

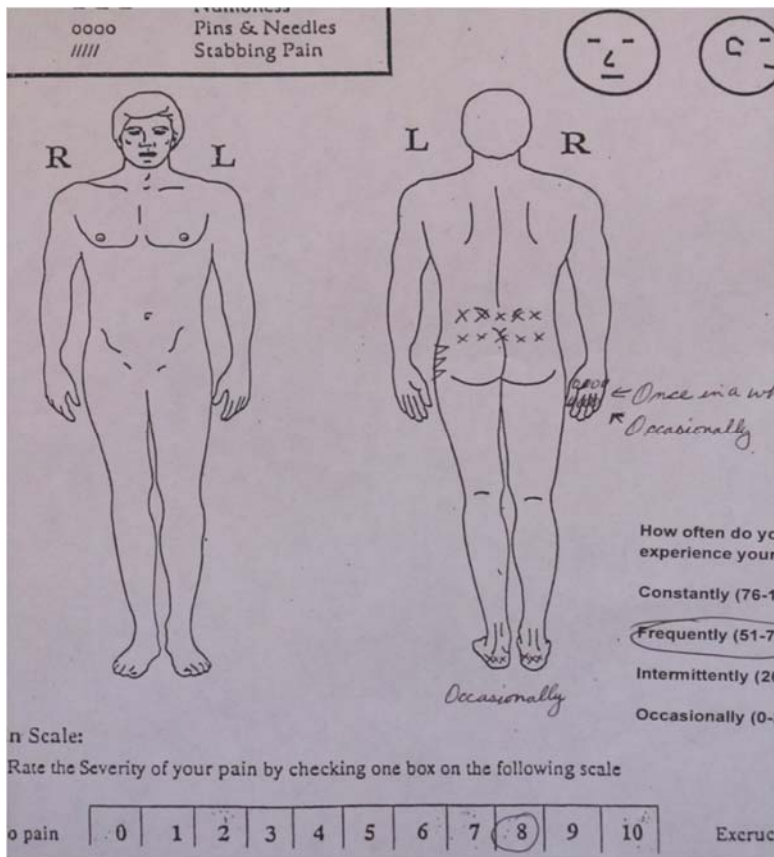


Back Pain After Post-Spinal Decompression Surgery with Coflex Fusion Relieved with Cox® Technic

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720 S Main St
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at the Philadelphia Honors Course, Fall 2018, Case #6

HISTORY

A male patient, 71 years old, 5'7" tall, 170 pounds, developed a sciatica condition in 2012 for which he had various treatments (i.e. pain medications, PT, epidurals) without success. In 2014 he underwent surgical spinal decompression utilizing Coflex® non-fusion interlaminar stabilization (See image to the side.). Initially, surgery improved his sciatica, but 6 months later (July 2015), he redeveloped low back pain. He has had pain management, pain medications, RF and physical therapy prior to coming to this chiropractic office. He reports his pain as 8 out of 10 on day 1. (See pain drawing below.)

