L2-3 Disc Extrusion with Caudad Migration of a Sequestered Fragment in a patient with a 30 degree Scoliosis. Treated Successfully with Cox® Decompression.

submitted by
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HISTORY & EXAMINATION

This case involves a 46 year old Caucasian cook who was seen on May 20, 2014, for the chief complaint of low back pain, referring into her right groin and hip area. She rated the pain at a 10 on a VAS of 0-10. The pain started 4 days earlier while getting into bed. It worsened considerable the next morning and she proceeded to go to the Emergency Room because of the severity. A steroid shot and Medrol Dosepack was prescribed. The medications helped very little. She is only sleeping 2 hours per night due to the pain and cannot sit for longer than a few minutes. She has weakness in her right leg ascending stairs and cannot work due to the pain.

History reveals Hypothyroidism, acid reflux and scoliosis. She is divorced and currently taking care of two children of her boyfriend.

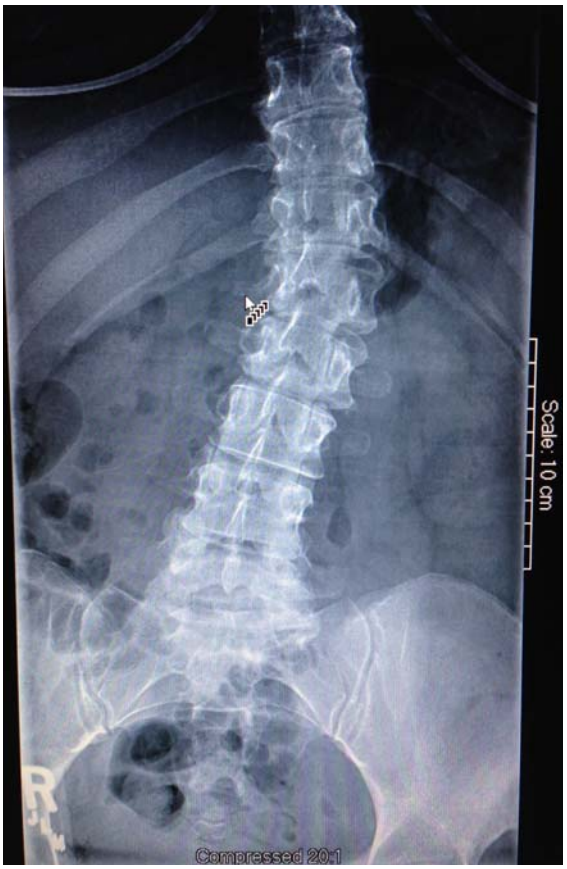
Her mother has osteoporosis and her father passed away of cystic kidney disease.

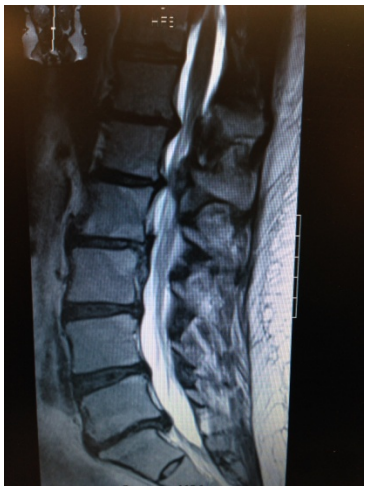
The patient's vitals were normal. Heart and lung sounds are normal. She is oriented x 3, alert and cannot sit or move without reproduction of her pain.

The patient saw her family doctor and he ordered a MRI and referred her to an orthopedic surgeon. The appointment was scheduled on July 2, 2014. Her family doctor said to feel free to go to your chiropractor until your appointment.

