



Patient with Left Leg Shaking for 18 years, Resolved with Cox® Decompression

*Submitted on December 8, 2021 by
Robert Borzone, DC, LAc
North Shore Wellness Group
115 Eileen Way Ste 107
Syosset, NY 11791
516-802-4500*

HISTORY

The patient is a 48-year-old woman who was injured in an automobile accident in 2003 when she was hit from behind and immediately experienced low back and neck pain. A few days later she developed shaking/trembling of both lower extremities which was more severe in the left lower extremity. She was unable to put her left foot flat on the ground and walked with great difficulty holding her left foot in plantarflexion. Over the course of two years, the patient received chiropractic and physical therapy treatments for her neck and low back complaints and muscle relaxants were prescribed by her medical doctor, however there was no change in her condition. During this time, she also consulted orthopedists and multiple neurologists including a visit to Columbia University Hospital. The neurological exams were negative and MRIs of the spine and brain were performed to rule out multiple sclerosis. Bulging discs were the only finding of note, and no treatment was prescribed for her shaking leg. The images were not available for review. She was referred for psychological consultation which was of no therapeutic value.

EXAMINATION

The initial examination findings of September 18, 2021, were as follows: The patient's blood pressure, heart and lung sounds, and pulse rate were normal. She was oriented and alert but expressed concern about a recent worsening of her condition. The shaking, which she had learned to live with, had increased, and she was experiencing more muscle aches and difficulty walking. She attributed the exacerbation to her work as a Title Closer which required many hours of driving. She received therapeutic massage and chiropractic treatments which helped with the muscle soreness; however, the shaking never resolved. She complained of a deep aching pain and stiffness in her left anterior thigh. She rated the shaking as an 8 on a verbal numeric rating scale (VNRS) of 0-10. Leg exercises aggravated the shaking of the quadriceps and hamstring muscles. Palpation of the anterior or posterior thigh muscles, while the patient was standing, caused the leg to buckle. When lying supine, the left hip was in slight abduction and lateral rotation and the left knee was slightly flexed, while the right lower extremity was straight. Palpation of the left iliopsoas muscle was painful and the muscle tested as 3/5. The



lumbar paraspinal musculature was full and spastic on palpation. Hip and lumbar ranges of motion were within normal limits. She performed heel and toe walking with difficulty, all other orthopedic and neurologic findings of the lower extremities and lumbar spine were unremarkable.

DIAGNOSIS

The tremors and the palpatory pain and weakness of the iliopsoas muscle along with the abnormal sensation along the anterior thigh indicated that the lumbar plexus was involved. The lumbar plexus (L1-L4) is located within the psoas major muscle and innervates the psoas major, psoas minor, and iliacus. The superior portion of the psoas major is also innervated by the ilioinguinal nerve (T2-L1). The diagnosis was lumbar neuropathy, iliopsoas tendonitis, and hip instability.

TREATMENT

Treatment was directed to the lumbar spine and left hip to relieve pain and inflammation, reduce spasm/tremors and restore strength and stability. While prone, the patient received acupuncture treatments to the local points of the lower back and left hip (UB 21, 23, 25, 27, 52, 54 and GB 30). Infrared heat and orthopedic blocking were applied while the needles were retained for 20-30 minutes. While supine, the iliopsoas muscle was massaged with the lower extremity on the treated side in flexion at the hip and knee. Cox® Decompression treatment was then administered according to Protocol II. The patient was instructed to apply heat at home and continue with the low back and hip stretches she had been doing.

CLINICAL OUTCOME

The patient was treated twice a week, and on her sixth office visit (October 14th), she reported that the shaking in her leg had stopped. The deep aching pain in her anterior thigh was still present but less frequent and much less intense (rated as 1-2/10). She did not feel any restriction in mobility. The patient stated that she had been able to go bowling that week. She reported that her "back is looser overall, everything is looser." The left iliopsoas was no longer tender on palpation and tested as 5/5. Her treatments continued twice weekly, and she gradually resumed working out with a personal trainer. Treatments were suspended while the patient did some travelling and then contracted COVID and was quarantined for two weeks. During her most recent office visit on December 10th, she complained that her lower back was stiff and sore and experienced occasional left thigh pain and stiffness when driving. Her leg shaking is completely resolved. She is working out with a personal trainer twice a week and doing cardio (spin class) once a week. She has resumed treatment on a weekly basis.

It was particularly rewarding to help someone who had suffered for so long with a condition that seemed untreatable. It is important to recognize how exceptional this individual is in that



she continued to function despite her condition, and she continued to seek treatment after having negative results from other disciplines and practitioners.