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Methodological and evidentiary concerns regarding the Danish recommendations for chiropractic care of infants

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Abstract

Background Overgaard et al. recently published national recommendations for history taking, examination and clinical management of infants in Danish chiropractic practice. Such recommendations can shape clinical practice, education and regulation, so their development methods and evidentiary basis warrant scrutiny. This letter examines the recommendations against established standards for consensus methodology and guideline development, and against the existing pediatric chiropractic literature.

Main body We raise five concerns. First, describing the recommendations as "consensus-based" is difficult to reconcile with the reported method of gathering clinical perspectives, which did not follow a formal consensus technique such as the Delphi or RAND/UCLA method; "expert-informed" would describe the process more accurately. Second, the claim of novelty overlooks a published Delphi-derived best-practice guideline for pediatric chiropractic care whose domains overlap with the Danish recommendations. Third, the force recommendations rely on tensile-strength extrapolations that are not validated clinical safety thresholds, express force as a percentage of an unspecified adult reference, cannot be measured by chiropractors during treatment, and leave infants aged 4 weeks to 2 months without guidance. Clinical measurements of chiropractic forces in children support lower forces for infants but do not validate percentage-based thresholds. Fourth, the recommendations detail the exclusion of serious pathology but do not specify the positive examination findings that justify manual intervention or how these findings inform clinical decisions. Fifth, the authors report neither a systematic literature review nor a formal assessment of evidence certainty or recommendation strength; adherence to the RIGHT reporting statement cannot substitute for systematic evidence synthesis or an evidence-to-recommendation framework such as GRADE.

Conclusions The Danish recommendations address an important area of practice, but their consensus claim, novelty, force guidance, clinical indications and evidence base require revision or qualification. Aligning future recommendations with formal consensus methods, systematic evidence synthesis and explicit grading of recommendations would strengthen their credibility and support safe, evidence-informed chiropractic care of infants.

Keywords Chiropractic, Infant, Pediatrics, Clinical practice guideline, Consensus, Delphi technique, Spinal manipulation, Patient safety, GRADE

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Letter to the Editor

We read with great interest the published recommendations for Danish chiropractors in the chiropractic care of infants [1] and want to raise five concerns regarding their recommendations.

First, the recommendations as "consensus based" (e.g., use of Delphi Technique) is difficult to reconcile with their reported methodology of obtaining clinical perspectives to make their recommendations. The document including its title should be revised to reflect an expert-informed recommendation process.

Second, the authors' claim of novelty should be qualified. Although Keating et al. [2] did not develop a Denmark-specific infant assessment and management framework, their Delphi-derived best-practice guideline addresses domains of pediatric care that overlap with those of Overgaard et al. [1], yet it is not cited. The current statement therefore risks implying a greater absence of prior structured guidance than the literature supports.

Third, Overgaard et al. based their force recommendations on the work of Marchand [3]. This raised four problems: (i) tensile-strength extrapolation is not a validated clinical safety threshold, (ii) "percentage of adult force" has no defined denominator leaving the reference adult force unspecified, (iii) chiropractors cannot measure these percentages during the spinal adjustment, and (iv) the age bands leave infants aged 4 weeks to 2 months without guidance. Herzog et al. [4] measured the forces applied by a practicing chiropractor involving 48 children (age:14 weeks to 17 years) and 20 adults using a pressure-pad sensor in a clinical setting. Collectively, these studies support the general principle that forces applied to infants should be substantially lower than those commonly applied to adults but they do not validate specific percentage-based safety thresholds.

Fourth, the recommendations detail the exclusion of serious pathology, but say less about the positive clinical findings that justify manual intervention. To establish minimum clinical requirements, the recommendations should specify what examination findings support a musculoskeletal diagnosis or manual-care indication, and how these findings inform subsequent clinical decision-making.

Lastly, the authors did not report a systematic review of the literature (e.g., multiple databases, defined inclusion/exclusion criteria) or a formal assessment of evidence certainty or recommendation strength. Although adherence to the Reporting Items for practice Guidelines in HealThcare (RIGHT) Statement improves reporting transparency, it cannot substitute for systematic evidence synthesis or an explicit evidence-to-recommendation framework such as the Grading of Recommendations Assessment, Development and Evaluation (GRADE).

We offer these comments in the shared interest of safe, evidence-informed chiropractic care for infants.

Abbreviations

GRADE Grading of recommendations assessment, development and evaluation
RIGHT Reporting items for practice guidelines in HealThcare

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Author contributions

JA and JO conceived and drafted the letter. Both authors read and approved the final letter.

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Data availability

No datasets were generated or analysed during the current study.

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Competing interests

JA is a salaried Research Director and a member of the Board of Directors of the International Chiropractic Pediatric Association (Media, PA, USA). JO is a salaried Executive Director and a member of the Board of Directors of the International Chiropractic Pediatric Association (Media, PA, USA).

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References

1. Overgaard FG, Hestbæk L, Davidson E. Development of national consensus-based recommendations for history taking, examination and clinical management of infants in chiropractic practice. Chiropr Man Th. 2026;34:39. https://doi.org/10.1186/s12998-026-00671-x.
2. Keating G, Hawk C, Amorin-Woods L, et al. Clinical practice guideline for best practice management of pediatric patients by chiropractors: results of a Delphi consensus process. J Integr Complement Med. 2024;30(3):216–32. https://doi.org/10.1089/jicm.2023.0010.
3. Marchand AM. A proposed model with possible implications for safety and technique adaptations for chiropractic spinal manipulative therapy for infants and children. J Manipulative Physiol Ther. 2015;38(9):713–26. https://doi.org/10.1016/j.jmpt.2013.05.015.
4. Herzog W, Kevorkian P, Russell B, Alcantara J. Comparison of forces exerted by a chiropractor on children and adults during high-speed, low-amplitude spinal manipulations: a feasibility study. J Manipulative Physiol Ther. 2022;45(6):389–99. https://doi.org/10.1016/j.jmpt.2022.09.003.

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