WCB Chiropractic Management Guidelines

The following guidelines will assist chiropractors in treating injured workers, and provide the chiropractor with an understanding of the WCB's expectations regarding chiropractic treatment provided to its clients in advance of the start of therapy.

Category of Injury

There are six guideline categories describing workers' injuries:

- Spinal injuries, predominantly symptomatic
- Spinal injuries, significant loss of spinal mobility
- Spinal injuries, complicated
- Extremity injuries, predominantly symptomatic
- Extremity injuries, significant loss of joint mobility
- Extremity injuries, complicated

Three criteria are considered when determining the category of injury in individual cases:

- The affected body part(s)
- The degree of loss of mobility, if any, of the affected joint(s)
- The presence or absence of specific complicating factors i

Based on the information provided by a worker's chiropractor, the WCB will attempt to categorize individual cases as early as possible following commencement of treatment. The WCB encourages thorough and timely reporting by chiropractors in order to ensure accuracy. If you, as the treating chiropractor, do not report loss of mobility and/or complicating factors, the WCB will assume they are not present.

Active Rehabilitation

The WCB strongly encourages active rehabilitation as part of any overall chiropractic management strategy, and therefore considers a longer duration of treatment as generally warranted when employing active rehabilitation in addition to manipulation.

Treatment Frequency

The guidelines acknowledge only a limited role for daily chiropractic treatment in the clinical management of injured workers. The WCB will

not approve daily treatment other than during the first week. Beginning with the second week, the WCB will only approve three or fewer treatments per week.

Treatment Duration

For each category of injury, the guidelines describe a maximum treatment duration for manipulations alone, and a maximum total treatment duration. The durations specified are intended to apply to the large majority of cases. The WCB acknowledges, however, that treatment continuing beyond the maximum specified duration may be clinically indicated in individual circumstances.

Chiropractors seeking approval to continue treatment beyond the maximum duration specified in the guidelines must submit a written request explaining the rationale for the request. To avoid discontinuity of care, you must submit these requests no later than two weeks prior to the maximum treatment duration specified in the guidelines.

Notification

Once an individual case is categorized, the WCB will notify the injured worker and the treating chiropractor of the anticipated maximum treatment duration.

Two weeks prior to the applicable maximum treatment duration, the WCB will provide advance notice to the injured worker and the treating chiropractor of the concluding date of the WCB's responsibility for chiropractic treatment.

When a chiropractor submits a request to continue treatment beyond the maximum duration specified in the guidelines, the WCB will provide a decision within one week of receipt.

You may direct your questions regarding the WCB's Chiropractic Management Guidelines to:

Dr. Dennis Chester 954-4639

Dr. Tim Pethrick 954-4125

Principles for the Provision of Treatment

The scope of chiropractic treatment includes a broad range of manual and non-manual therapies and procedures within an overall management strategy. For most practitioners, manipulative and adjustive procedures are the mainstay of treatment.

As the treating chiropractor, you should:

- Develop a treatment plan at the onset of therapy and include a forecast of the anticipated frequency and duration of chiropractic treatment
- Discuss with your patient the treatment plan and expected course of recovery.
- Provide a copy of the treatment plan to the WCB (the WCB must preauthorize any treatment plan falling outside the parameters of these guidelines)

Duration of Disability

The purpose of any treatment plan is to aid and promote recovery from injury. The expected duration of disability will therefore be lessened by treatment, and the duration of treatment will be less than that of the disabling condition in the absence of any treatment.

Complicating Factors

You should identify complicating factors (which may necessitate a longer course of treatment than would otherwise be indicated) prior to the commencement of therapy, or shortly thereafter.

Discontinuation of Treatment

You should discontinue treatment of WCB clients (once initiated) when it does not or no longer provides significant and sustained therapeutic benefit. The WCB does not accept non-responsiveness to treatment as a rationale for prolongation of therapy. The WCB believes the continuation of treatment beyond the point of efficacy may foster chronicity and patient dependence on the practitioner.

