Contraindications to Manipulation



Therapist factors

- Subjective assessment
- Inadequate information
- Failure to discuss treatment options
- Consent
- Insufficient biomechanical examination
- Physical limitation
- Lack of confidence
- Equipment
- Incompetence





Patient factors

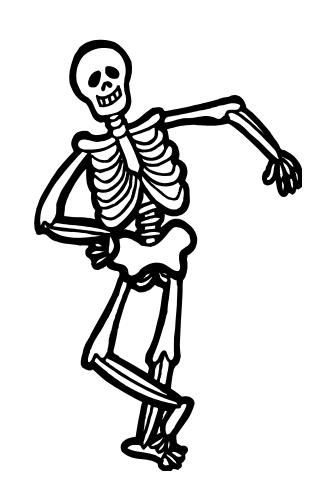
- Lack of consent
- Mental status
- Obsession with manipulation
- Inability to communicate
- Unable to relax
- Pain
- Intoxicated/heavily medical
- Inappropriate end feel
- Instability





Bony elements

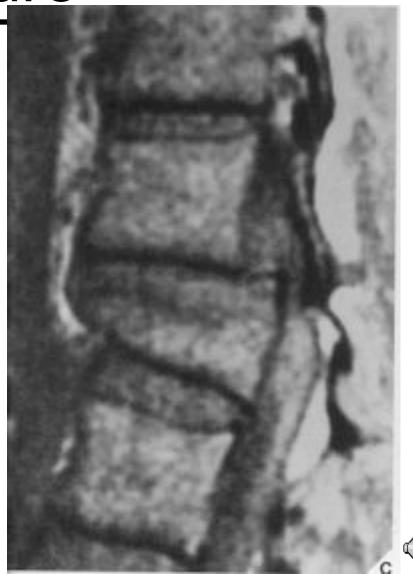
- Fractures –
 presently healing
- Dislocations presently healing



