

Gonstead System  
Bibliography  
(vers. 1.5, September 2017)

"A duly licensed chiropractor may only practice or attempt to practice or hold himself or herself out as practicing a system of chiropractic." Rules and Regulations. California Code. 302. Practice of Chiropractic. (a) Scope of Practice. (7).

This bibliography is open-access. The threshold for listing in this bibliography was a search-hit using Gonstead as the keyword (pubmed, chiroindex.org), and articles that feature elements/attributes of Gonstead System history, technique, examination (e.g. vertebral count, xray distortion), or care.

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positioned in a side-lying (lateral recumbent) posture. The superior or free hip and knee were flexed and adducted across the midline. The chiropractor stabilized the participant by leaning his/her own leg against the participant's superior leg, while holding the participant's superior shoulder. The manipulation was applied with the chiropractor's hand by thrusting into the spine or sacroiliac joint. The thrusting load is a quick, short, controlled movement of the shoulder, arm and hand combined with a slight body drop..... The two chiropractors delivered a total of 14 thrusts to the five asymptomatic volunteers. Table 1 summarizes descriptively the 3-D forces, durations, and loading rates for all 14 spinal manipulations as well as for the two chiropractors. Normal force (Fz) is the dominating force, followed by inferior-superior force (Fx), and the lateral force (Fy) which occurred in both directions...."

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#### BACKGROUND:

Unlike pharmacological randomized controlled trials (RCTs), manual-therapy RCTs do not always report adverse events (AEs). The few manual-therapy RCTs that provide information on AEs are frequently without details, such as the type and-, severity of the AE and reason for withdrawal.

#### OBJECTIVE:

To prospectively report all AEs in a chiropractic spinal manipulative therapy (CSMT) RCT.

#### DESIGN:

A prospective 3-armed, single-blinded, placebo, RCT.

#### METHODS:

Seventy migraineurs were randomized to the CSMT or a placebo, with 12 intervention sessions over three months. The recommendations by CONSORT and the International Headache Society's Task Force on AEs in migraine RCTs were followed. A standardized reporting scheme designed for pharmacological RCTs was used, and the AEs were described as frequencies and percentages within each group. The 95% confidence intervals (CIs) for the percentages (absolute risk) of AEs in each group were calculated when possible. Attributable risk (%) and relative risk were calculated with the corresponding 95% CIs.

#### RESULTS:

AEs were assessed in 703 sessions, with 355 in the CSMT group and 348 in the placebo group. Local tenderness was the most common AE, reported by 11.3% and 6.9% of the CSMT group and the placebo group, respectively, and tiredness on the intervention day was reported by 8.5% and 1.4% of CSMT group and the placebo group, respectively. The highest attributable risk was for tiredness on the treatment day, 7.0% (CI 3.9-10.2%) which presented a relative risk of 5.9 (CI 2.3-15.0).

#### CONCLUSIONS:

AEs were mild and transient, and severe or serious AEs were not observed.

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