

**J. Don Walker, D.C., D.A.C.B.R.**  
**105 Boland Street**  
**Fort Worth, Texas 76107-1221**

Voice: (817) 332-1234  
Fax: (817) 332-1473

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Dear Colleagues:

In July of 1980 I tore an article out of The Digest of Chiropractic Economics, wherein a smooth featured, young man named James Cox, DC, DACBR described a pain pattern called Facet Syndrome. I had seen the pattern several times and had attributed it to L5 or S1 subluxation. He then proceeded to describe in meticulous detail his research based conclusion that this pattern is caused by apophyseal joint compression. He then, in equally thorough fashion, described his method for relieving the compression and therefore the patient's pain. However, treatment required a funny looking table with levers and handles in places that seemed odd... and I was a diversified adjuster with many successes under my belt. So I decided there must be manual adjusting techniques to accomplish this distraction and for the next 28 years I attempted to do exactly that. I have to say, it wasn't long before I began suffering LBP, hypoesthesia in both legs and really all the symptoms I was attempting to relieve in my patients. Ironically, manual decompression of patients resulted in my own compression. Along the way there were some successes but they were no better than moderate. I was just nibbling at the edges of it, and hurting myself in the process.

Over the years, Dr. Cox became a good friend through our common love of radiology and through our conversations at annual meetings of the American Chiropractic College of Radiology and the Council of Diagnostic Imaging. Ever the prolific researcher, he would present his team's latest findings at these meetings and "Wow" the audience in the process. I should say, these are tough audiences to "wow". I also noticed a slow metamorphosis of the Cox table, often referred to as the Cox adjusting instrument, which indeed it is. The funny handles went away, its clunky design became sleek and many features were added, but still I had never seen an actual Cox table, just pictures.

Eight months ago, on a leap of faith, I ordered my very own Cox Adjusting Instrument (The Cox®7 Table by Track Corporation) and received it about 1 week later. It was perfect in every way. Its design and manufacture are flawless. Its action is whisper quiet and smooth as glass. In preparation, I read his text Low Back Pain Mechanisms, Diagnosis and Treatment. An instructional video came with the table too. These represented the entirety of my training thus far. Monday morning arrived and I began. My old patients were apprehensive. I was apprehensive. People generally don't like change but within days, that changed. Feet that were so numb that the patient had been wearing lace up shoes because she couldn't tell if she had walked out of her sandals, woke up.....in 1 week...on a patient I had been treating for years. That's what I mean when I say I was just nibbling at the edges previously. Many, many legs have just quit hurting. Groin pain has gone away. The malls are busier these days because elderly ladies can once again go shopping, all day, with their daughters. That means a lot, to all of us. Two days ago another patient declared I was either a god or a saint, she didn't know which. Either way, she made me smile. It appears I will have to order another Cox table soon, because my other treatment room has fallen strangely quiet. Fully 80% of my patients won't go in there anymore. They sit happily and wait for their turn on the Cox table. I didn't predict that. Mind you, this is all happening without formal training. There is no telling what would happen if I was doing it correctly. I will address that issue very soon.

I just can't thank Dr. Cox and his research team enough for their excellent work and for developing science based equipment and techniques that allow me to achieve the desired result—happy, well patients who tell all their friends—Oh yes, we're busier. If you have patients with sciatica, facet syndrome, stenosis, spondyloarthopathy or any of a host of other ailments associated with injury or degenerative change, you need one. Wow!

Sincerely,



J. Don Walker, D.C., D.A.C.B.R.  
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