

1 **Clinical Practice Guideline:** **Webster Technique**

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

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5 **Product:** **Specialty**

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8 **GUIDELINES**

9 American Specialty Health – Specialty (ASH) has determined that Webster technique is
10 unproven because credible scientific evidence is inadequate to support the claimed
11 applications of this procedure.

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13 Patients must be informed verbally and in writing of the nature of any procedure or
14 treatment technique that is considered experimental/investigational or unproven, poses a
15 significant health and safety risk, and/or is scientifically implausible. If the patient decides
16 to receive such services, they must sign a Member Billing Acknowledgment Form (for
17 Medicare use Advance Beneficiary Notice of Non-Coverage form) indicating they
18 understand they are assuming financial responsibility for any service-related fees. Further,
19 the patient must sign an attestation indicating that they understand what is known and
20 unknown about, and the possible risks associated with such techniques prior to receiving
21 these services. All procedures, including those considered here, must be documented in the
22 medical record. Finally, prior to using experimental/investigational or unproven
23 procedures, those that pose a significant health and safety risk, and/or those considered
24 scientifically implausible, it is incumbent on the practitioner to confirm that their
25 professional liability insurance covers the use of these techniques or procedures in the event
26 of an adverse outcome.

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28 **DESCRIPTION/BACKGROUND**

29 Webster technique is a form of chiropractic analysis and adjustment that claims to relieve
30 the musculoskeletal causes of intrauterine constraint that can obstruct normal fetal
31 movement. First, the sacrum and associated joints are evaluated with specific low force
32 chiropractic adjustments to the sacrum with the intent of relieving tension exerted on the
33 uterus due to sacral rotation. Then light effleurage trigger point therapy is applied to correct
34 pelvic muscle and ligament imbalances and release any painful muscle nodules palpated in
35 the lower abdomen. The Webster technique is believed to facilitate fetal motility within the
36 uterus and enable repositioning (e.g., of a breech presentation) into the optimal position for
37 birth. According to its proponents, this non-invasive technique does not involve
38 manipulating the abdomen in an attempt to change the position of the baby.

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40 Larry Webster, DC developed this technique in 1978 to restore pelvic balance and function
41 for pregnant patients. Dr. Webster also founded the International Chiropractic Pediatric

1 Association (ICPA), which continues teaching this technique as part of its post graduate
2 programs in Chiropractic Pediatrics.

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4 Using the Webster technique to reposition a diagnosed breech presentation during late
5 stages of pregnancy *in lieu of* care from an obstetrician may delay appropriate treatment
6 for a medical condition (substitution effects). However, the organization teaching this
7 technique clarifies that chiropractors are not practicing obstetrics.

8 9 **EVIDENCE AND RESEARCH**

10 A review of the literature found one retrospective study in which 1,047 ICPA members
11 were mailed a survey regarding their use of the Webster technique in managing pregnant
12 patients with breech presentations. Among the 112 responding doctors who met inclusion
13 criteria for the survey (11% response), 102 (91%) reported the patient's breech presentation
14 resolved while 10 (9%) did not resolve with the technique. The small response rate is
15 subject to reporting bias and breech presentations were not confirmed by diagnostic
16 ultrasound in 59 of the reported cases.

17
18 There are several case studies reporting therapeutic successes or lack thereof with babies
19 in a breech position turning to a normal position; however, the majority are not published
20 in peer-reviewed journals.

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22 Chiropractic manipulation and therapeutic massage have demonstrated efficacy with a
23 variety of musculoskeletal conditions. The increased weight bearing load and altered
24 biomechanics associated with pregnancy can contribute to musculoskeletal related
25 symptoms. However, more research is needed to validate the ability of Webster technique
26 to correct a breech presentation.

27 28 **References**

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