



# Subluxation

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|-----------------------------|--------------------------------------------------------------------------------------|
| <b>Diagnosis/Condition:</b> | Somatic or Segmental Dysfunction<br>Other, multiple, and ill-defined<br>dislocations |
| <b>Discipline:</b>          | DC                                                                                   |
| <b>ICD-10 Codes:</b>        | M99.0 – M99.18                                                                       |
| <b>Origination Date:</b>    | 2007                                                                                 |
| <b>Review/Revised Date:</b> | 7/2026                                                                               |
| <b>Next Review Date:</b>    | 7/2028                                                                               |

The clinical concept of spinal subluxation has been one of the fundamental components of manipulative therapy theory since the founding of the chiropractic profession. However, this concept has been controversial from its beginning and continues to be so today. Subluxation originally was a medical term that was adopted by DD Palmer to most closely describe the phenomenon that he experienced in his newly "discovered" clinical practice of chiropractic. While the medical term subluxation refers to an incomplete dislocation, the chiropractic concept of it has come to be thought of as involving disturbances of any of the features of articular anatomy and physiology including abnormality of motion, neurology, muscle, ligament, circulation, inflammation and others.

The Association of Chiropractic Colleges' definition of chiropractic subluxation states, "A subluxation is a complex of functional and/or structural and/or pathological articular changes that compromise neural integrity and may influence organ system function and general health." Chiropractors, osteopaths, naturopaths, and their patients report pain conditions as the primary reason for seeking manipulative therapy treatment. There is no evidence that the subluxation is associated with visceral problems such as asthma, colic, and others.

Controversy in the chiropractic profession around subluxation has come to fall along the fault lines of a philosophical disagreement over the significance or even existence of a subluxation. "Subluxation-based" chiropractors adhere to the notion that chiropractic is "a vitalistic non-therapeutic, non-allopathic, drugless and surgical-free health science, based on its fundamental principles and philosophy" ([International Chiropractors Association](#)). The competing philosophy is usually characterized as "evidence-based chiropractic" that seeks to "embrace new concepts such as patient-centered care, and an option for either problem-focused or wellness-oriented practice." ([American Chiropractic Association](#)).

From an administrative perspective, "subluxation" is the most common diagnosis offered by chiropractors. The International Classification of Diseases (ICD) however does not include the term "chiropractic subluxation" in any of its definitions. Chiropractors' use of ICD-10 codes to describe the chiropractic subluxation is inconsistent. ICD-10 codes for "Biomechanical lesions, not elsewhere

classified” (M99.XX) including “Segmental and somatic dysfunction” and “Subluxation complex (vertebral)” are used variably to indicate a diagnosis of chiropractic subluxation. Certain insurance carriers have made local determinations about the ICD-10 codes that properly describe subluxation. In some states, chiropractic laws specify subluxation as the only acceptable diagnosis from a chiropractor. The diagnostic characteristics of subluxation have become enshrined in Medicare policy. The term subluxation is inconsistently used by naturopathic physicians performing manipulative therapy.

### **Subjective Findings and History**

- Most patients present with pain, tightness, restricted motion, or loss of function in the area(s) of complaint.
- Onset may be acute, insidious, or chronic.
- Pain or paresthesia may occur in the neurologic distribution or zone of referral of the involved structure. For example:
  - Cervical region – headaches, neck pain, dizziness, upper extremity pain and/or paresthesia.
  - Thoracic region – back pain, rib cage pain, referred arm or neck pain.
  - Lumbar and/or pelvic region – low back, pelvic or hip pain, lower extremity pain; and/or paresthesia.
- Peripheral joints - local pain, weakness, loss of motion.