Manipulation

The term “manipulation” has various meanings and connotations. In this document, “manipulation” generically refers to the wide range of manipulative and adjustive procedures administered in clinical practice, such as:

- Manipulations
- Adjustments
- Mobilizations
- Other manual articular techniques

WCB’s View of Manipulation

The primary goal of manipulation provided to WCB clients is to promote or restore normal function. The WCB approves manipulation only for treating injuries and conditions affecting the joints of the axial skeleton and the limbs, as well as their associated neuromusculoskeletal structures.

The WCB recognizes that the general indication for manipulation involves neuromusculoskeletal conditions manifesting pain and restriction of movement, or hypomobility. The WCB considers relevant motion restriction an essential indication. Pain must plausibly relate to the mechanical dysfunction.

Procedures, Technique, and Benefits

Manipulative procedures involve applying physical force and exerting a direct mechanical effect on joints and associated structures. Practitioners can effectively treat neuromusculoskeletal injuries and conditions by technically competent manipulation in appropriate clinical circumstances. Practitioner can best determine details and specifics regarding technique in individual circumstances.

Manipulation may also exert therapeutic effects by inducing beneficial somatic and/or autonomic reflex activity. Reflex activity is predicated on the observation that manipulation may alleviate symptoms and promote normalization of function, without an observable change in structure (or repositioning) of skeletal structures.

Clinical History and Physical Examination

There is no specific diagnosis, disease, condition or type of injury that solely indicates a need for manipulation. Practitioners can only determine indications for manipulation by clinical history and physical examination, possibly supported by ancillary tests or investigations.

Practitioners cannot provide manipulation to WCB clients without appropriate clinical history or physical examination.

Active Rehabilitation

Manipulation may be effective in isolation (as a single treatment modality) and promote or lead to recovery. However, the WCB sees greater benefit when manipulation is provided prior to, or in combination with, active therapy comprised of appropriate exercise. The WCB believes a shift in emphasis from passive to active care reduces the possible development of chronicity and patient dependency.

The overall objectives of active rehabilitation are to:

- Optimize neuromusculoskeletal function
- Enhance physical conditioning, and
- Foster independence from passive therapies and the practitioner

The WCB considers individualized active rehabilitation to be appropriate therapy for any neuromusculoskeletal injury.

Exercise Program Components

The specific components and objectives of an exercise program will vary depending on an individual's injury and physical deficits, and can include improvement in the following:

- Flexibility
- Spinal stability
- Posture
- Strength and power
- Muscular endurance
- Proprioception
- Coordination and balance
- Aerobic capacity

An appropriate strategy of active rehabilitation generally includes graduation from directly-supervised exercise to home-based exercise. Various medical conditions, particularly cardiopulmonary diseases, can be relative contraindications to more intense and strenuous forms of exercise.

Methods and Techniques

Practitioners with appropriate training, knowledge, facilities and equipment can best determine details and specifics of active rehabilitation methods and techniques in individual circumstances.

Ancillary Therapies

Chiropractors may provide any of various other ancillary treatment modalities in addition to manipulation and active rehabilitation. Ancillary treatments can involve soft tissue therapies and procedures, including:

- Massage
- Passive stretching
- Ischemic compression techniques
- Neurologic reflex techniques
- Muscle energy techniques

Ancillary treatments can also involve non-manual therapies, including:

- Cryotherapy
- Electric modalities (interferential current, TENS)
- Thermal modalities (diathermy, infrared)
- Ultrasound
- Laser
- Acupuncture

All ancillary treatment modalities are forms of passive treatment, and the WCB discourages their long-term use. Their role in therapy, where employed, should be subordinate to manipulation and/or active rehabilitation.

