

PASSIVE CARE

When, Where and How
Much

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INTRODUCTION

- Definition of passive care
- Who uses passive care
- Types of passive care
- Perils of passive care
- Studies and Guidelines

DEFINITION OF PASSIVE CARE

■ Passive care

- Application of treatment/care modalities by the care giver to a patient, who ” passively” receives care.

■ Active care

- Modes of treatment /care requiring “active “ involvement, participation , and responsibility on the part of the patient.

WHO USES PASSIVE CARE

- Include but are not limited to
 - Chiropractors
 - Massage therapists
 - Acupuncture
 - Physical therapists
 - Traditional Medical providers (M.D., D.O.)

TYPES OF PASSIVE CARE

- Manipulation
- Soft tissue procedures
- Physical therapy modalities (E-stim, U/S etc.)
- Acupuncture

SOFT TISSUE PROCEDURES



3/18/04

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SOFT TISSUE PROCEDURES

- Types
 - Massage, Contract –Relax, Ischemic compression, passive stretch.
- Definition
 - Massage: Efflurage, Petrissage, cross-friction.
 - Contract Relax:
 - Ischemic compression: Acupressure, Shiatzu, Myotherapy (TP)
 - Passive stretch: Spray & Stretch
- Goal
 - Stimulate blood flow
 - Remove toxins (lactic acid)
 - Decrease muscle spasm

MASSAGE CONTINUED

- May be appropriate in the acute phase of care for the relief of muscle spasm and pain. There are no major studies to support long term massage treatment.
- Literature does not reveal any studies identifying what frequency of care

ACUPUNCTURE

- The Chinese explain acupuncture on the basis of their philosophy - The Theory of Yin and Yang and the Five Elements. They have identified 14 channels or 'Meridians' running through the body. These channels conduct the flow of vital energy or 'QI'. This flow is disrupted when there is disease. By inserting needles into selected points in the channels this flow can be corrected, returning the body to a healthy condition. As opposed to the Western approach in medicine, which is centred on trying to cure a particular disease, the Oriental emphasis is on making the body healthy.

