

2015 Part 3 Cox® Certification in Chicago, IL

**Multi-level cervical disc displacement with
stenosis and adjacent levels retrolisthesis,
16 years post C5-C6 fusion successfully
treated with Cox® Protocols.**

By: Dr. Mike M. Poulin, D.C.



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Ashburn, Virginia

History

- 50 yr. old Caucasian male, software developer.
- Eats healthy and sleeps 7-8 hrs. per night.
- C5-C6 post cervical discectomy and fusion in 1999.
- Patient has never smoked.
- Patient has never had neck trauma/car accident athletic injury ever had a car accident.
- Patient originally presented on July 31, 2006 for neck pain, approximately 7 years post surgical.

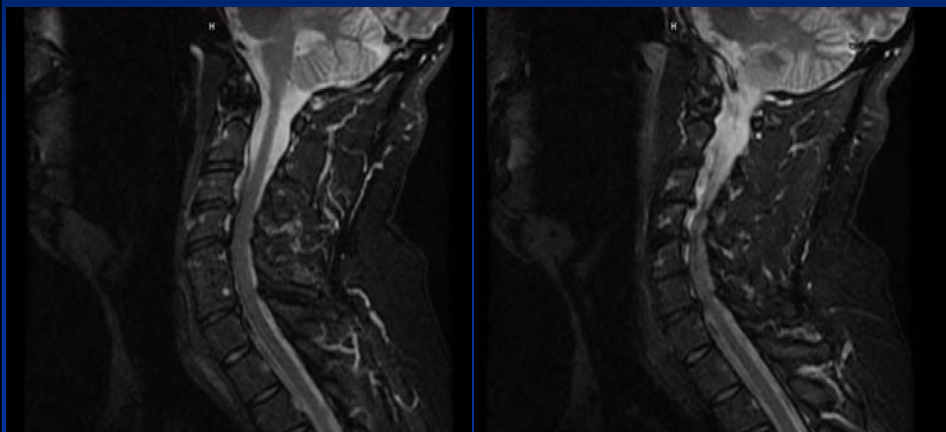
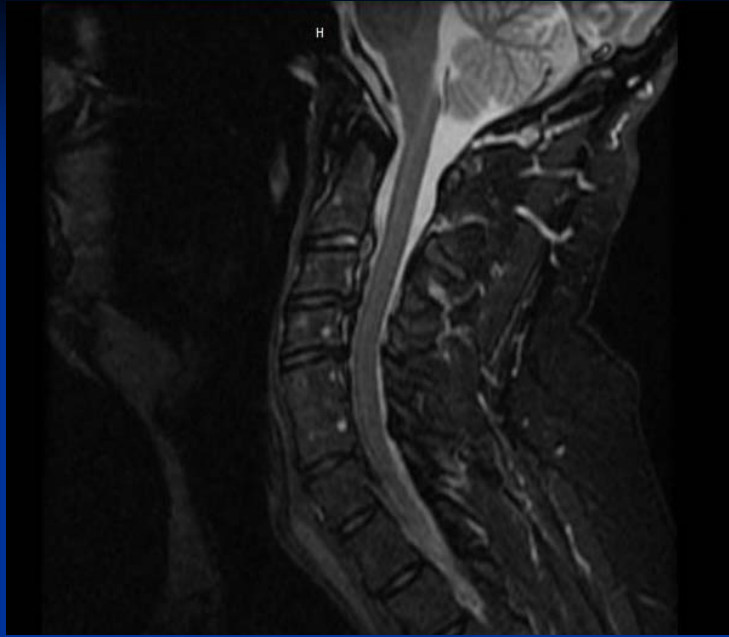
Chief Complaints

