

## Bilateral Shoulder and Arm Pain and Low Back and Foot Pain Helped with Cox® Technic System of Spinal Pain Management

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at the Philadelphia Honors Course, Fall 2018, BONUS CASE 2

### HISTORY

An 82-year-old male, 5' 8" tall, weighing 200 pounds, presented to our practice seeking help for constant, mild to moderate neck pain which radiated into his shoulders and arms bilaterally with tingling and numbness of the shoulders, arms and fingers which he experienced constantly while sleeping. His condition began nine months prior to this visit which began gradually and without a history of trauma. He described his condition as progressive. His condition worsened when he tries to sleep as his arms and hands would go numb. His pain level was rated at a 3 of 10 (10 being the worst pain) as his complaint appeared to be primarily sensory.

(See Figure 1 - pain drawing from visit 1.)

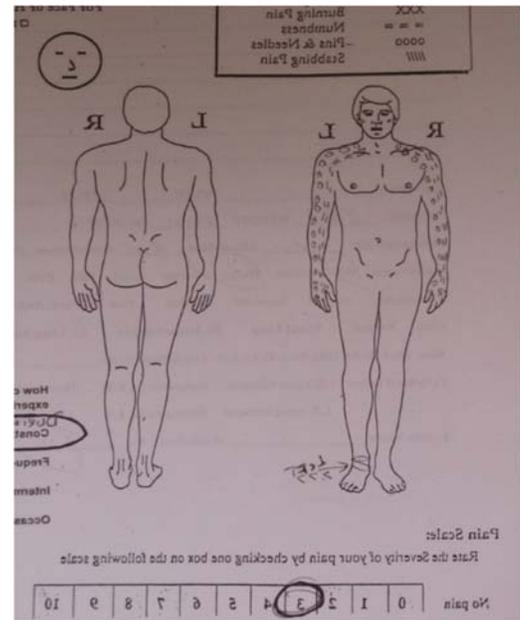


Figure 1

### EXAMINATION

**PRESENT COMPLAINTS:** The patient complained of constant, mild to moderate neck pain which radiates into his shoulders and arms bilaterally with tingling and numbness of the shoulders, arms and fingers which he experienced constantly while sleeping. He also complained of left ankle pain which was attributed to a chronic arthritic condition unrelated to his cervical spine complaint.

**CERVICAL SPINE ROM's:** Flexion, Extension, Right/Left Rotation, Right/Left Lateral Bending were significantly reduced with pain noted on Right Rotation and Right Lateral Bending. Muscle spasms and tenderness were noted on palpation at right C4, C5, C6, C7 and T1 spinal levels.

**CERVICAL SPINE ORTHOPEDIC EXAMINATION:** Jackson's Compression Test and Cervical Compression Test were both Positive-Rt, Negative Lt., muscle testing of the cervical spine musculature was 5/5 in all movements, shoulder joints had mild reduction in ranges of motion, bilaterally but did not produce pain upon movement. Upper extremity muscle strength was

rated at 5/5 for all muscles tested bilaterally except for right wrist flexors and extensors which were rated at 4/5. Deep Tendon Reflexes were 2/5 biceps, 2/5 triceps and brachioradial 2/5 with a grip strength of the right hand -35 lbs. and left hand -40 lbs. The patient is right-handed. Tinel's test was negative bilaterally while Phalen's test was positive right and negative left.

## IMAGING



*Figure 2 – A neutral lateral cervical spine x-ray view revealed severe degenerative disc disease at C4-C5, C5-C6 and C6-C7 with ankylosing at C4-C5 and C6-C7.*

## TREATMENT PLAN

This patient was given a diagnosis of severe cervical spine degenerative disc disease with radiculopathy and carpal tunnel syndrome. Based on these clinical findings and the cervical spine x-ray study, a treatment plan utilizing Cox® Technic System of Spinal Pain Management was initiated. This treatment plan consisted of Cox® long-Y axis distraction of the cervical spine, protocol 1 which was to be performed three times per week for a four-week period in order to achieve a 50% reduction in his subjective complaints and objective clinical findings per treatment guidelines. EMS and infrared light therapy were also incorporated into this treatment plan as adjunctive therapies. This patient was participating in a group cardiac exercise program at the health club next door to my office with a schedule of three times per week in which he has been a regular participant for some time. He had been referred to me by his trainer.

## TREATMENT OUTCOME

After 12 visits the numbness and tingling in the patient's arms receded and he was able to sleep through the night. At this juncture in this patient's care, he still had a complaint of pins and needles primarily in his right hand. Since he had positive clinical findings of carpal tunnel syndrome (CTS) (Phalen's and reduced grip strength), he was referred to a hand specialist who performed EMG testing which confirmed CTS and subsequently underwent surgery to correct this condition. The patient still comes in for supportive care and presently presents with occasional neck stiffness without meaningful cervical spine pain, radicular symptoms or CTS complaints. See Figure 3.

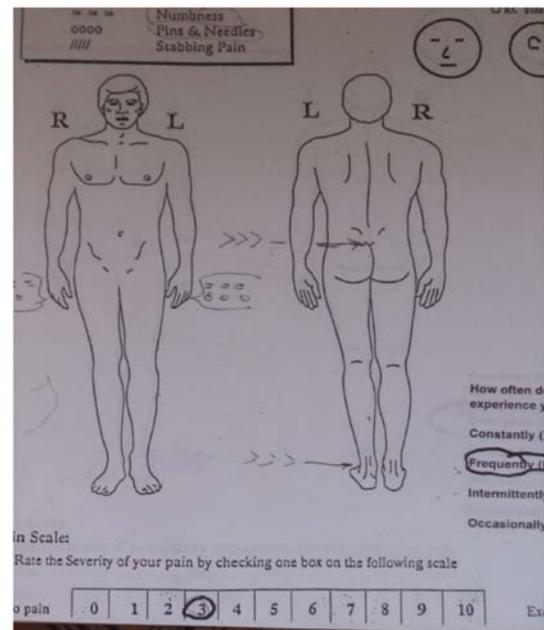


Figure 3

## DISCUSSION

Due to the severe degenerative changes in this patient's cervical spine, Cox® Cervical Spine Adjusting Technic was chosen to treat this patient's condition. Adjusting with Cox® Cervical Spine Technic, Protocol 1, long Y axis distraction with 6 to 8 Lbs. was well tolerated by the patient and without any adverse effects. In my opinion, this patient would not have been able to tolerate a cervical spine HVLA adjustment which could have been potentially detrimental to the patient. Thank you.