm, Wrist and Hand:** ODG Manipulation under anesthesia is not recommended for the wrist, hands or fingers. There are no high-quality studies published in peer-reviewed journals accepted into Medicine.

- Potential cautions or contraindications include coagulopathy, fracture, and progressive neurologic deficit.

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SUPPORTING DOCUMENTATION

ODG Neck and Upper Back (updated 02/12/21)- Online Version
Manipulation
ODG Chiropractic Guidelines -
- Regional Neck Pain:
9 visits over 8 weeks
- Cervical Strain:
Intensity and duration of care depend on severity of injury as indicated below, but not on causation. These guidelines apply to cervical strains, sprains, whiplash (WAD), acceleration/deceleration injuries, motor vehicle accidents (MVA), including auto, and other injuries whether at work or not. The primary criterion for continued treatment is patient response, as indicated below.
- Mild (grade I - Quebec Task Force grades): up to 6 visits over 2-3 weeks
- Moderate (grade II): Trial of 6 visits over 2-3 weeks
Moderate (grade II): With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks
- Severe (grade III): Trial of 10 visits over 4-6 weeks
Severe (grade III): With evidence of objective functional improvement, total of up to 25 visits over 6 months
- Cervical Nerve Root Compression with Radiculopathy:
Patient selection based on previous chiropractic success --
Trial of 6 visits over 2-3 weeks
With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, and gradually fade the patient into active self-directed care
- Post Laminectomy Syndrome:
14-16 visits over 12 weeks

ODG Low Back (updated 02/12/21)- Online Version
Manipulation
ODG Chiropractic Guidelines:
Therapeutic care -
Mild: up to 6 visits over 2 weeks
Severe*: Trial of 6 visits over 2 weeks
Severe: With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute (not chronic)
Elective/maintenance care - Not medically necessary
Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care

* Severe may include severe sprains/strains (Grade II-III1) and/or non-progressive radiculopathy (the ODG Chiropractic Guidelines are the same for sprains and disc disorders)

ODG Shoulder (updated 02/12/21)- Online Version
Manipulation
ODG Chiropractic Guidelines-
Sprains and strains of shoulder and upper arm:
Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy
9 visits over 8 weeks

ODG Hip and Pelvis (updated 02/12/21)- Online Version
Manipulation
Indications for manipulation
- Time to produce effect: Immediate or up to 10 treatments
- Frequency: 1 to 5 times per week as indicated by the severity of involvement and the desired effect
- Optimum duration: 3-6 treatments
- Maximum duration: 10 treatments
(Colorado, 2001) (Diez, 2004) (Wisdo, 2004)

ODG Elbow (updated 02/12/21)- Online Version
Manipulation
ODG Chiropractic Guidelines - Elbow:
Not recommended.

ODG Forearm, Wrist and Hand (Acute and Chronic) (updated 02/12/21)- Online Version
Manipulation under Anesthesia
Not recommended for the wrist, hand or fingers. There are no high-quality studies published in peer-reviewed journals accepted into Medline.

REFERENCE(S)

ODG Neck and Upper Back (updated 02/12/21)- Online Version

ODG Low Back (updated 02/12/21)- Online Version

ODG Shoulder (updated 02/12/21)- Online Version

ODG Hip and Pelvis (updated 02/12/21)- Online Version

ODG Elbow (updated 02/12/21)- Online Version

ODG Forearm, Wrist and Hand (Acute and Chronic) (updated 02/12/21) -Online Version