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

L5-S1 level disc bulge with ligamentous hypertrophy and facet degenerative Changes resulting in moderate to severe neural foraminal 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......