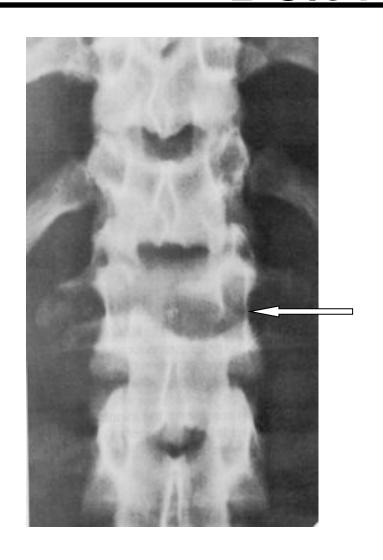


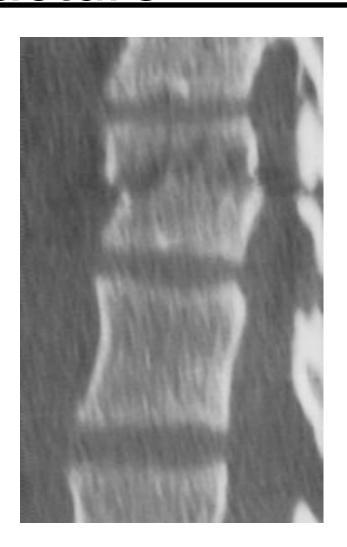
Wedge Compression Fracture





Chance Fracture or Seat Belt Fracture







Bony elements

 Active infection – osteomyelitis, tuberculosis

Congenital anomalies

Gross foraminal or spinal canal encroachment on x-ray



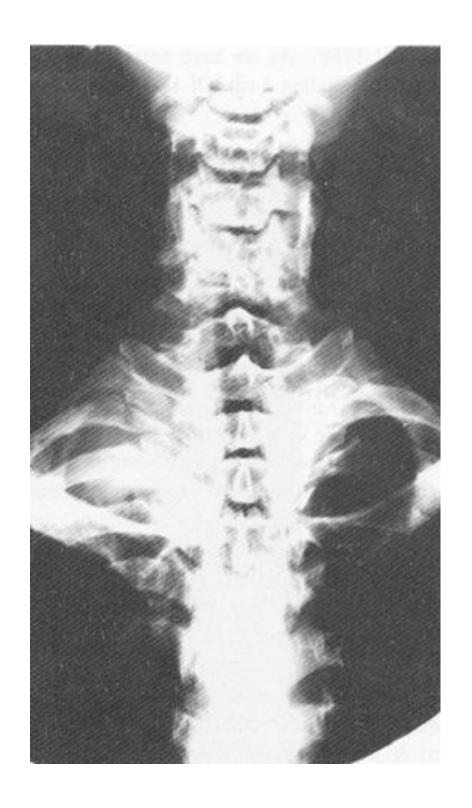


Metastases

Past and present

 Breast, bronchus, prostate, thyroid, kidney, bowel, lympoma

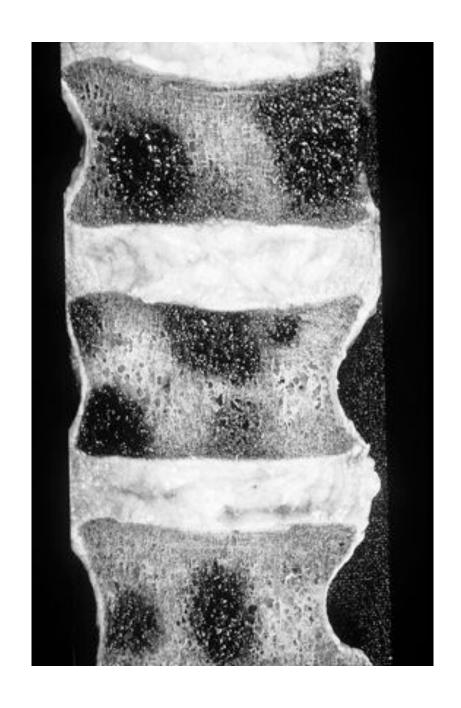




Anteroposterior aspect of a R bronchogenic

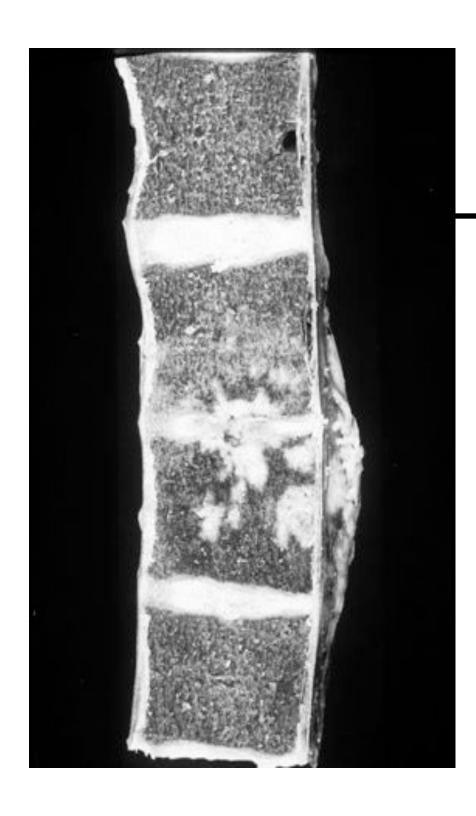
(Pancoast)
carcinoma in the
apex of the lung of a
middle-aged man





