



The Royal College of  
**Chiropractors**

# Chiropractic Quality Standard

## Acute Neck Pain

- 1. Waiting Times:** On contacting a chiropractic clinic, patients seeking care for acute neck pain are offered an appointment within three working days.
- 2. History and Examination:** Patients presenting with acute neck pain are assessed on the basis of a full history, a questionnaire about interferences with daily activities, and the findings of a clinical examination, which includes an appropriate neurological assessment.
- 3. Diagnostic Imaging:** Routine diagnostic imaging (including x-rays, CT or MRI) is not required for patients presenting with acute neck pain, but should be formally considered if onset was traumatic.
- 4. Patient Explanations:** Patients with acute neck pain are given an explanation of their condition, the likely causal factors, details of different treatment options, and the expected prognosis.
- 5. Plan of Care:** A plan of acute care is formulated in partnership with patients presenting with acute neck pain after their personal goals, expectations and concerns have been considered. The plan of acute care includes a formal review within two weeks of the commencement of treatment.
- 6. Informed Consent:** Patients with acute neck pain are asked to consent to treatment after they have received an explanation of the risks and benefits of treatment, the likely outcomes with and without treatment, and a plan of acute care has been agreed.
- 7. Early Management:** Patients with acute neck pain are recommended early treatment to prevent long-term disability.
- 8. Treatment Aims:** The aims of treatment for patients with acute neck pain are to reduce symptoms, regain function and return the patient to their normal daily activities (including work), subject to the patients' personal expectations and preferences.
- 9. Package of Care:** Patients with acute neck pain are given options for short-term pain relief and treated with a package of care, including manipulation and/or mobilisation, soft tissue therapies, exercise and lifestyle advice, cognitive behaviour interventions, and encouragement to remain as active as possible.
- 10. Early Monitoring:** Patients with acute neck pain whose symptoms are either progressing or very severe are assessed at least twice a week.
- 11. GP Reports:** Subject to receiving consent, one or more reports are sent to the GPs of patients with acute neck pain detailing their presentation, diagnosis and response to treatment.
- 12. Referrals:** Patients with acute neck pain are regularly assessed and referred to another healthcare practitioner if their condition shows no sign of improvement within four weeks.
- 13. Discharge from Acute Care:** Patients with acute neck pain are discharged from acute care within four weeks of their signs and symptoms being absent.
- 14. Prophylactic Care:** Following an evaluation of prognostic factors, ongoing rehabilitation and prophylactic care may be offered to patients following discharge from treatment for acute neck pain.

## Scope of this Quality Standard

This quality standard covers the chiropractic management of patients with Type I and Type II neck pain (described by The Bone and Joint Decade Task Force on Neck Pain as not being associated with radiculopathy or serious pathology) of less than 6 weeks in duration. This is often referred to as simple, mechanical or non-specific acute neck pain. Type I and Type II acute neck pain encompasses a large number of different onsets, presentations, and sources of pain. These quality statements are therefore general but nevertheless provide aspirational but achievable markers of high-quality, cost effective patient care.

## About the Royal College of Chiropractors' Quality Standards

Quality Standards are tools designed to help deliver the best possible outcomes for patients. They are a series of specific, concise quality statements with associated measures that provide aspirational, but achievable, markers of high-quality patient care covering the treatment of different conditions. They also form an important part in addressing the increasing priority being placed on improving quality and patient outcomes.

The primary purpose of The Royal College of Chiropractors' quality standards is to make it clear what quality care is by providing patients, the public, healthcare professionals, commissioners and chiropractors with definitions of high-quality chiropractic care.

By providing a clear description of what a high-quality service looks like, clinics can improve quality and achieve excellence. The quality standards encompass statutory requirements, best practice and existing clinical guidelines, but they are not a new set of targets or mandatory indicators for performance management. They are, however, a useful source to form the basis of clinical audit and to identify priorities for future improvement.

Chiropractors are encouraged to adopt the Royal College of Chiropractors' quality standards as practice policy. They can be used in a wide range of circumstances, such as a source of identifying CPD, promoting the services that you provide, tendering for NHS contracts, or education at a local and national level. They enable Healthcare professionals to understand the standard of service that you provide, and allow commissioners to be confident that the services they are purchasing are of high quality. Importantly, they also help patients to understand what service they should expect.

For the fully detailed version of this Quality Standard, please visit [www.rcc-uk.org](http://www.rcc-uk.org) and choose the 'Quality' menu.

The Royal College of Chiropractors' Quality Standard on Acute Neck Pain  
was developed in May 2013 and is due for review in May 2016.  
The full version is available at [www.rcc-uk.org](http://www.rcc-uk.org)

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