

Chiropractic for Older Adults: Updated Practice Recommendations

Editorial Staff

A systematic literature review and consensus process undertaken by Dr. Cheryl Hawk and colleagues has yielded the latest evidence-informed best practices for doctors of chiropractic regarding appropriate evaluation, management and manual treatment of older patients.

Updating 2010 recommendations by reviewing research from Oct. 1, 2009, through Jan. 31, 2016, the new best-practice guidelines "[strengthen] statements regarding the safety of manipulation ... and additional statements were added recommending that DCs advise patients on exercise and that manipulation and mobilization contribute to general positive outcomes beyond pain reduction only." Here is a sampling of other recommendations included in the update to help guide your clinical decision-making when caring for older adults:

- Older adults often have significant musculoskeletal degeneration with chronic symptoms which may benefit from supportive management in the form of periodic evaluation and interventions that enable the older adult to maintain functional activities."
- Among older adult chiropractic patients, recent studies indicate no evidence of higher risk for serious adverse events and no evidence for causation of strokes. Furthermore, there is emerging evidence indicating older patients receiving chiropractic care (particularly mobilizations and manipulative procedures of the spine and peripheral joints) experience a variety of positive clinical outcomes and a high level of satisfaction with their care."
- Higher-force manual techniques that may put strain on osseous structures are contraindicated in the presence of severe osteoporosis or other bone-weakening processes."
- Advanced age alone is not necessarily a clinical indication for diagnostic imaging. The use of conventional radiography and other imaging procedures should be based on current evidence-informed clinical practice guidelines and the clinical judgment of the managing clinician."
- Additional factors that must be considered during the case history for this age group include atypical presentation of many clinical conditions, underreporting of disease, overestimation of cognitive function, polypharmacy, and ageist attitudes held by patients, caregivers, family, and health care providers."
- Older adult patients often have multiple health care conditions being managed by multiple health care providers. The chiropractor, as part of this team, should make every reasonable attempt to obtain copies of all relevant clinical records and files and to communicate his or her findings to other health care providers."

A link to the full text of "Best Practices for Chiropractic Care for Older Adults," published in *JMPT*, and featuring numerous other recommendations for clinical application, appears in the [digital version](#) of this article.

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