

Madigan Army Medical Center Referral Guidelines

Chiropractics

Neuromusculoskeletal conditions relating to the spine and/or its immediate adjacent articulations including:

- Spinal articulations and attachments
- Sacroiliac joints
- Rib attachments to spine and sternum
- Clavicles
- Scapulae
- Temporomandibular joints

Initial Diagnosis and Management

When the PCM believes that x-rays or another diagnostic tool would be helpful in visualizing an injured area, he/she should order these studies so they will be available at the time of consultation. If ordering spinal x-rays, please specify that they should be taken weight bearing.

Ongoing Management and Objectives

- To evaluate patients with acute or chronic spinal injuries primarily to the axial skeleton, adjacent articulations and intrinsic support elements.
- To assist these patients in attaining and sustaining maximum recovery by employing standard, conservative, spinal manipulation techniques.
- To employ various in-clinic adjunctive therapies to support and enhance the results of spinal manipulation.
- To educate patients in techniques to maintain improvement and prevent reinjury. These include visual, verbal, written and demonstration-performance techniques.
- To refer patients to other health specialties for laboratory, radiographic studies, education, consultation, or evaluation as necessary.

Indications for Specialty Care Referral

Note: Only active duty service members can be seen at this time. NO EXCEPTIONS. (Service members arriving from or departing for a combat zone have priority. We may not treat individuals seeking maintenance or wellness levels of care, (i.e., one visit per month, etc.) or chiropractic therapy to sustain a recovery. The patient must be willing to work as a team with the chiropractor to maximize recovery potential; this includes keeping established appointments.)

Conditions that can benefit from chiropractic treatment:

- Myofascial pain
- Neck pain, stiffness or spasms
- Back pain, stiffness or spasms
- Tension headaches
- Sciatica

- General joint stiffness due to DDD/DJD
- Spinal sprain/strain injuries
- Bulging disks (no prolapse)

Conditions considered cautionary for spinal manipulation:

- Severe calcification of carotid or vertebral arteries
 - Bone weakening conditions (osteoporosis, osteopenia, and osteomalacia)
 - Severe encroachment of the neural foramina (congenital/degenerative)
 - Recent fracture (within the last six weeks)
 - Cancer
 - Infection
 - Any rapidly progressing neurological deficit
 - Certain rheumatologic/connective tissue disorders (e.g., RA, Ehlers Danlos)
 - Women with any pregnancy complications
- Cautionary conditions are evaluated on a case-by-case basis. A patient may have one of the conditions, such as carotid calcification, but could still be a candidate for mid or low back adjustment. Similarly, someone with severe osteoporosis could benefit from low force pressure point techniques.
 - If you are uncertain as to whether a patient in the cautionary category would benefit from a course of chiropractic treatment, contact the chiropractic clinic 968-3817.
 - Recent (acute) injuries, defined as having occurred within the prior six weeks.
 - Chronic conditions, defined as neuromusculoskeletal injuries over six weeks old, and the patient has not been previously seen at this chiropractic center for the condition.
 - Chronic conditions seen previously at this chiropractic center that have, in the medical opinion of the PCM, been significantly reagravated in a new episode, not simply worsening from a withdrawal of chiropractic treatment.
 - The chiropractic clinic is not an emergent care center; emergency cases should be referred to the Emergency Room or other appropriate immediate or urgent care clinic.
 - Submit all consultations as “routine” but in one of the following two categories: Acute or Chronic
 - Please do not make simultaneous referrals to physical therapy and the chiropractic clinic for the same condition; instead, refer to the clinic you believe most appropriate.

Criteria for Return to Primary Care

Patients who either did not respond or were discharged as having reached maximum recovery.

References

Guidelines for Chiropractic Quality Assurance and Assurance and Practice, Parameters, Proceeding of a Consensus Conference – Conference Commissioned by the Congress of Chiropractic State Associations, Held at the Mercy Conference Center, Burlington, CA, January 25-30, 1992

USAF Academy, SGOSOC OI 44-105, Chiropractic: Treatment Guidelines/Protocols

Last Review for this Guideline: **May 2012**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator