

1 **Clinical Practice Guideline:** **Spinal Manipulation for Treatment of Thoracic**
 2 **Spine Pain**

4 **Date of Implementation:** **September 18, 2008**

6 **Product:** **Specialty**

9 **POLICY**

10 American Specialty Health – Specialty (ASH) clinical committees have determined that
 11 support for the use of spinal manipulation for treatment of acute, sub-acute, and chronic
 12 thoracic spine pain may be inferred from the evidence supporting the use of spinal
 13 manipulation for acute, sub-acute and chronic low back pain [see the *Spinal*
 14 *Manipulation for Treatment of Acute, Sub-Acute, and Chronic Low Back Pain (CPG 115*
 15 *– S)*] policy. Therefore, spinal manipulation for treatment of acute, sub-acute, and chronic
 16 thoracic spine pain is considered established as clinically effective, is professionally
 17 recognized, and has a favorable benefit:risk profile.

19 **PROCESS AND DEFINITIONS**

20 When developing, reviewing, and approving clinical policy, ASH peer-review
 21 committees consider whether the technique/procedure:

- 22 • Is established as clinically effective by:
 - 23 ○ Scientific information published in an acceptable peer-reviewed clinical
 - 24 science resource, and
 - 25 ○ The consensus opinion of the Evidence Evaluation Committee (EEC)
 - 26 when available;
- 27 • Is professionally recognized by:
 - 28 ○ Inclusion in the educational standards accepted by the majority of the
 - 29 professions' educational institutions,
 - 30 ○ Wide acceptance and use of the practice, and
 - 31 ○ Recommendations for use made by healthcare practitioners practicing in
 - 32 the relevant clinical area;
- 33 • Poses a health and safety risk; and
- 34 • Is plausible or implausible
 - 35 ○ A belief, theory, or mechanism of health and disease that can be
 - 36 explained within the existing framework of scientific methods, reasoning,
 - 37 and available knowledge is considered plausible.
 - 38 ○ A treatment intervention or diagnostic procedure that requires the
 - 39 existence of forces, mechanisms, or biological processes that are not
 - 40 known to exist within the current framework of scientific methods,
 - 41 reasoning, and available knowledge is considered implausible.

1 **Substitution harm (indirect harm):** Compromised clinical outcomes caused by:

- 2 • Utilizing a specific diagnostic or therapeutic procedure when the safety, clinical
3 effectiveness, or diagnostic utility is either unknown or is known to be unsafe,
4 ineffective, or of no diagnostic utility, *instead of* a diagnostic or therapeutic
5 procedure known to be safe, be clinically effective, or to have diagnostic utility;
6 or
7 • The utilization of a diagnostic or therapeutic procedure that is substantially less
8 effective or safe than another procedure with established safety, and clinical
9 effectiveness or utility.

10
11 **Labeling effects (non-specific harm):** The harm that results from identifying in a
12 patient a condition or a finding that is not clinically valid.

13
14 **Safe:** The terms “safe” and “safety,” are used only with specific reference to the
15 absence of direct harm. Direct harm would include any injury to a patient caused
16 by the mechanical, thermal, biological, chemical, pharmacological, electrical,
17 electromagnetic, or psycho-dynamic properties of a diagnostic or therapeutic
18 procedure, and as such, the procedure would be considered unsafe.

19
20 **Direct harm:** Any injury to a patient caused by the mechanical, thermal, biological,
21 chemical, pharmacological, electrical, electromagnetic, or psycho-dynamic
22 properties of a diagnostic or therapeutic procedure.

23
24 **Benefit versus risk profile:** The relative effectiveness or utility of a therapeutic
25 intervention or diagnostic procedure versus its potential for direct harm.

- 26 • Positive (benefits outweigh risks),
27 • Negative (risks outweigh benefits), or
28 • Equivocal (available information is inconclusive).

29
30 **Description/Background**

31 Spinal manipulation is practiced by a variety of health care providers including, but not
32 limited to: chiropractors, osteopaths, physical therapists, and naturopaths. Health care
33 practitioners may differ with respect to the specific spinal manipulation techniques they
34 use, reflecting the diversities in their education, training, and philosophical foundations.
35 Manipulative therapy uses a number of techniques that can be classified as either
36 manipulations or mobilizations. Mobilization techniques include grades I-IV, as well as
37 grade V manipulation which is similar to the HVLA thrust manipulations (Peterson &
38 Bergmann, 2002). The primary objectives of spinal manipulation in the treatment of spine
39 pain are to alleviate musculoskeletal pain, muscle spasm, and functional impairment of
40 the spine. This form of manipulation is a therapeutic procedure characterized by
41 controlled force, leverage, direction, amplitude, and velocity (directional, high velocity,
42 low amplitude thrust) (Peterson & Bergmann, 2002).

1 **Evidence and Research**

2 There has been little research regarding the effectiveness and safety of spinal
3 manipulation for the treatment of acute, sub-acute, and chronic thoracic spine pain. The
4 support for the use of spinal manipulation in the treatment of thoracic spine pain may be
5 inferred from the evidence supporting the use of spinal manipulation for chronic non-
6 specific low back pain and neck pain. With regards to thoracic spinal manipulation for
7 conditions of associated areas, Walser et al. (2009) completed a systematic review on
8 thoracic spine manipulation (TSM) and treatment of various musculoskeletal conditions.
9 Evidence was limited to determine effectiveness of TSM for shoulder conditions, but
10 authors suggested that evidence is strong enough to encourage the pursuit of additional
11 research in this area. One high quality study looked at lower trapezius strength and TSM.
12 Increased strength was noted but the study was not generalizable.

13
14 There is sufficient evidence to support the use of TSM in the management of neck pain in
15 the short term. Several studies have supported thoracic spinal manipulation as effective
16 for acute/sub-acute neck pain (González-Iglesias et al., 2009; Bronfort et al., 2010; Cross
17 et al., 2011; Puente-dura et al., 2011; Lau et al., 2011; Massaracchio et al., 2013;
18 Huisman et al., 2013; Casanova-Méndez et al., 2014). Thoracic spine manipulation has a
19 therapeutic benefit for some patients with neck pain. Thoracic spine manipulation alone,
20 or in combination with, other interventions is a suitable intervention to try in the
21 treatment of non-specific neck pain.

22 **References**

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