

CHRONIC LOW BACK PAIN WITH BILATERAL LEG PAIN: RELIEF WITH COX® TECHNIC

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at Cox® Honors Course in Philadelphia, October 2018

HISTORY

A 58-year-old female presents to the office. She is 5'8" tall and weighs 210 pounds. She is a part time hairdresser who stands a lot and cares for her animals. She explained that she has a thyroid condition, has neck pain, has left knee pain and has had low back pain for years with a history of chronic low back pain that radiates into her legs bilaterally. Prior care has been medical treatment, physical therapy, massage, and chiropractic. Back surgery has been recommended. The last time she was treated was in 2012. She rates her pain a 7 out of 10 (*worst pain*) as sharp, burning, tingling, numb, weak, dull, achy. (See the pain drawing.) She notes that the pain started years prior without trauma or causation.

EXAMINATION

The physical examination revealed that all ranges of motion of the lumbar spine were reduced with pain noted on extension and right and left lateral bending. The orthopedic exam revealed Kemp's positive bilaterally, Prone Lumbar Flex positive bilaterally, and Bechterew's with Valsalva, Braggard's, Medial Hip Rotation, Yeoman's – positive left. Muscle strength strengths were within normal limits: lower extremity, deep tendon reflex, and heel and toe walk.

IMAGING

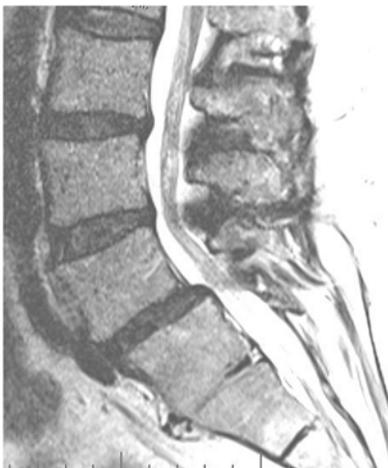


Figure 1

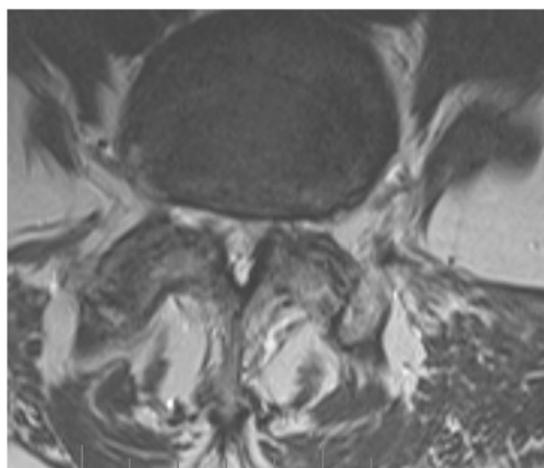


Figure 2

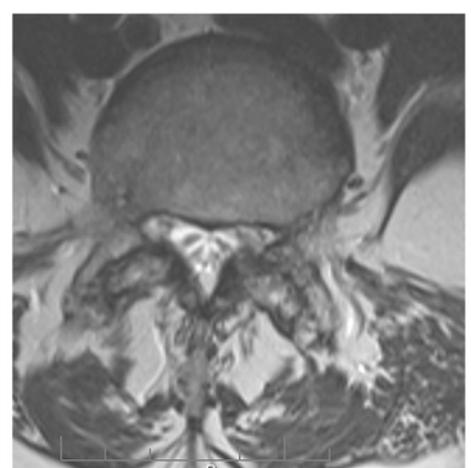


Figure 3

DIAGNOSIS

Spondylolisthesis, sciatica, stenosis with degenerative disc disease

Use the symbols in the box to the right to mark the location and the type of pain or sensations you are feeling

| | |
|------|---------------|
| >>> | Aching Pain |
| XXXX | Burning Pain |
| == | Numbness |
| oooo | Pls & Needles |
| //// | Stabbing Pain |

For Face or Head Pain:
 Rt. Side Lt. Side Both

R L L R

How often do you experience your pain?
 Constantly (76-100%)
 Frequently (51-75%)
 Intermittently (26-50%)
 Occasionally (0-25%)

Pain Scale:
 Rate the Severity of your pain by checking one box on the following scale

No pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Excruciating Pain



TREATMENT PLAN

Treatment schedule was three times per week for four weeks to achieve 50% relief of subjective and objective clinical improvement. (1) Initiated first was side-lying Protocol 1 whereby the patient's less painful side was on the table with legs bent and ankles resting against the tiller bar of The Cox® Table. To do flexion distraction, the lateral bending lock was unlocked, allowing the doctor to stabilize the spinous process above and below the segment resting the arm on the top leg and using the leg to move the caudal section of the table toward him. Additional therapy after each treatment with Cox® Technic included electrical muscle stimulation (2) and light therapy. Lifestyle modification - especially restriction of flexion and extension – was recommended along with home stretching and lumbar support use. She did not want to take any nutritional supplements as are typically recommended in such cases.

OUTCOME

The patient tolerated Cox® flexion distraction modified Protocol 1 in a side-lying position better than Protocol 1 in a prone position. (3) She had difficulty complying with lifestyle modification recommendations, especially restricting flexion. She began to experience improvement after 5 treatments. At her 13th visit, she rated her pain at a 3 of 10 (worst pain) on the VAS (visual analogue scale) with increased lumbar ranges of motion. She realizes that she must control her low back pain as there is “not a cure but control”. She chooses continued biweekly care. The continual issue for her is pain with standing flexion.

REFERENCES

1. Cox JM, Feller J, Cox-Cid J. Distraction chiropractic adjusting: clinical application and outcomes of 1000 cases. *Top Clin Chiropractic* 1996;3(3):45-59.
2. Cox JM: *Low Back Pain: Mechanism, Diagnosis, Treatment* (7th ed). Baltimore: Wolter Kluwers Lippincott Williams & Wilkins, 2011. Pages 403-409.
3. Cox JM: *Low Back Pain: Mechanism, Diagnosis, Treatment* (7th ed). Baltimore: Wolter Kluwers Lippincott Williams & Wilkins, 2011. Page 429.