Malignan t melanom a



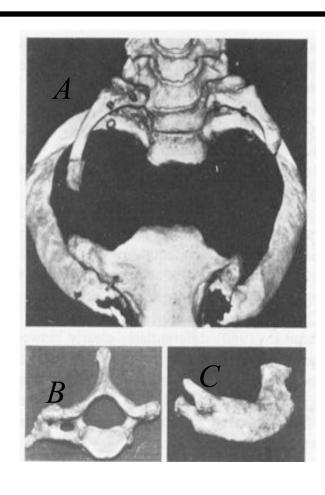


Active infection

Tuberculosis



Congenital Anomalies



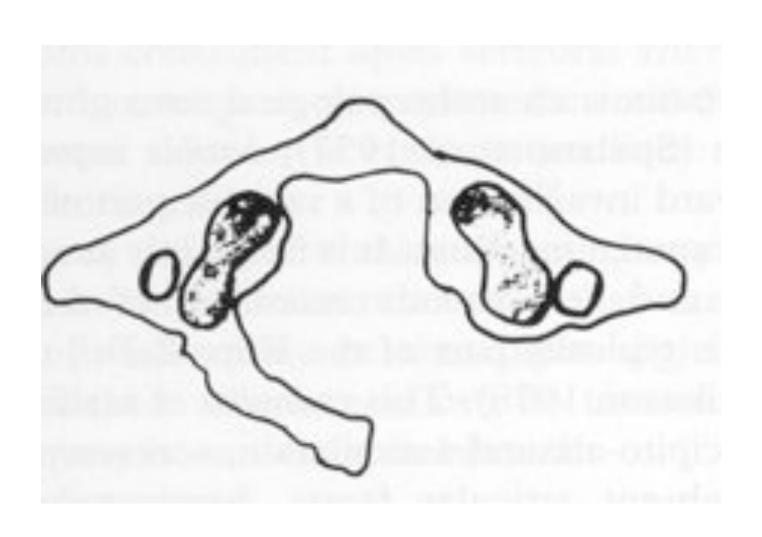
A: Bilateral Asymmetrical cervical ribs

B: First rib fused with the first thoracic vertebrae

C: Cervical rib fused with the first thoracic rib

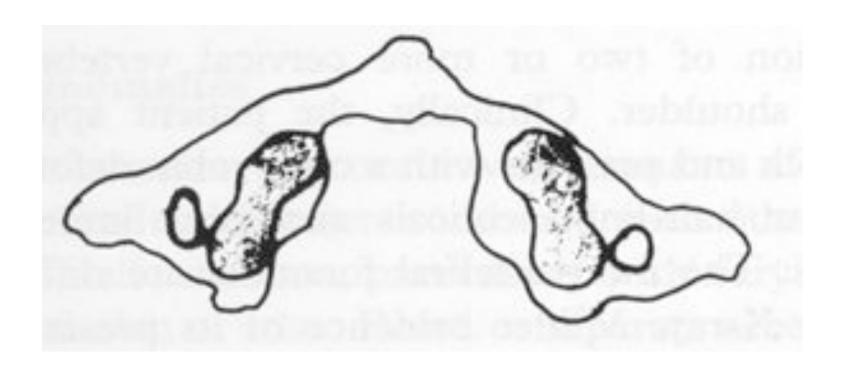


Spina Bifida Atlanto

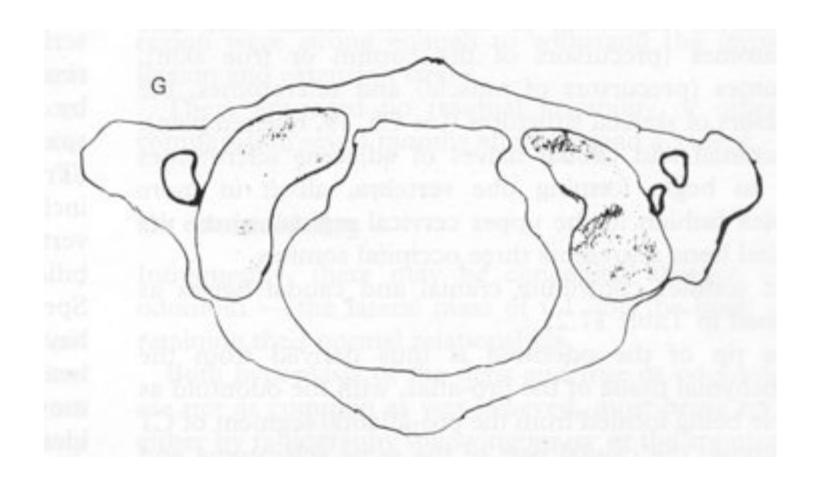




Complete Aplasia of the Posterior Arch



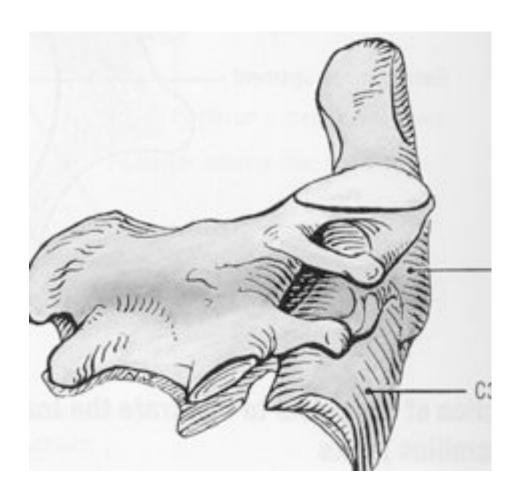




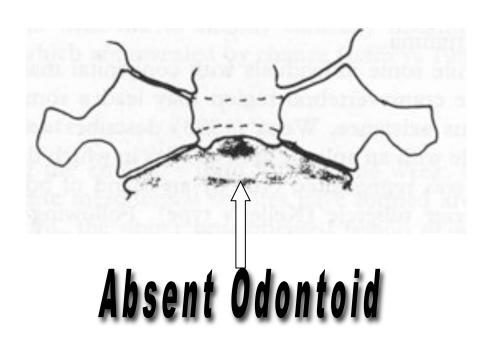
Asymmetry of the lateral dimensions of the Atlas. Note the decreased size of the transverse foramen

