



Ref DE.2/MC

Protecting patients  
Setting standards  
Promoting the profession

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17 June 2004

Dear Mrs Denoon

### **CHIROPRACTIC UPPER CERVICAL MANIPULATION AND CHIROPRACTIC PRACTICES**

At the meeting of the General Chiropractic Council held on 11 June 2004, members gave careful and detailed consideration to your letter of 17 May 2004 and have authorised me to reply as follows.

1. The GCC stands by its previous statement that it sees no reason to change its current stance regarding neck manipulation and stroke. A stroke is also commonly referred to as a 'cerebrovascular accident', regardless of the cause. The attorney acting for the Lewis family does not speak for the jury in the inquest into the death of Lana Dale Lewis, none of whose statements explicitly drew the conclusion that the manipulation was causal. By contrast, prominent among their recommendations was a call for "*...a well designed level 3 retrospective case control study to assess the relationship, if any, between high neck manipulation and stroke/injury and/or serious complication....*"
2. The GCC would accept the findings of just such case control studies as the Lewis jury calls for. Current studies in the literature that seek to establish a relationship between high neck manipulation and stroke/injury are not of the quality required to provide this evidence and all other methodologies so far reported are inferior to even these studies. At this point, all the indications are that serious adverse reactions to chiropractic treatment are rare.
3. NHS Direct provides only an opinion, not an evidence-based guideline. Most national guidelines recommend at least considering manipulation for back pain (eg Australia, Denmark, Sweden, UK and USA). The latest consensus on this will be in the European Commission's Acute Back Pain Guidelines ([www.backpaineurope.org](http://www.backpaineurope.org)). This recommends what amounts to most of the main approaches that chiropractors use, including manipulation.