Clinical Practice Guideline: **Organ/Visceral Manipulation**

Date of Implementation: **February 9, 2006**

Product: **Specialty**

POLICY

American Specialty Health – Specialty (ASH) clinical committees have determined that organ/visceral manipulation is not established as clinically effective, is not professionally recognized, poses a health and safety risk through substitution harm and labeling effects, and is considered to be unsafe. For more information, see ASH policy Techniques and Procedures Not Widely Supported as Evidence Based - CPG 133 – S.

PROCESS AND DEFINITIONS

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

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

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

- Utilizing a specific diagnostic or therapeutic procedure when the safety, clinical effectiveness, or diagnostic utility is either unknown or is known to be unsafe, ineffective, or of no diagnostic utility, *instead of* a diagnostic or

therapeutic procedure known to be safe, be clinically effective, or to have diagnostic utility; or

- The utilization of a diagnostic or therapeutic procedure that is substantially less effective or safe than another procedure with established safety, and clinical effectiveness or utility.

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

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

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

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

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

Description/Background

Visceral manipulation (VM) uses very specific soft manual forces to encourage normal mobility, tone, and motion of the viscera (internal organs) and their connective tissues. Typical organs treated with VM include the liver, stomach, gall bladder, pancreas, and intestines. Practitioners theorize VM can alter and improve the entire body by enhancing the function of the organs and organ systems through manipulation of their structure and motion.

According to VM proponents, at optimum health, there is a synchronistic, interconnected motion when all the body's organs and connective tissue are freely functioning and open. Restriction can occur due to surgery and scar tissue formation, stress, and trauma. Hypertonicity, displacement, and adhesions can all cause organs to work against each other as well as against the body's muscular, membranous, fascial, and osseous structures. Proponents of VM believe these disturbances can create chronic irritation and abnormal points of tension that can lead to dysfunction and disease. By encouraging the

normal, healthy mobility of the viscera and their connective tissues, practitioners believe their specific manual techniques of visceral manipulation can help the body regain or maintain its natural health.

Evidence and Research

Based on the review conducted, ASH is unaware of any valid, published, peer reviewed studies sufficiently supporting the diagnostic utility of this specific procedure or any evidence on the clinical effectiveness of interventions using this technique.

References

Barral, J. P. (1989). *Visceral manipulation II*. Vista, CA: Eastland Press.

Hammer, W. (1994, September 1). Visceral manipulation. Dynamic Chiropractic, 12(18). Retrieved August 19, 2004, from http://www.chiroweb.com/archives/12/18/29.html