The Royal College of
Chiropractors

Chiropractic Quality Standard

Acute Neck Pain

About The Royal College of Chiropractors' Quality Standards

Quality Standards are tools designed to help deliver the best possible outcomes for patients. They are a series of specific, concise quality statements with associated measures that provide aspirational, but achievable, markers of high-quality patient care covering the treatment of different conditions. They also form an important part in addressing the increasing priority being placed on improving quality and patient outcomes.

The primary purpose of The Royal College of Chiropractors' quality standards is to make it clear what quality care is by providing patients, the public, healthcare professionals, commissioners and chiropractors with definitions of high-quality chiropractic care.

By providing a clear description of what a high-quality service looks like, clinics can improve quality and achieve excellence. The quality standards encompass statutory requirements, best practice and existing clinical guidelines, but they are not a new set of targets or mandatory indicators for performance management. They are, however, a useful source to form the basis of clinical audit and to identify priorities for future improvement.

Chiropractors are encouraged to adopt the Royal College of Chiropractors quality standards as practice policy. They can be used in a wide range of circumstances, such as a source of identifying CPD, promoting the services that you provide, tendering for NHS contracts, or education at a local and national level. They enable Healthcare professionals to understand the standard of service that you provide, and allow commissioners to be confident that the services they are purchasing are of high quality. Importantly, they also help patients to understand what service they should expect.

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Acute Neck Pain

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Quality Statements

1. On contacting a chiropractic clinic, patients seeking care for acute neck pain are offered an appointment within three working days.
2. Patients presenting with acute neck pain are assessed on the basis of a full history, a questionnaire about interferences with daily activities, and the findings of a clinical examination, which includes an appropriate neurological assessment.
3. Routine diagnostic imaging (including x-rays, CT or MRI) is not required for patients presenting with acute neck pain, but should be formally considered if onset was traumatic.
4. Patients with acute neck pain are given an explanation of their condition, the likely causal factors, details of different treatment options, and the expected prognosis.
5. A plan of acute care is formulated in partnership with patients presenting with acute neck pain after their personal goals, expectations and concerns have been considered. The plan of acute care includes a formal review within two weeks of the commencement of treatment.
6. Patients with acute neck pain are asked to consent to treatment after they have received an explanation of the risks and benefits of treatment, the likely outcomes with and without treatment, and a plan of acute care has been agreed.
7. Patients with acute neck pain are recommended early treatment to prevent long-term disability.
8. The aims of treatment for patients with acute neck pain are to reduce symptoms, regain function and return the patient to their normal daily activities (including work), subject to the patients' personal expectations and preferences.
9. Patients with acute neck pain are given options for short-term pain relief and treated with a package of care, including manipulation and/or mobilisation, soft tissue therapies, exercise and lifestyle advice, cognitive behaviour interventions, and encouragement to remain as active as possible.
10. Patients with acute neck pain whose symptoms are either progressing or very severe are assessed at least twice a week.
11. Subject to receiving consent, one or more reports are sent to the GPs of patients with acute neck pain detailing their presentation, diagnosis and response to treatment.
12. Patients with acute neck pain are regularly assessed and referred to another healthcare practitioner if their condition shows no sign of improvement within four weeks.
13. Patients with acute neck pain are discharged from acute care within four weeks of their signs and symptoms being absent.
14. Following an evaluation of prognostic factors, ongoing rehabilitation and prophylactic care may be offered to patients following discharge from treatment for acute neck pain.

Scope of Quality Standard

This quality standard covers the chiropractic management of patients with Type I and Type II neck pain (described by The Bone and Joint Decade Task Force on Neck Pain as not being associated with radiculopathy or serious pathology) of less than 6 weeks in duration. This is often referred to as simple, mechanical, or non-specific acute neck pain.

Type I and Type II acute neck pain encompasses a large number of different onsets, presentations, and sources of pain. These quality statements are therefore general, but nevertheless provide aspirational, but achievable, markers of high-quality, cost-effective patient care.

Quality Measures

The quality measures accompanying each quality standard aim to improve the structure, process and outcomes of care. They are not a new set of targets or mandatory indicators for performance management, but might be used to form the basis of future audit. They also specify what each statement means to each stakeholder (provider, commissioners, patients).