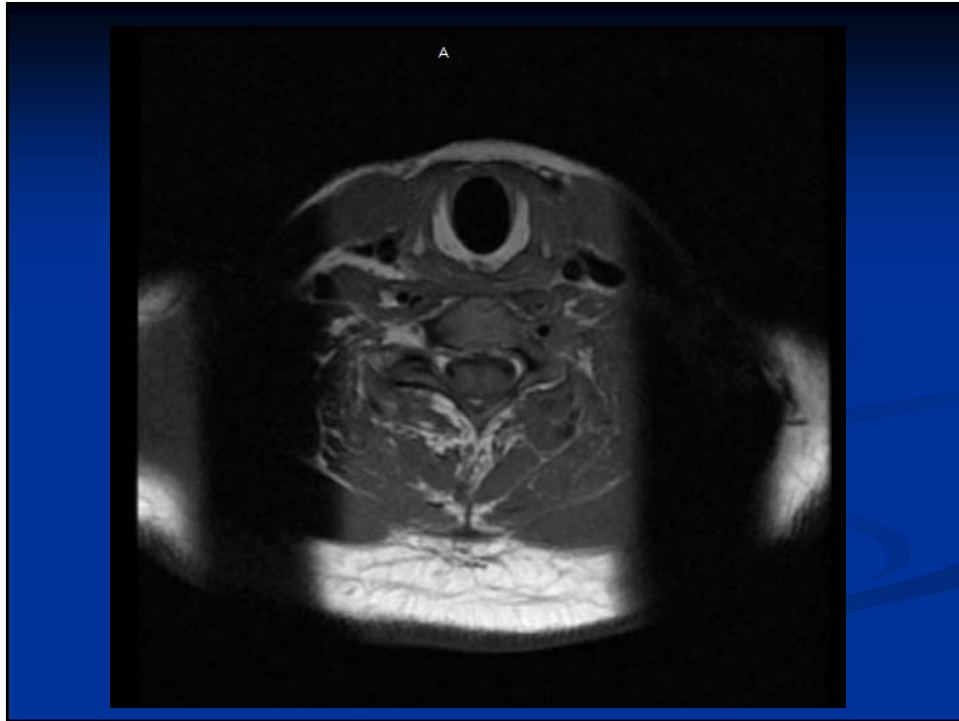
- For many years was on maintenance of 1 visit every 2 weeks. From February – July 2015, patient came in randomly (gp, pt, vacation). Last 2 visits before flare up patient went 4 weeks and then 6 weeks between visits.
- Symptoms began March 24, 2015, no trauma, pain gradually increased.
- Severe neck pain in the upper neck and mid neck that was painful day and night with no relief sleeping.
- Late March, pain began to increase in frequency
Saw general practitioner in late April – muscle relaxer (Flexerill) and high dose ibuprofen, per patient very effective short term for several weeks.
- Pain came back gradually in early June. More meds and PT
- August 24, 2015 – Severe neck pains was “8” on 0-10 V.A.S. at night during sleep. Moderate neck pain during day was “6” on 0-10 V.A.S.

Examination Findings

- 5’10”, 195 lbs, BMI 28
- History of fibromyalgia and hypertension
- Abnormal ortho. & neuro. findings on Aug 24, 1995:
 - + Dejerines
 - + Cervical compression
 - + All cervical R.O.M. were very painful and limited in upper neck and lower neck .
 - + Cervical spine had moderate pain on palpation and percussion.
 - + Severe muscle spasms noted in entire cervical spine and trapezius.
 - Deep Tendon Reflexes “2”
 - Sensation to light touch in upper extremities is normal.
 - Muscle strength in all upper extremities, including deltoids, biceps, triceps, wrist extension, and flexion and finger extension were all normal - “5”