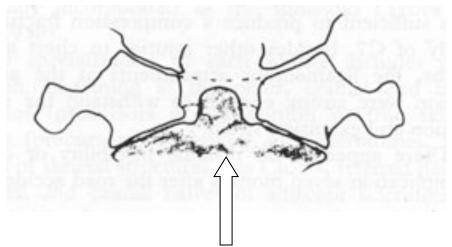


Congenital Fusion of C2-3

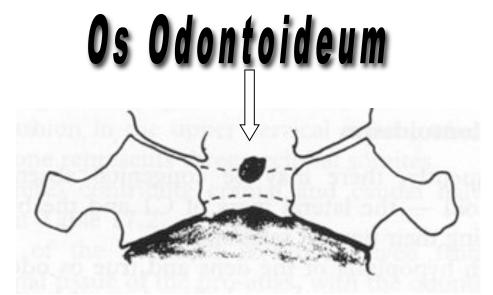


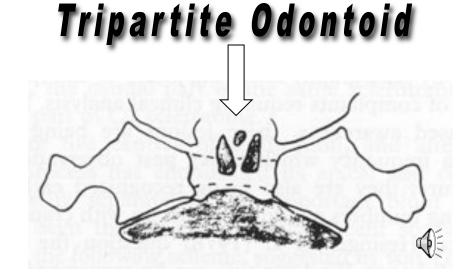


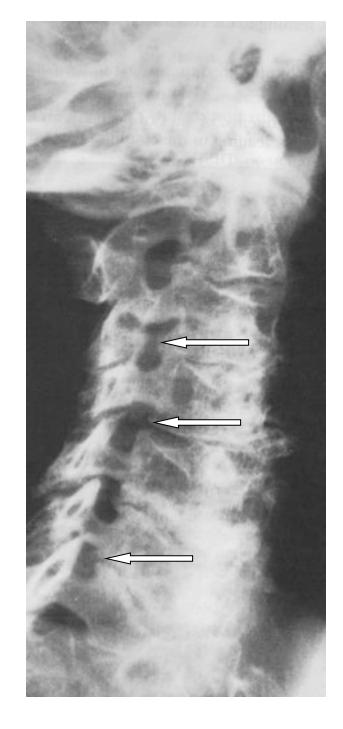




Hypoplastic Odontoid

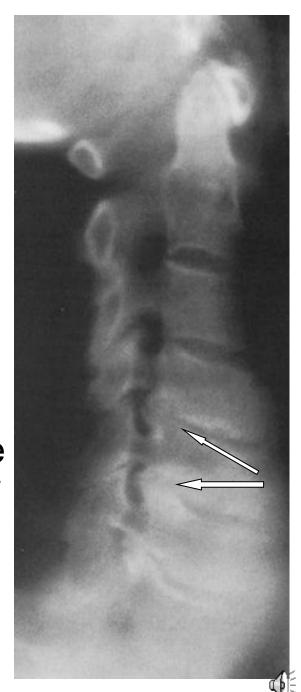






Foraminal /
Spinal Canal
Encroachmen
t

72 year old woman with severe degeneration in the cervical spine. She was complaining of pain radiating from the neck bilaterally into both arms





Lateral Radiograph of a 52 year old woman with RA demonstrating erosive changes in the facet joints



Neurological

- Extra segmental pain increase with passive neck flexion
- Bilateral or quadrilateral multisegmental paraesthesia
- Hyperreflexia
- +babinski, oppenheimer, hoffman
- Clonus
- Ataxia
- Neurological spasticity