Chiropractic Quality Statement 1: Waiting Times

Quality Statement	**On contacting a chiropractic clinic, patients seeking care for acute neck pain are offered an appointment within three working days.**
Quality Measure	**Structure:** Evidence of practice policy listing waiting time targets and the necessary practitioner availability to reasonably meet the targets. **Process:** Proportion of patients seeking care for uncomplicated acute neck pain being offered appointments within three working days. **Numerator:** the number of patients in the denominator being offered an appointment within three days. **Denominator:** the total number of patients contacting the clinic with Type I or Type II acute neck pain.
Description of what the quality statement means for each audience	**Service Providers** should ensure that their clinic has the appropriate capacity to provide appointments within three working days for patients contacting the clinic with acute neck pain. **Commissioners** should look at the current capacity of a service provider to offer appointments to patients with acute neck pain within three working days, together with any plans in place to expand this capacity should a contract necessitate this. **Patients** with acute neck pain should have an expectation that they will be provided an appointment within three working days.
Source	A reasonable expectation by both the service providers and service users

Chiropractic Quality Statement 2: History and Examination

Quality Statement	**Patients presenting with acute neck pain are assessed on the basis of a full history, a questionnaire about interferences with daily activities, and the findings of a clinical examination, which includes an appropriate neurological assessment.**
Quality Measure	**Structure:** Evidence of practice policy regarding patient questionnaires, history taking and clinical examination procedures for patients with acute neck pain, including assessment for Red Flags (indicators of serious spinal pathology) and Yellow Flags (psychosocial factors highlighting the risk of chronicity). **Process:** 1) Proportion of patients presenting with acute neck pain having completed a questionnaire about interferences with daily activities. **Numerator:** the number of patients in the denominator that have completed a questionnaire about interferences with daily activities. **Denominator:** the total number of patients presenting with Type I or Type II acute neck pain. 2) Proportion of patients presenting with acute neck pain having a record in their clinical notes that a full history and examination has taken place. **Numerator:** the number of patients in the denominator in which a full history and clinical examination has been recorded in the patient's notes. **Denominator:** the total number of patients presenting with Type I or Type II acute neck pain.
Description of what the quality statement means for each audience	**Service Providers** should ensure that they are taking the appropriate history and carrying out the necessary examination (including an appropriate neurological assessment) for patients presenting with acute neck pain, as well as giving them a questionnaire about interferences with daily activities. **Commissioners** should ensure that the necessary policies and infrastructure are in place to give patients presenting with acute neck pain a questionnaire about interferences with daily activities, as well as the ability to carry out and record a history and examination findings. **Patients** with neck pain should expect to complete a questionnaire about interferences with their daily activities, have a detailed history taken, and undergo a thorough examination.
Source	GCC Standard of Proficiency (S2.2, S2.3) [http://www.gcc-uk.org/page.cfm?page_id=15] The Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders - Spine 2008;33(4S):S1-220 [http://journals.lww.com/spinejournal/toc/2008/02151] Practice Guide for the Management of Whiplash-Associated Disorders in Adults - Canadian Chiropractic Association and the Canadian Federation of Chiropractic Regulatory and Education Accrediting Boards, Clinical Practice Guidelines Development Initiative (June 2010) [http://www.chiropracticcanada.ca/en-us/members/clinical-practice-guidelines.aspx] Evidence-based Management of Acute Musculoskeletal Pain – A Guide for Clinicians – Australian Acute Musculoskeletal Pain Guidelines Group, National Health and Medical Research Council, Australian Government (December 2003) [http://www.nhmrc.gov.au/guidelines/publications/cp94-cp95] Neck Pain: Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability, and Health From the Orthopaedic Section of the American Physical Therapy Association – J Ortho Sports Phys Ther. 2008 Sep;38(9):A1-A34 [http://www.orthopt.org/ICF/Neck%20Pain%20Clinical%20Guideline%20-%20JOSPT%20-%20Sept%202008.pdf]

