

# **Spinal manipulation: Why is the chiropractic adjustment different? A brief answer.**

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## **Did chiropractors discover spinal manipulation?**

No they did not. Manipulation of the spine has been performed for an estimated 4000 years. The ancient civilisations did not just use chemicals for the treatment of illness, nor did they ignore physical methods for the cure of infirmity.

It has been written that Hippocrates, known as the father of modern medicine, used spinal manipulation and wrote about looking to the spine as the cause of disease. It appears that modern medicine is in denial of recognising their own brilliant Greek as the possible father of spinal manipulation. Also of importance is his recognition of health coming from an innate source within us all: *vis medicatrix naturae* they called it. This is the basis of wholistic healing today.

Chiropractic's founder DD Palmer in 1895 advocated that he had not discovered the art of spinal manipulation, but rather its specific adjustment using "spinous and transverse processes as levers". He also spoke of *innate intelligence* being normalised when the spine is functioning correctly. In short, the chiropractic form of manipulation is so specific in force, direction, location and purpose, that we refer to it as an "**adjustment**".

## **Who performs manipulation?**

In NSW, Australia, there are 4 professions registered to manipulate the human skeleton:

1. Chiropractors
2. Osteopaths
3. Physiotherapists
4. Medical physicians

Chiropractors represent the majority of this group who manipulate the spine. They have been registered since 1978 in Australia, as early as 1964 in WA, thus ensuring safety and educational superiority in methods used to adjust the spine, through government regulation. Before this date, virtually anyone could do it, and could call themselves a chiropractor...even a charlatan.

## **Is mobilisation safer?**

There is a growing misconception that mobilisation can replace manipulation, and that it is gentler. There is no evidence for this. Clinically, if mobilisation is attempted on an

inflamed joint it could be even more painful than inducing a rapid movement of the joint with a manual or instrument-assisted thrust. My experience is that the chiropractic adjustment creates mobility also. Physiotherapists have been known to promote the benefits of mobilisation, without actually supplying evidence that it has a therapeutic benefit over manipulation.

The fact is that chiropractors and osteopaths have used mobilisation, manipulation, adjustment and low force techniques in combination, according to therapeutic need, patient presentation and history. The chiropractor uses clinical discernment, knowledge and patient presentation to gauge which is more beneficial from visit to visit.

Also, there is a misconception arising that manipulation causes great “adverse events”. This must be weighed against possible benefit. And as usual, more research would be helpful.

There is a serious problem in defining *adverse events* because a medical adverse event kills an ‘undisclosed’ number of *thousands* of Australians per year, but in a recent paper on chiropractic, it created minor headache and soreness. How can we possibly use the same terminology? This is misleading to the public.

### **What are the differences?**

All professions have crossover points, so the distinguishing features will be highlighted here.

#### **Medical physicians**

Very few medical physicians manipulate the spine. The component of education dealing with neuromusculoskeletal (NMS) anatomy, diagnosis and treatment in the medical doctors degree is minuscule compared with the chiropractor. Many of the few MDs who do manipulate the spine have probably only attended workshop seminars, if any, as they are not regulated. Some may be very proficient<sup>1</sup>. Most quote ‘evidence based’ or scientific procedures but the differences are apparent when no philosophy of practice other than pain relief can be found. Benefits include medicare rebate, political influence and licence to administer drugs. Overseas, a few physicians have claimed some very “chiropractic” ground, especially those from Germany such as Biederman who adjusts children with very specific and gentle techniques using x rays.<sup>2</sup>

#### **Physiotherapists.**

Some physiotherapists are skilled at manipulation of the spine for treatment of certain conditions. Though not as comprehensive as the basic chiropractic program in teaching manipulation, some physiotherapists do extensive further education in this field and may be quite competent. Usually a one year add-on degree.<sup>3</sup> As a profession, though, those that do spinal manipulation are a minority. Using x rays for vectors and specificity is virtually unheard of. Advantages include an ever expanding educational curriculum, and arguably, a better relationship to the public medical health system through scores of specialised application in private and public sectors.

## **Osteopaths**

Osteopaths have a history of spinal manipulation that is a little longer than that of chiropractic. It has always been considered a separate profession and has a similar philosophy of releasing the inborn ability of the body to heal itself through improving circulation. In the USA osteopaths have been all but absorbed by the medical profession, now licensed to do surgery and dispense drugs. It is estimated that only 5% use manipulation. Here in Australia new schools are emerging that remain fairly traditional in encompassing a wide variety of tools such as nutrition, muscle therapy, exercise and manipulation. Radiography is not emphasised as a tool to aid manipulation. Advantages include a diverse range of approaches and long history.

