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**INTERNATIONAL  
CHIROPRACTORS  
ASSOCIATION of  
CALIFORNIA**

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## **International Chiropractors Association of California Statement on Manipulation Under Anesthesia**

Manipulation under anesthesia or MUA is within the scope of chiropractic practice in the State of California.

### **Previous State Board of Chiropractic Examiners Statement on the issue:**

On September 13, 1990 the State Board of Chiropractic Examiners has already adopted the following statement "A proper chiropractic adjustment, if within the scope of practice of section 302, is not made illegal simply because the patient is under anesthesia."

Manipulation Under Anesthesia (MUA) does not constitute chiropractic treatment utilizing drugs. With MUA, a chiropractor performs a chiropractic adjustment while the patient is sedated. The anesthesia must be administered either by an anesthesiologist who is a licensed physician with a credential to practice medicine and utilize drugs, or by a Certified Registered Nurse Anesthetist under the direct supervision in a hospital setting of a licensed physician with a credential to practice medicine and utilize drugs.

### **Suggested Board of Chiropractic Examiners policy statement:**

A chiropractor may provide manipulation, mobilization, stretching and other manual procedures while the patient has been administered anesthesia or medication by a properly licensed provider.

### **Reasons for Opinion**

#### **MUA – Technique**

##### **Lumbar Region**

The technique as applied in these cases began with the patient supine, with passive stretching of the right lower extremity carried out first with the knee individually brought up to the chest, first to midline, then at 45-degree angles medial and lateral, then repeated on the left. Both knees were maximally flexed at the hips with the knees brought up to the chest with subsequent rotation of 30 degrees to the right and left. External and internal circumduction of the hip was then performed twice on the right, then twice on the left. Straight leg raising was accomplished to 90 degrees on each side.

This primarily stretched the sciatic nerve and spinal nerve roots at the L5, S1, and S2 levels. The patient was then turned on the left side with the right knee and hip flexed, and the upper torso was rotated with the lumbar lordosis reduced.

The segment to be manipulated was localized and when the elastic barrier of resistance was identified, a combination of low-velocity and high-velocity short-lever thrusts were applied.

Cavitation at several segments was generally achieved. The procedure was then repeated with the patient on the left side. The dorsal spine was mobilized by extension technique in which the patient's arms were crossed on the chest with each hand on the contralateral shoulder. The operator placed one hand under the segment to be moved and the other hand on the patient's elbows with thrusts dorsally and cranially.

Davis, CG, Fernando, C, da Motta, M. Manipulation of the Low Back Under General Anesthesia: Case Studies and Discussion. *Journal of the Neuromusculoskeletal System* 1993;1(3):126-134.

### Cervical Region

The patient is placed in the supine position with the upper extremities flexed at the elbows and crossed over the chest. The technique begins with posterior to anterior glide from C7 in a cephalad direction.

Then passive stretching of the cervical spine with axial traction is held for 3 seconds repeated two to three times, and cavitation at several segments is generally achieved. Next is stretching in the lateral plane, moving the entire cervical spine to one side then the other. The cervical spine is then tractioned in a flexed position at 45° to the left then to the right, then flexed in the midline. Lateral glide is accomplished with the cervical spine tractioned and slightly flexed with thrusting in segments that are restricted to produced corrections. With lateral glide, assessment is made at each sequence to the occiput with manipulation of restrictions. The assistant operator provides control of the upper extremities and supplies counter force to help in traction maneuvers. In adjusting the upper cervical region, the patient's head is laterally bent, slightly, to one side, and rotated to the opposite direction about 30°. One hand supports the base of the skull. The thrusting hand is placed along the inferior border of the mandible for manipulations directed at occipital-atlantal and atlantal-axial joints. For such manipulations, traction is applied, then the elastic barrier of resistance is identified. An impulse-thrust is used to manipulate those articulations where there are fixations.

The procedure is then repeated with the cervical spine to the right rotation position with segmental localization on the left. Following this, a passive cervical stretch is performed in forward flexion, right lateral flexion, left lateral flexion, and axial extension.

The assistant is needed for the positioning and stabilization of the patient and to assist in manipulations. The techniques used are similar to those used in routine outpatient manipulative treatment except that less force is applied in the MUA.

Davis, CG. Chronic Cervical Spine Pain Treated with Manipulation Under Anesthesia. *Journal of the Neuromusculoskeletal System*. 1996; 4(3):102-115.

“Manipulation Under Anesthesia (MUA) does not constitute chiropractic treatment utilizing drugs. With MUA, a chiropractor performs a chiropractic adjustment while the patient is sedated. The anesthesia must be administered either by an anesthesiologist who is a licensed physician with a credential to practice medicine and utilize drugs, or by a Certified Registered Nurse

Anesthetist under the direct supervision in a hospital setting of a licensed physician with a credential to practice medicine and utilize drugs...”  
Wisconsin Board of Chiropractic, February 2003.

A RAND study that 94% of the manipulative therapy performed in the United States is by chiropractors.

[Shekelle PG, Adams AH, Chassin MR, Hurwitz EL, Brook RH.](#) Spinal manipulation for low-back pain. *Ann Intern Med.* 1992 Oct 1;117(7):590-8.

In a formal Board meeting on September 13, 1990, the California Board of Chiropractic Examiners, after extensive discussion the Board voted in favor of adopting a policy statement confirming that manipulation as part of an MUA procedure is “within the scope of chiropractic” and “not made illegal simply because the patient is under anesthesia.”

*Minutes of the Public Meeting of the Board of Chiropractic Examiners*, September 13, 1990, agenda item 11, at page 13.

Therefore, if anyone is going to do a spinal manipulative procedure, then it should be done by a chiropractor, and this procedure is within the scope of practice of a chiropractor in the state of California.

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