

Spinal mobilisation and manipulation for paediatric populations

To the Editor: Spinal manipulation of infants and children is a global concern. The International Federation of Manual and Musculoskeletal Physical Therapists (IFOMPT) and the International Organisation of Physiotherapists in Paediatrics (IOPTP) started a task force in 2020 to develop a position statement on the safe and effective use of manipulation and mobilisation in the paediatric population. We used a three-step guideline process including literature reviews, a Delphi study of experts in the field and an evidence-to-decision analysis.

Initially, we set out to determine the existing evidence on the effectiveness and harms of spinal manipulation and mobilisation in the paediatric population.^[1] We conducted two systematic reviews on the psychometric properties of the outcome measures identified in the scoping review.^[2,3] A three-round Delphi survey of international physiotherapy experts was conducted to establish consensus regarding the use of spinal manipulation and mobilisation among infants, children and adolescents.^[4] Using the information gathered, a refinement stage (evidence-to-decision summative analysis, position statement development, evidence gap map analyses and multilayer review processes) led to the development of a position statement on the use of spinal manipulation and mobilisation in paediatric populations.^[5]

Our recommendations follow:

1. It is **not recommended** to perform:

- spinal manipulation and mobilisation on infants;
- cervical and lumbar spine manipulation on children;
- spinal manipulation and mobilisation on infants, children and adolescents for non-musculoskeletal paediatric conditions including asthma, attention deficit hyperactivity disorder, autism spectrum disorder, breastfeeding difficulties, cerebral palsy, infantile colic, nocturnal enuresis and otitis media.

2. It **may be appropriate** to treat musculoskeletal conditions, including spinal mobility impairments associated with neck-back pain and neck pain with headache, utilising:

- spinal mobilisation and manipulation on adolescents;
- spinal mobilisation on children; or
- thoracic manipulation on children for neck-back pain only.

3. No high-certainty evidence to recommend these interventions was available.

Reports of mild to severe harm exist; however, risk rates could not be determined.

The task force further recommends that it is time to stop attempting to treat infants and non-musculoskeletal paediatric conditions with spinal manipulation and mobilisation. Instead, resources should be directed toward the development of quality clinical trials to support evidence-based clinical pathways to effectively treat children and adolescents with musculoskeletal spinal impairments and pain. Additionally, the task force would propose mandatory tracking of adverse events when utilising spinal mobilisation and manipulation to fully understand the risk involved.

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