Neurological

- Bladder and bowel dysfunction
- Nystagmus
- Dysphagia/dyshasia
- Wallenberg's syndrome (PICA)
- Other cranial nerve S/S



Spinal cord disease/injury

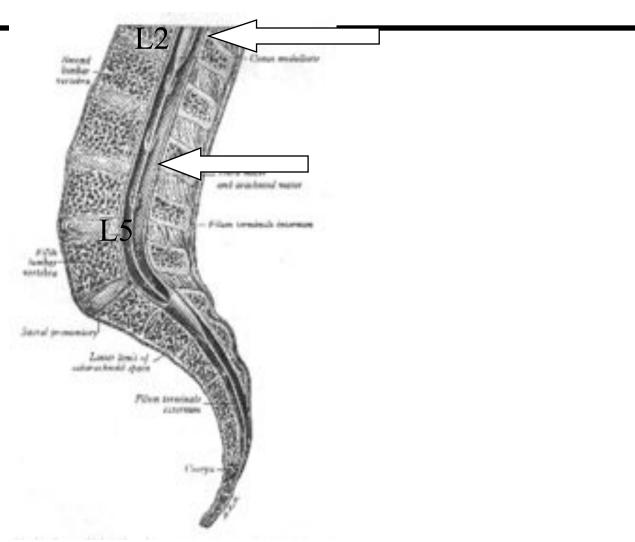
 Extrasegmental pain BELOW level of lesion ↑ with PNF

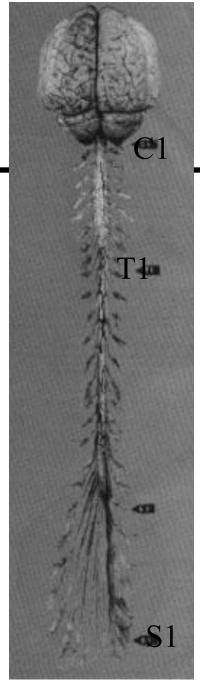
 Bilateral, quadrilateral parasthesia, weakness, spasm hyperreflexia hyporeflexia below level of lesion

Ataxia



Cauda equinae S+S







Cauda equinae S+S

Hypo reflexia or areflexia (bilateral and/or multisegmental)

 Bilateral and /or multisegmental paresthesia and pain

Positive dural signs

Initially bladder hyperactive (increased frequency and urgency) then paralyzed



Cauda equinae S+S

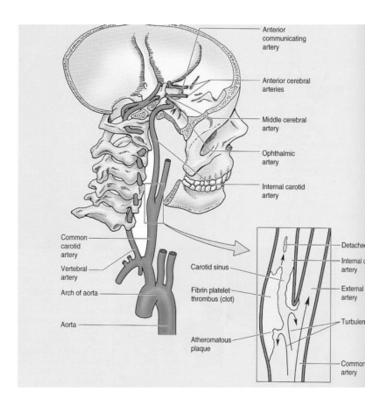
Fecal retention with impaction and fecal fluid overflow

