GUIDANCE FOR CHIROPRACTIC PROVIDERS FOR EVALUATION AND MANAGEMENT OF PATIENTS DURING THE CORONAVIRUS (COVID-19) PANDEMIC

The Academy of Georgia Chiropractors (The Academy) is consortium of healthcare providers who support evidence based chiropractic treatment and the role of Doctors of Chiropractic as a part of the healthcare delivery team. This bulletin is issued by The Academy as guidance for our members and others for application of the general guidance available from CDC, OSHA, and the Georgia Department of Public Health (DPH), as it may relate to the practice of chiropractic specifically during the COVID-19 Pandemic.

This information is offered as informational guidance only and all providers and payors should consult legal and professional counsel. Patient care recommendations have always been specific to the individual based on an assessment of the patient’s needs relative to the goals of treatment. Chiropractors have a responsibility to be familiar with the CDC’s Interim Guidance for Healthcare Workers to understand who is at highest risk and how to best reduce exposure. Chiropractors must use their professional judgment in the best interests of their patients, their employees and their local communities. This includes rescheduling non-urgent, elective or maintenance care if that is the best approach or making other adjustments to the care plan when the risk of exposure to COVID-19 outweighs the benefits of immediate treatment.

1. Elective vs Essential Chiropractic Services During the COVID-10 Pandemic

   a. Essential Chiropractic Services: Chiropractic care is an essential service for those with acute or chronic spine and neuromusculoskeletal pain. In light of the recent opioid crisis it is essential that the public has access to non-drug treatment options to treat and manage their acute and chronic pain as long as those
treatments can be delivered in a manner that is safe for both the patient and provider during the COVID-19 pandemic.

b. **Elective Chiropractic Care:** Routine chiropractic care is used by many for the purposes of general and spinal health maintenance and prevention. This care is often referred to within the profession and by CMS as *maintenance care.* Maintenance care is defined as “services that seek to prevent disease, promote health and prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition.

It has been advised by CDC that all elective procedures be postponed or rescheduled.

2. Applicability of CDC Interim Guidance for Healthcare Workers to Chiropractic Practice

- This CDC guidance is applicable to “all U.S. healthcare settings” which would therefore include all chiropractic offices.

- The CDC Definition of Healthcare Personnel (HCP) refers to “all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air”,

Therefore, all chiropractors and chiropractic office employees who have direct interaction with patients meet the CDC definition of HCP and are effected by this guidance.

3. Minimizing Risk of Exposure:

All persons entering a chiropractic office should be screened for symptoms of COVID-19 infection. Screening is best when performed outside of the office when possible.
Screening should include questions regarding the following symptoms or risks:

- Cough
- Fever of 100 degrees or higher*
  - Temperature of all persons entering the office should be verified by HCP wearing PPE (N-95 mask, glove, and eye protection) anyone with temp over 100.4 degrees should be considered at risk, any elevated temperature should evoke additional precautions
- Traveled in the past two weeks, traveled to or had contact with someone who traveled to China, South Korea, Italy or Iran.
- Had direct contact with someone who tested positive for the COVID-19 virus within the past 14 days.
- Concerned that you have been exposed through other contact with someone with COVID-19
- Have been instructed to self-quarantine due to a potential COVID-19 exposure
- Flu-like symptoms
- Difficulty breathing
- Do NOT have difficulty breathing but have flu-like symptoms such as muscle aches, chronic diseases such as diabetes, heart failure, COPD, asthma, are immunocompromised or have concerns to discuss with a healthcare provider

* Fever is either measured temperature \( \geq 100.0^\circ F \) or subjective fever. Note that fever may be intermittent or may not be present in some patients, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of patients in such situations. Respiratory symptoms consistent with COVID-19 are cough, shortness of breath, and sore throat. Medical evaluation may be recommended for lower temperatures \( (<100.0^\circ F) \) or other symptoms (e.g., muscle aches, nausea, vomiting, diarrhea, abdominal pain headache, runny nose, fatigue) based on assessment by public health authorities.

Recommendations:
- If screening indicates an at risk patient:
Do not provide chiropractic treatment unless all HCP have the appropriate PPE and training as recommended by CDC and OSHA.