- Taken: August 26, 2015





<p>MRI of Reston 1800 Town Center Dr, #115 Reston, Virginia 20190 Ph: 703.478.0622 Fax: 703.478.3451</p>		<p>Reston Radiology Consultants</p>
<p>Patient: [REDACTED] DOB: 10/04/1965 Age: 48 [REDACTED]</p>		
<p>08/28/2015 CPT: 72141 Referring: Phong Q. Nguyen, MD MRI Cervical Spine cc:</p>		
<p>EXAM DESCRIPTION: MRI Cervical Spine</p> <p>HISTORY: Neck pain. Cervical radiculopathy (723.1). Surgery 1999. Spinal stenosis. Failed physical therapy.</p> <p>TECHNIQUE: MRI of the cervical spine without gadolinium was obtained from the craniocervical junction through C7-T1 utilizing sagittal T1, T2, STIR and axial T1 and T2* sequences on a closed high field 1.5 Tesla magnet.</p> <p>COMPARISON: None.</p> <p>FINDINGS: The craniocervical junction is intact. No suspicious marrow signal is present. No prevertebral soft tissue swelling. There are congenitally short pedicles present.</p> <p>C2-3: There is a central disc extrusion lifting the posterior longitudinal ligament mildly narrowing the central canal.</p> <p>C3-4: Broad-based central disc protrusion with bony ridging and uncovertebral hypertrophy abuts the cord with mild canal and right lateral recess and bilateral foraminal narrowing.</p> <p>C4-5: 0.2 cm grade 1 retrolisthesis of C4 on C5 (spondylolisthesis) broad-based posterior disc protrusion, bony ridging and bilateral uncovertebral hypertrophy result in cord abutment with mild to moderate canal and mild lateral recess and mild to moderate bilateral foraminal narrowing.</p> <p>C5-6: Status post fusion with bridging bone with mild posterior bony ridging with decompressed canal.</p> <p>C6-7: 0.1 cm grade 1 retrolisthesis of C6 on C7 with broad-based central disc protrusion with uncovertebral hypertrophy result in cord abutment with mild canal and left foramen and mild to moderate right foraminal narrowing.</p> <p>C7-T1: Tiny central disc bulge with no mass effect.</p> <p>The cervical spinal cord demonstrates normal caliber and signal without syrinx.</p> <p>IMPRESSION:</p> <ol style="list-style-type: none"> 1. Congenitally short pedicles contribute to an element of intrinsic canal narrowing. 2. C2-3 central disc extrusion mildly narrowing the central canal. 3. C3-4 broad-based central disc protrusion with bony ridging results in cord abutment with mild canal, right lateral recess and bilateral foraminal narrowing. 		
Page 1 of 2		

MRI of Reston
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 Reston, Virginia 20190
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 Fax: 703.478.3451

RRC Reston
 Radiology
 Consultants

Patient: [REDACTED] DOB: 10/04/1965 Age: 49 [REDACTED]

08/26/2015 CPT: 72141 Referring: Phong Q. Nguyen, MD
 MRI Cervical Spine cc:

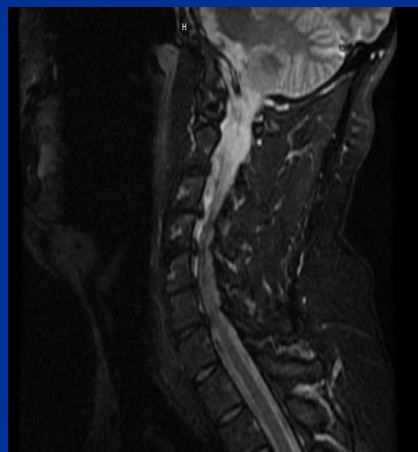
ADDENDUM
 Comparison is made to newly available cervical spine MRI 1/30/99 from Fairfax Radiology.

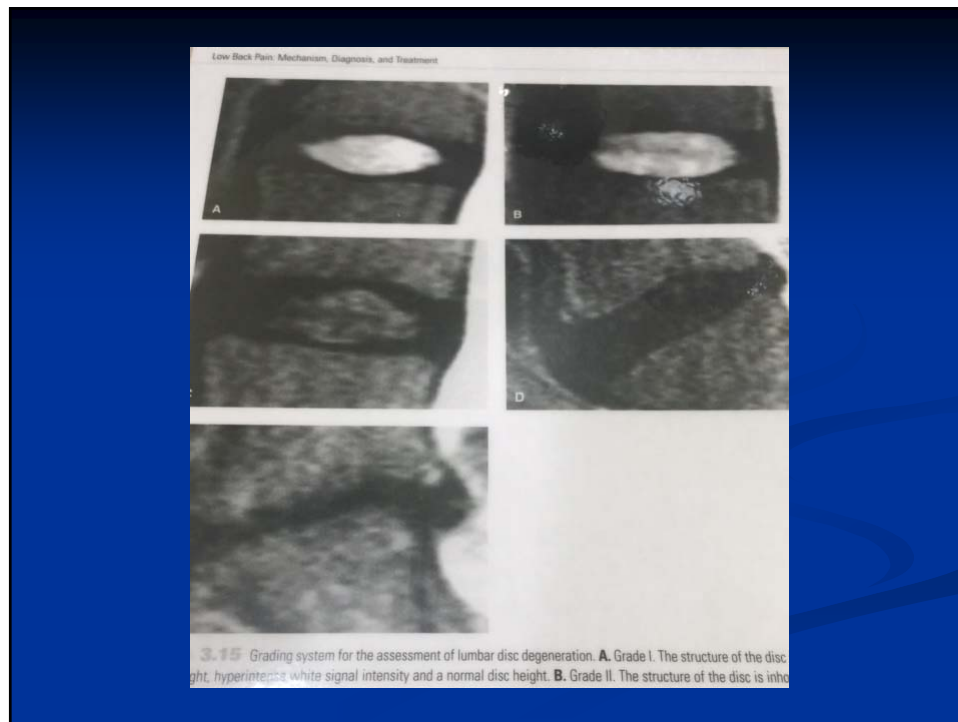
C2-3 disc extrusion was not present previously.
 C3-4 disc protrusion was largely not present previously.
 C4-5 spondylolisthesis is new, disc protrusion and bony ridging has progressed.
 C5-6 fusion has occurred in the interval.
 C6-7 spondylolisthesis and disc protrusion were not present previously.

