

Manipulation Under Anesthesia

About ten years ago, several of my chiropractic colleagues and I completed a certification program in a procedure commonly known as Manipulation Under Anesthesia (MUA). This procedure, first popularized in the 40's and 50's by orthopedic and osteopathic physicians, lost momentum as surgical techniques advanced. While MUA of the extremities is still commonly practiced in orthopedics, it is less commonly used in Connecticut for spine lesions.

The MUA procedures of the spine are performed in a surgical setting. The doctors and surgical staff follow standard surgical procedures including sterile considerations and OR protocols. There is an anesthesiologist administering medications to relax muscles, control pain and to promote a low level sedation (aka conscious sedation, twilight anesthesia). At times, an increased level of anesthesia is administered at the discretion of the attending anesthesiologist. Patients are not intubated nor are they paralyzed during the procedure.

The MUA is performed by administering stretching, mobilization and manipulation maneuvers on patients that have been intolerant or unresponsive to other procedures, including failed back surgery. The purpose of MUA is to break fibrotic adhesions, reduce disc lesions, and promote normal pain modulation and to increase functional performance. The procedures are repeated up to 3 times over a 5 day period and followed by a course of rehabilitation. The procedure has been incredibly successful for patients that would have no other option but to go on permanent disability.

When I first completed the course over ten years ago it was impossible to find an ambulatory surgery center (ASC) to perform the procedures. I had met with ASCs in Hartford, New Haven and at the shoreline all who refused us privileges in fear of losing the medical referrals because of an affiliation with chiropractors.

Well, times have changed. In anticipation of gaining ASC privileges in Connecticut, I recently completed another re-certification course in New York. In addition to repeating the academic course work I successfully passed examinations in operating room procedures, MUA and pain management. I also participated in 27 MUA procedures. The results were incredible. Patients who had suffered for 10 years with pain had 80-100% immediate reduction in pain. Tears of joy were shed by some of the patients as they finally saw a way to regain the lives they had lost from their trauma.

Below is a list of conditions that have been shown to respond well to the procedure as taken from the 2005 text "Manipulation Under Anesthesia: Concepts in Theory and Application"
Some conditions that may benefit:

- Cervicobrachial syndrome
- Cervicogenic, cluster and migraine headache
- Cervical and Lumbar facet syndrome
- Articular dyskinesia
- Cervical and Lumbar discogenic spondylosis
- Cervical and Lumbar disc herniation (contained)
- Chronic cervical acceleration/deceleration injuries
- Fibromyalgia (unknown explanation but effective)
- Lumbar and Cervical radiculopathy
- Nerve entrapment
- Chronic Myofascitis and Fibrositis
- Chronic fibrotic adhesions of the joint capsule
- Chronic muscle contracture
- non-inflammatory arthritides
- Lumbarization and Sacralization

Contraindications are the same as with routine manipulation including malignancy, metastatic bone disease, TB of the spine, acute fractures, direct manipulation of old compression fractures, acute inflammatory arthritis or gout, aneurism, bone infection, cord compression by tumor process, advanced osteoporosis in addition to several other contraindications.

Insurance carriers are paying for the procedure at varying rates. Most procedures need to be pre-authorized with a letter of medical necessity. The cost can vary but are generally much less than the alternative surgical costs and disability costs.