

## TENACIOUS BACK PAIN PATIENT WITH AN L5/S1 DISC HERNIATION AND SEVERAL EPISODES OF BACK PAIN FINDS RELIEF WITH COX® TECHNIC

Ted Siciliano DC

Manahawkin Chiropractic Ctr

720 S Main St

Mayetta, NJ 08092

at the Newark NJ Part I Course, June 2019, Case #1

### HISTORY

A 33-year-old female, 5'6", weighing 160 pounds, presents with mid and LBP referring to her left buttock and posterior thigh that started 3 weeks ago without a history of causation. No history of LBP is reported, but she shared that she has had mid back pain since she was 16 years. Patient is a weed technician who must lift and carry 50-gallon spray containers which may be a contributing factor. She rated her pain as 5 of 10 frequent, stabbing, dull, achy and stiff. She reported no prior treatment for this condition. (See Figure 1.)

### EXAMINATION

The physical examination revealed that lumbar spine ranges of motion were reduced in flexion and extension with pain. Right and left lateral bending were within normal limits. Palpation revealed muscle spasm and tenderness at L5-S1 level, left sacroiliac joint and left gluteus maximus and piriformis. Orthopedic spinal examination revealed a positive Kemps bilaterally, Bechterew's and Valsalva. All other orthopedic testing was within normal limits. Heel walk and toe walk were within normal limits. Deep tendon reflexes were +2/5 bilaterally patellar, +2/5, bilaterally ankle, and muscle strength 5/5.

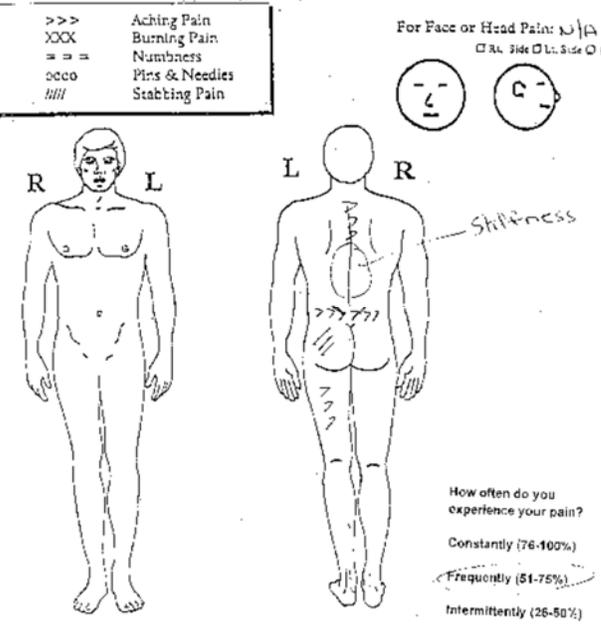
### TREATMENT PLAN AND PROGRESS

The initial treatment plan consisted of diversified spinal adjusting with Cox® flexion distraction Protocol 2 for 3 times per week for a 2-week period to achieve 50% improvement. Electrical muscle stimulator and light therapy were utilized. Restriction of activities of daily living and bending, lifting and twisting - primarily forward bending trying to use proper body mechanics when lifting - were noted. Response to this treatment plan was poor. She was referred for lumbar spine x-ray series after the 4<sup>th</sup> visit.

Theodore B. Siciliano, DC  
 Today's Date: 11/22/19 Patient: \_\_\_\_\_ File: \_\_\_\_\_  
 Current Complaints: \_\_\_\_\_  
 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
XXX	Burning Pain
= = =	Numbness
ooo	Pins & Needles
	Stabbing Pain

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



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

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

Figure 1 Pain Drawing

Complete lumbar spine x-ray series revealed no compression fracture and no gross degenerative changes. Everything was within normal limits. Suspected possible herniated nucleus pulposus of a lumbar disc changed treatment to Cox® Flexion Distraction to 3 times per week for 4 weeks to achieve at least 50% subjective and objective clinical improvement. Additionally, continued EMS and light therapy adding Pull to Force traction at 35 lbs. for 3 ½ minutes on the Cox® 8 Force Instrument were implemented. Ice and a lumbar support belt were recommended.