Chiropractic Quality Statement 3: Diagnostic Imaging

Quality Statement	**Routine diagnostic imaging (including x-rays, CT or MRI) is not required for patients presenting with acute neck pain, but should be formally considered if onset was traumatic.**
Quality Measure	**Structure:** Evidence of practice policy (including decision rules for traumatic onset such as the NEXUS Low-Risk Critera or Canadian Cervical Spine Rule) with regard to the use of diagnostic imaging for patients presenting with acute neck pain. **Process:** 1) Proportion of patients with acute neck pain receiving diagnostic imaging. **Numerator:** the number of patients in the denominator having received diagnostic imaging. **Denominator:** the total number of patients presenting with Type I or Type II acute neck pain. 2) Proportion of patients with traumatic onset acute neck pain, for which there is documentary evidence of a reasonable clinical justification for a diagnostic imaging procedure having being performed (eg. NEXUS Low-Risk Critera or Canadian Cervical Spine Rule). **Numerator:** the number of patients in the denominator with a reasonable clinical justification for a diagnostic imaging procedure to have been performed. **Denominator:** the total number of patients presenting with traumatic onset Type I or Type II acute neck pain.
Description of what the quality statement means for each audience	**Service Providers** should ensure that diagnostic imaging tests are not requested routinely for patients with acute neck pain, but only used with specific individual clinical justification (eg. complying with decision tools such as the NEXUS Low-Risk Critera or Canadian Cervical Spine Rule). **Commissioners** should not expect diagnostic imaging to be a standard procedure for patients with acute neck pain, but that Service Providers would have policies in place to determine in which patients imaging might be required. **Patients** with acute neck pain should not expect to have an x-ray or scan of their neck, but that it would be considered if the onset of their pain had been traumatic.
Source	GCC Standard of Proficiency (S2.4) [http://www.gcc-uk.org/page.cfm?page_id=15] The Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders - Spine 2008;33(4S):S1-220 [http://journals.lww.com/spinejournal/toc/2008/02151] The Musculoskeletal Services Framework, Department of Health (July 2006) [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications PolicyAndGuidance/DH_4138413] Evidence-based Management of Acute Musculoskeletal Pain – A Guide for Clinicians – Australian Acute Musculoskeletal Pain Guidelines Group, National Health and Medical Research Council, Australian Government (December 2003) [http://www.nhmrc.gov.au/guidelines/publications/cp94-cp95] Neck Pain: Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability, and Health From the Orthopaedic Section of the American Physical Therapy Association – J Ortho Sports Phys Ther. 2008 Sep;38(9):A1-A34 [http://www.orthopt.org/ICF/Neck%20Pain%20Clinical%20Guideline%20-%20JOSPT%20-%20Sept%202008.pdf]

Chiropractic Quality Statement 4: Patient Explanations

Quality Statement	**Patients with acute neck pain are given an explanation of their condition, the likely causal factors, details of different treatment options, and the expected prognosis.**
Quality Measure	**Structure:** Evidence of practice policies relating to the communication to patients with acute neck pain of the details of their condition, including causes, proposed treatment and expected prognosis. **Process:** Proportion of patients with acute neck pain who have received an explanation of their condition, the likely causal factors, any proposed treatment, and the expected prognosis. **Numerator:** the number of patients in the denominator who have been given an explanation of their condition, the likely causal factors, any proposed treatment, and the expected prognosis. **Denominator:** the total number of patients presenting with Type I or Type II acute neck pain.
Description of what the quality statement means for each audience	**Service Providers** should ensure that appropriate time is allocated to give accurate, relevant and clear information to patients with acute neck pain about their condition, the likely causal factors and any proposed treatment, together with the expected prognosis. **Commissioners** should seek evidence from Service Providers that patients with acute neck pain are given an explanation of their condition and any proposed treatment, together with the expected prognosis. **Patients** with acute neck pain should expect to be given an explanation of their condition and what may have caused it, together with details of any proposed treatment and the likely outcome.
Source	GCC Code of Practice and Standard of Proficiency (B3, S2.1, S2.6) [http://www.gcc-uk.org/page.cfm?page_id=15] NICE Clinical Guideline 138 - Patient experience in adult NHS services (February 2012) [http://guidance.nice.org.uk/cg138] The Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders - Spine 2008;33(4S):S1-220 [http://journals.lww.com/spinejournal/toc/2008/02151] The Musculoskeletal Services Framework, Department of Health (July 2006) [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications PolicyAndGuidance/DH_4138413] Evidence-based Management of Acute Musculoskeletal Pain – A Guide for Clinicians – Australian Acute Musculoskeletal Pain Guidelines Group, National Health and Medical Research Council, Australian Government (December 2003) [http://www.nhmrc.gov.au/guidelines/publications/cp94-cp95]