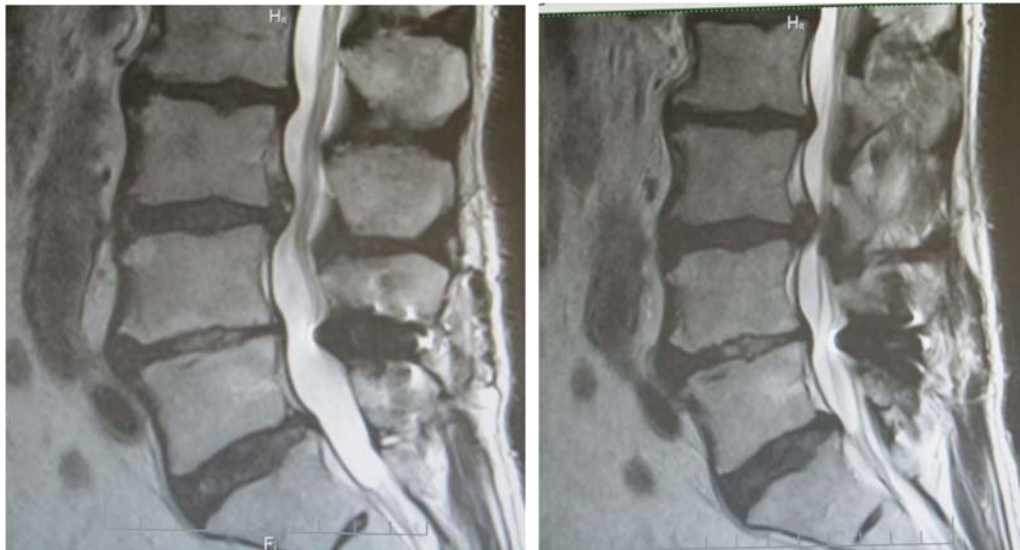


IMAGING

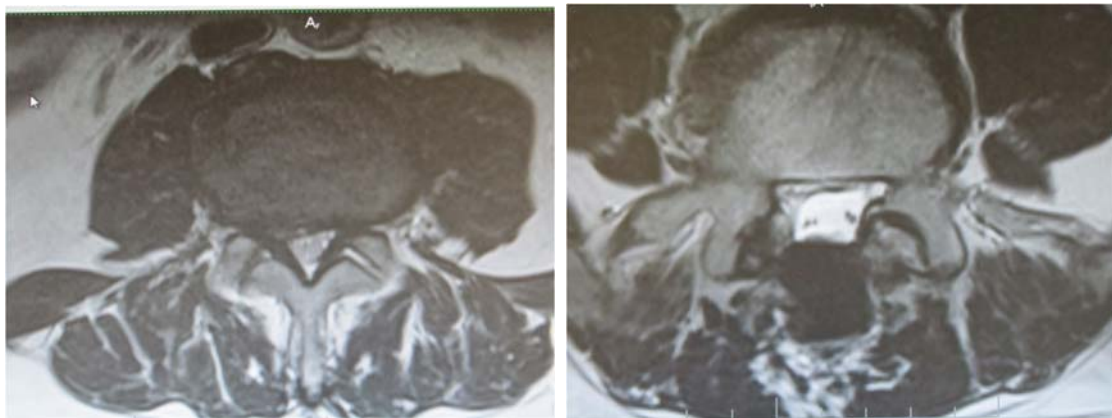
His MRI Lumbar Spine on 11/30/17 revealed:

- L1-L2: Mild disc bulge w/o stenosis.
- L2-L3: Disc bulge w/o significant spinal stenosis.
- L3-L4: Prominent disc herniation with extrusion, creates severe spinal and moderate bilateral recess stenosis.
- L4-L5: Coflex® implant, no spinal stenosis, severely stenotic left neural foramen due to facet hypertrophy & disc herniation.
- L5-S1: Broad disc herniation in right foramen.
- Progressive disc herniation at L3-L4, 8/3/16.

Sagittal Views



Axial Views



L3-L4 level

L4-L5 showing coflex implant



TREATMENT PLAN

Treatment schedule was set for three times per week for a 4 week period using Cox® Flexion Distraction Decompression Manipulation to achieve 50% subjective and objective clinical improvement within a month of care at which point (if such improvement is not attained) further imaging or a neurosurgical consult would be scheduled. Protocol I was implemented due to the Coflex® implant. Cox® Protocol I is a gentle stretching of specific spinal segments to open the canal space, drop intradiscal pressure, and gap facets. A lumbosacral support belt was used. Electrical muscle stimulation infrared light therapy was administered after each treatment. A home stretching program was initiated. The patient was advised to restrict bending, twisting and lifting.

TREATMENT OUTCOME

Upon returning for his second visit, the patient stated that his pain was at a 1 of 10 (versus the 8 out of 10 initially), and he was experiencing some stiffness, not pain. To date he has been treated four times and is maintaining his no pain with stiffness. He can work as a limosine driver which entails sitting, driving and lifting without regression of his condition. He has been wearing his lumbosacral support while driving which helps. His wife is a registered nurse is incredulous with these results.

Reference:

1. Cox JM: Low Back Pain: Mechanism, Diagnosis, Treatment. 7th edition. Philadelphia: Wolters Kluwer Lippincott Williams and Wilkins, 2011.