



Top Published Articles Totally Subjective!

The Research on PAIN RELIEF WITH COX® TECHNIC

1—Cox JM: *Low Back Pain: Mechanism, Diagnosis, Treatment*, 6th edition, Baltimore; Lippincott Williams & Wilkins, 1990, Chapter 8, Appendix B.

- **Reduction of intradiscal pressure to as low as -192 mm Hg**
- **Increase in intervertebral disc height**

2—Gudavalli MR: Estimation of dimensional changes in the lumbar intervertebral foramen of lumbar spine during flexion distraction procedure. Proceedings of the 1994 International Conference on Spinal Manipulation, June 10-11, 1994, Palm Springs, CA, pp 81.

- **Increase in intervertebral foramen size by 28%**

3—Gudavalli, M.R., Cox, J.M., Baker, J.M., Cramer, G.C., and Patwardhan, A.G. "Intervertebral Disc Pressure Changes During a Chiropractic Procedure". *Advances in Bioengineering*, Vol. 36, 1997 pp. 215-216

4—Gudavalli MR, Cox JM, Baker JA, Cramer GD, Patwardhan AG: Intervertebral Disc Pressure Changes During a Chiropractic Procedure. Proceedings of Bioengineering Conference, Phoenix, 1997

Significant decrease in intradiscal pressure during the flexion-distraction procedure for low back pain

5—Gudavalli MR, Cox JM, Baker JA, Cramer GD, Patwardhan AG: Intervertebral Disc Pressure Changes During The Flexion-Distraction Procedure for Low Back Pain, Proceedings of the International Society for the Study of the Lumbar Spine, Singapore 1997

Decrease in intradiscal pressures may provide opportunity for reduction in the disc bulge during the flexion-distraction procedure

6—Gudavalli MR, Cox JM, Cramer GD, Baker JA, Patwardhan AG: Intervertebral Disc Pressure Changes During Low Back Treatment Procedures, Proceedings of the ASME IMECE97 Bioengineering Conference, Dallas, November 1997

Significant decrease in intradiscal pressure during the flexion-distraction procedure for low back pain

7—**NEW!!!** Gudavalli R et al: A randomized clinical trial and subgroup analysis to compare flexion-distraction with active exercise for low back pain. *European Spine Journal* (online—December 2005). See the [EUROPEAN SPINE JOURNAL](#) article regarding the outcomes of the randomized clinical trial comparing chiropractic flexion-distraction to medical conservative (physical therapy) care of low back pain. **Full text article (PDF): [click here](#).**

Overall, flexion–distraction provided more pain relief than active exercise.

Subjects randomly allocated to the flexion–distraction group had significantly greater relief from pain than those allocated to the exercise program.

Patients with radiculopathy (back pain with pain into the legs) did significantly better with flexion distraction.

Chronic pain patients, with moderate to severe symptoms, improved most with the flexion–distraction protocol.

Patients with **recurrent pain and moderate to severe symptoms** improved most with the exercise program.



8—Several Patient Case Collections ([Click here for a list.](#)):

Cox JM, Feller J, Cox-Cid JA: Distraction chiropractic adjusting: clinical application and outcomes of 1000 cases. *Topics in Clinical Chiropractic* 1996; 3(3):45-59, 79-81

1,000 patient cases of low back pain were collected: history, symptoms, treatment, outcomes

Surgery: less than 4% of patients with low back or leg pain

Became chronic: less than 9% of patients reached the chronic stage of care (more than 90 days)

DAYS to max improvement: the mean **number of days to maximum improvement was 29**

VISITS to max improvement: the mean **number of treatments to maximum improvement was 12**

RELIEF: 91% of patients report relief within 3 months of care

9—More research projects are underway currently. [Click here for a partial list.](#)

10— Cooperstein R, Perle SM, Gatterman MI, Lantz C, Schneider MJ: Chiropractic technique procedures for specific low back conditions: Characterizing the literature. *J Manipulative and Physiological Therapeutics* 2001;24(6):407-11

Flexion distraction is the second most studied adjustment procedure

Cox is the most referenced author with 12 papers cited

11 — Bergman: *J Of Manipulative And Physiological Therapeutics* 16(1)