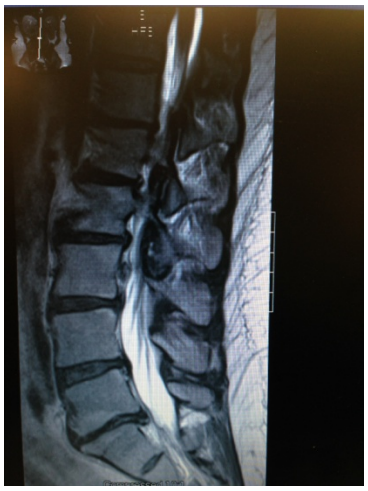
Examination on 5/20/14 reveals exquisitely positive Kemp's test on the right. SLR is negative sitting and lying. Valsalva reproduces chief complaint. Modified slump test for neuromeningeal Tract Tension is negative. The deep tendon reflexes the knee and ankle are 2+ and the toes are down going. Patient can toe and heel walk normally. Postural exam exhibits a right elevated hemipelvis and a moderate left Lumbar convexity and a compensatory right T/S convexity. Pain on palpation with myospasm in the right lumbar paraspinal area from L1-4 and laterally 3-4 inches. Ranges of motion of the thoraco-lumbar spine are 10 degrees of extension, 40 degrees of flexion, 10 degrees right lateral flexion and 20 degrees left lateral flexion. Sensory examination of the lower extremities is within normal limits. Patrick's test on the right hip is unremarkable. Muscle strength testing of the lower extremities revealed grade 5 of 5 strengths inversion/eversion, plantarflexion/dorsiflexion, tibialis anterior, gluteus maximus, biceps femoris and quadriceps muscles. Prone knee flexion, Nachlas, Yeoman and Ely tests are within normal limits.

