

1 **Clinical Practice Guideline: Techniques and Procedures Not Widely**
 2 **Supported As Evidence-Based**

3
 4 **Date of Implementation: July 21, 2010**

5
 6 **Product: Specialty**
 7 _____

8
 9 **POLICY**

10 American Specialty Health – Specialty’s (ASH) clinical committees have established that
 11 a technique and/or procedure that poses a significant health and safety risk and/or is
 12 scientifically implausible requires obtaining specific informed consent including an
 13 attestation that the patient understands what is known and unknown [including
 14 information in associated Clinical Practice Guidelines (CPGs), where available] and the
 15 possible risks prior to performing the technique or procedure. The list of techniques
 16 and/or procedures listed in this guideline below is not exhaustive but represents those that
 17 have been specifically evaluated by ASH clinical committees and determined to pose a
 18 significant health and safety risk and/or to be scientifically implausible.

19
 20 **PROCESS AND DEFINITIONS**

21 ASH clinical procedure assessment process evaluates diagnostic and therapeutic
 22 procedures against professionally recognized standards of practice, current scientific
 23 evidence, and consensus of appropriate experts. The recommendations of the consensus
 24 panel are considered by ASH clinical committees when developing criteria, definitions,
 25 and processes to support clinical decision-making within ASH’s clinical management
 26 system. These criteria and processes support the evaluation of practitioner performance
 27 related to the use of specific diagnostic and therapeutic procedures as part of the Clinical
 28 Services and Clinical Performance Programs.

29
 30 When developing, reviewing, and approving clinical policy, ASH peer-review
 31 committees consider whether the technique/procedure:

- 32 • Is evidence-based by whether the health service is supported by clinically relevant
 33 scientific information which can be used to inform the diagnosis or treatment of a
 34 patient that:
 - 35 ○ Meets industry standard research quality criteria;
 - 36 ○ Is adopted as credible by an ASH clinical peer review committee; and
 - 37 ○ Has been published in an acceptable peer-reviewed clinical science resource;
- 38 • Is established as clinically effective/established as having diagnostic utility by:
 - 39 ○ Scientific information published in an acceptable peer-reviewed clinical
 40 science resource; and
 - 41 ○ The consensus opinion of the Evidence Evaluation Committee (EEC) when
 42 available;

- 1 • Is professionally recognized by:
 - 2 ○ Inclusion in the educational standards accepted by the majority of the
 - 3 professions’ educational institutions;
 - 4 ○ Wide acceptance and use of the practice, and
 - 5 ○ Recommendations for use made by healthcare practitioners practicing in the
 - 6 relevant clinical area;
- 7 • Poses a health and safety risk; and
- 8 • Is plausible or implausible
 - 9 ○ A belief, theory, or mechanism of health and disease that can be explained
 - 10 within the existing framework of scientific methods, reasoning and available
 - 11 knowledge is considered plausible.
 - 12 ○ A treatment intervention or diagnostic procedure that requires the existence of
 - 13 forces, mechanisms, or biological processes that are not known to exist within
 - 14 the current framework of scientific methods, reasoning and available
 - 15 knowledge is considered implausible.

16
17 **Substitution harm (indirect harm):** Compromised clinical outcomes caused by:

- 18 • Utilizing a specific diagnostic or therapeutic procedure when the safety,
- 19 clinical effectiveness, or diagnostic utility is either unknown or is known to
- 20 be unsafe, ineffective, or of no diagnostic utility, *instead of* a diagnostic or
- 21 therapeutic procedure known to be safe, be clinically effective, or to have
- 22 diagnostic utility; or
- 23 • The utilization of a diagnostic or therapeutic procedure that is substantially
- 24 less effective or safe than another procedure with established safety, and
- 25 clinical effectiveness or utility.

26
27 **Labeling effects (non-specific harm):** The harm that results from identifying in a

28 patient a condition or a finding that is not clinically valid.

29

30

Technique / Procedure*	Additional Comment
Acutonics/Sonotonics	See related CPG
Addictionology	See related CPG
Advanced Biostructural Correction (ABC)	See related CPG
Ashiatsu Oriental Bar Therapy	See related CPG
Ayurvedic Medicine	
Bach Flower Remedies	See related CPG
Bio-Geometric Integration (BGI)	See related CPG
Biological Terrain Assessment (BTA)	See related CPG
Colonic Irrigation	See related CPG

Technique / Procedure*	Additional Comment
Colorpuncture	See related CPG
Concept Therapy	See related CPG
Directional Non-Force Technique (DNFT)	See related CPG
Ear Candling	See related CPG
Needle Implants (Intradermal Needles, Ear tacks, etc)	See related CPG
Electro-Meridian Diagnosis Category: <ul style="list-style-type: none"> • BioMeridian (MSA Machine) • ElectroAcupuncture by Voll • Electrodermal Screening Test (EDST) • Ryodoraku/Electro Meridian Imaging (EMI) • Vega testing 	See related CPG
Gemstone and/or Crystal Therapy	See related CPG
Iridology	See related CPG
Inversion Therapy	See related CPG
Live Blood Cell Analysis	See related CPG
Manual Muscle Testing Category (Use of Manual Muscle testing to diagnose non-Neuro-Musculo-skeletal conditions): <ul style="list-style-type: none"> • Applied Kinesiology (AK) for non-NMS conditions • Bio Energetic Synchronization Technique (BEST) • Bioenergetic Sensitivity and Enzyme Therapy (BioSET) • Clinical Kinesiology • Contact Reflex Analysis (CRA) • Holistic Kinesiology • Jaffe-Mellor Technique (JMT) • Manual Muscle Testing – to evaluate Internal/Visceral disorders • Manual Muscle Testing – to evaluate Psychological disorders • Nambudripad’s Allergy Elimination Technique (NAET) • Network Spinal Analysis (NSA) • Neuro Emotional Technique (NET) • Neurolink • New-Stim Bio-Kinetics • Neuro Organizational Technique (NOT) • Neuro Vascular Dynamics (NVD) • Total Body Modification (TBM) 	See related CPG
Matrix Repatterning	See related CPG
Moxibustion – Direct	See related CPG
Nasium or Vertex X-Ray Views	See related CPG

Technique / Procedure*	Additional Comment
Neurolinguistic Programming (NLP)	See related CPG
Organ/Visceral Manipulation	See related CPG
Ortho-Bionomy	See related CPG
Polarity Therapy (Energetic Healing)	See Reiki CPG
Prolonged Fasting Programs	
Prolotherapy with substances other than dextrose, saline, distilled/sterile water, and/or anesthetic	See related CPG
Radionics	See related CPG
Reflexology	See related CPG
Reiki	See related CPG
Surrogate Testing	See related CPG
Therapeutic Touch Therapy	See related CPG
Toftness Radiation Detector	See related CPG
Upper Cervical Adjusting Techniques (requiring x-rays or to treat non-cervical spine related complaints)	See related CPG
Vector Point Cranial Therapy	See related CPG
Videonystagmography (VNG)	See related CPG

- 1 *Note: This is not an exhaustive list of all techniques and/or procedures that are not evidence-based
2 practice. All techniques and/or procedures utilized should be evaluated by the practitioner against the
3 current accepted scientifically valid clinical literature and the above defined criteria.