

Rapid Improvement in a Lumbar Radiculopathy Patient
With Cox® Technic

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Overview

- The interest of this case is the rapid improvement of the patient while alternative invasive treatment to include pain management procedures were being scheduled.
- The patient is a 65 year old male with no prior history of low back or leg pain.

History

- The patient presented to my office on 02/11/2013 complaining of severe pain in the lower back and right leg.
- The pain began two days earlier when he got out of bed, went into the bathroom, coughed and fell to the floor.
- His wife was able to get take him to the local hospital's emergency room.

History

- The ER physician examined the claimant, ordered x-rays, prescribed medication and recommended an orthopedic surgical consult. The claimant was released from the ER the same day.
- The following day he was seen by a local orthopedic surgeon who recommended an MRI of the lumbar spine and the likelihood of surgery, however, a pain management consult was recommended.

History

- The patient was seen for a PMR consult and a recommendation for a lumbar epidural was made with an appointment scheduled for the next week.
- The patient was seen in my office on 02/11/13 after he went for his MRI.

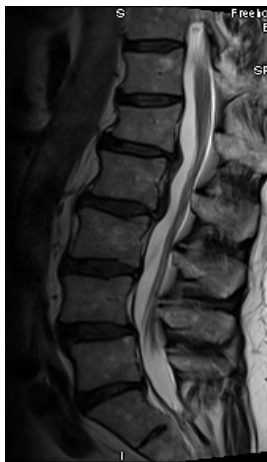
Physical Exam

- The patient ambulated with a forward flexed antalgia and was unable to bear weight on his right side. He was leaning on a single crutch to walk.
- Paralumbar muscle spasms were noted with significant restrictions in thoracolumbar ROM.
- The patient rated his pain at a 10/10 with no reduction based on position.
- Oswestry score 98.

Physical Exam

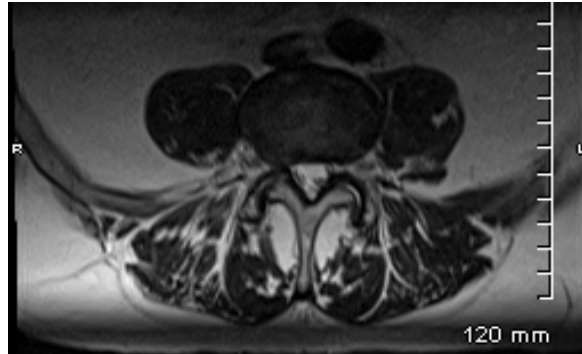
- SLR was positive on the right at 15 degrees with significant pain into the right leg to the foot.
- Well leg SLR was negative to 90 degrees.
- Reflex and sensory examination were normal in the lower extremities.
- Lower extremity pulses were normal with no signs of swelling in either extremity.
- Plantar flexion and dorsiflexion in the side lying position were 4/5 on the right.

MRI



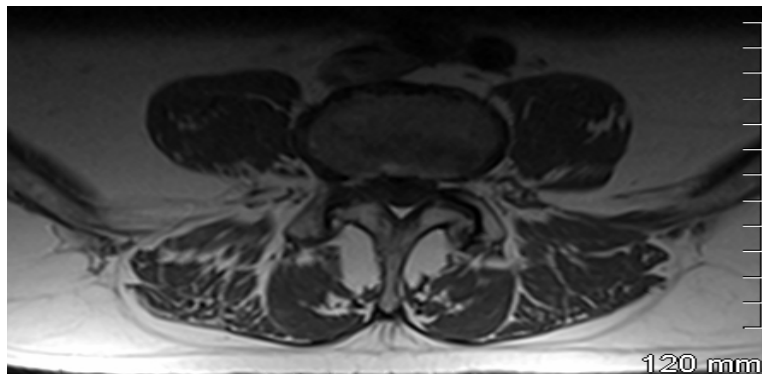
Note HNP's at L1 and L2 and the Grade I anterolisthesis at L4

MRI



L4-5 level disc bulge with ligamentous hypertrophy and facet degenerative changes resulting in severe neural foramina narrowing R>L.

MRI



L5-S1 level disc bulge with ligamentous hypertrophy and facet degenerative changes resulting in moderate to severe neural foramina narrowing R>L.

Treatment

- The treatment plan was explained to the patient as we emphasized our goal to decrease his pain by 50% within 4 weeks and to increase his ability to bear weight on his right side and perform his ADL's.
- We discussed the importance of tolerance testing and that he needs to inform us of any pain during treatment or increases after treatment.

Treatment

- We began with Protocol 1 with a contact at L1 only.
- The patient was treated on 3 consecutive days and 50% improvement was noted with his low back and leg pain. Treatment frequency was reduced to 3 x week.
- He was initially treated in the side posture position due to the severity of his pain and dysfunction, however, by visit 4 he was able to bear weight on his right side without the use of a crutch and lie prone for treatment.

Treatment

- The patient was seen a total of 11 visits and discharged after 3 ½ weeks of treatment.
- Re-examination revealed full range of motion, a negative SLR on the right and Grade 5/5 strength in the lowers.
- Exercises and home protocol were emphasized with the patient.
- The patient resumed his normal activities with recommended modifications to avoid exacerbations.
- One and two month follow-ups with the patient confirmed continued resolution of symptoms.

Conclusion

- The patient saw both the PMR provider and the surgeon for follow-up evaluations after less than two weeks of care in my office.
- They both could not believe this was the same person they saw less then 2 weeks ago.
- The patient's first lumbar epidural steroid injection was canceled.

Conclusion

- We all have seen remarkable results with this work.
- The importance of this case was the rapid resolution of the patient's condition which clearly emphasizes the absolute necessity of this work and maintaining certification.
- This is simply the best technique our profession has to offer the 25% of back pain patients who account for the 95% of the cost in suffering and dollars in the population today.

Conclusion

- It also made quite an impression with a particular surgeon and pain management specialist in my community.....