IMAGING

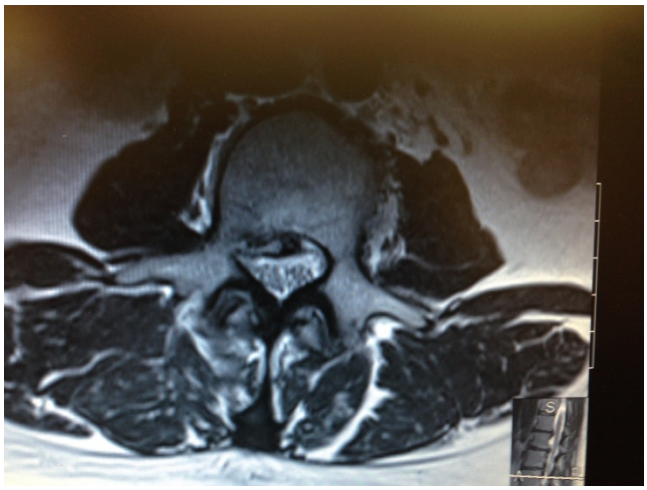




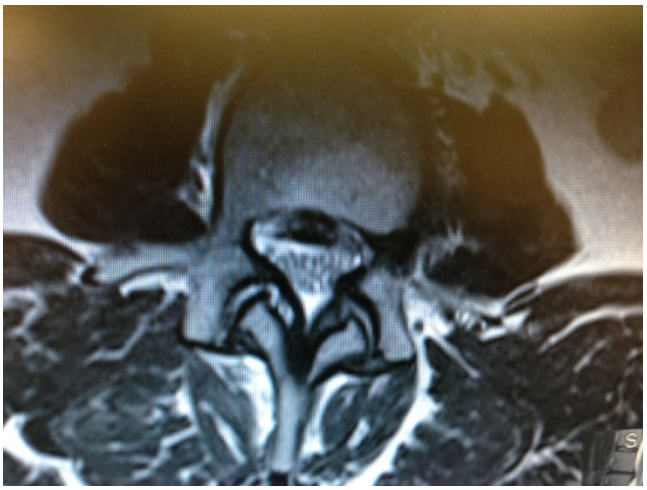
6/5/14 Sag. T2



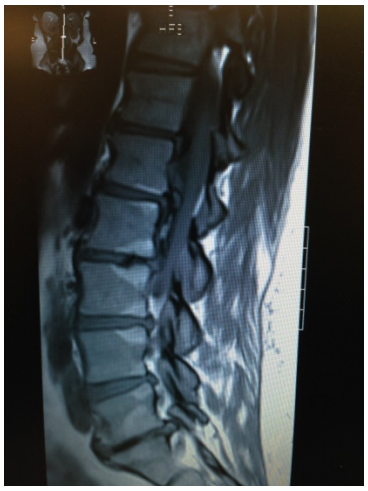
6/5/14 Sag. T2



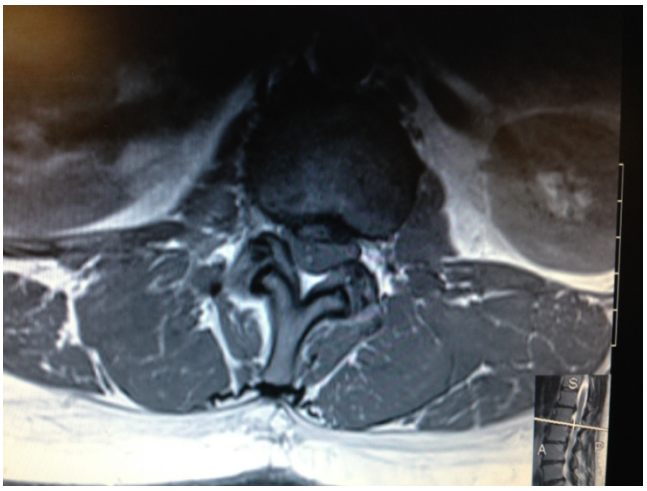
6/5/14 Axial T2



6/5/14 Axial T2



T1 Sagittal



T1 Axial

DIAGNOSIS

1. Central to right paracentral L2-3 disk extrusion with caudad migration of a sequestered fragment.
2. Central Canal stenosis at L1-2 and L2-3.
3. Left Lumbar Scoliosis of 26 degrees.
4. Multilevel degenerative disk disease.

TREATMENT

The treatment goals were to abate the groin/leg/hip pain, enable sitting and sleeping, restore right leg strength and return her to work in a timely period. In addition, we will reduce disk extrusion and spinal stenosis utilizing Cox® decompression manipulation. Therapeutic modalities utilized were electrical stimulation with ultrasound, Active Release Technique (ART) soft-tissue management system to release any adhesions, myofascial restrictions and nerve entrapments. The thoraco-lumbar erector spinae, quadratus lumborum and psoas were the main focus with ART.

Establish a home exercise program utilizing Cox® exercises to strengthen spinal musculature (Multifidi) and improve biomechanics/endurance/flexibility to the spine, ice and gradual increase in functional activities. MRI was ordered for June 5, 2014. Discat Plus was prescribed

and she was seen 3 times/week and was told if improvement wasn't at least 50% after 4-6 weeks, we would move her neurosurgical appointment on July 2, 2014, sooner.

CLINICAL OUTCOME

Following 4 visits her right groin pain had been totally relieved. Her sleep improved as well and the right low back pain had focalized to the paraspinal area and superior to the iliac crest. After 4 weeks and 9 visits, she was able to do stairs without pain, her VAS decreased 50-75%, and she returned to full work status.

She did keep her neurosurgical appointment, and he told her she was doing well considering her MRI, and he doesn't need to see her back unless her leg pain becomes constant.

After 2 months of care, the patient's VAS was a 1 with occasional pain from bending/lifting/twisting (BLT) at work. She is still being advised on weight loss, core strengthening exercises, and cardiovascular exercise. She returns monthly for treatment and tells me that the Cox® treatments keep her back pain from going above a 1 or 2 on the VAS scale.

Due to the patient's moderate scoliosis, multilevel disk desiccation, degenerative facet joint changes and central canal stenosis her occupation is very challenging. Fortunately, utilizing Cox® Decompression Technique has improved her quality of life and enabled her to continue working at a high physical level without severe pain. My feeling would be that if she was seen by a surgeon in her acute state, she would have been a likely candidate for immediate surgical intervention.

Respectfully submitted,

Keith M. Bartley, DC