**Appendix Table A.2.** **Patient characteristics that were each rated singly in terms of their impact on the rating of a clinical scenario otherwise rated as appropriate**

Below are the ratings given to 94 otherwise-rated-as-appropriate clinical scenarios containing each of these patient characteristics. Because these patient characteristics are each treated singly, they were not included in the decision tree analysis. Each row in this table, with the exception of the first two, reports the results for two clinical scenarios: 1) there has been no other adequate conservative care for this episode or (2) nonmanipulative conservative care for this episode had failed.

| Rating | Patient characteristics NOT included in the decision tree analysis |
| --- | --- |
| Mobil-ization | Manip-ulation |
| I | I | Any brainstem neurologic findings |
| I | I | Acute persistent neurologic pain consistent with a cranial nerve distribution; acute insidious facial palsy (including Bell’s palsy); acute idiopathic insidious vertigo and/or dizziness; acute spasmodic torticollis in the absence of congenital, postsurgical or post-fracture etiologies; and acute idiopathic insidious pharyngeal dysfunction. [Note these constitute 10 clinical scenarios.] |
| E | E | Stable persistent neurologic pain consistent with a cranial nerve distribution; stable insidious facial palsy (including Bell’s palsy); stable idiopathic insidious vertigo and/or dizziness; stable spasmodic torticollis in the absence of congenital, postsurgical or post-fracture etiologies; and stable idiopathic insidious pharyngeal dysfunction. [Note these constitute 10 clinical scenarios.] |
| A | E | Radiographic evidence of mild to moderate generalized diffuse demineralization of bone in the cervical spine |
| E | I1, E2 | Radiographic evidence of moderate to severe generalized diffuse demineralization of bone in the cervical spine |
| I | I | Radiographic evidence consistent with possible infection or malignant neoplasm in the cervical spine |
| I | I | Radiographic evidence consistent with Paget's disease of bone |
| E | E | Radiographic evidence of benign bone tumor that has no characteristics of mechanical instability of the osseous structure in the cervical spine |
| I | I | Radiographic evidence of benign bone tumor that has characteristics of mechanical instability of the osseous structure in the cervical spine |
| I | I | Radiographic indications of acute fracture/dislocation, or fracture/dislocation with radiographic signs of ligamentous rupture or instability |
| I | I | Radiographic evidence of os odontoideum of unstable nature |
| E | I | Radiographic evidence of os odontoideum of:stable nature |
| I | I | Clinical evidence of articular Instability with no cervical spine radiographs |
| I | I | Clinical evidence of articular Instability with radiographic evidence of articular hypermobility |
| A | E1, A2 | Postsurgical joints or segments with no evidence of instability and adequatehealing time and favorable prior response to cervical SMT since surgery |
| E | E | Postsurgical joints or segments with no evidence of instability and adequate healing time and no prior response to cervical SMT since surgery |
| E | I | Postsurgical joints or segments with no evidence of instability and adequate healing time and unfavorable prior response to cervical SMT since surgery |
| I | I | Radiographic and clinical manifestations of non-specific and/or rheumatoidarthropathies without any radiographic evidence of cervical spine instability,anatomic subluxation or dislocation, and characterized by episodes of acute inflammation and signs of ligamentous laxity. |
| E | I | Radiographic and clinical manifestations of non-specific and/or rheumatoid arthropathies without any radiographic evidence of cervical spine instability, anatomic subluxation or dislocation, and characterized by subacute or chronic presentations with no signs of ligamentous laxity, ankyloses, and/or anatomic subluxation |
| I | I | Acute major neurologic findings |
| E | E | Stable major neurologic findings |
| E | I | Connective tissue disorder without special cervical spine radiographic studies |
| I | I | Connective tissue disorder with positive special cervical spine radiographic studies |
| E | E | Connective tissue disorder with negative special cervical spine radiographic studies  |
| I | I | Possible clotting disorders and/or history of current anticoagulant therapy and without clotting or bleeding tests |
| I | I | Possible clotting disorders and/or history of current anticoagulant therapy and with abnormal clotting or bleeding tests |
| E | E | Possible clotting disorders and/or history of current anticoagulant therapy and with normal clotting or bleeding tests |
| E | E | Radiographic evidence or vertebral or carotid artery calcification |
| E | I | Clinical or physical examination evidence of occlusive vascular disease |
| E | I | Poorly controlled hypertension (BP > 180/110) |
| E | I | Hypertension with BP < 180/110 |
| E | I | History of transient ischemic attack of carotid origin |
| I | I | History of transient ischemic attack presumed vertebrobasilar  |
| E1, A2 | E | History of transient ischemic attack and >65 years of age |
| I | I | History of sudden onset focal neurologic findings after cervical manipulation |
| I | I | Sustained nystagmus or dizziness during or immediately after provocative testing |
| I | I | Non-sustained nystagmus or dizziness during or immediately after provocative testing |
| I | I | History of unexplained syncope |
| E | E | History of vague dizziness unexplained by other causes (anemia, orthostasis,electrolyte abnormalities, etc.) |

**Ratings: A = appropriate; E = equivocal; I = inappropriate.**

1Rating only applies to the clinical scenario where adequate conservative care was not tried.

2Rating only applies to the clinical scenario where adequate conservative care was tried and failed.