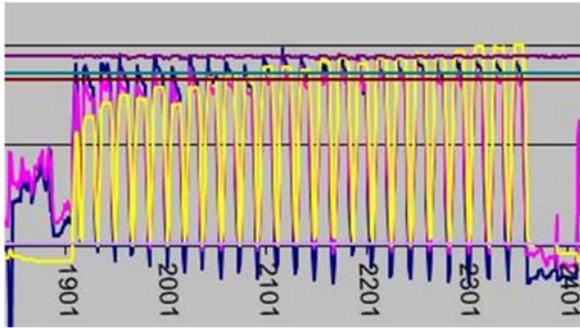


Figure 2 Graph showing consistent “pull to force” traction at 35 pounds on The Cox®8 Force Table by Haven Medical. The traction graph shows the instrument achieved a consistent pull to the set line of 35 pounds (dark blue peaks hitting the set line). It also shows that the instrument had to increase the long Y axis distraction distance (yellow peaks) in order to maintain a 35-pound pull to force traction. The increased traction distance represents the effect of sustained long Y axis traction on the patient’s spine which is called “creep”.

The patient started to improve with this treatment plan. After a total of 17 visits and getting through the holidays, the patient placed her pain at a 0 to 1 and was doing great. Starting a more comprehensive stretching and exercise program was discussed. She returned in the new year with an exacerbation of her condition rating her pain again at a 5 of 10 from an “exercise” of bending forward 20x. Patient was referred for an MRI of her lumbar spine.

## IMAGING



Figure 3



Figure 4

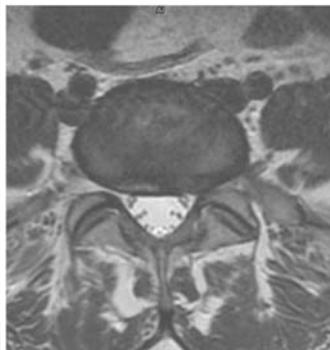


Figure 5



Figure 6

MRI lumbar spine report for this patient states at L3-L4 there is mild facet hypertrophy without spinal canal or neural foraminal stenosis. At L5-S1 there is a broad-based central disc herniation with mild narrowing of the lateral recess bilaterally. There is facet hypertrophy with ligamentum flavum enfolding. There is moderate left and mild right neural foraminal encroachment. (Author comments: Figure 4 and 6 show a well-defined high intensity zone at the posterior aspect of the L5-S1 level. Figure 5 shows a circumferential tear at the outer posterior margin of the L5-S1 disc also noted as a high intensity zone which I thought was cool.)

### TREATMENT PLAN CONTINUED

The new treatment plan included Cox® F/D with “Pull to Force” traction at 38 to 40 pounds, electrical muscle stimulation, light therapy and restriction of forward bending. As this patient started to respond to Cox® protocol 1 which was clinically determined as a subjective reduction in left leg pain and objective negative orthopedic testing, Pull to Force (P/F) Long Y axis traction was then added to the treatment plan. Initially, the Cox® 8 Force Instrument was set at 28 pounds P/F, 1.5 degrees of flexion with a 4 second delay at full extension for 2 minutes in order to test the patient's tolerance to P/F traction. On the next subsequent visit, the patient indicated a positive response to P/F traction and the force set was increased to 30 pounds and treatment time to 3 1/2 minutes which then gradually increased to 35 pounds on subsequent visits which was optimal for this patient. The extension delay time and flexion angle were not increased as treatment progressed.

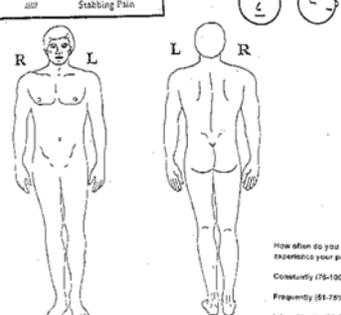
### TREATMENT OUTCOME

After 26 visits, her pain level is at a 0 to 1. She has initiated a sensible exercise program taken from my website to include Cox® Lumbar Spine Exercises. Treatment will now be on an as-needed basis.

Theodore B. Skiffano, DC  
 Today's Case: 2/12/20 Patient: \_\_\_\_\_ Pod: \_\_\_\_\_  
 Current Complaints: \_\_\_\_\_  
 Use the symbols in the box on the right to mark the location and the type of pain or sensation you are feeling.

>>>	Aching Pain
XXX	Burning Pain
==	Numbness
oooo	Pins & Needles
///	Stabbing Pain

For Face or Head Pain: (M, M, D, S, T, C, B, V)



How often do you experience your pain?  
 Constantly (75-100%)  
 Frequently (50-75%)  
 Intermittently (25-50%)  
 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

Figure 7 - Pain Drawing at 26 visits