

MUA under Scrutiny

Cary H. Rothenberg, DC

On March 18, 1992, manipulation under anesthesia (MUA) was the subject of a segment on ABC's World News Tonight (see "Manipulation under Anesthesia Gets Slammed on 'World News Tonight'" in April 10, 1992 issue of "DC"). Three nights later, NBC in Los Angeles also aired a story on MUAs (see "NBC News Looks at MUA" in same issue).

As I appeared on both the ABC and NBC programs on MUA, Dynamic Chiropractic asked me to compare and assess the two networks' treatment of the procedure.

The on camera medical reporter for the ABC story was Timothy Johnson, M.D. Millions of Americans, including thousands of chiropractors, had an opportunity to see this piece of biased journalism.

All of the footage seen on the March 18 "World News Tonight" was filming done by the "20/20" crew back in October 1991 (see "20/20" Brings Chiropractic into Focus" in November 8, 1991 "DC"). Mr. Sergel, the producer for the "20/20" program on manipulation, explained in early February that any reference to MUA would be pulled from the "20/20" piece, for what he deemed lack of research to justify the MUA procedure.

On March 18, 1992 I received a phone call from Mr. Sergel notifying me of the 6:30 p.m. airing of a "World News Tonight" segment on MUA. While waiting with great anticipation to view the program, I reflected on what Mr. Sergel told me during the October 1991 "20/20" filming at Buena Park Doctor's Hospital in California. As a veteran of 14 years of medical journalism he stressed the importance of a properly controlled research study on MUA and that it would not be terribly difficult to conduct one.

Mr. Sergel's concern about MUA research was in fact voiced by Dr. Timothy Johnson on "World News Tonight."

All of us in chiropractic have a vested interest in research. More importantly, we have a collective responsibility to validate our MUA procedures. We must do this, not to please organized medicine or third party payers, but to insure the health and safety of our patients. We cannot hide behind the fact that many of the medical procedures done in hospitals have no basis in research.

Dr. Johnson's criticisms of MUA however were more far reaching. He stated the procedure was dangerous and more forceful than standard manipulation. Also Dr. Alf Nachemson stated a patient's protective mechanisms are eliminated under anesthesia. As one who has performed and/or assisted with over 75 MUA procedures, I can tell you honestly that the force used during MUA is less, not more than the force necessary to perform an adjustment on a conscious patient.

We use only low velocity techniques on the cervical spine, no lateral breaks are performed, and only a minimum of cervical rotation is part of our protocol. The thoracic spine is adjusted with the patient supine, similar to the adjustment for anteriority, and no kick or pull moves are performed in the lumbar spine. Low back patients are positioned side posture, but the goal of the lumbar technique is not to achieve an audible release. All manipulations are preceded by some gradual

passive stretching.

Patients' spines are not being wrenched apart nor subject to unnecessary forces. Each patient is evaluated for appropriateness of MUA at the Buena Park Doctor's Hospital by both a DC and an MD. All patients receive an MRI to make sure a MUA is not contraindicated.

The goal of MUA is to reduce chronic pain, restore range of motion, and to improve function. A repetitive series of MUA has been most effective. The patient receives physical therapy three times daily. We do not manipulate the cervical, thoracic, and lumbar regions on every patient, and only those areas not responding to conservative treatment are considered for MUA.

My patient, Deborah Fonseca, was featured by ABC on "World News Tonight." She is a good example of a candidate for MUA. She had been treated with medication, medically prescribed physical therapy, and given an epidural injection to the lumbar spine, in addition to four months of chiropractic care, yet she still had chronic, unresolved low back pain. The recovery she experienced after the MUA was credited by Dr. Johnson to exercise and the passage of time. Little credit was given to the MUA procedure for helping my patient to recover.

The "NBC News" program produced by Bruce Hanzel, M.D., was much more balanced than the ABC version. He interviewed myself and my patient, Ms. McVicker, a chronic neck pain sufferer injured in an auto accident. She had been referred to me by her orthopedic surgeon (a point Dr. Hanzel mentioned on the air and was later iterated by the co-anchors) for an evaluation and treatment, five months post trauma. Ms. McVicker's surgeon had recommended MUA before considering surgery. Ms. McVicker's comments to Dr. Hanzel were extremely positive. She expressed gratitude for the relief she had attained and credited her recovery to the MUA.

Both television pieces featured my patients: both were women between the ages of 25-35; both had exhausted all generally accepted conservative measures and were potential surgical candidates; both responded better than expected to the MUA; both patients had insurance that paid for the procedure, contrary to what ABC reported; both ladies have recommended the procedure to others; and both patients were upset with the ABC piece, but were pleased with the NBC treatment.

In closing, I'd like to voice an additional concern about MUA that did not appear on either program: the proliferation of MUA, in particular, the outpatient surgical centers offering the procedure. Patients that are candidates for MUA should be hospitalized. MUA should only be performed in an acute care setting where the patient can receive 24-hour monitoring and bed rest. While outpatient centers are more cost effective, the dollars saved are not worth jeopardizing the patient's health.

Cary H. Rothenberg, D.C.
Huntington Beach, California

APRIL 1992