Chiropractic Quality Statement 5: Plan of Care

Quality Statement	**A plan of acute care is formulated in partnership with patients presenting with acute neck pain after their personal goals, expectations and concerns have been considered. The plan of acute care includes a formal review within two weeks of the commencement of treatment.**
Quality Measure	**Structure:** Evidence of practice policies and procedures with regard to management plans, the consideration of the patients' personal goals, expectations and concerns, and the inclusion of formal reviews. **Process:** 1) Proportion of patients with acute neck pain who have received a plan of acute care, after having their personal goals, expectations and concerns taken into consideration. **Numerator:** the number of patients in the denominator who have received a plan of acute care, after having their personal goals, expectations and concerns taken into consideration. **Denominator:** the total number of patients presenting with Type I or Type II acute neck pain. 2) Proportion of patients with acute neck pain who have had their plan of acute care reviewed within two weeks of the commencement of treatment. **Numerator:** the number of patients in the denominator who have received a plan of acute care review within two weeks of the commencement of treatment. **Denominator:** the total number of patients presenting with Type I or Type II acute neck pain.
Description of what the quality statement means for each audience	**Service Providers** should have the systems in place to ensure that the personal goals, expectations and concerns of patients with acute neck pain are taken into consideration before a plan of acute care is formulated, in partnership with patients, which will include a formal review within two weeks of the commencement of treatment. **Commissioners** should expect to see evidence that the personal goals, expectations and concerns of patients with acute neck pain are taken into consideration before a plan of acute care is formulated, in partnership with patients, which will include a formal review within two weeks of treatment commencing. **Patients** with acute neck pain should expect to have their personal goals, expectations and concerns taken into consideration before taking part in formulating a plan of acute care, which will include a formal review within two weeks of starting treatment.
Source	GCC Code of Practice and Standard of Proficiency (B1, B3, B5, S3.1, S2.1,S3.2, S3.3) [http://www.gcc-uk.org/page.cfm?page_id=15] NICE Clinical Guideline 138 - Patient experience in adult NHS services (February 2012) [http://guidance.nice.org.uk/cg138] The Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders - Spine 2008;33(4S):S1-220 [http://journals.lww.com/spinejournal/toc/2008/02151] The Musculoskeletal Services Framework, Department of Health (July 2006) [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications PolicyAndGuidance/DH_4138413] Evidence-based Management of Acute Musculoskeletal Pain – A Guide for Clinicians – Australian Acute Musculoskeletal Pain Guidelines Group, National Health and Medical Research Council, Australian Government (December 2003) [http://www.nhmrc.gov.au/guidelines/publications/cp94-cp95]

Chiropractic Quality Statement 6: Informed Consent

Quality Statement

Patients with acute neck pain are asked to consent to treatment after they have received an explanation of the risks and benefits of treatment, the likely outcomes with and without treatment, and a plan of acute care has been agreed.

Quality Measure

Structure: Evidence of practice policies relating to consent, and the information supplied to patients prior to consent being sought.

Process: Proportion of patients with acute neck pain that have consented to treatment following an explanation of the risks, benefits and likely outcomes, and once a plan of acute care has been agreed.

Numerator: the number of patients in the denominator who have consented to treatment following an explanation of the risks, benefits and likely outcomes, and after agreeing a plan of acute care.

Denominator: the total number of patients presenting with Type I or Type II acute neck pain.

