

**COMMON CASE REQUIRING WELL-DESIGNED SPINAL
MANIPULATION PROTOCOL:
CERVICAL SPINE DEGENERATIVE DISC DISEASE WITH
SCLERATOGENOUS PAIN DISTRIBUTION**



Figure 1: Note the degenerative disc changes from the C3-C4 through the C6-C7 levels with reversed sagittal curve. This is a common condition seen in daily practice.



Figure 2: There is posterior unciniate degenerative changes seen at the C4-C6 levels due to endplate hypertrophy and facet arthrosis is noted.

This case is presented because it is common to see it in daily clinical practice and that makes it very important to address from a chiropractic manipulation viewpoint. I remember Hurwitz et al pointing out that high velocity low amplitude adjusting caused up to 30% to 50% of patients to have pain following the adjustment. He also recommended mobilization adjusting for those patients.

This case exemplifies such a case. This man cannot be rotated and thrust adjusted. It is not only impossible to get him into such an adjustment posture, but it hurts him. Allow me to share this case with you.

This 73 year old man was first seen for low back and hip and thigh pain in June of 2007. He was diagnosed with degenerative arthritis of the right hip and it was surgically replaced with great relief of pain. The patient was satisfied with the clinical outcome.

In April 2008, he returns with the chief complaint of cervical spine pain radiating to the left shoulder and arm to the elbow with a VAS score of 5 at worst and 4 on average. His Oswestry cervical neck disability score was 16. His examination showed range of motion of the cervical spine of 20 degrees flexion, 10 degrees extension with pain, 10-15 degrees of right and left lateral bending and rotation motion of 65 degrees. Deep musculotendinous reflexes of the upper extremity were 2/5 bilaterally, no thoracic outlet signs, muscle strengths 5/5 bilaterally of the biceps, triceps, deltoid muscles, positive compression for pain in the cervical spine and left shoulder, with relief on distraction.

The diagnosis was as seen on Figure 1 and 2 x-rays. Cervical spine and scleratogenous pain due to degenerative disc disease and its stenotic effects.

Treatment was instituted of long y axis decompression of the cervical and upper thoracic spine on the Cox®7 Table instrument with Protocol II. This was followed with tetanizing current and ice to the cervical spine from the C5-6 level to the left shoulder infraspinatous and supraspinatous muscles. Treatments were given three times weekly with the goal of at least 50% relief of pain within one month of care and a VAS of 2/10.

On the fourth visit the pain was 25% reduced with a VAS score of 3. On the ninth visit the pain was recorded at VAS 1 with no arm pain. This pain relief was attained at three weeks of care. This man also received long y axis decompression on the Cox®7 Table instrument for low back disc degeneration and disc herniation and spinal stenosis at the L1 through L5 levels which decreased his pain from a VAS of 8 to 2 in the same time period as the cervical spine and left shoulder pain.

A common condition but worthy of documenting the benefits of flexion distraction and decompression adjusting for a patient who could not tolerate high velocity thrust adjusting. We need to adapt our manipulation techniques to the patient's condition. The patient is very happy with his relief.

Respectfully submitted,

James M. Cox, D.C., D.A.C.B.R.

