Pollard H. Advancing the Chiropractic explanation of subluxation: An evidence-informed dynamic model for adjustment, manipulation and accountable care. Asia-Pac Chiropr J. 2026;7.3. https://www.apcj.site/PollardSubluxationExplanation.pdf

MANUS Summary

Pollard proposes an evidence-informed reframing of Chiropractic subluxation as a dynamic, context-dependent functional state, rather than a fixed vertebral lesion or an established cause of disease. Drawing on biomechanics, mechanotransduction, proprioception, sensorimotor integration and contemporary pain science, the paper argues that clinically relevant findings should be described through observable features such as painful or restricted movement, mechanical sensitivity, guarding, reduced load tolerance, impaired movement confidence and recovery difficulties. Adaptive capacity is presented as a practical description of the patient's ability to tolerate ordinary demands, not as a hidden diagnostic entity. This conceptual framework seeks to preserve chiropractic terminology and professional identity while making clinical explanations more testable, transparent and understandable to patients and other healthcare professionals; it does not establish subluxation as a validated clinical lesion.

The paper positions Chiropractic adjustment as a skilled, clinician-selected mechanical-sensory intervention that overlaps substantially with spinal manipulation, while potentially differing in clinical reasoning, targeting, force characteristics and therapeutic intent. The reviewed evidence supports modest benefits for some spinal pain presentations and plausible short-term mechanical and neurophysiological effects, but does not demonstrate durable vertebral repositioning or justify broad claims about organ function or general health. For practising chiropractors, the principal recommendations are to document specific findings, define the intervention, re-test patient-centred outcomes and integrate manual care with education, exercise, load management and appropriate recovery advice. Immediate improvement should not be interpreted as proof of subluxation correction, and benefits arising from the wider chiropractic encounter should not automatically be attributed to adjustment alone. Communication should support confidence, self-management and participation rather than reinforce perceptions of spinal fragility or dependence on passive care.

MANUS QUIZ

Indicate whether each statement is true or false according to the paper.

1.The proposed model describes subluxation as a dynamic functional state involving observable changes in movement, sensitivity, recovery and adaptive capacity.

2.Immediate improvement following an adjustment proves that a fixed vertebral lesion was present and has been permanently corrected.

3.The broader spinal manipulation literature remains relevant to chiropractic adjustment because the interventions overlap substantially as mechanical-sensory inputs to the spine.

4.Short-term changes in neurophysiological measures establish that adjustment produces meaningful improvements in general health and organ function.

5.Clinicians should evaluate adjustment using patient-centred functional outcomes and distinguish adjustment-specific effects from benefits of the wider chiropractic encounter.

Answers

1.True. The model reframes subluxation in terms of observable, re-testable functional findings rather than a fixed structural lesion.

2.False. Immediate improvement may reflect altered sensitivity, reduced guarding, contextual influences or short-term mechanical change; it does not establish a lesion or permanent correction.

3.True. Professional terminology alone does not justify separating adjustment from the evidence on spinal manipulation; any claimed distinctions require precise description and investigation.

4.False. Short-term surrogate findings support mechanistic plausibility, not established patient-important benefits or broad non-musculoskeletal effects.

5.True. The paper emphasises functional re-testing and careful causal attribution, recognising that education, reassurance, active care and other contextual factors may contribute to outcomes.