Description of what the quality statement means for each audience

Service Providers should ensure that the risks, benefits and likely outcomes have been explained to patients with acute neck pain, and a plan of acute care agreed, prior to consent to treatment being requested and documented.

Commissioners need to ensure that Service Providers have a consent policy in place, in which patients with acute neck pain are given information about the risks, benefits, and likely outcomes of treatment, and an agreed plan of acute care, prior to consent being given.

Patients with acute neck pain should expect to be given information about the risks and benefits of treatment, the likely outcomes both with and without treatment, and have agreed a plan of acute care, before being asked to consent to receiving treatment.

Source

GCC Code of Practice and Standard of Proficiency (B3, B4, C1, S2.1, S2.6) [http://www.gcc-uk.org/page.cfm?page_id=15]

NICE Clinical Guideline 138 - Patient experience in adult NHS services (February 2012) [http://guidance.nice.org.uk/cg138]

The Musculoskeletal Services Framework, Department of Health (July 2006) [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications PolicyAndGuidance/DH_4138413]

Chiropractic Clinical Practice Guideline: Evidence-Based Treatment of Adult Neck Pain Not Due to Whiplash – Chiropractic Clinical Practice Guidleine - J Can Chiropr Assoc. 2005;49(3):158-209 [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1839918/]

Chiropractic Quality Statement 7: Early Management

Quality Statement	**Patients with acute neck pain are recommended early treatment to prevent long-term disability.**
Quality Measure	**Structure:** Evidence of practice policy for the early treatment of patients with acute neck pain. **Process:** Proportion of patients with acute neck pain that are recommended early treatment. **Numerator:** the number of patients in the denominator who have been recommended early treatment. **Denominator:** the total number of patients presenting with Type I or Type II acute neck pain.
Description of what the quality statement means for each audience	**Service Providers** should recommended early treatment to patients with acute neck pain. **Commissioners** should seek evidence that patients with neck pain are recommended early treatment. **Patients** with acute neck pain should expect to be recommended early treatment.
Source	GCC Standard of Proficiency (S3.2) [http://www.gcc-uk.org/page.cfm?page_id=15] The Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders - Spine 2008;33(4S):S1-220 [http://journals.lww.com/spinejournal/toc/2008/02151]

Chiropractic Quality Statement 8: Treatment Aims

Quality Statement

The aims of treatment for patients with acute neck pain are to reduce symptoms, regain function and return the patient to their normal daily activities (including work), subject to the patients' personal expectations and preferences.

Quality Measure

Structure: Evidence of policy statements on the intention of treatment, and the acknowledgement of the personal expectations and preferences of the patient in reaching that decision.

Process: Proportion of patients with acute neck pain whose agreed aims of treatment are the reduction in symptoms, the restoration of function, and a return to normal daily activities.

Numerator: the number of patients in the denominator whose treatment aims are to reduce symptoms, regain function and return to normal daily activities.

Denominator: the total number of patients presenting with Type I or Type II acute neck pain.

Description of what the quality statement means for each audience

Service Providers should aim to reduce symptoms, restore function, and enable patients with acute neck pain to resume their normal daily activities, including work, subject to their expectations and preferences being considered.

Commissioners should look for evidence that the aim of treatment of patients with acute neck pain is to reduce symptoms, restore function, and enable patients with acute neck pain to resume their normal daily activities, including work, subject to their expectations and preferences being considered.

Patients with acute neck pain should expect the aims of treatment to be to reduce symptoms, restore function, and to resume their normal daily activities, including work, subject to their own expectations and preferences being considered.

Source

GCC Code of Practice (B1, B3, B5) [http://www.gcc-uk.org/page.cfm?page_id=15]

The Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders - Spine 2008;33(4S):S1-220 [http://journals.lww.com/spinejournal/toc/2008/02151]

Neck Pain, Non-Specific, Management – Clinical Knowledge Summaries, NHS Evidence, National Institute for Health and Clinical Evidence (May 2012) [http://www.cks.nhs.uk/neck_pain_non_specific/management/scenario_ management#344100006]

