

Your Safety: Understanding the benefits and risks of what we do in our office.

Our mission is to help sick people get well, and to help healthy people function better without drugs or surgery. We practice very conservative methods of health care and as such the methods we use are extremely safe. However the methods we use are also extremely powerful and anything that can produce amazing changes in the body will always have some potential, no matter how small, to produce occasional unwanted side effects. We created this brochure to inform you of the rare side effects reported following chiropractic, acupuncture and herbal nutritional therapies as well as to reassure you of the steps we take on each and every visit to make sure these potential rare adverse events are even less likely.

Chiropractic, spinal and other joint manipulation:

When you ask someone what chiropractors do, they often will respond that they “crack your neck and/or back” Joint manipulation and chiropractic spinal manipulation frequently produce an audible popping or cracking noise. This sound is known as *joint cavitation* and is believed to be caused by pressure changes in the fluid surrounding the joint. It is the same noise that is produced when one cracks their knuckles. One myth was that cracking or cavitating a joint would produce arthritis in the joint. A scientific study of joint cavitation dispels this old wives tale. In fact, a very recent study demonstrated that joint manipulation actually benefits patients with arthritis of the spine. You should also know that spinal manipulation places no more stress or strain on the joints and discs of the spine than does normal movement of your back like bending to tie your shoes or twisting while running the vacuum.

So what are the unwanted side effects of chiropractic manipulation?

There have been a number of recent studies published on the nature of unwanted reactions to spinal manipulation. The research backs up what I personally have witnessed during my two plus decades of treating patients in my office. In general, sides effects if any, are mild and transient. When they do occur they typically happen shortly after the first or second session of spinal manipulation. Unpleasant side effects may occur in between 10 and 30 % of patients. They occur more often in women than men, and as stated above seem to occur after the first session of spinal manipulation. The most commonly reported unpleasant reaction is temporary and transient increased pain or stiffness.

This reaction usually resolves in 24 hours or less. More rare reports of tiredness, light headedness, and occasional nausea have been infrequently reported. The type and nature of these reactions may be associated with the severity and nature of the condition being treated. It seems self evident that more severe problems have the potential to produce short term increases in symptoms. We use ice, ultrasound and or TENs in our office to help to minimize any irritation that may occur due to spinal manipulative treatment. Spinal manipulation is safe and effective for uncomplicated spinal pain syndromes, but it also may be a viable alternative to surgery for lumbar or cervical disc herniations. Because disc herniations are themselves more serious problems, the risks from spinal manipulation for treating disc problems are more serious. There have been isolated reports of increased compression of the spinal nerves in patients with disc herniations. While this can be a serious situation, it has been reported to occur in only about 1 in 1- 3 million cases. Making spinal manipulation for disc problems an extremely safe treatment option for patient with herniated discs. We also use methods of treatment of herniated discs that do not require standard forms of spinal manipulation. These spinal decompression techniques may be preferred to traditional techniques for non surgical treatment of herniated spinal discs.

To make an educated decision about any type of care you may be considering, you must consider, “relative risks”. Simply put, relative risks compare the risk of one procedure with the risk of a second procedure for the same condition. For example, if you are taking medications to relieve your pain, how do the risks of the medications compare with the risks of an alternative treatment, like chiropractic care?

An example is chiropractic treatment versus drugs known as non steroidal anti-inflammatory drugs (NSAIDs which include aspirin, Aleve and Advil™). The risk for serious side effects from anti-inflammatory drugs are from 6000-9000 times **greater** than the risk for serious side effects from spinal manipulation. Meaning that chiropractic care is a much safer alternative than aspirin and related drugs for treating pain and inflammation and it in no way significantly increases a patient’s risk to add chiropractic care to an existing regime of NSAIDs. In fact, recent studies found that patients receiving chiropractic care were able to reduce their intake of drugs. Thus reducing the risks of drug reactions.

If you are trying to avoid surgery for a spine related problem, your condition is more serious and potential side effects of surgery should be compared with chiropractic as a possible alternative to surgery. You should understand that any patient who is a potential candidate for spine surgery has a serious medical condition. There is pressure on a nerve and the potential for permanent damage to that nerve. Studies show that chiropractic care often can reduce the pressure on a compressed nerves in the lower back without surgery.

Controversy concerning arterial dissection and neck manipulation:

This is done without anesthesia, or the need to surgically change the relationship between the nerve and offending structure like a disc or stenosis. There have been several reports of more pressure (rather than less) after attempts of non-surgical disc reduction. This is known as radiculopathy. A serious condition known as cauda equina syndrome (CES) can occur in patients with herniated lumbar discs. Several reported cases of CES following non-surgical attempts to reduce disc herniations with spinal manipulation have been reported in the medical literature. How do risks of conservative, non-surgical disc reduction like performed by chiropractors compare with surgical procedures to repair disc herniation? Unlike surgery, the risk for chiropractic is only 1 in 1-3 million cases.

