Clinical Practice Guideline: **Drop Table Assisted Manipulation**

Date of Implementation: **July 13, 2006**

Product: **Specialty**

GUIDELINES

American Specialty Health – Specialty (ASH) considers Drop Table Assisted Manipulation as medically necessary when used to assist in administering a high-velocity, low-amplitude (HVLA) spinal adjustment. As such, the base of peer-reviewed published literature supporting HVLA can be used to support the efficacy and favorable benefit: risk profile of drop table assisted manipulation.

DESCRIPTION/BACKGROUND

There are several different manufacturers and commonly used drop table models, but they all have a common purpose and mode of action. The drop table is used to assist in administering a high-velocity, low-amplitude (HVLA) spinal adjustment (Cooperstein & Gleberzon, 2004). The therapeutic procedure begins with a downward pressure over the appropriate vertebral segment or contact point to adjust the involved joint of the patient positioned on the drop table. This section of the table will release or "drop" from one to several centimeters. This abrupt stop at the "terminal point" and the practitioner's continued downward pressure results in inter-vertebral motion and/or joint cavitation.

EVIDENCE REVIEW

Oh et al. (2018) examined the effects of flexion-distraction and drop techniques on disorders and Ferguson's angle in female patients with lumbar intervertebral disc herniation. Thirty female patients with lumbar intervertebral disc herniation were divided into an experimental group (*n*=15) treated with flexion-distraction and drop techniques and a control group (*n*=15) treated with spinal decompression therapy. Both groups were treated three times a week over an eight-week period. Results demonstrated that both groups showed statistically significant decreases in disorders and in Ferguson's angle. Authors concluded that flexion-distraction and drop techniques may be an effective intervention to improve disorders and Ferguson's angle in female patients with lumbar intervertebral disc herniation. Oh et al. (2019) performed a similar study looking at the effects of flexion-distraction technique and drop techniques on straight leg raising angle and intervertebral disc height of patients with lumbar intervertebral disc herniation. Thirty female patients between the ages of 20 to 60 years of age were assigned to the experimental group (*n*=15) treated with flexion-distraction and drop techniques or to the control group (*n*=15) treated with spinal decompression therapy. Both groups were treated three times a week for 8 weeks. Both groups had a significant increase in straight leg raising angle and intervertebral disc height. The authors concluded that flexion-distraction technique and the

drop technique may be effective interventions for straight leg raising angle and intervertebral disc height in patients with intervertebral disc herniations.

There is no specific evidence of safety concerns using a drop table. It has been suggested that the drop table method may have a more benign safety profile, but this hypothesis has not been verified.

PRACTITIONER SCOPE AND TRAINING

Practitioners should practice only in the areas in which they are competent based on their education training and experience. Levels of education, experience, and proficiency may vary among individual practitioners. It is ethically and legally incumbent on a practitioner to determine where they have the knowledge and skills necessary to perform such services.

It is best practice for the practitioner to appropriately render services to a patient only if they are trained, equally skilled, and adequately competent to deliver a service compared to others trained to perform the same procedure. If the service would be most competently delivered by another health care practitioner who has more skill and expert training, it would be best practice to refer the patient to the more expert practitioner.

Best practice can be defined as a clinical, scientific, or professional technique, method, or process that is typically evidence-based and consensus driven and is recognized by a majority of professionals in a particular field as more effective at delivering a particular outcome than any other practice (Joint Commission International Accreditation Standards for Hospitals, 2020).

Depending on the practitioner's scope of practice, training, and experience, a member's condition and/or symptoms during examination or the course of treatment may indicate the need for referral to another practitioner or even emergency care. In such cases it is prudent for the practitioner to refer the member for appropriate co-management (e.g., to their primary care physician) or if immediate emergency care is warranted, to contact 911 as appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* clinical practice guideline for information.

References

Cooperstein, R., & Gleberzon, B. (2004). *Chiropractic System Techniques: Thompson Technique.* In Technique Systems in Chiropractic. (pp. 243-249). London: Churchill Livingston

Oh, H., Lee, S., Lee, K., & Jeong, M. (2018). The effects of flexion-distraction and drop techniques on disorders and Ferguson's angle in female patients with lumbar intervertebral disc herniation. *Journal of Physical Therapy Science, 30*(4), 536–539. https://doi.org/10.1589/jpts.30.536

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