CASE REPORT #1 — Disc Herniation L5-S1

This report discusses a young man, very much aware of his back pain, who ucn have been treated for similar conditions. Unless there is an understanding by all parties involved (in this case spouses), and our clinic, good clinical outcome is hampered.

Treatment in this case consisted of positive galvanism into the far lateral left L5-S1 disc herniation followed by tetanizing current into the left paravertebral and posterior hip muscle groups, mainly the glutus maximus, piriformis, gemelli muscles while ice was applied to the low back and left buttock. This was followed by distraction flexion of the L5-S1 disc consisting of 3 twenty-second sessions of distraction, each twenty seconds consisting of 5-four second pumping actions of the L5-S1 disc. The spinous process of L5 was contacted during each distraction application. A back brace was placed on this patient. He was sent home with instructions to apply ice every four hours for thirty minutes, no sitting, and he was treated twice on the first day, in the morning and in the afternoon. Following this, daily visits were given and on the third day the lower extremity pain had decreased from a 10 to a 6 on a visual analogue scale. By day 6 the pain had centralized out of the calf and was localized to the thigh, hip, and low back. On day 8 the pain was 50% reduced and distraction adjusting was then begun at the L4, L3 and L2 level as well as L5-S1. On the tenth day of treatment all lower extremity pain was absent and only pain localized to the left low back radiating into the piriformis, glutus maximus, and gemelli muscles. He was in complete remission of the problem in three weeks care. It is stressed to this patient in Low Back Wellness School and in clinical treatment that a disc requires three months to heal and that return to heavy use before complete healing can lead to recurrence of pain and disc tear and protrusion with sciatic pain. He was given the patient book of home care to follow (Low Back Pain: What It Is and How It Is Treated) which stresses the use of ice, hot and cold alternating packs at home, acupuncture massage by family members, avoidance of sitting, wearing a back brace, nutrition (see discussion below), and the frequency of care. He was given a brochure on Cox® Distraction (Cox® Distraction Manipulation: What It Is and Why It Is Used) which explains what Cox® Technique is, how it is applied, the research behind it, outcome study results of days and visits to maximum improvement, and a discussion of the answer to “when will I be better?”.

The treatment on each of these days consisted of the distraction adjusting, consisting of 3-twenty second distraction sessions, each consisting of 5-four second pumps. Tolerance testing was carried out prior to the first treatment session and did not cause any inappropriate increase in back pain. The use of low volt galvanic and tetanizing currents was given on each visit.

Nutritionally, this patient took the supplements for “Clinical Spinal Nutrition” — (1) Discat Plus, which is chondroitin and glucosamine sulfate, manganese and magnesium sulfate, and calcium citrate. (2) He also was given Formula #2 Non-Phosphorous Calcium Citrate tablets alone, 200 mg per tablet, three a day. (3) He was started on Formula 1, a multi-mineral, vitamin, enzyme, herb, and amino acid formula. Exercises were started on the very first day of treatment and they consisted of abdominal muscle strengthening, pelvic tilt, and knee chest exercises. It is important to start patients on active care at the beginning of treatment so as to prepare...
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Low back wellness school was attended by both this patient and his wife on January 13, 2003 so as to learn the ergonomics of low back pain, and how to perform the activities of day to day living without causing aggravation of this low back and lower extremity problem. This is mandatory for his future back health due to the mechanical and structural faults of this spine, which are irreversible and must be controlled in daily activities.

Prior to seeing my clinic, this patient had been seen by another chiropractor whose side posture adjusting aggravated his low back and leg pain. Remember that the leading cause of malpractice in our profession is aggravation or causation of disc injury.

This is an excellent example of a very difficult stenotic spine, which was well handled through the use of Cox Distraction adjusting procedures as described above. It is, in my opinion, only the sound diagnosis, strong distraction adjusting, home active care, cooperation of the family, low back school, and complete cooperation that allows a difficult case such as this to attain such outstanding clinical results. It is this type case with its care that makes our profession shine and gain the reputation we all seek. It is well known that I prefer to adjust all spine pain patients under distraction.

I plan to present this patient, with 15 to 20 other cases, in clinical rounds at the March 7 to 9, 2003 Fort Wayne Part I certification course in my work. This is the certification course of National University of Health Sciences in Flexion Distraction Adjustment procedures. Contact Julie at 1-800-441-5571 for information or check www.coxtechnic.com/seminars.html. Should you have any questions, interest, or comments on my treatment, please contact me.

Case presented by James M. Cox, D.C., D.A.C.B.R.