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COMING TO YOUR CLINIC SOON -THE PT STUDENT MANIPULATOR

By Ann Porter Hoke, PT, OCS,
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If you work with student physical therapists, there is a high probability that very soon you could be clinically supervising a physical therapy student (SPT) performing a thrust technique or spinal manipulation.

If you practice in a state in the United States where the licensing laws restrict the practice of physical therapy, you may find yourself explaining to a SPT that although there are no contraindications to manipulation and the patient is a good candidate for an evidence-based technique, they will need to select another technique.

We know from clinical experience that other approaches may well serve the patient equally well in the short or long term, and fortunately many other approaches are available to the physical therapist. However, research has yet to prove many of these other approaches.

You may complain about the focus on evidence-based approaches in health care, and have criticized the AHCPR report (1994) that supported spinal manipulation. You are a successful manual physical therapist who has made significant functional changes to your patients utilizing "sense-based and individualized" care. A SPT will take years to develop those same skills, but in the meantime are you prepared for the student to safely manipulate?

PT Scope of Practice

The Guide to Physical Therapy Practice (APTA 2003) includes all forms and grades of manual therapy within the scope of physical therapy. This Normative Model of PT Professional Education (2004) and the evaluative criteria on Accreditation in PT Education (CAPTE) include manual therapy in the curriculum of physical therapy professional education.

Manipulation Task Force

The APTA Manipulation Task Force set up a Manipulation Education Committee in 2003, to develop dialogue and resource sharing between academic and clinical faculty. In August 2004 the Manipulation Education Manual (MEM) was published, with the goal to support physical therapy education programs (PT Schools) in their further development of programs, especially regarding evidence-based thrust techniques.

Clinical Instructor & Clinical Educators

There is concern there will not be academic and clinical faculty who are skilled or feel qualified to instruct in manipulation. Boissonnault et al (2004) reports on a study of 116 PT programs in which 7% reported concern of a lack of qualified staff, 45% felt manipulation was not an entry-level skill and 26% felt there was a lack of time to add this to an already full curriculum.

Historical perspective

Manipulation has been a part of physical therapy for many decades (Paris). Physical therapists learn manipulation skills in a variety of ways that include professional and postprofessional physical therapy pro-



Extension or closing manipulation.

NAIOMT photographer

grams, in didactic and clinical environments that may include fellowship and clinical mentoring. Boissonnault's (2004) review of the literature demonstrated that the percentage of PT programs in the US that included mobilization/manipulation in their curricula had increased over time (1970-17.5%; 1986-37%; 1997-99%).

NAIOMT's senior faculty members who trained in England in the 1960s were typically taught mobilization and manipulation techniques. Starting in the 1940s in London, England, James Cyriax MD had strongly encouraged the teaching of spinal manipulation (thrust) to physiotherapy students.

Students as safe manipulators?

Cyriax taught a simple clinical reasoning algorithm to enable the decision to manipulate or not. Following the careful history and medical screening, his examination protocol emphasized the ruling out of neurological and vascular compromise and the identification of the partial articular pattern leading to the internal derangement diagnosis that was suitable for manipulation. As a student of Cyriax in the late 1960s, I can report that although my style, force and specificity of manipulation has changed over the years, the basic decision-making process of "is it safe to manipulate" has not changed.

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This issue of the NAIOMT newsletter will be a somewhat shorter length, but we plan to offer the newsletters more frequently. NAIOMT will produce a newsletter 5-7 times per year focusing on clinical manual physical therapy as well as those timely and interesting topics. This newsletter will also be sent to the physical therapy educational programs as well as participants of our courses. Whether you are a first time reader or follow the newsletter regularly, we welcome you.

This edition focuses on an important subject, which will affect all physical therapists who work with students of physical therapy education programs. We encourage your participation in the discussion of entry-level instruction in spinal and peripheral manipulation. I am sure Ann Porter-Hoke's overview of the topic will provide you with an insight as well as resources to assist your further study and discussions. Feel free to respond with a 'Letter to the Editor'.

Bill Temes

Student manipulator

(continued from page 1)

Flynn et al (2002) recently published a clinical prediction rule for classifying patients with low back pain who demonstrated short-term improvement with spinal manipulation. It would be interesting to compare the Flynn and Cyriax selection criteria and also whether complex and lengthy biomechanical assessments of spinal and pelvic girdle mobility and stability help or hinder selection, safety and results.

Dangers of spinal manipulation

The major risk with lumbar spinal manipulation is cauda equina syndrome, which has been estimated to occur in 1 in 6-100 million manipulations (Flynn, Shekelle). Reports of cervical artery dissection and other severe adverse reactions in response to cervical manipulation vary from 1:4,500 to 1:1 million (Mann & Refschauge). There is little in the literature regarding injuries post-manipulation to the thoracic spine, sacro-iliac and extremity joints, except for case reports of disc herniation, epidural hematoma, fracture and increased pain. With careful patient screening and the use of gentle techniques with minimal rotation, the risks should be minimized.

If it requires advanced training or practice to develop specificity and if specificity is critical for safety, then the novice manipulator will produce a higher incidence of adverse reactions. The novice is also likely to cause adverse reactions to the prescription of an exercise program. In a study of experienced and novice manipulators utilizing lumbo-pelvic manipulation, the patient outcomes and the low incidence of adverse reactions were virtually the same in the two groups. (Sizer 2003)

Summary

This article has attempted to give a brief overview of a rapidly changing focus in physical therapy training and practice in the US. For physical therapists in other countries, manipulation has been part of their training and scope of practice for many decades.