Recommend support in isolation. Rest and stay hydrated. Have patient contact their Primary Care Provider or local COVID-19 testing facility for instructions before arriving.

- Chiropractor should document the screening results and recommendations in the treatment record.

4. Statement on Chiropractic Adjustment/Manipulation on Immunity and COVID-19

There is no credible scientific evidence that chiropractic spinal adjustment/manipulation confers or boosts immunity. Chiropractors should refrain from any communication that suggests spinal adjustment/manipulation may protect patients from contracting COVID-19 or will enhance their recovery. Doing otherwise is potentially dangerous to public health.

World Federation of Chiropractic and The Academy

5. Rights, roles and responsibilities of chiropractic health workers, including occupational safety and health*

Health workers are at the front line of any outbreak response and as such are exposed to hazards that put them at risk of infection with an outbreak pathogen (in this case COVID-19). Attention and adherence to CDC Guidance for Healthcare Workers is essential. The guidance contained herein is not intended to alter, minimize, increase or decrease the recommendations of the WHO*, CDC, OSHA or Georgia DPH. They are only intended to provide additional practical suggestions for implementing these procedures in a chiropractic clinical setting.

- **Chiropractic Employer Responsibilities**
  - Ensure that reasonable and necessary preventive and protective measures are taken to minimize occupational safety and health risks from COVID-19.
• Provide information, instruction and training for employee on occupational safety and health, including:
  • Training on basic infection prevention and control in the chiropractic clinical setting
  • Use, donning and doffing (putting on, taking off) and disposal of personal protective equipment (PPE)

• Chiropractic Healthcare Worker Responsibilities:
  • follow established occupational safety and health procedures
  • use provided protocols to assess, triage and treat patients
  • treat patients with respect, compassion and dignity
  • maintain patient confidentiality remaining HIPAA regulations regarding PHI
  • put on, use, take off and dispose of personal protective equipment properly
  • self-monitor for signs of illness and self-isolate or report illness if it occurs


Standard Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting. Elements of Standard Precautions that apply to patients with respiratory infections, including COVID-19, are summarized below.

A. Hand Hygiene

• HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
• HCP should perform hand hygiene by using Alcohol Based Hand Rubs (ABHR) with 60-95% alcohol or washing hands with soap and water for at least 20 seconds.
Chiropractic facilities should ensure that hand hygiene supplies are readily available to all personnel

B. Personal Protection Equipment in Chiropractic Practice

**Facemask**

- **Best Practice:**
  - Since the COVID-19 virus has an asymptomatic incubation period of up to 14 days during which a person may be contagious without symptoms and;
  - since many chiropractic procedures involve direct hands on patient contact;

  It is recommended that an N-95 facemask (and gloves) be donned before entry into the treatment room or patient care area or before delivering any direct patient treatment, examination or encounter with a person by chiropractic HCP where 6’ of separation cannot be maintained for more than brief encounters (less than 10 minutes)

- **Minimum Requirement:**

  During the COVID-19 pandemic it is recommended that all initial contact HCP or triage chiropractic personnel should wear the CDC and OSHA recommended PPE for a medium risk exposure including at least an N-95 mask and gloves until the risk of COVID-19 can be determined by COVID-19 screening

**Gloves**

- Put on clean, non-sterile gloves upon entry into the patient room or care area.
  - Change gloves if they become torn or heavily contaminated.
- Remove and discard gloves when leaving the patient room or care area and immediately perform hand hygiene.
Gowns
- Isolation gowns worn by the chiropractor or chiropractic HCP are generally not indicated for routine practice and procedures.
- If gowns are used HCP should remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area.
- Disposable gowns should be discarded after use.
- Cloth gowns should be laundered after each use.
- If there are shortages of gowns, they should be prioritized for:
  - aerosol-generating procedures
  - care activities where splashes and sprays are anticipated
  - high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP

Eye Protection
In cases where the patient is exhibiting active symptoms of illness including fever, coughing, sneezing, etc:
- Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area. Personal eyeglasses and contact lenses are NOT considered adequate eye protection
- Remove eye protection before leaving the patient room or care area.
- Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer’s reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.