Education

The WCB considers a comprehensive treatment plan to include relevant patient education regarding:

- Body mechanics
- Safe work practices
- Home exercise
- Other aspects of patient self-management and (if relevant) nutritional and weight-reduction counseling

Treatment Frequency

The following are general guidelines regarding treatment frequency:

- The WCB may consider daily chiropractic treatment to be of greater efficacy than less frequent treatment **in exceptional circumstances only**, and does not approve daily treatment beyond the first week of therapy
- In most cases (and in all cases beyond the first week), treatment frequency should be three or fewer treatments per week (depending on patient responsiveness)
- Treatment frequency beyond the eighth week should be two or fewer treatments per week
- Over a course of treatment, treatment frequency should decline progressively

Treatment Parameters for Spinal Injuries

The WCB considers spinal injuries to be predominantly symptomatic where spinal mobility is essentially or near normal. The WCB generally does not approve a course of manipulation in such cases beyond three weeks; for active rehabilitation, the total duration of chiropractic care generally shall not exceed four weeks.

The WCB considers spinal injuries to involve significant functional impairment in the presence of a significant loss of gross and/or segmental spinal mobility, and generally does not approve a course of manipulation (for the purpose of restoring lost mobility) beyond six weeks; for active rehabilitation, chiropractic care generally shall not exceed eight weeks.

Complicating Factors

Complicating factors may delay or protract favourable response to chiropractic treatment. Practitioners should seek and identify any complicating factors during the initial assessment (or shortly thereafter), and consider these when determining a treatment plan prior to beginning therapy.

The WCB acknowledges that the chiropractic treatment of spinal injuries may be more complicated and warrant extended treatment duration in the presence of one or more of the following factors:

- Three previous similar episodes within the previous two years, all of which necessitated time loss from work of more than one week
- Acute lumbar disc herniation
- Concurrent and distict injuries involving two or all of the cervical, thoracic and lumbar regions of the spine
- Moderate to severe degeneration, or spondylosis, in the affected area
- Previous spinal surgery in the affected area
- Major congenital or developmental spinal anomaly in the affected area
- Radiographic evidence of osteoporosis or other metabolic bone disease
- Non-acute stages of ankylosing spondylitis or other spinal arthropathies
- Ligament ossification syndromes, including diffuse idiopathic skeletal hyperostosis
- Severe obesity
- Diabetes mellitus

- Age greater than fifty-five

Treatment Duration in the Presence of Complicating Factors

The WCB generally does not approve a course of manipulation in the presence of complicating factors beyond ten weeks. Where active rehabilitation is employed, the WCB generally does not approve the total duration of chiropractic care beyond fourteen weeks. The WCB expects that the duration of ancillary therapies (where employed) should not exceed the maximum duration specified for manipulation.

In exceptional circumstances (including the presence of complicating factors not specified in the guidelines), the WCB may approve treatment duration exceeding those in the guidelines. Under such circumstances, practitioners must request preauthorization no later than two weeks prior to the maximum treatment duration specified in the guidelines.

Non-responsiveness to Manipulation

Not all cases of spinal injury respond to manipulation treatment. Of those cases that do respond, manipulation may not completely resolve symptoms or restore full functionality. The WCB considers the occurrence of one or both of the following conditions:

- Maximum therapeutic benefit
- Individual non-responsiveness to manipulation

… to warrant one of the following courses of action:

- Discontinuation of manipulation and discharge from treatment or referral to another discipline or practitioner, or
- Initiation or continuation of active rehabilitation as the primary intervention by the same practitioner

Note: Where the same practitioner is providing active rehabilitation, the WCB accepts continued manipulation beyond the specified duration as an adjunct (but not as the primary) treatment modality.

Criteria for Non-responsiveness to Manipulation

The following criteria are generally indicative of the above conditions:

- Worsening of a patient's condition during the first two weeks of treatment.
- No improvement and/or perception of improvement by the patient during the latter of: any consecutive two-week period, or any six consecutive treatments.