Physical therapists are the experts in movement dysfunction, and their training includes the basic sciences of anatomy, biomechanics, pathology and medical and movement sciences. This gives the therapist a sound knowledge of the indications for and contraindications against "moving the joint", and which technique will efficiently, effectively and safely achieve the improved movement and function. The thrust technique is just "one tool in the tool-bag" that happens to be evidence-based and the one that many patients seek.

NAIOMT has always been an advocate of spinal manipulation and strongly supports the APTA and AAOMPT position and plan to facilitate the teaching of manipulation to student physical therapists and their clinical instructors. If manipulation is within the scope of physical therapy practice, it should be taught or introduced to PT students. The new physical therapist will then have a greater knowledge of who is a good candidate for manipulation, and if not wishing to perform the techniques themselves, are in a better position to refer to another practitioner who can provide the patient with the best possible care.

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Editor: Bill Temes, PT, OCS, FAAOMPT
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Cliff's clicks

Cliff Fowler PT, FCAMT, senior NAIOMT faculty, retired from regular teaching in the US in January 2004. This leaves Cliff with even more time to sit at his computer and explore the web-sites for useful manual therapy information. He will be contributing regularly to this column with useful web sites and other treatment tips. Cliff has been a practicing physiotherapist/manipulator for 45 years.



Clinical click

Pes planus in the elderly is a common problem and is primarily a dropped proximal part of the 2nd or 3rd metatarsal. After screening for osteoporosis risks, manipulate by using separation and dorsiflexion followed by re-education of the plantar flexors.

Electronic click

"Wheelless" Textbook of Orthopaedics index (reference for pathology, anatomy/pictures) <http://www.wheelessonline.com/>

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- American Physical Therapy Association www.apta.org (Education & Ortho Sections, Dept of Governmental Affairs)
- CAPTA. Commission on Accreditation in Physical Therapist Education. Alexandria, VA: 1998 American Physical Therapy Association.
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NAIOMT CLINICAL FELLOWSHIP PROGRAM NEWS

By Ann Porter Hoke
PT, OCS, FCAMT, FAAOMT
Fellowship Director

The post professional clinical fellowship program currently has 22 active fellowship students at various stages of the program, with eight students projecting to complete the program in the next 6 months.

The program is part time and flexible within the guidelines established by NAIOMT, AAOMPT and the APTA. The flexibility allows the student to set their own timeline and minimally disrupt their work and home schedule. This flexibility also carries the increased responsibility and self-discipline required of an independent study program to stay within the timeline plan without the immediate support of their student peer group.

NAIOMT ADMINISTRATION NEWS

By Mary Chavin, PT

Thank you for your feedback on our on-line newsletter. We plan to increase the frequency of publication to 5-7 times per year.

The NAIOMT Board of Directors and Faculty revised the requirements pre-requisites at their level I (500) core class, "Differential Diagnosis"

We now welcome to the 500 class physical therapy students who are in their third year of training. They will need to provide a copy of their transcript to date or a letter from their PT school indicating they are a third-year student.

In the very near future, NAIOMT's internet pre- and post course testing at level 1 (500) will be available, so the students will also receive a course grade and certificate of completion.

Please look on our web site for more information, or e-mail us at admin@naiomt.com

NAIOMT EXAMINATION NEWS

By Shari Keyser, PT

Congratulations on the following successful candidates from the spring/summer of 2004.

LIV - COMT

Karen Greeley, WA
W. Stu Hogg, OR, With Distinction
Mark Murphy, NY, With Distinction

L III CMPT

Mary Coar, MT
David Carter, UT
Brent Dodge, MT
Julie Daugherty, NJ
Debra Edwards, CO
Gail Elliott, IN
Dale Hoistad, WA
Laura Iverson, WA
Kelli Mihalik, CO
Lynne Pedersen, CA
Michelle Rodriguez NY
Kayla Smith, CA
Neena Sharma, KS
Cover McWhinney

Please look on our web site for more information, or e-mail us at exams@naiomt.com

Remember to check on the web site for the deadlines of the examinations you plan to take.

The Fellowship program has a new administrative assistant in Eugene, OR, Joan Taylor. Joan will be please to answer your telephone or e-mail enquiries.

Please look on our web site for more information, or e-mail us at fellowship@naiomt.com

The North American Institute of Orthopaedic Manual Therapy Inc (NAIOMT) Fellowship Program is credentialed by the American Physical Therapy Association as a postprofessional clinical fellowship program for physical therapists in orthopaedic manual physical therapy.

CALENDAR NEWS

AAOMPT Meeting:

Louisville, KY
October, 22-24, 2004
www.aaompt.org

Fifth Inderdisciplinary World Congress Meeting on Low back and Pelvic Pain

Melbourne, Australia
November 10-13 2004
www.worldcongresslbp.com

APTA CSM:

Combined Sections Meeting

New Orleans, LA
February 23-27, 2005
Go to www.apta.org for details

NAIOMT CORE AND SPECIALTY CLASSES

NAIOMT offers a series of core curriculum classes (levels I-IV) 500, 600, 610, 625, 700, 710, 720 and 800. These courses are designed to build on the previous, but with the exception of the 800 class, have recommendations for previous study, however no prerequisite except for being a certified physical therapist.

New Core Courses

- 625 Extremity (peripheral) joint manipulation
- 720 Clinical Reasoning

The SPECIALTY classes are typically shorter or focus on a topic or pathology.

Topics include:

- MVA
- Spinal Instability
- TMJ
- Thoracic spine
- Medical screening

Go to www.naiomt.com to see our list of current course offerings and the course descriptions.