C. Isolating Patients
- Maintain at least six feet of separation between patients in reception areas, check-in, check-out, and sub-waiting areas
- Maintain at least six feet of separation between patients in common or open treatment and therapy areas room
- Bring patients with symptoms that were not sufficient to meet the COVID-19 screening criteria at this time directly to an individual treatment room when possible,
- Where practicable, ask patients to wait in their car until the doctor is ready for them, then alert them via cell phone to come in and take them directly to treatment room
D. Disinfection and Preparation of Treatment Areas

- Disinfect treatment tables and all contact surfaces after each patient encounter providers,
  - Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Follow hand hygiene protocols immediately after gloves are removed.
  - For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.

7. Specific Chiropractic Treatments

A. Chiropractic Manipulative Therapy/Chiropractic Adjustment/Manual Therapy

These treatment modalities are typically the primary therapeutic interventions performed by chiropractors. There require close and, in most cases, direct patient contact.

**Best Practice Recommendations**

- When available, chiropractors should wear PPE including N-95 facemasks and gloves due to the inability to maintain social distancing of at least 6’ during manual therapy treatments.
- If appropriate based on the patient need, provider training and provider experience, choose mechanical or minimal contact treatment methods (i.e., instrument or mechanical adjustment, Activator Methods, Atlas Orthogonal, Etc.) which limit direct physical contact between the provider and patient

**Minimum Requirements:**
• All patients should be screen for COVID-19 prior to treatment and the result of the screening should be documented in the patient’s treatment record
• Vital signs including temperature, heart rate, and blood pressure should be obtained on each patient and documented on the patient’s treatment record
• Hand sanitizing protocols should be followed before and after each patient encounter
• Respiratory etiquette should be observed
• When using mechanical adjusting techniques (i.e., Activator Technique, Atlas Orthogonal Technique, etc) be sure to disinfect the instrument after each treatment

B. Electrical Therapeutic Modalities

Best Practice Recommendations:

• Single Use Disposable Electrodes should be used for any at risk patient, in cases of known or suspected infection and for those with possible COVID-19 exposure or infection
• When available, Chiropractors and Chiropractic Assistants (CA) should wear PPE including N-95 facemasks and gloves due to the inability to maintain social distancing of at least 6’ during these treatments

Minimum Requirements:

• Reusable electrodes must be disinfected after each use with an appropriate disinfectant that is safe for the patient for direct skin contact.
• Chiropractors or CAs involved in delivery of this modality should use appropriate PPE when making direct contact with patient which would include at the minimum proper hand hygiene

C. Instrument Assisted Soft Tissue Mobilization – IASTM (Graston and similar techniques)

Best Practice Recommendations:
- IASTM stainless steel instruments may be sterilized in an autoclave to ensure zero transfer of bacteria

**Minimum Requirements:**

- ISATM instruments must be disinfected and cleaned after use on each patient with an alcohol-based product or other appropriate disinfecting/cleaning process.

**D. Supervised Therapeutic Exercise/Rehabilitation Procedures**

**Best Practice Recommendations:**

- Exercise and therapeutic procedures should be performed one-on-one when practicable.

**Minimum Requirements**

- When exercise is performed in a group setting or open treatment area, care should be taken to maintain 6 feet of separation between patients.

- All therapy tables and surfaces must be appropriately disinfected after each patient

**E. Hot and Cold Therapies**

- All moist heat modalities (hydrocollator etc.) and ice packs requiring hot pack covers or toweling should be wrapped in toweling that is disposable or single use for each patient

**F. Other Therapeutic Modalities (Laser, Ultrasound, Diathermy, etc)**

**Best Practice Recommendations:**

- When available, the chiropractor or CA should wear PPE including N-95 facemasks and gloves when there is an inability to maintain social distancing of at least 6’ during these treatments.
Minimum Requirements:

- All therapy tables and surfaces must be appropriately disinfected after each patient.
- All contact surfaces on therapeutic modalities must be disinfected and cleaned after use on each patient with an alcohol-based product or other appropriate disinfecting/cleaning process per manufacturer recommendations.