Loss of genital sensation

Loss of reflex erections and ejaculations



Vascular considerations



- Vertebral artery
- Vascular disease
- Bleeding disorders
- Aortic graft



Soft tissue

- Collagen diseases
 - Ehler's –Danlos Syndrome
 - Marfan's Syndrome
 - Osteogenasis imperfecta
 - Achondroplasia
 - Benign Hypermobility (Caution)





- Genetic disorder which affects the structure of fibrillin thereby weakening the connective tissue of the body
- Can result in ligamentous instability through out the body.
- May go undiagnosed from birth



Connective Tissue

- Collagen tissue
- Trauma
- •Grisel's syndrome
- Down's/congenital laxity transverse ligament
- Acute post traumatic stage
- Inappropriate end feel

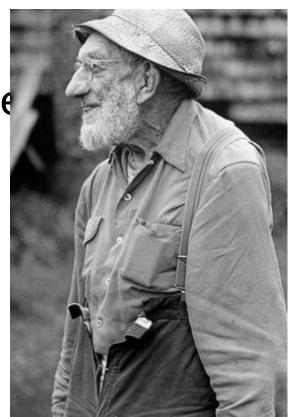


Age

Elderly – tissue health

Children – consent, skele







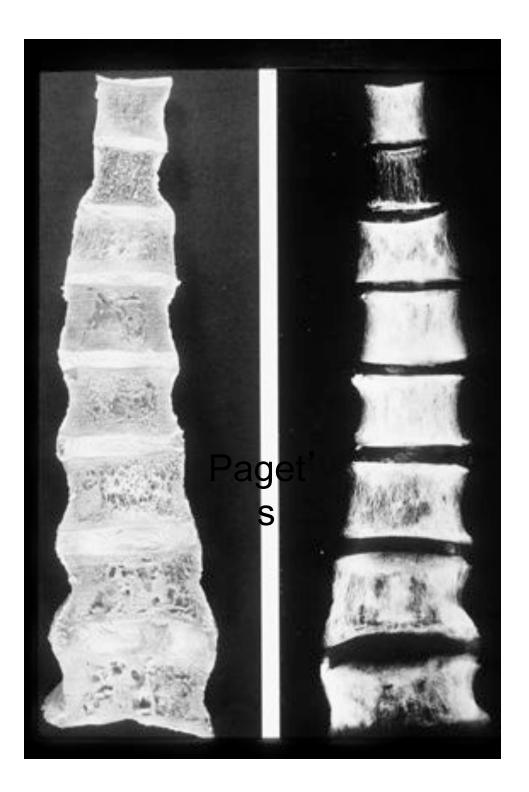
Metabolic Disease

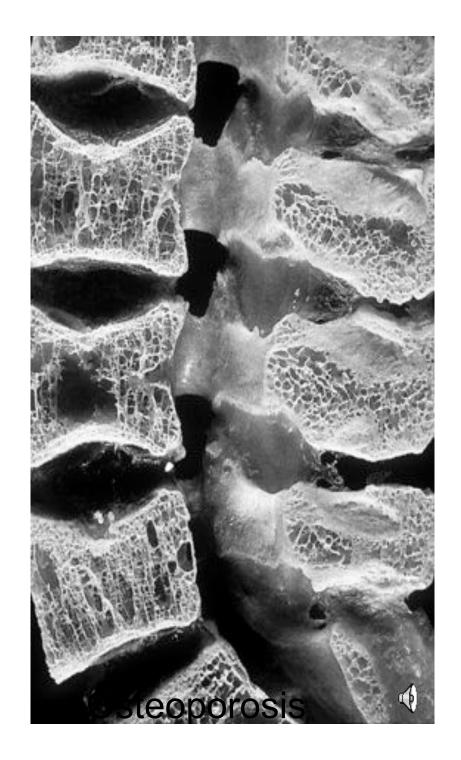
Bone Disease

Osteoporosis

Paget"s







Systemic Disease / Condition

Diabetes (caution)

