

PATIENT EXPERIENCE: What to Expect



Chiropractors are extensively trained in evidence-based musculoskeletal care.

Working in multidisciplinary clinics or in sole practice, chiropractors provide assessment, diagnosis, pain management, manual therapy, education and preventative care for disorders related to the spine, pelvis, nervous system and joints. Patients seek chiropractic care to manage and treat the following conditions:

- Back pain
- Neck pain
- Headache
- Whiplash
- Strains and sprains from daily activities
- Repetitive strain injuries
- Arthritis
- Work and sports-related injuries
- Restricted movement in the back, shoulders, neck or limbs
- Mechanical disorders and restoration of function

FIRST AND SUBSEQUENT VISITS

An initial chiropractic assessment takes 30 minutes, while subsequent visits typically last 15 minutes or less. Timing will vary depending on the type of treatment required. Patients generally wear comfortable clothing and shoes. Sometimes patients may be asked to change into a gown if certain tests or therapies are required.

At the first visit, the chiropractor may ask about the following:

- Personal and family medical history
- A description of the current MSK condition
- The steps taken to manage the condition
- Diet and exercise, sleeping habits, daily activities, work routine, stress level, and home life of the patient

Tests performed may include:

- Blood pressure, pulse and breathing
- Reflexes, strength and sensations
- Orthopedic tests
- Posture analysis
- Movement analysis
- Hands-on evaluation of how well the patient's spine moves
- Diagnostic imaging when necessary



A video outlining what to expect at the first visit can be found on the Canadian Chiropractic Association's website: <https://www.chiropractic.ca/about-chiropractic/how-our-experts-can-help/what-to-expect-at-your-appointment/>

A chiropractor will recommend a course of treatment specific to the patient's needs, which may include manual therapy, soft tissue therapy, electrotherapies such as ultrasound, and therapeutic exercises. Different approaches may be taken for acute and chronic conditions. The number and length of treatments required will vary depending on the condition being managed. A chiropractor works collaboratively with the patient and other healthcare providers. If the chiropractor believes the patient can be more appropriately treated by another healthcare professional, they will make a referral.

SPINAL MANIPULATIVE THERAPY

In addition to patient education, one of the most common therapies a chiropractor uses is spinal manipulative therapy (SMT), a form of hands-on manual therapy that involves the practices of mobilization and manipulation. According to the World Health Organization (WHO), mobilization is "a manual procedure without thrust, during which a joint normally remains within its physiological range of motion", while manipulation is "a manual procedure involving a directed thrust to move a joint past the physiological range of motion, without exceeding the anatomical limit".¹ The use of mobilization or manipulation will vary depending on the injury sustained and best-practice treatment for that injury.

Spinal manipulation is a controlled act in Ontario and chiropractors are one of the few professions that have the demonstrated competence to perform SMT. Literature supports the effectiveness of SMT in relieving chronic low back pain and improving short-term function, and is recommended by numerous clinical practice guidelines, including *Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians*, and the *Evidence-Informed Primary Care Management of Low Back Pain Clinical Practice Guideline from Towards Optimal Practice (TOP)*.^{2, 3}

Contraindications: Though SMT is considered a conservative and safe therapeutic option, chiropractors will not recommend or perform SMT on patients with acute fracture, dislocation or instability, tumour or malignancy of the spinal cord and spine, or progressive neurological deficit, among others, and will not perform SMT on a patient if not in accordance with the patient's preference.⁴

1 World Health Organization. (2005). WHO guidelines on basic training and safety in chiropractic.

2 Amir Qaseem, MD, PhD, MHA; Timothy J. Wilt, MD, MPH; Robert M. McLean, MD; Mary Ann Forciea, MD; for the Clinical Guidelines Committee of the American College of Physicians. <http://annals.org/aim/article/2603228/noninvasive-treatments-acute-subacute-chronic-low-back-pain-clinical-practice>

3 Toward Optimized Practice (TOP) Low Back Pain Working Group. 2015 December. Evidence-informed primary care management of low back pain: Clinical practice guideline. Edmonton, AB: Toward Optimized Practice. Available from: <http://www.topalbertadoctors.org/cpgs/885801>

4 World Health Organization. (2005). WHO guidelines on basic training and safety in chiropractic.



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