Minimum standards for cervical manipulation are in the public interest. (Comment on Refshauge et al, Australian Journal of Physiotherapy 48:171-179)

The recent paper by Refshauge et al, together with the response by Jull et al and Refshauge et al's response to Jull et al, each published in the same issue of the Australian Journal of Physiotherapy, identify and debate important issues for not only the physiotherapy profession but also the community at large.

While it is tempting to enter the debate and provide additional points of interpretation (and biases) concerning the literature cited in these papers, and some not cited, the fundamental questions raised by Refshauge et al must be addressed for no other reason than the fact that it is in the public's interest.

I suggest it is well past time that all health professions, but particularly the physiotherapy, chiropractic and medical professions, work together in the public interest to resolve some of the issues raised.

On the question of “Should the cervical spine be manipulated?” (and, furthermore, for what conditions or under what presenting circumstances) the physiotherapy, chiropractic, osteopathic and medical professions should put aside their differences in philosophy, professional boundaries and marketplace issues and use the Australian National Health and Medical Research Council's existing processes for the establishment of guidelines etc to review the status quo. In these circumstances, biases can be minimised and validity maximised (as much as is possible). This collaborative activity would also help to identify the areas of research in which the physiotherapy, chiropractic, osteopathic and medical professions ought to actively collaborate to initiate, support and conduct scientifically valid clinical research projects to evidence the merits or otherwise of neck manipulation.

The priority must surely be to determine those presenting complaints or circumstances that can reasonably be expected to respond to one or more of the various forms of manual therapies, either in isolation or combination, where scientific data do not currently exist. This would go a long way towards equipping health care providers with legitimate evidence on which to advocate and refer patients for the most appropriate care in their presenting circumstances, rather than rely on perceived or biased opinion that may not be in the patient’s best interest.

Regarding the question “Who should manipulate?”, surely common sense dictates that any decision on this must be based on minimum competencies. The current status of who can manipulate the spine probably has more to do with the idiosyncratic nature of the legal and health care systems in Australia, together with political manoeuvring and advocacy by various groups, than anything else. The competencies should be the same for all who manipulate, regardless of the professional health discipline in which the individual is registered to practise. This is yet another reason for the professions (and respective Registration Boards) to sit at the same table and establish common minimum standards in the public’s interest.

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References

Promotion of knowledge leads to better patient outcomes. (Comment on Refshauge et al, Australian Journal of Physiotherapy 48:171-179)

I refer to the Refshauge et al paper and associated responses in the last issue of the Australian Journal of Physiotherapy (Refshauge et al 2002).

First, I commend the Journal for committing such a controversial paper to print. The paper raises important issues for physiotherapists and other stakeholders (not least patients) who pursue effective treatment for neck pain and headache. Refshauge et al presented one angle on what appears to be a growing body of literature. They state that debate is important in such issues, and health professionals should pursue best practice in light of the evidence.

Second, I commend the Journal for including the invited response from world experts in the field (Jull et al 2002). That response critiques the first paper, presents different angles drawn from the same body of literature, in some cases the same papers, and reinforces the importance of the
debate to promote optimal practice. It is clear that the two papers should be considered together so that the reader is presented with two sides of what is a contentious issue. Failure to include an invited review in such cases may leave half the story untold.

I believe that the role of journals such as the Australian Journal of Physiotherapy is to promote knowledge that ultimately leads to better outcomes for patients. Part of this role is to engage with contentious issues rather than plod blindly toward indefensible terrain. Surely it is better to debate an issue without settling it than to settle an issue without debating it.

I believe that by choosing to not plod blindly, the Australian Journal of Physiotherapy has helped to position itself, and the physiotherapy profession, as the pace-setters in the pursuit of best practice and optimal outcomes from the physical therapies.

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References


Manual therapy techniques for the cervical spine require special skills. (Comment on Refshauge et al, Australian Journal of Physiotherapy 48:171-179)

Joining the discussion on whether our profession is meeting its full responsibilities to provide optimum care (Refshauge et al 2002) for patients receiving cervical manipulation, I offer these personal observations.

Please know that major permanent complications are occurring. And no, they are not rare.

The risks involved with these procedures are ever-present, for each of us, during every treatment. The subjective and objective screening protocols afford only limited protection.

The most important attribute we have to offer best care, and to protect our patients from potential harm, is our expertise.

It is our responsibility, therefore, to ensure that every physiotherapist using manipulation is fully trained, in not only technical skills, but also education. Manual therapy techniques for the upper cervical spine require special skills which can only be acquired through specific training.

In every field of endeavour the Australian Physiotherapy Association has set a standard of excellence. So, too, in the area for managing upper cervical spine conditions, nothing short of this standard is acceptable. There is only one path. Refshauge et al have pointed the way.

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Editorial independence – essential to the integrity of the Journal. (Comment on Van Der Weyden MB, Australian Journal of Physiotherapy 48:167-168)

It was with considerable interest, and some concern, that I read Martin Van Der Weyden’s editorial “Editorial independence is built on trust and communication” published in the last issue of the Australian Journal of Physiotherapy.

My concern is that some readers may have inferred from the editorial that the editorial independence of the Journal is not assured. Whilst there is no doubt that the editorial in question provided some interesting reading, the decision to publish an editorial espousing the importance of editorial independence and including advice for owners of journals could be viewed as suggestive.

Readers of the Journal can be assured that the importance of editorial independence is well appreciated by the owner of the Journal, the Australian Physiotherapy Association. Editorial independence of the Journal is essential to the integrity of the publication and the maturity of the physiotherapy profession within Australia.

Broken down to its essential components, editorial independence is essentially the right of the editors to decide what is published, what is not published, when items are published, and what (if any) amendments are made prior to publication. On the basis of each of these important foundations, the editorial independence of the Journal is solid and uncompromised. To the best of my knowledge this has always been the case.

Martin Van Der Weyden’s editorial refers (in part) to the infamous case of compromised editorial independence at the JAMA and dismissal of the JAMA Editor, George D Lundberg, by the American Medical Association. In this particular case, the American Medical Association sacked the Editor of the JAMA over an issue related to the timing of an article’s publication. Clearly, this is an example of compromised editorial independence, as the owners did not consider the editor in this case should have complete discretion as to the timing of publication. Against this test,