GEORGIA SOCIETY OF ANESTHESIOLOGISTS, INC.

Comments on

GEORGIA BOARD of CHIROPRACTIC EXAMINERS

Proposed

NEW CHAPTER 100-18 MANIPULATION UNDER ANESTHESIA

NEW RULE 100-18-.01 REQUIREMENTS FOR AUTHORITY TO PERFORM MANIPULATION UNDER ANESTHESIA.

May 17, 2012

The Georgia Society of Anesthesiologists (GSA) appreciates the opportunity to comment on GBCE proposed new chapter 100-18 and proposed new rule 100-18-.01. GSA is a statewide professional medical specialty society of more than 800 practicing physicians. Our mission is to promote quality continuing medical education opportunities for our members and to advocate for public policy which is protective of patient safety.

The Georgia Board of Chiropractic Examiners proposes to add chapter 100-18 titled *Manipulation under Anesthesia* and a new rule 100-18-*.01 Requirements for Authority to Perform Manipulation under Anesthesia*.

The Georgia Society of Anesthesiologists opposes the adoption of this new chapter and rule on the dual basis that the authority granted weakens long-standing patient safety protections and that the authority granted therein is beyond the scope of chiropractic practice. These positions are supported and based on conclusions of the American Society of Anesthesiologists (ASA) and decisions by the Texas Court of Appeals, Third District.

In the January 2005 *ASA Newsletter*, the Society published the opinion of a six-member taskforce appointed by then ASA President Roger W. Litwiller, M.D. to study Spinal Manipulation under General Anesthesia. The taskforce clarified that "the basis for manipulation under anesthesia (MUA) is that fibrotic changes in peri- and intra-articular tissues restrict motion and cause pain." Sedation or anesthesia "is being proposed to reduce muscle tone and limit protective reflexes so that effective manipulation of the joint/spine can be provided." The taskforce raised concerns that "although there are specific patient selection criteria as well as documented contraindications, these may not be followed… raising concerns about the accuracy and suitability of patient selection."

The taskforce further noted a "consequence of this practice is a significant medical liability issue when MUA is performed by a chiropractor with the anesthesiologist providing anesthesia". Emphasis was placed on the fact that "the preanesthetic evaluation does **not** suffice for the work-up which results in the selection of appropriate patients for MUA. Rather, a physician actively involved in the patients care should make the selection choice for a specific pathologic condition."

Literature review includes reports of vascular injury, stroke, spine, and disc lesions and neural injuries such as radiculopathy, myelopathy, and cauda equina syndrome associated with MUA. The actual risk of these undesirable outcomes is not truly known since these events are most likely under-reported. The task force stated that "this reality plus the fact that some descriptions of MUA include the provision of needle-based interventional therapies such as trigger-point and epidural steroid injections in the sedated patient would seem to conflict with the ASA's proud history of advocating so earnestly for patient safety." The Task force report led the 2007 ASA House of Delegates to approve "that the ASA declares that the use of general anesthesia for

chiropractic spinal manipulation has no scientific basis and that there is no evidence to support a claim that its use is either safe or beneficial for patients."

In the Texas Court of Appeals, Third District TBCE and TCA v. TMA and TMB both MUA and certification for MUA were examined. On both these issues the court ruled in favor of the physician parties finding MUA to be a surgical procedure and therefore outside the scope of chiropractic practice. The court also found TBCE was not authorized to "certify chiropractors to perform manipulation under anesthesia".

As an anesthesiologist who has practiced for over 25 years and certified by the American Board of Anesthesiology in both Anesthesiology and Pain Management, I am in full agreement of the previously stated opinions. I have no chiropractic training. As an anesthesiologist, I am trained to anticipate risk and have the full obligation to protect the patient from injury when drugs limit a patient's normal protective reflexes. For that reason, I believe sedation and anesthesia should not be combined with chiropractic adjustment or manipulation.

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President

Attached:
Texas Court of Appeals, Third District, Decision in TBCE & TCA v. TMA and TMB
ASA Newsletter, January 2005

For more information on the Georgia Society of Anesthesiologists, contact James E. "Jet" Toney, GSA Executive Secretary, at 678-222-4222 or jet.toney@politics.org.