

Advanced Two-Level Degenerative Disc Disease with Spondylolisthesis, L4L5 Retrolisthesis Helped with Cox® Technic

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HISTORY

A 61-year-old female, 5' 9", weighing 245 pounds, presented with low back pain which radiated down her left leg especially when sitting. Her condition started "months" prior to this visit without a history of trauma. She rated her pain at 5/6 to 8/9 out of 10 with 10 being the most painful depending on her activity. (Figure 1) She described it as a constant sharp, shooting, throbbing, dull achy pain.

EXAMINATION

The exam found reduced lumbar ranges of motion with positive orthopedic tests. The neurological examination found to be within normal limits. The muscle exam tests were found to be within normal limits.

IMAGING

An MRI revealed 25% L5 spondylolisthesis with the pseudodisc herniation accompanying same. (See Figure 2.) Narrowing of the L5-S1 disc space is compatible with disc degeneration change of Pfirrmann stage 4. The L5-S1 disc reveals hyperintensity areas compatible with annular tearing and inflammatory change. L4 is a retrolisthesis on L5 with advanced disc space narrowing and posterior disc herniation suggestive of Pfirrmann type 4+ degeneration. L2-L3 disc degenerative change is noted with anterior disc bulging.

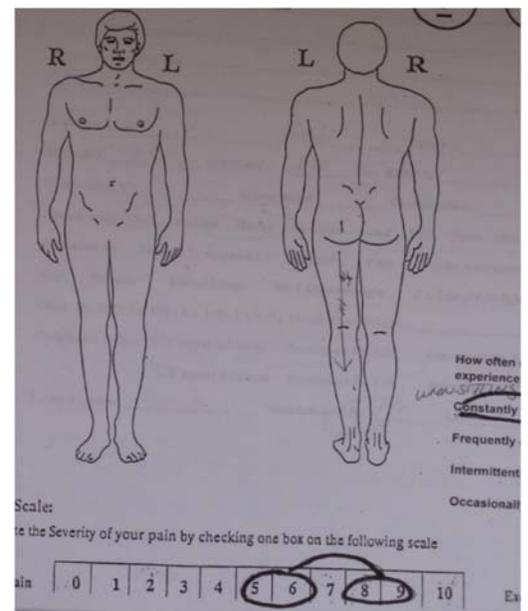


Figure 1



Figure 2

DIAGNOSIS

Advanced degenerative disc disease at the L4-L5 and L5-S1 levels the 25% spondylolisthesis of L5 on sacrum and retrolisthesis of L4 on L5 with disc herniation. L2-L3 degenerative disc disease is present.

TREATMENT PLAN

Given a treatment plan of Cox® Technic Flexion Distraction and Decompression Spinal Manipulation, Protocol 1 was instituted first after careful tolerance testing that showed no adverse effects. Protocol 1 elicits segment specific flexion distraction of five 4-second pumps done three times with trigger point therapy between each set to open the canal area by 28%, increase the width by 17%, and reduce the intradiscal pressures to as low as -192mmHg. (1) Additionally, electrical muscle stimulation, light therapy at three times per week for 4 weeks to achieve 50% subjective and objective clinical improvement. According to the Cox® Technic System of Spinal Pain Management, 50% is measured subjectively (visual analog scale [VAS]) and objectively (range of motion, straight leg raise, Kemps, Dejerine triad). (1) Perna canaliculus and turmeric supplementation was recommended daily.

OUTCOMES

After 16 visits her VAS reported pain was reduced to 2 of 10 (with 10 being the worst pain) without leg pain. (Figure 3) She chose to stop taking Celebrex. She is very active and has returned to most all her endeavors.

REFERENCES

1. Cox JM: Low Back Pain: Mechanism, Diagnosis, Treatment (7th ed). Philadelphia: Wolter Kluwers Lippincott Williams & Wilkins, 2011: Chapter 7.

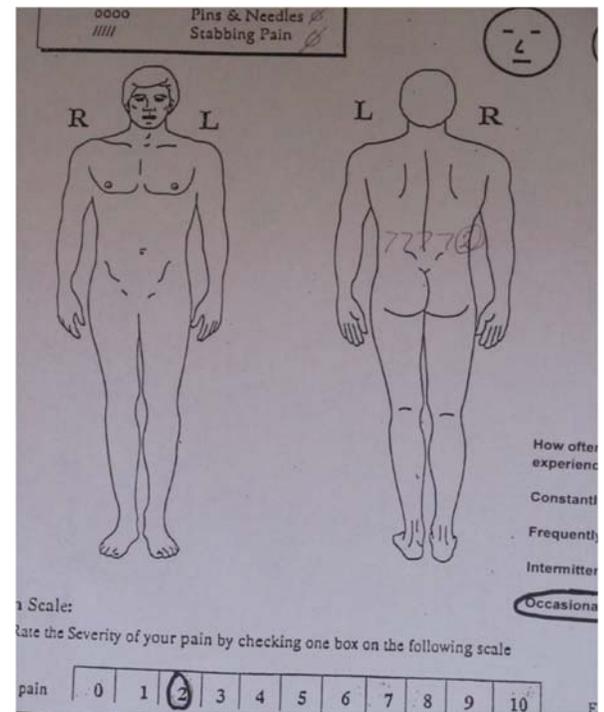


Figure 3