Chapter 6 – Management Protocols

4

Asymptomatic Subluxation
Asymptomatic Patient with Identifiable Subluxation

Management Protocol

TYPE OF CONDITION: Acute or Chronic

MECHANISMS OF INJURY

1. Post-traumatic
2. Secondary to mechanical stress
3. Secondary to visceral-somatic reflex
4. Secondary to a somatic manifestation of psychogenic origin

INVOLVED ANATOMY

Contiguous vertebral segments including occiput, sacrum and ilia, apophyseal joints, with potential involvement of paraspinal muscles, contents of the intervertebral foramen and the disc, extra spinal joints and their associated soft tissue.

COMPLICATING FACTORS

Phases may be prolonged by complicating factors that may include diabetes, lack of exercise, failed surgical procedures, history of previous injury, etc.

MANAGEMENT PLAN

PHASE 1: Initial care

Plan of care may include:
1. Adjust subluxated joints(s)
2. Moist heat may be used preparatory to the adjustment if there is muscle hypertonicity (see Chapter 4 – 2).
3. Ice may be used post adjustment if inflammation occurs (see Chapter 4 – 1).
4. Appropriate soft tissue techniques may be used to help stabilize the adjusted joints(s).
5. Provide appropriate home care instructions to the patient in order to correct possible causes of the subluxation and sustain the positive effects of the adjustment; to include exercises, ergonomic instructions, etc.

Time Frame: 1 to 2 weeks
PHASE 2: Follow-up care

Plan of care may include:
Periodic adjustments may be necessary to correct or reduce the subluxation. Adjusting care could occur at a progressively reduced frequency.

Time Frame: 2 to 6 weeks

PHASE 3: Supportive care

Plan of care may include: Adjust as necessary

Time Frame: 7 weeks and beyond