Evidence-based Management of Acute Musculoskeletal Pain – A Guide for Clinicians – Australian Acute Musculoskeletal Pain Guidelines Group, National Health and Medical Research Council, Australian Government (December 2003) [http://www.nhmrc.gov.au/guidelines/publications/cp94-cp95]

Chiropractic Quality Statement 9: Package of Care

Quality Statement	**Patients with acute neck pain are given options for short-term pain relief and treated with a package of care, including manipulation and/or mobilisation, soft tissue therapies, exercise and lifestyle advice, cognitive behaviour interventions, and encouragement to remain as active as possible.**
Quality Measure	**Structure:** Evidence of practice policy on the provision of options for short-term pain relief, as well as a package of care for the treatment of acute neck pain to include activity and lifestyle advice, manipulation and/or mobilisation, soft tissue therapies, and cognitive behavioural intervention. **Process:** 1) Proportion of patients with acute neck pain whose management has included options for short-term pain relief. **Numerator:** the number of patients in the denominator whose management has included options for short-term pain relief. **Denominator:** the total number of patients presenting with Type I or Type II acute neck pain. 2) Proportion of patients with acute neck pain who are treated with a package of care, including activity and lifestyle advice, manipulation and/or mobilisation, soft tissue therapies, and cognitive behavioural intervention. **Numerator:** the number of patients in the denominator who receive activity and lifestyle advice, manipulation and/or mobilisation, soft tissue therapies, and cognitive behavioural intervention. **Denominator:** the total number of patients presenting with Type I or Type II acute neck pain.
Description of what the quality statement means for each audience	**Service Providers** should address options for short-term pain relief, and provide a package of care for the treatment of acute neck pain to include activity and lifestyle advice, manipulation and/or mobilisation, soft tissue therapies, and cognitive behavioural intervention. **Commissioners** should seek evidence that acute neck pain patients are provided options for short-term pain relief, and treated with a package of care, including activity and lifestyle advice, manipulation and/or mobilisation, soft tissue therapies, and cognitive behavioural intervention. **Patients** with acute neck pain should expect to be given options for short-term pain relief, and treated with a number of different techniques including being given advice on activity and lifestyle, manipulation and/or mobilisation, soft tissue therapies, and addressing the psychological and social implications associated with neck pain.
Source	GCC Code of Practice and Standard of Proficiency (F1, S2.7, S2.8, S3.2) [http://www.gcc-uk.org/page.cfm?page_id=15] The Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders - Spine 2008;33(4S):S1-220 [http://journals.lww.com/spinejournal/toc/2008/02151]

Source

Neck Pain, Non-Specific, Management – Clinical Knowledge Summaries, NHS Evidence, National Institute for Health and Clinical Evidence (May 2012) [http://www.cks.nhs.uk/neck_pain_non_specific/management/scenario_ management#344100006]

The Musculoskeletal Services Framework, Department of Health (July 2006) [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications PolicyAndGuidance/DH_4138413]

Practice Guide for the Management of Whiplash-Associated Disorders in Adults - Canadian Chiropractic Association and the Canadian Federation of Chiropractic Regulatory and Education Accrediting Boards, Clinical Practice Guidelines Development Initiative (June 2010) [http://www.chiropracticcanada.ca/en-us/members/clinical-practice-guidelines.aspx]

Chiropractic Clinical Practice Guideline: Evidence-Based Treatment of Adult Neck Pain Not Due to Whiplash – Chiropractic Clinical Practice Guidleine - J Can Chiropr Assoc. 2005;49(3):158-209 [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1839918/]

Evidence-based Management of Acute Musculoskeletal Pain – A Guide for Clinicians – Australian Acute Musculoskeletal Pain Guidelines Group, National Health and Medical Research Council, Australian Government (December 2003) [http://www.nhmrc.gov.au/guidelines/publications/cp94-cp95]

Neck Pain: Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability, and Health From the Orthopaedic Section of the American Physical Therapy Association – J Ortho Sports Phys Ther. 2008 Sep;38(9):A1-A34 [http://www.orthopt.org/ICF/Neck%20Pain%20Clinical%20Guideline%20-%20JOSPT%20-%20Sept%202008.pdf]