## **Chiropractors**

Chiropractic has had at the core of its practice a type of manipulation that is so specific that they refer to it as SPINAL ADJUSTMENT. For instance, for decades the foremost school of chiropractic in the world focused on adjusting only one bone at the top of the neck, the atlas. This is not characteristic of all chiropractic but illustrates the differences, that is:

1. Specificity, or adjusting only one or two joints at a time, as opposed to general manipulation of a whole area of the spine.
2. Speed. The adjustment is quick and often not even sensed by the patient
3. Low force. Excessive force probably involves other joints not intended to be affected
4. Amplitude. The depth of the force is also controlled
5. Some techniques use no manipulation at all, but an adjustment that affects the joint within its normal range of motion. Other professions move the joint forcefully just beyond the normal range of the joint.
6. Most importantly, there is a philosophy behind the practice to remove nerve interference and allow innate healing to occur. All of the other professions may, or may not, have a philosophy behind what they do. Chiropractors treat no disease but remove spinal interferences to healing.

Unfortunately chiropractic has advanced rapidly over a century despite lack of scientific credibility and paucity of formalised non-clinical research. This is changing as Dr Jennifer Jamison states in her reaserch report<sup>4</sup> there are some 73 randomised clinical trials that show spinal manipulation performed by chiropractors benefits low back pain, and a reputable trial that demonstrates superiority of management over medical treatment.

## **Who can benefit from spinal adjustment?**

Today, or until recently, we tended to go with the flow of accepted mainstream drugs and surgery but now people are going to non-mainstream health providers in droves. The researcher Eisenberg has reported extensively that in general in the USA more people are going to "complimentary / alternative medicine" (CAM) providers, paying out of their own pocket. Other studies looking at CAM have shown these people are better educated. These figures appear to stand equally in Australia as well.

## **The future**

The future will see all of these professions remaining separate and distinct but working together to help the patient. All will strive to improve effectiveness and safety of manipulation procedures. In the free market place, it is hoped that the one who does it the best (less time, cost, risk; greater benefits) will prevail. Politically, medicine will take over and control some manipulative therapies.

One thing is clear - the consumer has the power to choose and no longer relies on a patriarchal model of health that was once based on "doctor's orders". This means that the historical "watchdogs" of health, such as the established medical journals and medical trade unions like the AMA, can no longer rely on telling people what to think, but to offer information.

## **Summary**

### **Mobilisation:**

Slow application of force to a joint - within passive range of motion, without sudden acceleration.

### **Manipulation:**

A manual thrust directed to move a joint slightly past the normal range of motion, without exceeding the anatomical limit, usually to treat a particular condition.

### ***Chiropractic Adjustment:***

Any chiropractic procedure that uses a specific, controlled force with designated leverage, speed, direction, and depth at an individual joint only, with the strict intention of restoring innate physiological function through removing adverse neurologic function. This could be more scientifically describes as improving afferent flow, through mechanoreceptor stimulation and nociceptive input alteration, affecting efferent behaviour such as through the descending motor neurone pools that affect

Other professions are now incorporating spinal manipulation. Chiropractic has had spinal adjustment procedures at the core of its practice the longest of all, since its beginning in 1895.

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<sup>1</sup> <http://www.musmed.com/about.html>

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<sup>2</sup> [http://www.amazon.com/exec/obidos/tg/detail/-/0443100187/qid=1121993504/sr=8-3/ref=sr\\_8\\_xs\\_ap\\_i3\\_xgl14/002-6880465-8552004?v=glance&s=books&n=507846](http://www.amazon.com/exec/obidos/tg/detail/-/0443100187/qid=1121993504/sr=8-3/ref=sr_8_xs_ap_i3_xgl14/002-6880465-8552004?v=glance&s=books&n=507846)

<sup>3</sup>

[http://ptwww.fhs.usyd.edu.au/Homesite/html\\_pages/Postgraduate/postgradcourse\\_manip.htm](http://ptwww.fhs.usyd.edu.au/Homesite/html_pages/Postgraduate/postgradcourse_manip.htm)

<sup>4</sup> <http://www.spinalresearch.com.au/>