### **Objective Findings**

- Physical examination procedures are used to rule out the “red flags” of pathologic processes that can provide relative or absolute contraindication to manipulative therapy treatments.
- Examination findings to determine the presence of subluxation have not been thoroughly evaluated for reliability, specificity, and sensitivity. However, there is stronger and more favorable evidence supporting procedures which use a direct measure involving pain provocation with palpation or localized tissue examination of the presumptive site. Other methods such as skin conductance or thermography tend not to be supported by the available evidence.
- Stiffness, and/or reduced range of motion in the region involved.
- Inflammation, swelling.
- Expert consensus has identified classes of findings that together indicate the presence of a subluxation. These have been adopted by The US Center for Medicare and Medicaid Services (CMS) for defining the presence of subluxation (PART):
  - Pain / tenderness identified through observation, percussion, palpation, provocative orthopedic testing.
  - Asymmetric qualities on spinal segmental or sectional levels identified through observation, static palpation, diagnostic imaging.
  - Range of motion abnormality identified through motion palpation and stress x-ray examination.

- Tissue tone, texture and temperature abnormality (of the skin, fascia, muscle, ligament) are identified through observation, palpation, and tests for muscle length and strength.

## **Assessment**

- The clinical impression should indicate the specific anatomical structures involved and clinically correlate with the complaints, mechanism of injury, the history, and objective findings.
- The patient's condition must bear a direct relationship to the level of subluxation.
- The assessment should identify any barriers to recovery.

## **Plan**

Immobilization, Bracing, Taping:

- Kinesiotaping

Physical Modalities (Western):

- Physical therapy modalities

Movement and Exercise:

- Active exercises/stretches for mobility and strength

Soft Tissue Therapies:

- Soft tissue techniques

Manual Adjustments/Manipulation:

- Manipulative therapy/adjustment
- Mobilization techniques

Self-Care:

- Use of heat/ice and other appropriate self-care

Lifestyle Counseling:

- Patients at risk of becoming chronic should have care plans that avoid physician dependence, limit passive care, and encourage active care approaches.
- Advise about continuing to stay as active as possible with work and non-work physical activity.

## **Frequency and Duration of Treatment**

- The duration of treatment is driven by the patient's response.
- Progressively declining treatment frequency is expected as the patient improves.
- One of the goals of treatment is moving the patient from passive to active care.
- The evidence for the duration of manipulative therapy is inconclusive.

- Duration and intensity of care should be consistent with the time frame observed in the natural history of the condition and documented responses to treatment.

## Referral Criteria

Referral to an appropriate provider should be considered when:

- The presence of “red flags” of pathologic conditions are discovered.
- The patients presents with conditions that are outside the provider’s scope of practice.
- Failure to improve after appropriate trials of treatment.

## Resources for Clinicians

Journal of Manipulative and Physiological Therapeutics (JMPT) is dedicated to the advancement of chiropractic health care. It provides the latest information on current developments in therapeutics, as well as reviews of clinically oriented research and practical information for use in clinical settings. <http://www.jmptonline.org/>

Chiropractic & Osteopathy is the official journal of the [Chiropractic & Osteopathic College of Australasia \(COCA\)](http://www.chiroandosteo.com/). COCA has agreed to cover the cost of article-processing charges for all papers submitted before March 2009. This will enable Chiropractic & Osteopathy to remain an international open access journal without charge to authors during this time. <http://www.chiroandosteo.com/>

## Resources for Patients

The American Chiropractic Association (ACA) is the largest professional association in the world representing Doctor of Chiropractic. [http://www.amerchiro.org/level1\\_css.cfm?T1ID=13](http://www.amerchiro.org/level1_css.cfm?T1ID=13)

The National Center for Complementary and Alternative Medicine (NCCAM) is the Federal Government's lead agency for scientific research on complementary and alternative medicine (CAM). The mission of NCCAM is to explore complementary and alternative healing practices in the context of rigorous science. To view NCCAM’s Research Report About chiropractic and its use in treating low-back pain go to: <http://nccam.nih.gov/health/chiropractic/>

## The Evidence

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## **Clinical Pathway Feedback**

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