Chiropractic Quality Statement 10: Early Monitoring

Quality Statement	**Patients with acute neck pain whose symptoms are either progressing or very severe are assessed at least twice a week.**
Quality Measure	**Structure:** Evidence of practice police or procedures with regard to the degree of contact with patients while their symptoms are either progressing or severe. **Process:** Proportion of patients with acute neck pain, whose symptoms are either progressing or severe, that are assessed at least twice a week. **Numerator:** the number of patients in the denominator that are assessed at least twice a week. **Denominator:** the total number of patients presenting with Type I or Type II acute neck pain.
Description of what the quality statement means for each audience	**Service Providers** should assess patients with acute neck pain at least twice a week while signs and symptoms are either progressing or severe. **Commissioners** should expect to see policies in place that patients with acute neck pain are assessed at least twice a week while signs and symptoms are either progressing or severe. **Patients** with acute neck pain should expect to be assessed at least twice a week while signs and symptoms are either progressing or severe.
Source	A reasonable expectation by both the service providers and service users Practice Guide for the Management of Whiplash-Associated Disorders in Adults - Canadian Chiropractic Association and the Canadian Federation of Chiropractic Regulatory and Education Accrediting Boards, Clinical Practice Guidelines Development Initiative (June 2010) [http://www.chiropracticcanada.ca/en-us/members/clinical-practice-guidelines.aspx]

Chiropractic Quality Statement 11: GP Reports

Quality Statement	**Subject to receiving consent, one or more reports are sent to the GPs of patients with acute neck pain detailing their presentation, diagnosis and response to treatment.**
Quality Measure	**Structure:** Evidence of practice policy that reports are sent to the GPs of patients with acute neck pain detailing their presentation, diagnosis and response to treatment. **Process:** Proportion of patients with acute neck pain for which a report has been sent to the patient's GP detailing their presentation, diagnosis and response to treatment. **Numerator:** the number of patients in the denominator who have had a report sent to their GP detailing their presentation, diagnosis and response to treatment. **Denominator:** the total number of patients presenting with Type I or Type II acute neck pain.
Description of what the quality statement means for each audience	**Service Providers** should have systems in place to ensure that reports are written and sent to the GPs of patients with acute neck pain detailing their presentation, diagnosis and response to treatment. **Commissioners** should seek evidence that reports are sent to the GPs of patients with acute neck pain detailing their presentation, diagnosis and response to treatment. **Patients** with acute neck pain should expect that, with their consent, a report will be sent to their GP detailing their presentation, diagnosis and response to treatment.
Source	GCC Code of Practice and Standard of Proficiency (A8, A9, S3.4) [http://www.gcc-uk.org/page.cfm?page_id=15] NICE Clinical Guideline 138 - Patient experience in adult NHS services (February 2012) [http://guidance.nice.org.uk/cg138]

Chiropractic Quality Statement 12: Referrals

Quality Statement	**Patients with acute neck pain are regularly assessed and referred to another healthcare practitioner if their condition shows no sign of improvement within four weeks.**
Quality Measure	**Structure:** Evidence of practice policy with regard to the regular assessment of patients, and referral of those whose condition shows no sign of improvement. **Process:** 1) Proportion of patients with acute neck pain who are reassessed on a regularly basis. **Numerator:** the number of patients in the denominator who have been reassessed on a regular basis. **Denominator:** the total number of patients presenting with Type I or Type II acute neck pain. 2) Proportion of patients with acute neck pain that are referred if their condition shows no sign of improvement over a four week period. **Numerator:** the number of patients in the denominator who have been referred after they have shown no sign of improvement over a four week period. **Denominator:** the total number of patients presenting with Type I or Type II acute neck pain who have shown no sign of improvement over a four week period.
Description of what the quality statement means for each audience	**Service Providers** should regularly assess patients with acute neck pain, and refer them if their condition shows no sign of improvement within four weeks. **Commissioners** should expect to see policies on reassessments and referrals stating that patients with acute neck pain will be regularly assessed, and referred if their condition shows no sign of improvement within four weeks. **Patients** with acute neck pain should expect to be regularly assessed, and referred if their condition shows no sign of improvement within four weeks.
Source	GCC Code of Practice and Standard of Proficiency (D1, S2.1, S2.4, S2.6, S2.7, S3.1, S3.2, S3.3) [http://www.gcc-uk.org/page.cfm?page_id=15] The Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders - Spine 2008;33(4S):S1-220 [http://journals.lww.com/spinejournal/toc/2008/02151] Chiropractic Clinical Practice Guideline: Evidence-Based Treatment of Adult Neck Pain Not Due to Whiplash – Chiropractic Clinical Practice Guidleine - J Can Chiropr Assoc. 2005;49(3):158-209 [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1839918/] Evidence-based Management of Acute Musculoskeletal Pain – A Guide for Clinicians – Australian Acute Musculoskeletal Pain Guidelines Group, National Health and Medical Research Council, Australian Government (December 2003) [http://www.nhmrc.gov.au/guidelines/publications/cp94-cp95]