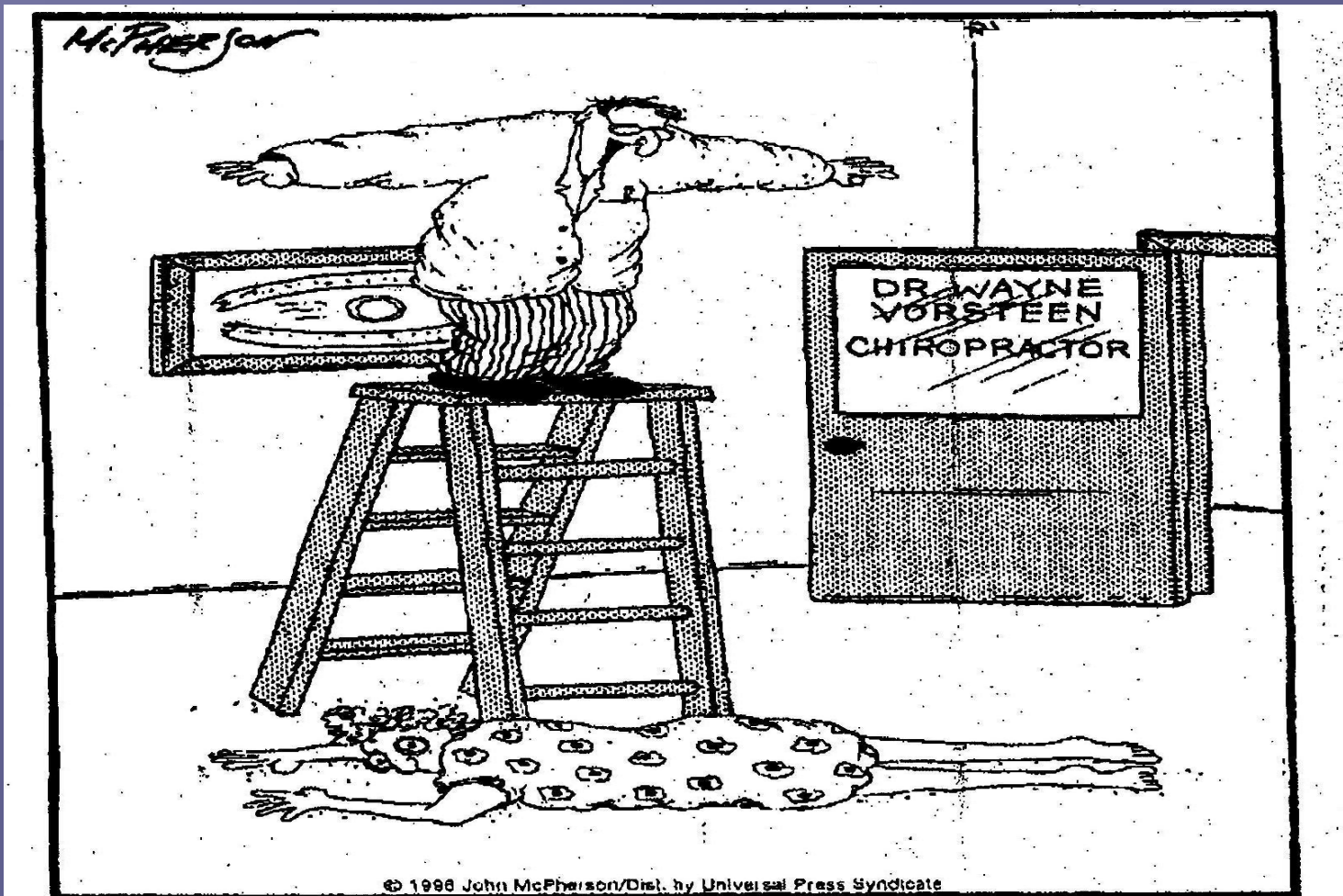
TYPES OF ACUPUNCTURE

- Electro-Acupuncture - applied with or without needles.
- Auricular-Acupuncture - concentrating on application of needles to specific points of the ear.
- Moxibustion - the heating of acupuncture points with a special herb from China called 'Artemesia vulgaris' or more commonly, 'Moxa'.
- Acupressure - a technique of applying pressure with the fingers to various points, rather than needles

PHYSICAL THERAPY

- Active therapy
 - Exercise etc
- Passive Physical Therapy
 - Electrical muscle stimulation
 - Ultrasound

MANIPULATION



"I need to have you just relax and trust me on this, Mrs. Hostrander."

