Left Sided Lumbosacral Pain with L4-L5 Disc Herniation and Stenosis Controlled with Cox Technic

presented by
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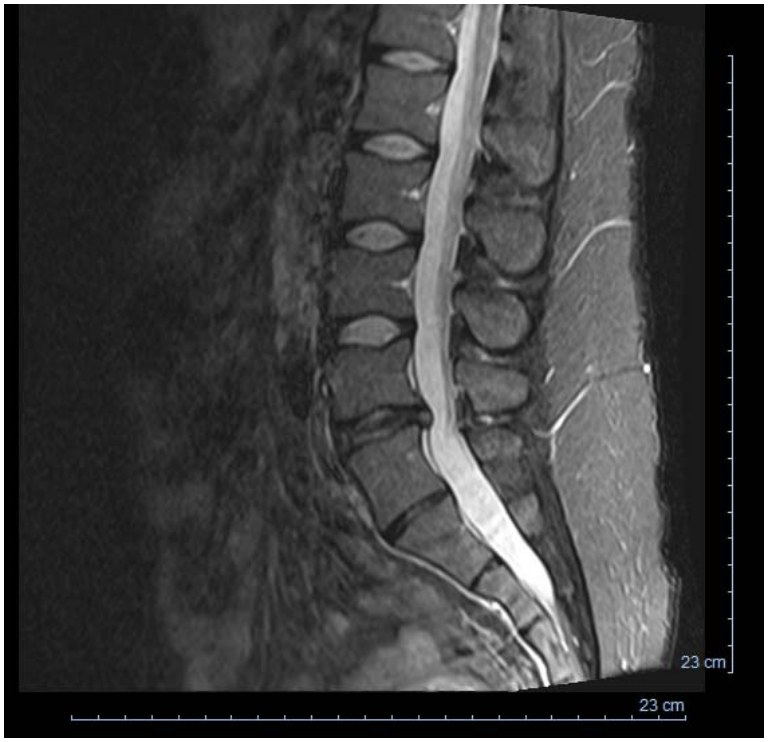
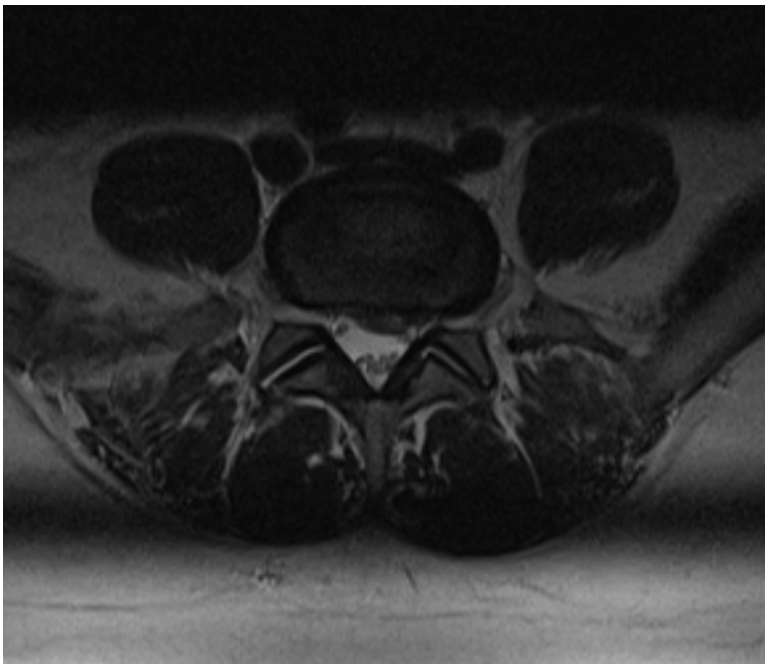
Case Summary: 32-year old female with chief complaint of lumbosacral pain primarily on the left, exacerbated with lifting ten (10) pounds or more; Left anterior thigh and lateral iliac crest pain. No pain reported in the buttocks or posterior thigh or leg. Medical history of left-sided sciatic nerve radicular pain in 2005 apparently resolved/controlled with physical therapy and prescription drugs. Exacerbation of radicular pain in November of 2009 necessitated an MRI which revealed a herniated L5 disc with displacement postero-laterally on the left contained by the posterior longitudinal ligament (PLL) with some inferior displacement of the nucleus beneath this ligament. Stenosis of the osseous-ligamentous canal was demonstrated on the left.

Surgical History: Live-birth C-sections 2001 and 2005.

Medications: Prescriptions for ibuprophin and vicodin, PRN.

Imaging: The MRI report from November 2009 reads "a transitional L5 segment with transitional L5S1 disc space." Further the *Impressions* state a "small to moderate central left paracentral L4-5 hernia. There is degenerative change and annular bulge of the disc as well. There is some stenosis of the left side of the vertebral canal." The Findings mention that at the L4-5 level is an "indentation of the thecal sac" due to the central left paracentral hernia which "may affect the left L5 nerve root just before it originates from the thecal sac."





Chiropractic Evaluation and Treatment Plan:

1-27-2010: This is the patient's first experience with chiropractic. Initial intake, examination and first adjustment were administered this day. Observation of patient's gait revealed marked limping on her left leg and slight right lateral flexion antalgia of the trunk. Physical examination demonstrated positive nerve root tension test on the left

upon 20-degrees of straight-leg supine hip flexion. Tight hamstrings bilaterally and weak iliopsoas muscle, primarily on the left, was also revealed. Patrick-Fabre test negative bilaterally, all maneuvers. Further orthopedic tests were not performed due to high level of patient's reported pain. Treatment plan called for daily office visits for the following three (3) to five (5) days with decreased frequency based upon the 50% perceived pain-reduction protocol.

Chiropractic adjustment consisted of lumbar flexion-distraction per Cox® Technic treatment protocols. Protocol 2 including axial traction, flexion-distraction, then flexion-distraction coupled with lateral lumbar flexion was administered to patient tolerance to range of motion. Myofascial release of the iliopsoas muscle on the left was also performed using 'Active Release Techniques' (ART), level III. She tolerated the care very well, reporting the following day with "much reduced pain and pressure" in the low back and left anterior thigh. She also reported sleeping through the night for the first time in weeks.

She was seen for three consecutive days with good results, then on a reduced frequency of every other day for three office visits. Upon the sixth visit, she reported resolution of her low back pain and anterior left thigh pain. Limping on her left leg had also resolved. Mild pain at the left iliac crest described as a "1-to-1 ½" on a pain scale of 1-to-10, with 10 as severe pain. The Cox® lumbar-flexion (protocol 2) was primarily and consistently applied in each of the six (6) treatment days with only the addition of ART to the multifidii, left quadriceps and quadratus lumborum musculature, as well as use of the Pierce vibrational adjusting instrument over the lumbar facet joints, sacroiliac joints and hamstring golgi tendon organs within the tendons of the muscles in order to apply input to the mechanoreceptors and subsequent muscle belly relaxation in these regions.

Treatment plan for this patient at this point was to call for twice the following week, then once per week for the following two weeks, at which time re-examination was to be scheduled. She chose to release herself from active care as her pain was markedly reduced and/or resolved, and she was able to resume her busy schedule both as a mom and a manager at a Burger King Restaurant located some 30-miles away from her home.

The patient did return on June 16, 2010, for returning pain in the lumbar region and left anterior thigh. Once again, all pain quickly resolved upon administration of Cox® lumbar flexion adjusting protocols on the Cox® instrument and ART to the iliopsoas and quadriceps muscles on the left upon this one office visit.

Respectfully submitted,

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