

Vertebrobasilar Arterial Insufficiency

PART I: PRESENTING SYMPTOMS

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Vertebrobasilar arterial insufficiency is a rare clinical occurrence in chiropractic practice. In order to better understand the clinical presentation of vertebrobasilar arterial insufficiency, 52 cases from the literature were reviewed with respect to the presenting symptoms so as to identify the relative frequency of their occurrence.¹⁻³³

Vertebrobasilar Infarct Symptoms (Based on 52 cited patients)

Number	Symptoms
32	Dizziness and vertigo
25	Nausea
20	Vomiting
19	Inability to stand
17	Blurred vision
13	Loss of lower extremity control
12	Loss of consciousness
12	Facial numbness or paresthesia
12	Body/arm/leg numbness or paresthesia
10	Loss of upper extremity control
9	Headache (Predominantly occipital)
9	Dysarthria
8	Diplopia
8	Gait abnormalities
5	Dysphagia
4	Facial palsy
3	Tongue symptoms
3	Hoarseness
2	Tinnitus

Note: In this review, complaints of "lightheadedness" were included with complaints of dizziness and vertigo.

Chiropractic cervical manipulation was identified as the etiology for 21 reported cases of the 52 cases cited. There were 9 cases in which cervical manipulation was administered but the type of practitioner treating the patient was not identified. Osteopathic manipulation was implicated in three cases and spinal manipulations performed by medical doctors were identified as the etiology in two cases. One reported case involving a medical doctor was caused by a stroke during usual and customary cervical range of motion testing following a skiing accident. One reported case involved a physical therapist administering a cervical manipulation. Two reported cases were due

to yoga exercises and another was related to self-administered cervical adjustments. Two cases clearly indicated head rotation while "looking over the shoulder" as the causative etiology for the vertebrobasilar arterial attack. The remainder of the cited cases occurred without manipulative intervention.

It must also be noted that in every case in which a loss of consciousness accompanied vertebrobasilar arterial insufficiency, dire consequences ranging from persistent neurological deficits to coma and death were the result. Therefore, one must consider loss or alteration in the level of consciousness following manipulation as an emergency situation requiring immediate medical attention. Terrett and Kleynhans examined 126 vascular accidents cited in the literature which occurred over a 55 year period.³⁴ Their review revealed that only 29 cases of death following manipulation were identified world-wide in this 55 year period. When one considers the number of spinal manipulations administered each year, the risk for complications from this procedure is astronomically low.

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