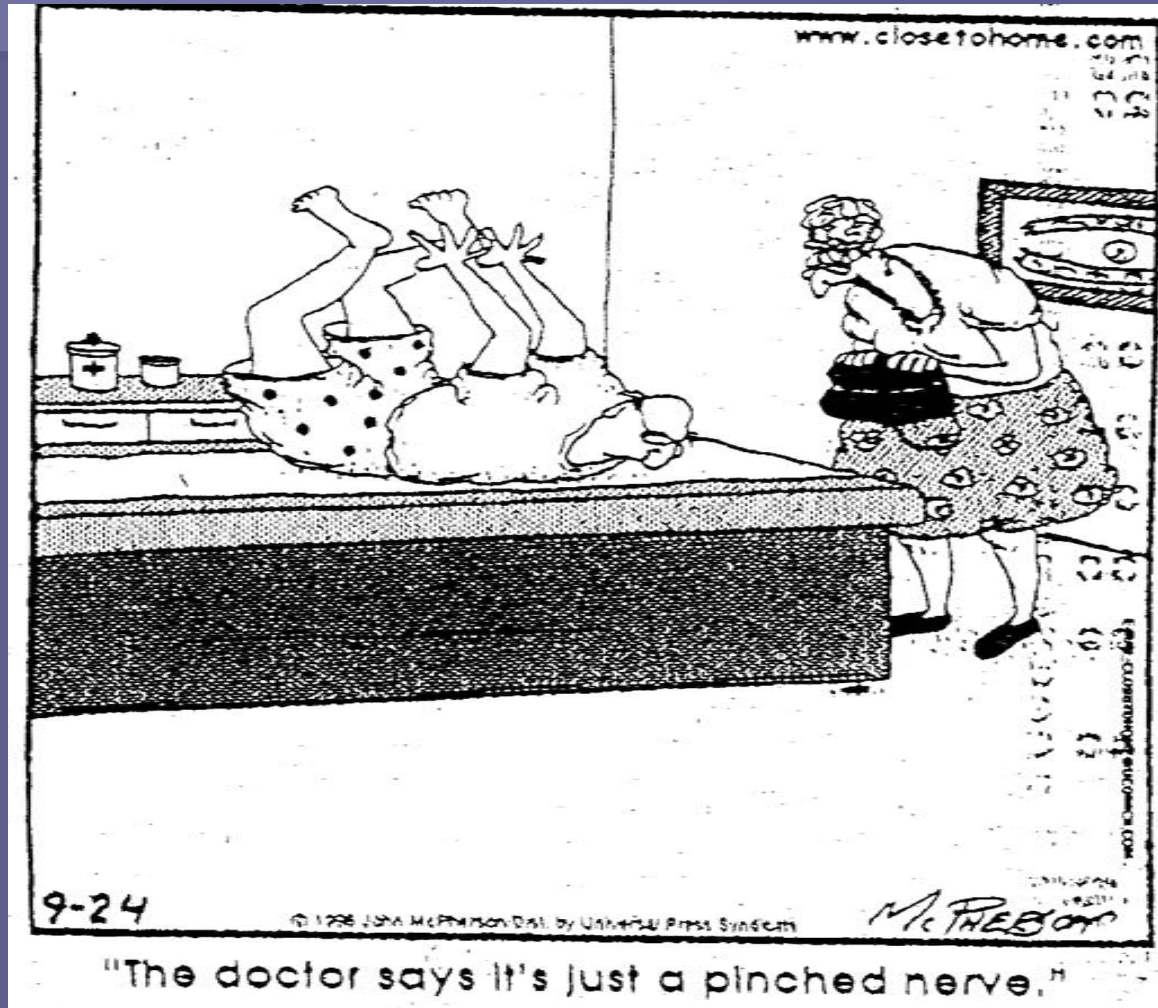
MANIPULATION

- Definition
 - Passive movement of short amplitude and high velocity which moves the joint into the paraphysiologic range.

- Subluxation (Chiropractic definition)
 - “Structural dysfunctions of joints and muscles that are associated with neurologic alterations.”

- “ Pinched Nerve Theory”

PINCHED NERVE THEORY



WHEN & HOW MUCH

- Utilized in all phases of care
 - Acute to chronic
- Acute care (Ranges)
 - 0 (low)-8 weeks (High)
- Sub-Acute
 - 7 (low) days – 16 (High) weeks
- Chronic
 - 7 weeks (low) – > 16 (High) weeks

HOW MUCH

- 1990 Rand consensus Panel agreed to the definition of manipulation (not chiropractic). Trial course of two weeks each using alternative manipulative procedures before considering treatment/care to have failed.
- Mercy Guides define treatment as two trial therapy sessions(four weeks total) without significant documented improvement, manual procedures may no longer be appropriate and alternative care should be considered.