Electronically signed by:
Karen Loff, M. D.
 08/27/2015 09:49 AM

This report has been generated by voice recognition software. Syntax/grammatical errors and other related issues may be present. We apologize for any inconvenience this may cause. An addendum can be issued upon request.

- Will review cervical MRI on disk for more axial views at conclusion.
- Pfirmann grading of disc degeneration
 - C2-C3 Grade II
 - C3-C4 Grade III
 - C4-C5 Grade III
 - C6-C7 Grade III
 - C7-T1 Grade II





Treatment

- 8/27/2015 - Neurosurgeon instructed patient to come in 3x week for 4-6 weeks. "I have recommended a course of therapy with traction and to continue chiropractic treatment with Dr. Poulin. I have also recommended injection therapy. I would like to see how he fares with this. Failing this, we would be a reasonable candidate for surgical intervention at C3-4 and C4-5. I would leave C2-3 alone".
- Was treated 3x week for the first 4 weeks.
- At the end of 12th visit, pain was down to a "1" on a 0-10 V.A.S.
- Patient reported 75% improvement on Oct. 3, 2015.
- Began 2x week on 5th week. Will continue 2x week for 3 more weeks. Anticipate patient schedule of 1x week for 3 weeks, then 1x every 2 weeks. Patient maintenance care will be 1x every 2 weeks due to occupation of 8-10 hours a day in front of a computer.
- Oct 18th - 18th visit - neck pain was to a "0" on a 0-10 V.A.S. L lateral flexion was sore at C2 and C3.

ICD 10

- M43.22 - Post surgical cervical fusion
- M50.11 – Cervical disc displacement (C0-C2)
- M50.12 - Cervical disc displacement (C3-C7)
- M43.12 – Cervical Spondylolisthesis
- M62.830 – Muscle spasms of neck and back

Boos N, Rieder R, Schade V, Spratt KF, Semmer N, Aeb M. 1995 Volvo Award in clinical sciences. The diagnostic accuracy of magnetic resonance imaging, work perception, and psychosocial factors identifying symptomatic disc herniations. Spine. 1995 Dec15; 20(24):2613-25.

- 46 asymptomatic patients showed a high incidence rate of disc herniations (76%).
- 46 symptomatic patients showed an incidence rate of disc herniations (96%).
- There was no significant differences regarding disc degeneration between both groups (96% vs. 85%).

Recommendations and Homework, cont.



Glucosamine is good.
 Chondroitin is good.
 The combination is great.
 But Discat Plus' source for chondroitin is phenomenal
 perna canaliculus
 The green lipped mussel from New Zealand offers
 anti-inflammatory properties as well as pain relief.

- 1st 90 days, 4 with breakfast and 4 with dinner of Discat Plus capsules, with food.
- 2 with breakfast and 2 with dinner, with food for maintenance.
- Discs take time to heal – 90 days for annulus to heal

Recommendations and Homecare

- 64 oz of water a day to keep disc hydrated/ weight loss.
- Icing instructions for home, 20 minutes on and 20 minutes off, 2 times per day.



*It's Easier to
Stay Well
Than to Get Well*

Less is more!

Future Research and Case Reports

- More research with larger patient group study is necessary to continue to show significant improvements with Cox[®] Technic and post cervical fusion that develop adjacent spondylolistheis/disc bulges/extrusions.
- Questions?
- Thank-you!