Clinical Practice Guideline: **Logan Basic Technique**

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

Product: **Specialty**

GUIDELINES

American Specialty Health – Specialty (ASH) considers the Logan Basic Technique as not medically necessary because further studies or clinical trials are necessary to determine its dose, safety, efficacy, or efficacy as compared with currently accepted professional standard means of treatment. While it may be considered professionally recognized, it may also pose a health and safety risk through substitution harm.

DESCRIPTION/BACKGROUND

Hugh B. Logan, DC, founded Logan College of Chiropractic as well as the Logan Basic Technique. This technique is a low-force adjustive technique using light, sustained force (as little as 2–10 oz. of pressure) exerted against a specific contact point on the sacrum at the base of the spine (Cooperstein & Gleberzon, 2004). The adjustment of the sacral apex involves light pressure on the sacrotuberous ligament. The practitioner's other hand is used to palpate and apply light pressure to spinal structures correcting any misalignment that may be causing nerve irritation in the spine (Hutti, 1998). Logan Basic Technique also uses the muscular structure surrounding the sacrum as a lever system for balancing the entire structure of the spine. Proponents believe correction of a sacral subluxation will result in self-correction of other spinal subluxations.

An important aspect of Logan Basic Technique is the Logan System of Body Mechanics. Dr. Logan's system of calculating compensatory mechanisms that occur as a result of postural distortions and correcting those distortions serves as a foundation for the overall understanding of spinal biomechanics. According to practitioners, this system can be applied using virtually any adjusting technique (https://www.logan.edu/academics/doctor-chiropractic/techniques).

EVIDENCE REVIEW

A literature review reveals no high-quality peer reviewed articles on the Logan Basic Technique.

A panel of chiropractors rated specific chiropractic techniques for their effectiveness in the treatment of common low back conditions, based on the quality of supporting evidence following systematic literature review and expert clinical opinion. Among the least effective was non-thrust reflex/low force techniques such as Logan Basic Technique. The ratings for the effectiveness of chiropractic techniques/procedures for the treatment of

common low back conditions are not equal. Gatterman, Cooperstein, Lantz, Perle, & Schneider (2001) concluded that those procedures rated highest are supported by the highest quality of literature.

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

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