



## Position Statement

# Manipulation

Spinal and peripheral manipulations techniques are components of manual therapy and are within the scope of practice of physiotherapists.

### BACKGROUND

The Canadian Physiotherapy Association (CPA) actively supports evidence-based practice,<sup>1</sup> and recognizes the importance of building a body of knowledge that will enhance treatment effectiveness and patient safety during a manipulation. CPA's commitment to the promotion of safe, effective, evidence-based care includes the development of the CPA Entry-level Manual Therapy Curriculum Guidelines (2003) and the development of the Selected Resources for the Use of Cervical Manipulation as a Physiotherapy Intervention (2005) by CPA's Manual Therapy Steering Committee.

### DEFINITIONS

**Manual therapy:** As an area of practice within physiotherapy,<sup>2</sup> manual therapy is a system of assessing, diagnosing and treating selected neuromusculoskeletal disorders with specific skills, including mobilization and manipulation, in conjunction with education and exercise, to restore optimal motion and function, and/or reduce pain.<sup>3</sup>

**Manipulation** is a treatment technique within the practice of manual therapy. A manipulation is a passive, high velocity, low amplitude thrust applied to a joint beyond its physiological limit of motion, but within its anatomical limit, with the intent to restore optimal motion, function and/or reduce pain.<sup>4</sup>

**Scope of practice:** A profession's scope of practice encompasses the services its practitioners are educated, competent, and authorized to provide. The overall scope of practice for the profession sets the outer limits of practice for all practitioners. The actual scope of practice of individual practitioners is influenced by their continuing professional education, the settings in which they practice, the requirements of the workplace, and the needs of their patients or clients.<sup>5</sup>

### EDUCATION

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<sup>1</sup> The conscientious, explicit, and judicious use of current best evidence in decision making. It customizes worker experience with the various forms of evidence to the specific problem/situation under investigation. (adapted from Sackett DL, Rosenberg WMC, Gray JAM, Haynes RB, Richardson WS. Evidence-based medicine: what it is and what it isn't. BMJ 1996;312:71-2.)

<sup>2</sup> The terms physical therapist and physical therapy are synonyms for physiotherapist and physiotherapy respectively and will be used interchangeably. Physiotherapist and related words are official marks used by registered physiotherapists with the permission of the Canadian Alliance of Physiotherapy Regulators.

<sup>3</sup> Canadian Physiotherapy Association. Vision for Manual Therapy Education. Toronto: Canadian Physiotherapy Association; 2000 Oct.

<sup>4</sup> Ibid.

<sup>5</sup> Canadian Alliance of Physiotherapy Regulators, Canadian Physiotherapy Association, Canadian University Physical Therapy Academic Council. Competency Profile for the Entry-Level Physiotherapist in Canada. Toronto: Authors; 1998 Apr.

CPA believes an integrated evidence-based educational continuum of learning for manual therapy begins with the entry-level curriculum and continues throughout professional practice and life-long learning.

The entry-level physiotherapy educational curriculum includes, but is not limited to, the study of: biological sciences, applied sciences, clinical sciences, social sciences, scientific inquiry and professional issues. This provides a strong foundation for the study of physical assessment, clinical reasoning and a variety of treatment approaches, including manual therapy, within the entry-level curriculum. Professional practice or clinical education consists of a program of supervised, evaluated clinical hours in the clinical setting throughout the duration of the academic program.

Manual therapy skills are refined throughout professional practice, through enrollment in continuing education programs in manual therapy or post graduate education programs. For example, CPA's Orthopedic Division offers a post-professional certification in manual therapy which meets internationally recognized standards. The program includes examination at each level and requires 150 hours of mentorship prior to certification. In addition, there are a number of post-graduate professional degrees in manual therapy offered nationally and internationally.<sup>6</sup>

### PROVINCIAL REGULATION OF THE PRACTICE OF MANIPULATION

Physiotherapists in Canada are autonomous primary care health professionals regulated under provincial legislation and are accountable to the provincial regulatory body of the province in which they are registered.

Manipulation is part of the statutory scope of practice for registered physiotherapists in Canada<sup>7,8</sup> and has been incorporated within provincial legislation concerning the physiotherapist's scope of practice in Canada since 1925.<sup>9</sup>

Provincial regulation of health professionals allows overlapping scopes of practice, and particular treatment techniques, such as manipulation, are part of the legislated scope of more than one professional group. In a number of provinces, spinal manipulation is considered a 'restricted',<sup>10</sup> 'reserved',<sup>11</sup> or 'controlled'<sup>12</sup> act and its practice is subject to specific regulatory standards. Physiotherapists are required to understand and abide by the legislation that applies to the province in which they practice.

Physiotherapists are committed to the practice of safe and effective manual therapy treatment. There is evidence to support the use of manipulation in the treatment of neuromusculoskeletal disorders.<sup>13,14,15</sup> Physiotherapists use

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<sup>6</sup> International Federation Orthopaedic Manipulative Therapists. Available at: <http://www.ifomt.org/ifomt>. Accessed February 5, 2007.

<sup>7</sup> Canadian Physiotherapy Association. Description of Physiotherapy in Canada: 2000 and Beyond. Toronto: Canadian Physiotherapy Association; 2000 Aug.

<sup>8</sup> College of Physical Therapists of Alberta. Competencies Required to Safely Perform Spinal Manipulation as a Physical Therapy Intervention. Edmonton: College of Physical Therapists of Alberta; 2000 April.

<sup>9</sup> Drugless Practitioners Act, Province of Ontario, 1925

<sup>10</sup> Under the Alberta Health Professions Act, spinal manipulation is a Restricted Activity. This means only health professionals with the necessary competence may perform spinal manipulation.

<sup>11</sup> The Health Professions Council in British Columbia defines a Reserved Act as: "tasks and services involving significant risk of harm." These acts may only be performed by professions to whom they are, on a non-exclusive basis, assigned, and so long as those performing them are acting within the scope of practice of their profession.

<sup>12</sup> Under the Ontario Regulated Health Professions Act, Controlled Acts are the procedures carried out by health professionals that can potentially cause harm to patients. Spinal manipulation is one of 13 controlled acts.

<sup>13</sup> Bronfort G, Haas M, Evans RL. Efficacy of spinal manipulation and mobilization for low back pain and neck pain: a systematic review and best evidence synthesis. *Spine* 2004 May-Jun;4(3):335-56.

manipulation as part of a multimodal treatment for selected patients and for specific conditions after determining that manipulation is the optimal treatment choice. They conduct a thorough assessment of their patient prior to beginning treatment, including a screen for known identifiable conditions that may preclude the use of manipulation in specific patients. Physiotherapists advise their patients of the risks associated with the use of manipulation and obtain informed consent to treatment in accordance with provincial legislation governing their practice. Clients are routinely reassessed following a manipulation and treatment is continued, modified, or discontinued based on the results of this evaluation, and when indicators for manipulation and/or established treatment goals are met.

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<sup>14</sup> Childs JD, Fritz JM, Flynn TW, Irrgang JJ, Johnson KK, Majkowski GR, Delitto A. A Clinical Prediction Rule To Identify Patients with Low Back Pain Most Likely To Benefit from Spinal Manipulation: A Validation Study. *Annals of Internal Medicine* 2004;141(12):920-8.

<sup>15</sup> Gross AR, Hoving JL, Haines TA, Goldsmith CH, Kay T, Aker P, Bronfort G, the Cervical Overview Group. A Cochrane Review of Manipulation and Mobilization for Mechanical Neck Disorders. *Spine* 2004 Jul 15;29(14):1541-8.