Cox technic only one with referreed articles

12 — **NEW!!!** Murphy, DR; Hurwitz, EL; Gregory, AA; Clary, R. A non-surgical approach to the management of lumbar spinal stenosis: A prospective observational cohort study. *BMC MUSCULOSKELETAL DISORDERS* 2006; 7:NIL_1-NIL_8

NEW STUDY OF COX® DISTRACTION MANIPULATION IN THE TREATMENT OF LUMBAR SPINE STENOSIS LUMBAR SPINAL STENOSIS PATIENTS IMPROVED BY 76% AND DISABILITY IMPROVED IN 73% ([Click here to see the summary article.](#))

13 — **NEW!!!** “Gizmology” by J. Michael Menke DC in *Dynamic Chiropractic* about chiropractic and technology. Enjoy! [Click here to see it...and Dr. Cox’s Response.](#)

14 — Cambron JA, Gudavalli R et al: One year follow-up of a randomized clinical trial comparing flexion-distraction with an exercise program for chronic low back pain. *J of Alternative & Complementary Medicine* 2006; 12(7) [Click here to read.](#)

In this first trial on flexion distraction care, flexion distraction was found to be more effective in reducing pain for 1 year when compared to a form of physical therapy.

15 — Cambron JA, Gudavalli MR et al: Amount of health care and self-care following a randomized clinical trial comparing flexion-distraction with exercise program for chronic low back pain. *Chiropractic and Osteopathy* 2006; 14(19) [Click here to read.](#)

During a one year follow up, participants previously randomized to physical therapy attended significantly more healthcare visits than those participants who received chiropractic care.

16 -- Kruse R, Gudavalli S, Cambron J: Chiropractic treatment of a pregnant patient with lumbar radiculopathy. *Journal of Chiropractic Medicine* 2007; 6(4):153-158 [Click here to read.](#)

This report describes successful management via chiropractic treatment using Cox® protocols of lower back and unilateral leg pain in a pregnant patient.

17 -- Gudavalli S, Kruse R: Foraminal stenosis with radiculopathy from a cervical disc herniation in a 33-year-old man treated with flexion-distraction decompression manipulation. Journal of Manipulative and Physiological Therapeutics 2008; 31(5):376-380 [Click here to read.](#)

This report describes the use of Cox flexion distraction decompression manipulation on a patient with radiculopathy from a C6/C7 disc herniation. This study reports Cox flexion distraction decompression manipulation and physiotherapy modalities showed good subjective and objective clinical outcomes for this patient.

18 -- Kruse RA, Schliesser J, DeBono VF: Klippel-Feil Syndrome with radiculopathy. Chiropractic management utilizing flexion-distraction technique: A case report. J of the Neuromusculoskeletal System 2000;8(4):124-31

This report discusses a 34-year-old female who presented to a chiropractic office with severe, unremitting, cervical, shoulder, and arm pain of several months' duration. Klippel Feil syndrome was diagnosed, also. Treatment consisted of cervical flexion-distraction manipulation and adjunctive therapies. This patient felt relief after the first treatment and experienced a complete resolution of her symptoms after eight treatments performed over a period of 2 months.

19 -- Kruse RA, Gregerson D: Cervical Spinal stenosis resulting in radiculopathy treated with flexion-distraction manipulation: A case study. J of the Neuromusculoskeletal System 2002;10(4):141-7

This report discusses a 60 year old male who presented with complaints of pain and limited motion in his neck, with pain and weakness in his left shoulder and arm. The patient was treated with flexion-distraction manipulation, which provided significant relief of his subjective and objective findings.

20 -- Schliesser JS, Kruse RA, Fleming Fallon L: Cervical radiculopathy treated with chiropractic flexion distraction manipulation: a retrospective study in a private practice setting: JMPT2003; 26(9):592-596

This study reveals a statistically significant reduction in pain as quantified by visual analogue scores using flexion-distraction manipulation for cervical radiculopathy pain relief. The mean number of treatments required was 13.2 ± 8.2 , with a range of 6 to 37. Only 3 persons required more treatments than the mean plus 1 standard deviation.

21 -- Kruse RA, Imbarlina F, DeBono VF: Treatment of cervical radiculopathy with flexion distraction. J Manipulative Physiological Therapeutics 2001;24(3):206-209

This report discusses the successful nonsurgical treatment of a cervical disk herniation with flexion distraction manipulation.