on this important topic. Research and debate are the only way to provide a better understanding of what can be done to prevent accidents following cervical manipulation.

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References

The Musculoskeletal Physiotherapy of Australia position on pre-manipulative testing for the cervical spine

The MPA undertook a survey of its members in 1997 to determine their compliance with and opinion of the APA Protocol for Pre-Manipulative Testing of the Cervical Spine (Magarey et al 2000a). The MPA developed a new set of guidelines for pre-manipulative procedures for the cervical spine (Magarey et al 2000b). As a result of that survey and a comprehensive literature review, the MPA developed a new set of guidelines for pre-manipulative procedures for the cervical spine (Magarey et al submitted-a). The new guidelines were the result of a comprehensive consultative process. This included incorporating membership survey results, and consulting with VBI research experts, medico-legal experts and numerous APA committees. The current literature related to vertebral artery flow was reviewed with particular emphasis on the incidence of adverse effects of cervical manipulation and the legal issues related to informed consent. While the membership strongly supported maintenance of a guideline by the profession, their feedback encouraged revision reducing the length and incorporating research. Evidence is available on links between specific symptoms and vertebral artery dysfunction. However, only estimates on the safety of cervical manipulation and the efficacy of the current physical testing for VBI related dysfunction are currently available.

There has not yet been a legal test case against a physiotherapist that would help to determine the most appropriate guidelines in relation to informed consent. However, more stringent guidelines regarding informed consent were recommended, based on extrapolation from legal judgments made recently in relation to other health practitioners.

The MPA concluded that continued support for screening procedures, both subjective and physical, prior to cervical manipulation was essential for and supported by the profession. Such guidelines allow a degree of clinical reasoning, rather than following the previous rigid rules, of which the profession was non-compliant. The MPA also feels strongly that the profession has an urgent ethical and legal obligation to emphasise the issues of informed consent related to cervical manipulation.

The Clinical Guidelines for Pre-Manipulative Procedures for the Cervical Spine are available from the APA National Office.

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References

Are we on the right track?

We applaud Musculoskeletal Physiotherapy Australia for the formulation of the new pre-manipulative guidelines. The new guidelines are a step forward from the previous protocol because they allow individual practitioners choice when making clinical decisions. The previous protocol proved to be legally challenging and further increased practitioners’ fear of manipulating.

The increasing emphasis on a thorough subjective interview is encouraging, and reinforces the requirement for a competent level of clinical reasoning. With the previous protocol it appears that a majority of clinicians placed a greater emphasis on the physical examination. The recent work of Rivett and colleagues (2000) has demonstrated how variable the physical tests can be. A review of four recent New Zealand cases of adverse reactions to manipulation found that in three of the four cases, the clinician had insufficiently weighed subjective