Additional File 1
The Management Decision Aid

Initial triage (observation) – Is the patient appropriate for further chiropractic assessment?

Yes

History and Examination – Based on the differential diagnosis, is the patient a candidate for chiropractic management?

Yes

Can a working diagnosis be made without further investigations?

Yes

Treating diagnosis

- Stage of healing (acute, subacute, chronic, recurrent)
- Primary dysfunction (diagnosis/tissue in lesion/proposed model of lesion)
- Predisposing or compensatory biomechanical dysfunctions (kinematic chain)
- Clinical modifying factors (predisposing overload factors, yellow flags)

Can this diagnosis be initially managed with chiropractic care alone and is chiropractic care biologically plausible (Kaminski model)?

Yes

Is there a lack of appropriate management guidelines available in the literature?

No

Follow appropriate guidelines

Yes

Trial of conservative management

No

Medical emergency: referral to hospital (consider possible need for ambulance) or GP with appropriate letter

Referral to hospital or GP with appropriate letter;

Referral for chiropractor-mediated investigations

Reassess differential diagnosis with investigation results

Referral to GP for GP-mediated investigations

Trial of conservative manual therapy recommended
Outline diagnosis and expected prognosis

Considering:
- Type of injury, degree of damage and stage and rate of healing
- Affect of clinical modifying factors
- Affect of biomechanical overload factors

Determine shared treatment goals (including outcome measures) and length of period of care considering:
- Patient preference
- Prognosis
- Type of appropriate care
- Treatment scheduling
- Objective outcome measures

Therapeutic approach selection

Advice
Consider using or addressing, as appropriate:
- Reassurance
- Maintenance of activities of daily living
- Activity modification, ergonomic and protective advice
- Pain management (eg. pharmacological, heat, ice, supplements etc.)
- Yellow flags

Passive management
Consider using as appropriate:
- Soft tissue techniques (eg. massage, muscle release techniques, trigger point therapy, cross friction, PFR, PNF etc.)
- Joint mobilisation or manipulation techniques
- Electrophysical therapies (eg. ultrasound, shockwave, TENS etc.)
- Adjunctive therapies (eg. taping, orthotics, dry needling etc.)

Active management
Consider using as appropriate:
- Joint movement exercises (eg. ROM etc.)
- Muscle relaxation and stretching exercises
- Balance and proprioceptive exercises
- Muscle strengthening and facilitation exercises

Preventative management
Consider using or addressing, as appropriate:
- Nutrition (eg. weight loss, nutrient intake etc.)
- Exercise (eg. cardiovascular, strength, flexibility etc.)
- Ergonomic advice
- Public health programs (eg. immunisation, smoking, alcohol intake, medical screening etc.)
- Yellow flags (eg. mental health, stress etc.)
- Consider if co-management is necessary

Selected to address primary, predisposing and compensatory biomechanical dysfunctions, and clinical modifying factors as required

Reassessment
After each treatment:

No improvement or worsening: consider appropriateness of treatment or possible referral

Assess outcome measures at end of period of care

Goals met:
- End point of care or reassessment of goals

Goals partially met:
- Reassess to determine suitability of treatment or presence of additional complicating factors
- Determine whether further treatment with new goals or referral is needed

Goals not met:
- Reassess patient to determine whether alternate treatment, further investigation or referral is necessary