It is important to remember that chiropractic methods operate within the normal range of motion of your spine. This means that the likelihood of any damage occurring to your spine, joints, ligaments, discs, muscles, nerves and blood vessels is extremely remote. You must also consider that when you present to a doctor for treatment, it is very likely that you already have some type of tissue damage or injury. Chiropractic care while extremely safe, may aggravate an injury or illness and very rarely may produce a serious side effect. If after a treatment, you experience discomfort that lasts more than 24 hours, you should contact our office immediately. If you are unsure about symptoms following a treatment do not hesitate to contact us. ~Dr. George W. Kukurin

Acupuncture & Herbs

I also practice acupuncture and recommend herbal formulas to many of my patients. Like chiropractic care, acupuncture is an extremely safe therapeutic procedure. In the olden days, acupuncture was practiced with re-usable needles than were sterilized between visits. This raised the potential for infection. In our office, we use either electrical stimulation or low level laser light as an alternative to needles. With these modern alternatives to needles, the risk of infection is virtually nil. In a study of side effects following acupuncture, serious side effects occurred in 5 out of every one million treatments. Making acupuncture, like chiropractic, much more safe than most standard medical therapies for similar conditions. Using laser stimulation rather than needles, very likely reduces the risk further. Herbs and other nutrients do have the potential to interact with prescription medications and even other herbs, vitamins or foods. We make every attempt to stay current with published reports of adverse reactions to herbs. We also strongly recommend that you consult with the pharmacist who fills your prescriptions. We offer an unconditional guarantee with our nutritional supplements. If you can't take them, or are unsatisfied with them we will refund your money.

It is important for you to communicate to us, any unpleasant side effects you may experience following treatment at our office. We practice many methods of conservative treatment and will do everything in our power to tailor a treatment plan individualized to you, your condition and your tolerance to the methods we use. If you have any questions or concerns please feel free to discuss them with us! ~ Dr. George W. Kukurin

A rare but serious type of stroke that occurs mainly in young seemingly healthy individuals is known as arterial dissection. The incidence of this particular stroke is, for unknown reasons, increasing in the general population. Often the only early signs and symptoms of this unusual condition are headaches and/or neck pain. This stroke occurs spontaneously in about 1 in every 30,000 people. There have been reports of this type of stroke occurring following manipulation therapy of the neck. However, recent studies demonstrate that neck manipulation does not place any undue stress or strain in the arteries of the neck. Reports of this type of stroke following neck manipulation are 1 in 500,000 to 1 in 2,000,000 ***Many times less that this condition naturally occurs in the general population.*** Another study found that even in the most severe neck trauma, involving fracture of the vertebrae, injury to the vertebral artery is rare. This suggests that trauma is not the actual cause of this type of stroke. At the present time, the association, if any, between neck manipulation and this particular type of arterial injury is unknown. Regardless of whether or not you received treatment on your neck: **It is important, that if neck and/or head pain is followed by dizziness, vomiting, slurred speech, loss of balance, or other signs of a vascular problem, you should immediately present to an emergency room for further evaluation.**

References

1. The audible release associated with joint manipulation. **JMPT. 1995 Mar-Apr;18(3):155-64.**
2. Does knuckle cracking lead to arthritis of the fingers? **Arthritis Rheum. 1998 May;41(5):949-50.**
3. Efficacy of treating low back pain and dysfunction secondary to osteoarthritis: chiropractic care compared with moist heat alone. **JMPT 2006 Feb;29(2):107-14.**
4. Comparison of human lumbar facet joint capsule strains during simulated high-velocity, low-amplitude spinal manipulation versus physiological motions. **Spine J. 2005 May-Jun;5(3):277-90.**
5. Safety of spinal manipulation in the treatment of lumbar disk herniations: a systematic review and risk assessment **JMPT. 2004 Mar-Apr;27(3):197-210.**
6. Side posture manipulation for lumbar intervertebral disk herniation. **JMPT. 1993 Feb;16(2):96-103.**
7. Magnetic resonance imaging and clinical follow-up: study of 27 patients receiving chiropractic care for cervical and lumbar disc herniations. **JMPT 1996 Nov-Dec;19(9):597-606.**
8. Prospective investigations into the safety of spinal manipulation. **J Pain Symptom Manage. 2001 Mar;21(3):238-42.**
9. Risks associated with spinal manipulation. **Am J Med. 2002 May;112(7):566-71.**
10. A risk assessment of cervical manipulation vs. NSAIDs for the treatment of neck pain. **JMPT 1995 Oct;18(8):530-6.**
11. Side effects of chiropractic treatment: a prospective study. **JMPT. 1997 Oct;20(8):511-5.**
12. Frequency and clinical predictors of adverse reactions to chiropractic care in the UCLA neck pain study. **Spine. 2005 Jul 1;30(13):1477-84.**
13. Complications of spinal manipulation: a comprehensive review of the literature. **J Fam Pract. 1996 May;42(5):475-80.**
14. Dissection of cervical arteries **Presse Med 2001 Dec 15;30(38):1882-9**
15. A cumulative review of the range and incidence of significant adverse events associated with acupuncture. **Acupunct Med. 2004 Sep;22(3):122-33.**
16. Prospective studies of the safety of acupuncture: a systematic review **Am J Med. 2001 Apr 15;110(6):481-5.**
17. Vertebral artery occlusion after acute cervical spine trauma. **Spine. 2000 May 1;25(9):1171-7.**
18. **Spine Journal**
19. Internal forces sustained by the vertebral artery during spinal manipulative therapy. **JMPT 2002 Oct;25(8):504-10**