

**LOW BACK AND LEFT LOWER EXTREMITY PAIN
WITH L5 SPONDYLOLISTHESIS,
LEFT SIDED DISC HERNIATION,
FACET ARTHROSIS, AND L4-L5 DISC BULGING
AND LEFT FORAMINAL STENOSIS
SUCCESSFULLY RELIEVED IN 8 VISITS OF
SIDE-LYING F/D FOLLOWING 4 MONTHS OF
UNBENEFICIAL PT AND EXERCISE**

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CLINICAL HISTORY

- 67 year old female presented to our office on September 8th, 2015 with ~4 months' history of central lower back pain and radiation of symptoms to her left gluteal fold and left distal hamstring after slipping in her home.
- She was initially taken to urgent care by her husband where medication was prescribed and she instructed to check in with her family doctor in the following days.

CLINICAL HISTORY (CONT.)

- Her family doctor ordered a lumbar MRI and prescribed physical therapy for 12 weeks. At this point she was having a lot of trouble ambulating due to pain and needed to use a walker on a daily basis.
- After her PT visits were completed, she was given a home exercise program to continue her rehabilitation.
- With medication and physical therapy, the patient noted “very little” improvement in her symptoms. She and her husband continued to perform the home exercises daily; however her left lumbar and leg pain remained unchanged.

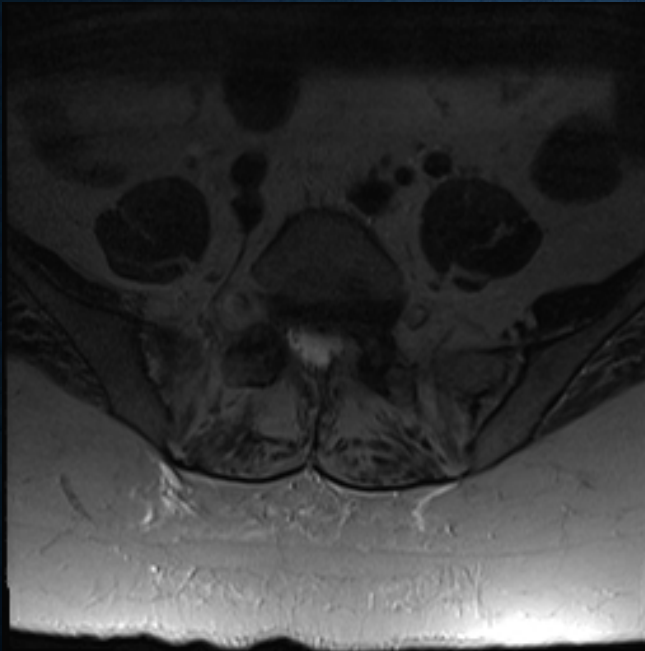
EXAMINATION

- Difficulty standing for > 20 seconds without aid of her walker
- Extension ROM limited and painful at 15 degrees
- (+) SLR at 40 and (+) Braggard’s tests on left
- Neuro exam reveals 4/5 weakness on left ankle plantarflexion with +4/5 weakness at tibialis anterior (ankle dorsiflexion) on left.
- Reflexes and sensation within normal limits bilaterally
- Pulses normal bilaterally



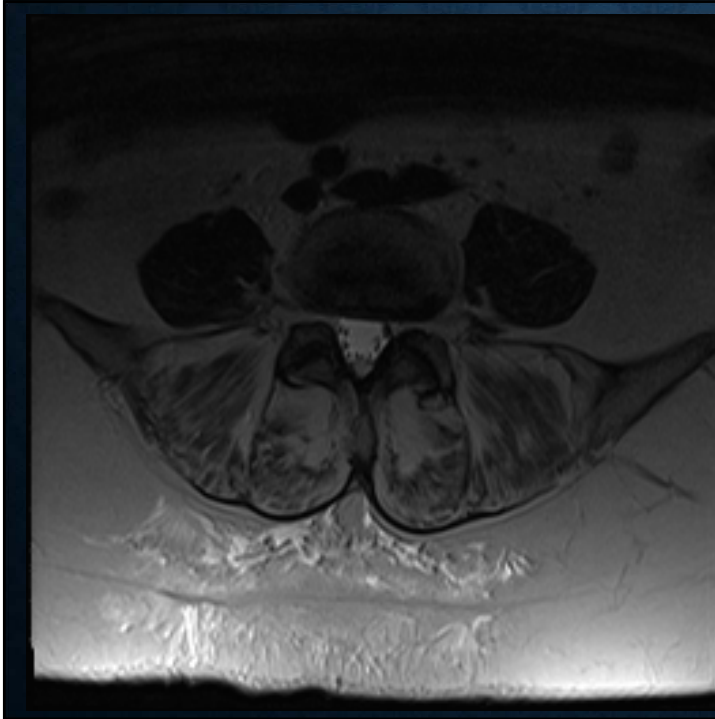
Sagittal T2

- Disc space narrowing L4-5 and L5-S1 with disc protrusion at L5-S1
- Schmorl node deformities at L2, L3, and L4
- Modic type I changes at L5-S1
- Grade 1 anterolisthesis of L5 on S1



Axial T2 at L5-S1

- Central/ left paracentral disc protrusion displacing left S1 nerve root
- Significant bilateral facet arthropathy
- Note multifidus atrophy / fatty degeneration
- Anterolisthesis and "pseudo-disc" sign



Axial T2 at L4-L5

- Circumferential bulge and facet arthropathy creating mild canal stenosis
- Impingement of exiting left L4 nerve root
- Ligamentum hypertrophy attributing to trefoil canal shape.

TREATMENT

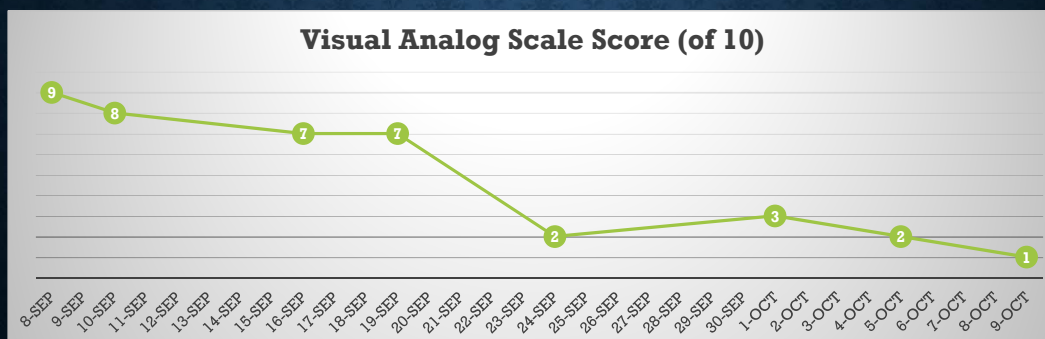
- First office visit difficulties
 - Side lying flexion and y-axis decompression
- Sent home with seated avoidance and 4 x 20 minutes of icing

TREATMENT

- Presented on 9/10/15 with mild decrease in symptom intensity and ability to transition out of seated position without assistance.
- After tolerance testing, we proceeded with Protocol I with contact at L4 and a left ankle hold.

OUTCOMES

- After 8 treatments spanning 4 weeks:
 - Her distal symptoms centralized completely and for the past three weeks she has noted no leg pain.
 - ***No longer using her walker.***





THANK YOU.

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