

Flexion Distraction Treatment Leads To A Rapid
Resolution Of
Acute Femoral Radiculopathy
In A 55 Year Old Male With
Post Surgical Continued Pain Syndrome

A Case Study by:

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Case History

- ▶ 55 year old retired Indo-Canadian male
- ▶ 3 days with acute LBP 10/10 VAS
- ▶ Referred pain to left anterior thigh 10/10
- ▶ Insidious onset
- ▶ Prescribed Oxycodone 5 mg bid, Flexoril 10mg tid, Sodium Diclofenac 100mg qd
- ▶ Referred by one of my patients for urgent consultation



Examination

- ▶ Great difficulty walking
- ▶ Forward Antalgia
- ▶ Pain in LB and left leg with Valsalva
- ▶ SLR + left leg at 30 degrees
- ▶ Patellar DTR 0 bilaterally
- ▶ Achilles DTR 0 bilaterally
- ▶ Hamstring DTR 0 bilaterally



Exam Cont.

- ▶ Diminished pinwheel sensation right foot
- ▶ Right calf circumference reduced by 1 cm
- ▶ Femoral Nerve stretch + left leg
- ▶ ROM reduced in all ranges
- ▶ Paraspinal muscle spasm bilaterally
- ▶ Heel/Toe walk normal
- ▶ Point tenderness at L3



Past History

- ▶ 2003 LB injury at work with right leg sciatica
- ▶ Work Comp Case
- ▶ CT scan showed medium sized right paracentral L4–5 disc herniation and a pars defect at L5 w/o spondylolisthesis
- ▶ Surgery was recommended but consent was rescinded by patient in favor of cortisone injections
- ▶ 2 injections did not resolve complaints and bladder incontinence and leg weakness ensued



Past History Cont.

- ▶ The examining surgeon found no loss of DTR or change in calf circumference (Oct 20, 2005)
- ▶ Patient was reported to have “some degree of functional overlay”
- ▶ Surgery was recommended
- ▶ Patient was told by the surgeon that some of his pain was “ligament injury related”
- ▶ Patient required translation assistance from daughter as English is second language
- ▶ He was reluctant to have surgery as there was no guarantee of success



Surgery and Outcome

- ▶ Bilateral L4–5 discectomy performed Dec 10, 2005
- ▶ Low back pain and right leg numbness persisted
- ▶ Re-exam with CT done Feb 1, 2006 and showed a normal disc with minimal scar tissue
- ▶ The patient was told by the surgeon that the “subjective numbness is a referred ligament symptom”
- ▶ Physiotherapy and exercise were recommended
- ▶ Pain and numbness persisted until 2010



Imaging

- ▶ Plain film radiographs were done at my office



Diagnosis

- ▶ Acute L3–4 left disc herniation with femoral radiculopathy
- ▶ Left disc wedging at L3–4
- ▶ Post surgical disc narrowing with subchondral sclerosis at L4
- ▶ L5 Anterolisthesis
- ▶ Chronic **Post Surgical Continued Pain Syndrome**



Treatment



- ▶ Cox Flexion Distraction Protocol 1 to patient's tolerance
- ▶ Low Volt Galvanism on left thigh 4 amps per square inch
- ▶ Follow up every second day as patient had a very long drive to office and needed assistance with translation from family member

Treatment cont.

- ▶ After one visit, the patient reported less pain except for sitting
- ▶ After two more visits, pain had reduced significantly in leg to 4/10 VAS with only minimal back pain and no medication
- ▶ On the fifth visit, the patient reported no leg pain and very little back pain
- ▶ Protocol 2 incorporating FD plus y axis distraction was utilized and well tolerated
- ▶ Numbness in right foot persisted due to pre-existing condition but back pain was significantly reduced
- ▶ Patient was discharged from acute care and periodic follow up was recommended on a monthly basis



Discussion

- ▶ Cox® FD may be very effective for acute lumbar radiculopathy
- ▶ This patient was very reluctant to consider further spine surgery due to his poor outcome following a bilateral discectomy
- ▶ The surgeon in this case was not willing to concede neural damage which precipitated a long standing numbness and chronic back pain
- ▶ **Post Surgical Continued Pain Syndrome** may be improved using Cox Technic and should be considered as a first line conservative care mangagement of this common condition



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Photo courtesy of Dr. Jim Brandt and the Academy of Chiropractic Orthopedists >>>