

## Controversial neck manipulation may increase risk of stroke

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A study by the University of Sydney has found the 'thrust and click' methods associated with neck manipulation do not result in better patient recovery than milder treatments.

Project lead, Dr. Andrew Leaver from the Faculty of Health Sciences said the study compared common rehabilitation therapies for acute <u>neck pain</u>.

"Neck manipulation is a highly controversial treatment as there are published studies that demonstrate an increased risk of stroke in patients that receive neck manipulation," he said.

"Whilst this appears to be a rare occurrence, and there is still some debate about whether manipulation can cause stroke, patients have a right to make an informed choice."

Neck manipulation, which involves the application of a rapid, small thrusting movement to the spine, producing an audible 'click,' is widely used by chiropractors, osteopaths, physiotherapists and other medical practitioners to treat neck pain.

According to Dr. Leaver, the frequently quoted estimate of serious injury following neck manipulation of one in one million, is conservative and does not take into account unreported cases.

"We should also consider the severity of the risk and remember that the



condition which people are initially seeking treatment for is a non lifethreatening, and mostly self-limiting condition," he said.

With around two-thirds of the population suffering from neck pain at some stage in their lives, it's not uncommon for patients to seek out manipulation based on the belief that it provides more rapid pain relief than other treatments.

The study - carried out in collaboration with the University of Queensland and published in the <u>Archives of Physical Medicine and Rehabilitation</u> - compared these techniques with that of mobilisation which involves the use of slow, oscillating movements of the neck joints.

One hundred and eighty two participants with recent onset neck pain were recruited from 12 private chiropractic, <u>physiotherapy</u> and osteopathy clinics in Sydney. All treating practitioners had postgraduate university qualifications and had received specific training in both manipulation and mobilisation.

While both treatments proved effective the outcomes for the two groups were almost identical.

"It makes us question why patients or practitioners would favour a treatment which possibly carries risk of catastrophic outcome over an equally effective one with very few reported complications despite widespread use."

## Provided by University of Sydney

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