

Evidence Discussion

Spinal Manipulation Under Anesthesia (SMUA) Rationale

Spinal manipulation under anesthesia (SMUA) to treat chronic back and neck pain is reserved for the patient whose condition has proven refractory to office-based manipulation. The principal mechanism theorized for procedural effectiveness is the disruption of soft tissue adhesions about the axial spine. The more recent chiropractic literature communicates that the evidence to support the efficacy of MUA of the spine remains largely anecdotal. In addition, it has been reported that the types of spinal conditions most suitable for MUA are without clear-cut consensus, with various indications for MUA of the low back resting wholly upon the opinions and experiences of MUA practitioners. (1, 2). Pre-existing pathology may increase the risk of some events in spinal manipulative therapy (SMT).

1. DiGiorgi D. Spinal manipulation under anesthesia: a narrative review of the literature and commentary. *Chiropr Man Therap*. 2013 May 14;21(1):14.
2. DiGiorgi D, Cerf J, Bowerman D. Outcomes indicators and a risk classification system for spinal manipulation under anesthesia: a narrative review and proposal. *Chiropr Man Therap*. 2018 Mar 8:26:9