Chiropractic Quality Statement 13: Discharge from Acute Care

Quality Statement	**Patients with acute neck pain are discharged from acute care within four weeks of their signs and symptoms being absent.**
Quality Measure	**Structure:** Evidence of practice policy regarding the discharge of patients from acute care when presenting with acute neck pain. **Process:** Proportion of patients with acute neck pain who, after their signs and symptoms being absent for four weeks, have been discharged from acute care. **Numerator:** the number of patients in the denominator who have been discharged from acute care after four weeks of their signs and symptoms being absent. **Denominator:** the total number of patients presenting with Type I or Type II acute neck pain whose signs and symptoms have been absent for four weeks.
Description of what the quality statement means for each audience	**Service Providers** should ensure that patients with acute neck pain are discharged from acute care within 4 weeks of their signs and symptoms being absent. **Commissioners** should expect the Service Provider to have policies in place stating that patients with acute neck pain should be discharged from acute care by the time their symptoms have been absent for 4 weeks. **Patients** with acute neck pain should expect to be discharged from acute care by the time their symptoms have been absent for 4 weeks.
Source	A reasonable expectation by both the service providers and service users.

Chiropractic Quality Statement 14: Prophylactic Care

Quality Statement	**Following an evaluation of prognostic factors, ongoing rehabilitation and prophylactic care may be offered to patients following discharge from treatment for acute neck pain.**
Quality Measure	**Structure:** Evidence of practice policy regarding the provision of rehabilitation and prophylactic care, following evaluation of prognostic factors, for patients with acute neck pain. **Process:** Proportion of patients that, once discharged from treatment for acute neck pain have had their prognostic factors evaluated, and subsequently offered ongoing rehabilitation and prophylactic care. **Numerator:** the number of patients in the denominator who have had their prognostic factors evaluated, and subsequently been offered ongoing rehabilitation and prophylactic care. **Denominator:** the total number of patients presenting with Type I or Type II acute neck pain who have been discharged from acute care.
Description of what the quality statement means for each audience	**Service Providers** should ensure that, following discharge from treatment for acute neck pain, patients' prognostic factors are evaluated, and where appropriate, are offered ongoing rehabilitation and prophylactic care. **Commissioners** should seek evidence that, following discharge from treatment for acute neck pain, patients' prognostic factors are evaluated, and where appropriate, are offered ongoing rehabilitation and prophylactic care. **Patients** should expect that, following discharge from treatment for acute neck pain, their prognostic factors are evaluated and, if appropriate, are offered ongoing strengthening and preventative care.
Source	A reasonable expectation by both the service providers and service users. GCC Standard of Proficiency (S2.6, S3.1, S3.2, S3.3, S3.6) [http://www.gcc-uk.org/page.cfm?page_id=15] The Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders - Spine 2008;33(4S):S1-220 [http://journals.lww.com/spinejournal/toc/2008/02151] Practice Guide for the Management of Whiplash-Associated Disorders in Adults - Canadian Chiropractic Association and the Canadian Federation of Chiropractic Regulatory and Education Accrediting Boards, Clinical Practice Guidelines Development Initiative (June 2010) [http://www.chiropracticcanada.ca/en-us/members/clinical-practice-guidelines.aspx]

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