Gonstead System Bibliography (vers. 2.0, May 2018)

"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.

Adverse Events

Chaibi A, Benth JRŠ, Tuchin PJ, Russell MB. Adverse events in a chiropractic spinal manipulative therapy single-blinded, placebo, randomized controlled trial for migraineurs. Musculoskelet Sci Pract. 2017 Jun;29:66-71. doi: 10.1016/j.msksp.2017.03.003. Epub 2017 Mar 14.

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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Prospective Randomized Clinical/Controlled Trials

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