

Cox® Flexion Distraction Decompression of the Knee - A Case Report

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HISTORY/CHIEF COMPLAINT

This case involves a 67 year old lady with a complaint of right knee pain for 7 months that was worse with sitting. VAS pain was rated at 6/10.

EXAMINATION

ROM testing of the knee was unremarkable. She had obvious swelling in the knee joint. Her pain was over the medial and posterior aspects of the knee. Positive knee tests were as follows:

- Valgus/Varus
- Apley's Compression
- McMurray's

TREATMENT PLAN and OUTCOME

The patient received 6 treatments of laser therapy with minimal results. She described that she felt the knee needed to be pulled apart, a similar comment often heard by patients with back pain that I treat with Cox® Technic. I decided that I would treat her with Cox® Flexion Distraction Decompression directly applied to the right knee. She noted immediate relief after her first treatment. Her pain level after her second treatment was a 1-2 on the VAS. She had a total of 3 treatments of Cox® Flexion Distraction Decompression. She reported that her pain level was unchanged during a 6 month follow-up. The following x-rays are of her knee 5 months after her last treatment. This patient was very satisfied with the outcome of her care.

IMAGING





Proposed TREATMENT PROTOCOL FOR COX FLEXION DISTRACTION ADAPTATION FOR KNEE by Luigi Albano DC

Protocol I – acute pain

1. Ensure all locks are secure.
2. Place caudal section of the table in 10-15o of flexion and lock the caudal section.
3. Patient is instructed to sit on the thoracic section of the table with the affected knee placed on the table between the thoracic and caudal sections.
4. The unaffected leg should not be on the table for comfort reasons.
5. Adjust the spring tension of the caudal section to handle the weight of the patient's leg.
6. Adjust the height of the table to safely accommodate practitioner's comfort.
7. Carefully tolerance axial distraction without gripping the leg, using manual distraction via electric strip. **Do not proceed with treatment if pain increases with tolerance testing.**
8. Hand placement on the affected limb:
 - a. Superior hand contacts comfortably and firmly above the head of vastus medialis muscle with firm downward pressure.
 - b. Inferior hand is placed superior to the ankle, firmly gripping around the distal tibia and fibula and with firm downward pressure.
9. Carefully monitor patient tolerance to axial distraction.
10. Apply 10-15 repetitions of axial distraction comfortably. Automated axial distraction may be used at this time.
11. Adjust hand grip/pressure throughout treatment.

Protocol II – chronic pain

1. Ensure all locks are secure.
2. Place caudal section of the table in 10-15o of flexion and lock the caudal section.
3. Patient is instructed to sit on the thoracic section of the table with the affected knee placed on the table between the thoracic and caudal sections.
4. The unaffected leg should not be on the table for comfort reasons.
5. Adjust the spring tension of the caudal section to handle the weight of the patient's leg.
6. Adjust the height of the table to safely accommodate practitioner's comfort.
7. Carefully tolerance test axial distraction without gripping the leg, using manual distraction via electric strip. **Do not proceed with treatment if pain increases with tolerance testing.**
8. Hand placement on the affected limb:
 - a. Superior hand contacts comfortably and firmly above the head of vastus medialis muscle with firm downward pressure.
 - b. Inferior hand is placed superior to the ankle, firmly gripping around the distal tibia and fibula and with firm downward pressure.
9. Carefully monitor patient tolerance to axial distraction.
10. Secure caudal section of table by gripping the tiller bar.
11. Unlock caudal section safely, taking precautions that the table does not spring up and put the knee into hyper flexion.
12. Adjust the spring tension to allow comfortable flexion while performing axial distraction.
13. Apply 10-15 repetitions of axial distraction comfortably. Automated axial distraction may be used at this time.
14. Adjust hand grip/pressure throughout treatment.