- No substantial improvement following an initial two week trial of manipulation, followed by a second two week trial consisting of (an) alternate manipulative technique(s). Substantial improvement is demonstrated when:
    - Substantial improvement occurs objectively on the basis of examination and with respect to daily activity and global functioning, and pain has substantially improved as self-reported by the patient, and/or
    - Where time loss from work has occurred, the patient has returned to work in some capacity.
- Completion of three weeks of treatment, where on initial presentation, spinal mobility was essentially or nearly normal.
- Completion of six weeks of treatment, where on initial presentation, loss of gross and/or segmental spinal mobility was significant.
- Completion of ten weeks of treatment, where one or more of the following complicating factors is present:
    - Three previous similar episodes, within the previous two years, all of which necessitated time loss from work of more than one week
    - Acute lumbar disc herniation
    - Concurrent and distinct injuries involving two or all of the cervical, thoracic and lumbar regions of the spine
    - Moderate to severe degeneration, or spondylosis, in the affected area
    - Major congenital or developmental spinal anomaly in the affected area
    - Radiographic evidence of osteoporosis or other metabolic bone disease
    - Non-acute stages of ankylosing spondylosis or other spinal arthropathies
    - Ligament ossification syndromes, including diffuse idioipathic skeletal hyperostosis
    - Severe obesity
    - Diabetes mellituts
    - Age greater than fifty-five

Treatment Parameters for Extremity Injuries

The WCB considers extremity injuries as predominantly symptomatic when mobility of the affected joint(s) is normal or nearly normal. The WCB generally does not approve a course of manipulation (as predominantly symptomatic treatment) beyond two weeks. For active rehabilitation, the WCB generally does not approve the total duration of chiropractic care beyond three weeks.

The WCB considers extremity injuries to involve significant functional impairment in the presence of a significant loss of joint mobility. The WCB generally does not approve a course of manipulation (for the purpose of restoring lost mobility) beyond four weeks; for active rehabilitation, chiropractic care generally shall not exceed six weeks.

Practitioners should seek and identify any complicating factors during the initial assessment (or shortly thereafter), and consider these in arriving at a treatment plan prior to commencement of therapy. Complicating factors may delay or protract favourable response to chiropractic treatment.

Factors for Extended Treatment

The WCB acknowledges that the chiropractic management of extremity injuries may be more complicated, and warrant extended treatment in the presence of one or more of the following factors:

- Three previous similar episodes within the previous two years, all of which necessitated time loss from work of more than one week
- Moderate to severe arthrosis, or osteoarthritis, involving the affected joint(s)
- Chronic or recurrent epicondylitis of the elbow
- Previous surgery involving the affected joint(s)
- Heterotopic ossification, including myositis ossificans, in the affected area
- Radiographic evidence of osteoporosis or other metabolic bone disease
- Age greater than fifty-five

Extended Treatment Duration

The WCB generally does not approve a course of manipulation in the presence of complicating factors beyond four weeks; for active rehabilitation, chiropractic care generally shall not exceed eight weeks.

The WCB expects that the duration of ancillary therapies (where employed) shall not exceed the maximum duration specified for manipulation.

In exceptional circumstances, including the presence of complicating factors not specified in the guidelines, treatment duration exceeding those in the guidelines may be approved by the WCB. Under such circumstances, preauthorization should be requested no later than two weeks prior to the maximum treatment duration specified in the guidelines.

Non-responsiveness to Manipulation

Not all cases of articular injury respond to manipulation. Of those which do respond, manipulation may not completely resolve symptoms or restore full functionality. The WCB considers the occurrence of non-responsiveness to manipulation to indication either:

- Discontinuation of manipulation, and discharge from treatment or referral to another discipline or practitioner, or
- Initiation or continuation of active rehabilitation as the primary intervention by the same practitioner.

Note: Where active rehabilitation is being provided by the same practitioner, the WCB accepts continued manipulation beyond the specified duration as an adjunct, but not as the primary treatment modality

Criteria for Non-responsiveness to Manipulation

The WCB considers the following criteria to indicate non-responsiveness to manipulation:

- Worsening of a patient's condition during the first two weeks of treatment.
- No improvement and/or perception of improvement by the patient during the latter of:
    - Any consecutive two week period, or
    - Any six consecutive treatments
- Completion of two weeks of treatment, where on initial presentation, mobility of the affected joint(s) was normal or nearly normal.