Endocrine disorders (caution)

Haemophilia

Pregnancy



Inflammatory Diseases

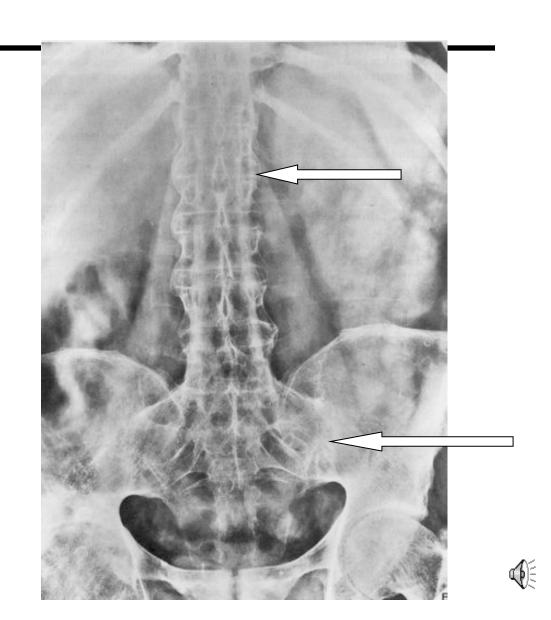
- Active inflammatory disease
- Rheumatoid Arthritis
- Ankylosing Spondylitis
- Psoariatic Arthritis
- Reiter's Inactive inflammatory Disease (caution)



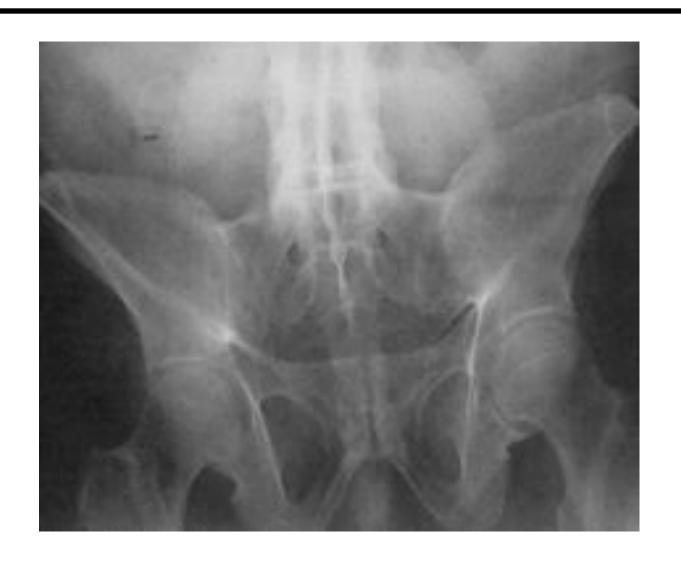


Radiologic findings- AKS





Radiologic findings- AKS





Medication

- Anticoagulants
- Any med that effects collage eg corticosteriods, tamoxifer



- Med linked to osteoporosis
- Anti-depressants (caution)





References

- Greenspan, A., Orthopedic Radiology, Lippincott Williams & Wilkins, philadelphia, 2000, 3rd edition
- Daffner, R., Clinical Radiology, 2nd edition, Lippincott Williams & Wilkins, 1999
- Grieve, G., Modern manual therapy, 2nd edition, Churchill and Livingstone, 1994
- Goodman & Boissonnault, Pathology; Implications for the physical therapist, W.B. Saunders company, 1998
- Level 2 upper manual, 2002
- A special thanks to Lenerdene Levesque and Scott Whitmore for the use of pathology slides