HOW MUCH

- *The Guidelines for Chiropractic Quality Assurance and Practice Parameters* ("Mercy guidelines") states: "All episodes of symptoms that remain unchanged for 2-3 weeks should be evaluated for risk factors of pending chronicity. Patients at risk for becoming chronic should have treatment plans altered to de-emphasize passive care and refocus on active care approaches.
- "Mercy" continues to add that it is beneficial to proceed to the rehabilitation phase as rapidly as possible and to minimize dependency upon passive forms of treatment/care."
- According to the "Mercy Guides", if a patient does not have signs of objective improvement in any two successive two-week periods, referral is indicated.
- Outcomes are the surest way to demonstrate patient progress or lack thereof.

STUDIES COMPRISING CROSS-SECTION OF ALL TYPES OF CASES

- Triano
 - Range of 1-22 sessions for all cases
- Hanssen
 - Second opinion if there is no objective or subjective sign of improvement in two weeks, or treatment of three times per week that exceeds four weeks. (12 tx trial)
- Nyiendo & Halderman
 - Range 1-81 with a mean of 4.4

STUDIES CONTINUED

■ State of Florida

- Reported average of 29 visits for back related disorders

■ Cox

- 50% pain reduction with a mean of 10 visits over 16 days. Maximum relief at 41 days after 16 sessions

ICA ASSESSMENT 2000

- AN INDEPENDENT ASSESSMENT OF CHIROPRACTIC PRACTICE GUIDELINES Jeffrey R. Cates, DC,^a David N. Young, DC, PhD,^b David J. Guerriero, DC,^c Warren T. Jahn, DC,^d Jesse P. Armine, DC,^e Alan B. Korbett, DC, DO,^f Daniel S. Bowerman, DC,^g Robert C. Porter, MD,^h Terry Sandman, DC, MPH,ⁱ and Robert A. King, DC^j
- Objective: To evaluate the quality of *Recommended Clinical Protocols and Guidelines for the Practice of Chiropractic* (ICA guidelines) published by the International Chiropractors Association (ICA), August, 2000.
- Conclusion: The ICA guidelines were assessed as not suitable for utilization in chiropractic practice. (*J Manipulative Physiol Ther* 2003;26:282-86)

LOCAL LAW AND GUIDELINES

■ WC

- PCP referrals allowed
- 15 tx first days
- 15 tx every 60 days thereafter to infinity

■ PIP

- No referrals allowed unless managed care.
- Reasonable and appropriate up 30 treatments, no more

PERILS OF PASSIVE MANIPULATION/CARE

■ Complications

– Six most common claims in 1990 per NCMIC

- Disc problems 29%
- Failure to diagnose 13% (particularly extremity disorders)
- Fracture 9%
- Soft tissue 7%
- CVA 6%
- Agg. of prior condition 4%

■ CCPA (Canadian Consumer Protection Ass.) 1/86- 12/90

- Lumbar spine injury 36 (23%)
- Rib fracture 29 (19%)
- Neck Injury 24%(16%)
- Soft Tissue Non-Spinal 26 (13%)
- CVA 12 (8%)

PASSIVE CARE COMPLICATIONS COMMONLY ASSOCIATED WITH CHIRO MANIPULATION/CARE

- Extended Disability
 - Reinforces illness behavior/sick role
- Overutilization
 - Reinforces Dependency
 - Reinforces illness behavior/sick role / Chronicity
 - Counterproductive to the patients recovery process, contraindicated
- Iatrogenic Disability
 - Chiropractor takes on more than a care giver role
- Lifestyle is often not considered
 - Injury and “subluxation” take on the primary focus

CONCLUSION

- There is a significant amount of literature from a variety of organizations to support the short term use of manipulation for low back pain.
- Very little in the way of true accepted guidelines or parameters for care. Mercy being probably the most universally accepted although still disputed by many.

CONCLUSION

- Parameters for the chronic use of manipulation are not well defined and the scientific literature is essentially void of any studies supporting the use of long term passive care.
- The most effective yard stick for measuring a patients response to care are the records, in the absence of which the need for ongoing care is not established and the patient should be discharged.

DISCUSSION