- Completion of four weeks of treatment, where on initial presentation, loss of joint mobility was significant.
- Completion of four weeks of treatment, where one or more of the following complicating factors is present:
    - Three previous similar episodes (within the previous two years), all of which necessitated time loss from work of more than one week
    - Moderate to severs arthrosis, or osteoarthritis, involving the affected joint(s)
    - Chronic or recurrent epicondylitis of the elbow
    - Previous surgery involving the affected joint(s)
    - Heterotopic ossification, including myositis ossificans, in the affected area
    - Radiographic evidence of osteoporosis or other metabolic bone disease
    - Age greater than fifty-five

Supportive Care

"Supportive" care is defined as "necessary treatment or care for patients who have reached maximum therapeutic benefit, and for whom periodic trials of therapeutic withdrawal have led to deterioration and failure to sustain previous therapeutic gains. This form of care is initiated when the clinical problem recurs" (from Clinical Guidelines for Chiropractic Practice in Canada, 1993).

Dependent on the specifics of an individual case, the WCB may approve supportive therapy as an appropriate therapeutic intervention, within the following parameters (and otherwise clinically indicated):

- Initially, supportive care is simply the treatment of spontaneous recurrences of an injury. On a long-term basis, supportive care is provided in order to either prevent or ameliorate the effects of an *established pattern of spontaneous recurrences*.

- Chiropractic care provided continuously since the time of an injury cannot be categorized as supportive care.

- For chiropractic care to be supportive, an initial course of treatment must be discontinued, and only reintroduced if and when the patient presents again to his chiropractor with a recurrence of his/her symptoms or condition. Prescheduled follow-up treatments do not constitute supportive care.

- For supportive care to be potentially warranted on a long-term basis, the pattern of spontaneous recurrences following discontinuation of treatment must occur on no fewer than two independent occasions.

- In cases where long-term, infrequent and continuous care has already been provided, the practitioner must discontinue care (sometimes preferably on a gradual basis) to determine whether or not a spontaneous recurrence pattern exists, and thereby whether or not ongoing care is supportive.

The WCB does not approve "preventive" and/or "maintenance" care.

Contraindications to Manipulation of the Spine

The following criteria provides guidelines to contraindications to manipulation of the spine.

Absolute Contraindication Criteria

The WCB considers the following (if present in the affected region) to be absolute contraindications to manipulation:

- Acute spinal fracture
- Acute cervical disc herniation
- Acute thoracic disc herniation
- Intervertebral instability due to failed or incomplete surgical fusion, spondylolisthesis, or other abnormalities or conditions
- Infectious disease affecting spinal structures
- Acute stages of inflammatory spinal disease, including ankylosing spondylitis and rheumatoid arthritis
- Vertebrobasilar artery insufficiency

Relative Contraindication Criteria

The WCB considers the following primary or secondary spinal malignancies (in any region of the spine) to be relative contraindications to manipulation:

- Acute lumbar disc herniation
- Congenital or developmental spinal anomaly
- Benign spinal tumour
- Anticoagulant therapy, haemophilia and other bleeding disorders

The WCB also considers any malignancy with a known propensity to metastasize to skeletal structures to be a relative contraindication to manipulation.

Contraindications to Manipulation of the Extremities

The following guidelines outline criteria for contraindications to manipulation of the extremities.

Criteria for Absolute Contraindications to Manipulation

The WCB considers the following criteria (if present in or about the affected joint(s) or associated structures) to be absolute contraindications to manipulation:

- Joint instability on hypermobility, including that due to ligamentous insufficiency
- Acute fracture
- Infectious disease
- Acute stages of inflammatory disease, including rheumatoid arthritis

Criteria for Relative Contraindications to Manipulation

The WCB considers the following criteria to be relative contraindications to manipulation:

- Congenital or developmental skeletal anomaly in the affected region
- Benign tumour in the affected region
- Anticoagulant therapy, haemophilia and other bleeding disorders
- Any malignancy with a known propensity to metastasize to the skeleton

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