Common Cause of Low Back Pain: Stenosis

This 64-year-old, white male is seen for the chief complaint of low back and right leg pain for approximately 1 month. He has a long history of low back pain and sciatica. At this time the right lower extremity pain is quite sharp for the past two weeks. He feels that the leg is weak. Medications give him no relief. He states that about one month ago he had been lifting, and also fell out of bed which aggravated the back pain.

Examination of the low back reveals the right patella reflex to be +1 while the ankle and left patella are +2. Kemp's sign is abnormal on the right side. He can heel walk, but has some weakness on right toe walk. Pinwheel examination is normal. Ranges of motion are 40 degrees flexion, less than 5 degrees extension, and 10 degrees bilateral lateral bending.

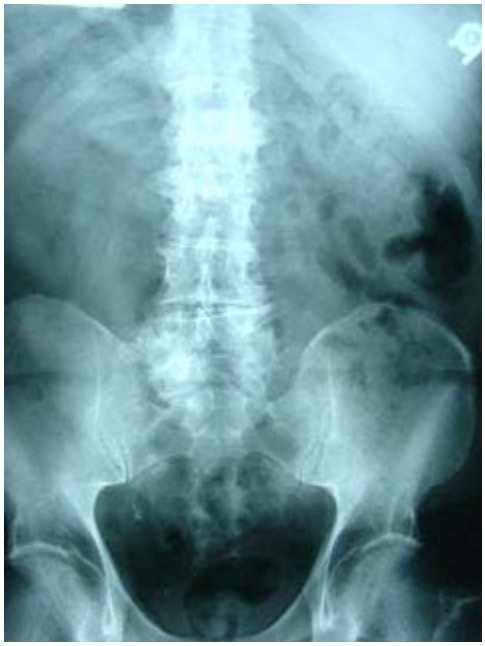

Figure 1

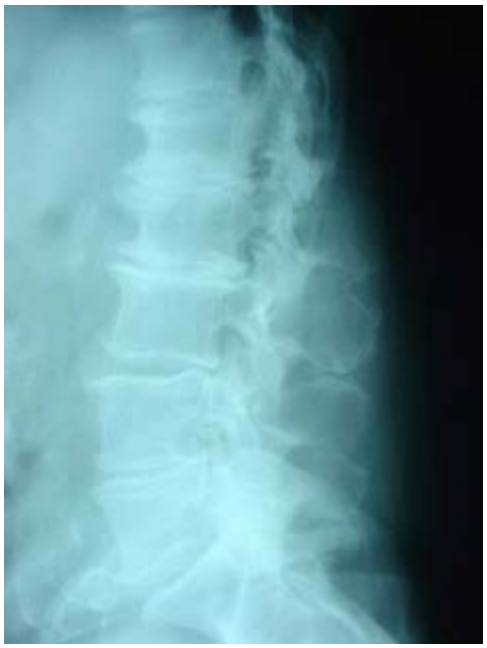

Figure 2

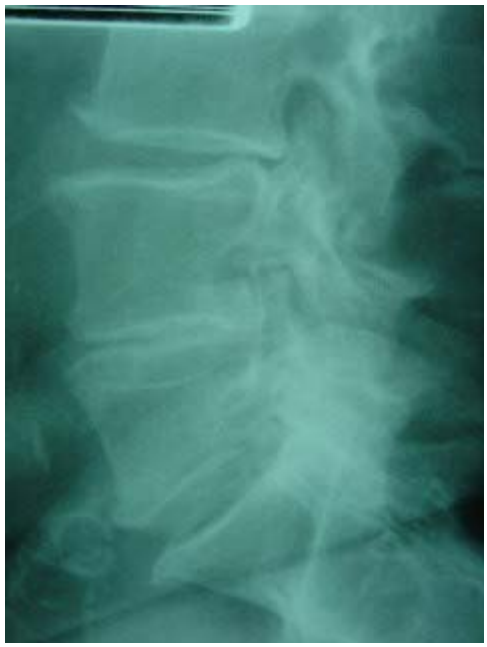

Figure 3

Radiographs show a generalized deconditioned spine, which seems to be somewhat characteristic of this individual's general health. Figure 1 is an antero-postero lumbar spine and pelvic x-ray which shows very abnormal L5-S1 articular patterns, namely the left L5-S1 facet joint is abnormally formed, with the lamina of L5 articulating with the lamina of S1. The right facet joints are present. L4 is in marked right lateral flexion subluxation, instituting a right rotation of the mid and upper lumbar vertebral segments. You will note the L2-L3 left antero-lateral osteochondrotic ankylosis.

Figure 2 is the sagittal image showing generalized degenerative disc disease throughout the entire lumbar spine, particularly noted at the L1-L2 and L2-L3 levels where we see large osteochondrotic endplate hypertrophy that tends to ankylose. You will also notice the retrolisthesis subluxation at L3 and L4.

Figure 3 is a spot film of the lumbar spine showing the marked stenosis and facet syndrome and L4-5 and L5-S1, and also at L3-L4 with a retrolisthesis of L3 as noted. You will also notice the

moderate advanced atherosclerosis of the aorta and iliac vessels. This is also seen in the femoral arteries.

The reason I present this case is its potential difficulty. Postero-antero thrust adjusting would be very painful to this patient. He cannot get into side posture adjusting for any lumbar roll technique. It is this author's opinion, in the presence of the marked stenosis and degenerative changes seen, that long y-axis flexion distraction decompression adjusting is the spinal manipulation of choice. It will be accompanied by electrical stimulation of the paravertebral muscles, positive galvanism into the disc levels at L3, L4, and L5, and a strong exercise program to regain flexibility and strength of this low back will be instituted.

I tell the patient that there is no cure for this back pain, only control. He will continue to have pain into the future and 50-75% relief of pain will be an excellent clinical result. Probably 100% relief is not realistic for this case.

This is a rather common case that we see. You will note that no MRI's are taken, but rather the decompression adjusting is based upon the stenotic factor seen on these plain x-rays.

Submitted by
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