

Standard of Practice: S-005  
Quality Assurance Committee  
Approved by Council: February 28, 1998

*Note to Readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.*

### Intent

To assist members in maintaining a minimum standard of care that must be met prior to performing adjustment/manipulation.

### Overview

Performing spinal adjustment/manipulation requires proper training and much practice to develop the necessary skill and competence. The prime areas necessary for specialized training are:

- theory, including principles, applied anatomy, biomechanics, neuro-physiology and radiology;
- examination and diagnosis; and
- treatment techniques.

Spinal adjustment/manipulation is an authorized Act requiring a high degree of skill. This standard outlines the necessary elements to maintain that level of skill.

### Description of Standard

#### Consideration of Public Safety

In deciding to perform adjustment/manipulation, a member shall, in the interest of public safety, know which form of adjustive technique to use in specific situations. This includes knowing indications and contraindications to application of adjustment/ manipulation, the patient's health, proper assessment of the patient, the goal of treatment, and prognosis.

#### Degree of Skill

The following are important features of the skills required for adjustment/manipulation:

- accurate amplitude (depth and distance) for the adjustive thrust;

- quantity of thrust for the procedure; and
- good sense in providing minimum risk to the patient. Consider when, where and how a particular adjustment is given.

### Continuing Education

Members shall be current with their knowledge and skills level to enable safe and effective treatment for the patient.

### Protocol

The following protocol shall be adhered to prior to performing adjustment/manipulation:

#### (1) Diagnosis

- case history (patient interview);
- examination (physical, diagnostic imaging, laboratory); and
- interpretation and differential diagnosis to rule out possible pathologies.

#### (2) Informed Consent

- Consent from the patient shall be fully informed and voluntarily given.
- Members shall explain the benefits and risks of the proposed treatment as compared to other treatments or no treatment.
- It is recommended that consent be evidenced in a written form.

#### (3) Treatment Protocols

- therapeutic trial of care;
- assessing the outcome of care; and
- timely re-assessment to determine if there is a need for different treatment and/or referral to a colleague or other health care provider.

## Legislative Context

### Controlled Acts

The *Regulated Health Professions Act, 1991 (RHPA)*. Specific provisions as outlined below:

Ss. 27 (1) “No person shall perform a controlled act set out in subsection 2 in the course of providing health care services to an individual unless, (a) the person is a member authorized by a health profession Act to perform the controlled act.”

Ss. 27 (2) “A ‘controlled act’ is any one of the following done with respect to an individual: (4) Moving the joints of the spine beyond the individual’s usual physiological range of motion using a fast, low amplitude thrust.”

### Scope of Practice

The scope of practice of chiropractic is defined in section 3 of the *Chiropractic Act, 1991*.

“The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of:

- dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and
- dysfunctions or disorders arising from the structures or functions of the joints.”

### Authorized Acts

The authorized acts for chiropractors are outlined in section 4 of the *Chiropractic Act, 1991*, and include the following definition of spinal adjustment/manipulation.

“Moving the joints of the spine beyond a person’s usual physiological range of motion using a fast, low amplitude thrust.”

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### Summary and Conclusion

Risks associated with adjustment/manipulation are rare but can be catastrophic. This is why spinal adjustment/manipulation is a controlled act under the *RHPA*.

Identifying and complying with safeguards will ensure safer administration of this form of treatment. Therefore, risks to the public will be minimized and the benefits of safe, effective, therapeutic treatment will be maintained.