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Spinal mobilization in infants reconsidered

Eric Saedt

Manual therapist and member of the board of directors of health clinic Schaafdries, Ravenstein, Netherlands

ABSTRACT
In this letter to the editor, we discuss additional viewpoints and identify relevant literature to supplement the evidence statement of the authors. We want to make a positive contribution to the discussion about Pediatric Manual Therapy.

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The European Workgroup for Manual Medicine (EWMM) Netherlands has taken note of the contents of the recently published evidence-based statement: 'Spinal manipulation and mobilisation in paediatrics – an international evidence-based position statement for physiotherapists' (Gross A. et al. 2024) [1]. We would like to point out some gaps in this statement on which the general advice against spinal mobilization in infants is based.

(1) The conclusion to advice against spinal mobilization in infants is debatable. The symptoms mentioned, such as redness of the face, perspiration, reflux, and temporary apnea are not life-threatening and can be explained as normal, vegetative responses [2]. Spinal mobilization in infants is a safe treatment technique [3].
(2) The data collection of the Delphi panel is incomplete in several respects. For instance, the clinical data available online which have been gathered by EWMM Netherlands since 2006 have been disregarded [4].
(3) Extrapolation from specific treatments performed by non-manual therapists with severe consequences to pediatric manual therapists [5,6] is incorrect and therefore should not result in generalizing negative statements regarding the use of manual therapy mobilization techniques.
(4) There is a publication bias; available articles with positive conclusions are missing and will continue to be missing because the authors do not see the need for any further investigation into mobilization in infants [7–11].
(5) The systematic review of Driehuis et al. from 2019 [3] and the study of Sacher from 2018 [12] are not included in table 2, which is therefore incomplete.
(6) The psychometric properties of outcome measures mentioned by the Taskforce in the item 'upper cervical dysfunction' are incomplete (table 2), while this evidence is available [12].
(7) The composition of the Taskforce does not represent the delegation of the Dutch Association for Manual Therapy (NMVT) and its available clinical and scientific evidence.
(8) The more evidence-based interventions/alternative treatment choices for mobilization mentioned on page 18 are not substantiated by any explanation or references to literature. We are not aware of any alternative and effective treatments for persistent positional preference in infants with no apparent medical pathology. In the clinic, many collegues throughout the world see a group of infants with treatment-resistant positional preference which is unbreakable. The evidence on which the pediatric physiotherapy treatment of this target group is based, is limited and primarily focuses on the outcome measure of deformative plagiocephaly and not on the mobility of the cervical spine [12–16].

There is recent external evidence available regarding mobilization of the cervical spine in infants with a persistent positional preference other than torticollis. The authors received the correct information and articles in digital correspondence with Sacher et al. on 17 and 18 August 2023. Therefore, based on this input, the arguments used by the authors to advice against spinal mobilization in infants on page 8 must be seriously reconsidered.

Finally, I'm pointing out that there was no consensus in the expert panel on cervical spinal mobilization in infants. However, there was consensus within the panel on manipulation.

CONTACT Eric Saedt ericsaedt@schaafdries.nl Manual therapist and member of the board of directors of health clinic Schaafdries, Teacher of Manual Therapy at ewmm, Ravenstein, Netherlands

Disclosure statement

No potential conflict of interest was reported by the author(s).

Notes on contributor

Eric Saedt is a manual therapist with a 27 years long of experience in treating children and infants among other things, for the benefit of functional disorders of the cervical spine. He collaborates with colleagues teaching Manual Therapy to provide training for pediatric Manual Therapists as well as ongoing education in this field. Eric is an active member of the Dutch professional association NVMT and has participated in numerous committees, working groups, etc. He has contributed to the development of scientific research and has independently published on this topic, among other subjects. Eric is a member of the board of directors of health clinic Schaafdries, Ravenstein, Netherlands.

ORCID

Eric Saedt http://orcid.org/0000-0002-3317-8644

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