



CERVICAL SPINE FUSION PATIENT: NECK PAIN AND HEADACHE

TREATING NECK PAIN AND HEADACHE IN A CERVICAL SPINE FUSION PATIENT. LOW BACK AND BILATERAL HIP PAIN WAS ALSO PRESENT. THIS IS A COMPLEX CASE THAT MAKES COX® DISTRACTION SPINAL MANIPULATION APPRECIATED BY PATIENT AND DOCTOR.

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INTRODUCTION

Here we see dual problems in this patient. This 65 year old female is seen on 8/7/14 for the chief complaint of:

1. Four months of low back pain which is worsened when lifting her walker. She could not walk due to the pain without a walker. It is present for four months and worse in the last three weeks. She describes the low back and bilateral hip pain at a VAS 10.
2. Thoraco-lumbar spine pain recorded at a VAS of 8
3. Left neck pain at the cervico-thoracic levels C7 to T5 at a VAS 6 and headaches at a 5.

HISTORY

She has a fusion at C4-C7. This is with a plate and screw fixation shown in Figures 1 and 2. Deep tendon reflexes of the upper extremity are plus 2 and muscle strengths are rated 5 and 5 of the cervical spine and upper extremities. Ranges of motion of the cervical spine are limited to the upper cervical spine and cervico-thoracic spine. No radicular pain of the upper extremities is present. Cervical compression is positive right and left cervical spine with no radicular symptoms.

TREATMENT

This case is presented to demonstrate the treatment with Cox distraction manipulation of the cervico-thoracic spine in a spinal fusion case. The low back pain was treated with Cox long y axis distraction manipulation Protocol II. I include the xrays of the low back in Figures 3 and 4. The following are the clinical outcomes as described by each visit:

8-11-14 – VAS of the low back is reduced to 7 and neck and headache pain to 4

8-13-14 – C/S treated with headpiece at cervico – thoracic spine Protocol II. VAS 3 for neck pain and headache

8-20-14 – No headache. Cervical pain at VAS 2. Treatment with Protocol II cervico-thoracic spine

8-21-14 – VAS 0 for headache and cervical spine pain.

8-25 and 28-14 – 0 headache and neck pain.

9-15-14 – Headache return at VAS 3 and cervico-thoracic spine pain at VAS 1. Note treatment is not at the area of fusion C4-7 but at T1-T5 with protocol II and gentle tolerance tested Protocol I at the C1-C2 level.

The patient's low back and buttock pain was relieved with Protocol II Cox® distraction manipulation at the T10 to L5-S1 levels and is not discussed fully in this paper as the purpose of this paper is to gain knowledge of the diagnosis, treatment and clinical outcome of the *fused cervical spine*. It is suggested that the xray studies in Figure 3 and 4 would make lumbar roll or high velocity adjusting difficult and potentially painful for this patient. Cox® distraction manipulation Protocol II rendered relief and ability to walk without a walker.

OUTCOME

After two visits, the headaches and neck pain are at a VAS of 3, mid back at 5, low back at 9, and the hip pain at VAS 8. In my opinion and treatment regime, this could have been a difficult case with high velocity adjusting; however, with tolerance testing carefully delivered, treatment consisting of long y axis flexion distraction at the C2 level and protocol II Cox® distraction manipulation of the T1 to T5 levels with the cervical headpiece and automated axial distraction of the thoraco-lumbar and lumbar spine yielded relief. She is placed on Discat and 5000 units of Vitamin D per day.

The combined pain in this patient, in my opinion, is well relieved with the Cox® long y axis distraction Protocols I and II described above. The patient walked without her walker and was so satisfied with the relief that she ceased treatment on 8-28-14.

Respectfully submitted,

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Note diagnostic imaging that follows:

	
<p>Sagittal cervical spine x-ray shows the plate and screw fusion from C4 to C7.</p>	<p>Anteroposterior view of the cervical spine shows the C4-C7 plate and screw fusion.</p>

 An anteroposterior (AP) view of the lumbar spine X-ray. The vertebrae are clearly visible, showing some degenerative changes and a slight dextrorotation of the lower segments.	 A lateral view of the lumbar spine X-ray. This view highlights the disc spaces and the curvature of the spine, showing significant degeneration and disc space narrowing.
<p>Dextrorotation of segments L4 to L1 is seen of less than ten degree Cobb angle. L3-L4 disc space narrowing is seen with the right side greater than the left disc space suggesting unequal weight bearing. Right L4-L5 facet sclerosis is seen.</p>	<p>Degeneration of the L1-L2 through L5-S1 disc spaces is noted with marked loss of the L4-L5 disc, vacuum phenomenon indicating instability, and endplate osteophyte formation. The L5-S1 disc is markedly narrowed with retrolisthesis of L5 on sacrum. The L3-L4 disc shows dessication with both anterior and posterior endplate hypertrophy. Overall this lumbar spine shows advanced degenerative disc disease.</p>