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Tendential and unscientific opinion regarding spinal manipulative therapy in the pediatric population

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In the present work by the research group around Olson et al., the importance of manipulative and mobilizing techniques for children and adults is discussed. The authors differentiate between therapeutic applications at different ages and according to the question of harm/benefit. The authors also focus on the question of plausibility and lack of evidence. They refer to a wide variety of works and reviews, although they also draw on older publications in their work [1–4]. More recent references also take papers up to 2024 into account [5–8].

In our opinion, some points regarding the authors' statements should be viewed extremely critically in the context of a scientific discussion. For the sake of clarity, we would like to limit ourselves to three points of criticism and explain them.

Evidence

In their argument, the authors refer to a lack of evidence in the manual medical treatment of children. There are a number of publications in this regard that are based on expert opinions. Low evidence does not mean that there is no effectiveness. Our expert assessment by medical therapists who have been working for many years and have practical experience with manual medical therapy forms and results [9] is therefore not based solely on literature research. This puts manual medicine on the same level of evidence as pediatric orthopedics.

The question that arises is why the authors deliberately chose not to include two double-blind randomized clinical trials (RCT) studies [10–12] that demonstrated the efficient and highly significant effectiveness of a single-use manual medical treatment in a single center ($n = 72$; II-a level) [10]. The results were impressively confirmed in the second multicenter study ($n = 171$; I-b level) [11,12]. This meant that the working group was able to present the highest level of evidence for therapeutic procedures in infancy, both in general and for the indication 'postural and movement asymmetry' and thus well ahead of physiotherapy and other types of treatment [13,14]. The results were also acknowledged in a review by the European Scientific Society of Manual Medicine (ESSOMM) [15].

The studies [10–12] presented by the ZiMMT working group were not taken into account when assessing the evidence, although N. Milne and J. Pool were not only aware of the existence of the studies and there was also a professional exchange with the first author (personal statement and e-mail documentation R. Sacher). Nevertheless, the results of these studies were not included in the evidence assessment.

It is not clear to us why the authors, against their better judgment, ignored these results. At least we would describe this approach as unscientific, just as unscientific and tendentious as the statement in the headline 'Stop the madness'. There can be different opinions on the matter in the scientific discussion, 'Madness' does not belong here. One can only speculate about the actual motivation behind the publication of this article, which is part of a series of articles [7,16,17] with the same tenor. There were also objections to this from Saedt [18]. Incidentally, the authors seem to have missed the fact that the article by Henderson and Brismée [7] was cited twice.

Manual medicine for infants and young children

Manual medicine has already shown in the last millennium that it has found its place in conventional medicine. It is also increasingly being used in the diagnosis and therapy of infants, small children and school children. Its strength lies primarily in its claim to be primarily a differential diagnostic medicine. Therefore, the authors' accusation that manual medicine prevents or delays the recognition of other causes is unfounded. Finding and making a diagnosis is precisely the expertise and primary task in medical manual medicine or chirotherapy. Early diagnosis in

particular helps to prevent long illness careers or to initiate further complementary or further diagnostics. In our opinion, there is no need for any further decision tools for physiotherapists [7].

Collett and Martiniuk [19–23] prospectively followed infants with plagiocephaly and found that otherwise healthy children with cephalic asymmetry at different ages were more likely to display abnormalities in terms of cognitive and language skills compared to children without asymmetry and showed motor development. They saw the reason for this in early childhood posture and movement asymmetries, i.e. the spectrum of treatment of infants in manual medicine.

Harmful effects of manual medicine on infants and young children

The authors accuse manual medicine of causing 'harm' to infants and small children in particular and exposing them to 'adverse effects'. These are quoted by the authors [3,16], but unfortunately not explained in more detail. It remains unclear which specific treatment techniques are being referred to here. On the other hand, incidents are cited that resulted from incorrect physiotherapeutic treatments (Vojta method), but are always incorrectly attributed to manual medicine [13].

Notes on contributor

Dr. Marc Wuttke is an Otorhinolaryngologist doctor and manual medicine specialist. He has been working independently since 2006 with a focus on developmental diagnostics and manual medicine with a child-oriented practice. He also teaches medical and therapeutic colleagues as part of the ZiMMT working group and for the Ottenstein Academy. Numerous publications as author or co-author.

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