

Cox® Part 3 Seminar Fort Wayne, IN

Treatment of Lumbar Degenerative Disc in a Patient with Very Severe bilateral Avascular Necrosis using Cox® Technic Protocols

Presented by: Dr. Mike M. Poulin, D.C.

**POULIN
CHIROPRACTIC**
BACK & NECK PAIN RELIEF

Serving the community since 1993

Herdon, Virginia

Ashburn, Virginia

HISTORY

- 50 yr. old Caucasian male – Financial Advisor and former police officer.
- Presented on 9/11/2007, with low back pain especially left sided with left “sciatica” nerve pain to back of his knee.
- Also, Left hip with anterior thigh pain.

CHIEF COMPLAINTS

- Described LBP as constant, ache with tightness.
- “8” on 0-10 V.A.S.
- Presented to our office 9/11/2007
- Onset: 5 years ago, significantly ↑ January 2007
No trauma
- Pain has ↑ over last 9 months

CHIEF COMPLAINTS (cont.)

- Pain is increased with:
Sitting, standing, bending, golf, and at night w/ sleeping (while laying still, only sleeps for 2-3 hours then pain wakes him)
- Pain is decreased with:
Stretching and Aleve
- Primary care Doctor told him, “your getting older, exercise, and you will feel better”.
- 5 years of seeing GP, and many specialists

EXAMINATION FINDINGS

- Abnormal findings:
 - + Kemp's
 - + SLR with LBP at 90°
 - + Lumbar R.O.M.
 - All R.O.M. were very painful and limited especially left lateral flexion.
 - + Soto-Hall
 - + Well leg raiser
 - + Patrick Fabere with left leg
 - L1, L5, & S1 vertebrae had severe pain on palpation and percussion.
 - Moderate spasms noted in the left gemellus, piriformis, and gluteus.
- Normal Deep Tendon Reflexes

FILMS 1

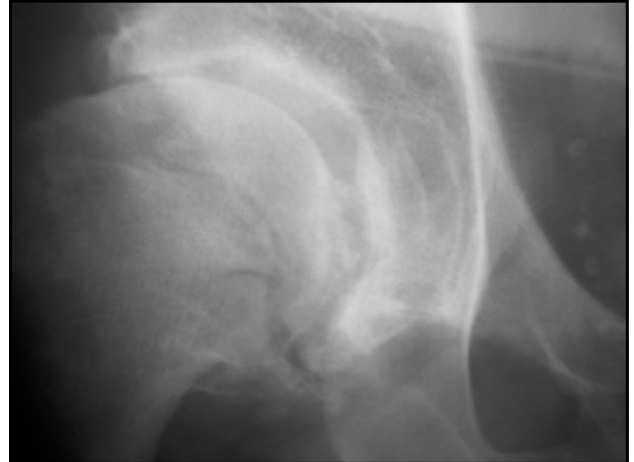
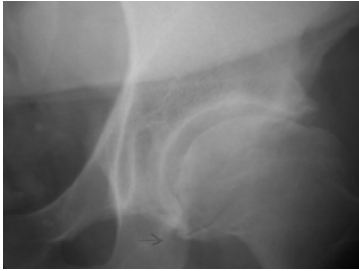
Lumbar spine Fairly normal at quick first look.

- Spina Bifida
- L5/S1 moderate DDD
- Mild spur L L1 body
- right iliac crest low
- Severe degeneration L Trochanteric head
- Mild deg. Right



FILMS 2

- Moderate Right Trochanteric Head degeneration



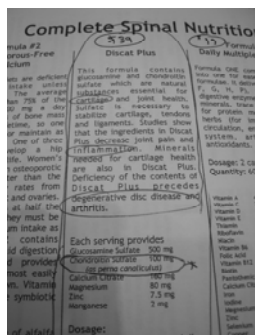
INITIAL VISIT

- Thorough history and ortho. & neuro.
- A-P and Lat. Lumbar X-Ray
- Consult, xray, gentle Cox F/D after tolerance testing, home recommendations and Discat Plus.

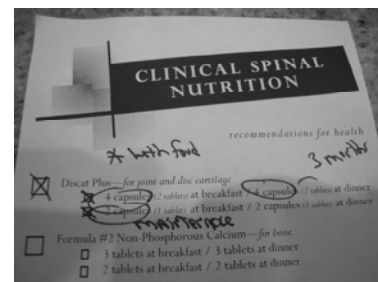


- We want every patient to know about the benefits of using Discat Plus

- Discat Plus information sheet and sample packets are given to each patient with low back, disc, or knee pains on their initial visit.



- Each new patient is given Discat Plus recommendations.



Discat Plus

- Are you allergic to shellfish? Are you diabetic? Eat pork?
- We are going to give you some Glucosamine and Chondroitin to assist in repairing your disc which is 60% cartilage & 40% water. Must increase water. $200/2=100$ oz.
- 2-3 times stronger than Costco and GNC's version because ours has Perna Canaliculus, this is a green lipped muscle from Australia, not crayfish, etc.
- We can open the disc with decompression but we want the disc to be strong on the inside. The annular rings are like an onion, yours is torn like a knife cutting through it. One good sneeze, and your disc could herniate again.
- Samples 2 am, 3 pm no itching, hives, or any allergic reaction, then continue 4am/4pm for 3 months. Then 2am/2pm for maintenance.

- Instructions for using ice at home are given to new patients.



REPORT OF FINDINGS/2nd Visit

- Dr. Seery and I reviewed films taken in our office.
- w/ A.V. Necrosis called Orthopedic-surgeon, he said send him right over
- "He needs bilateral hip replacements." His diagnosis was bilateral trochanteric avascular necrosis with lumbar disc degeneration and bulges.
- Orthopedic-surg. cleared patient to begin CHIROPRACTIC Care but he did not feel that would result in anything positive, that the damage had gone on too long and replacement was inevitable.

DIAGNOSIS

- Osteodegenerative arthritis of the hips is due to slipped femoral capital epiphyses as an adolescent or in the early teenage years of life.
- 733.42 Avascular necrosis of femoral head
- 722.10 Lumbar Disc Disorder without myelopathy
- 722.52 Degenerative Lumbar Disc
- 724.3 Sciatica

RECOMMENDATIONS

- 3x's a week for 4-6 weeks
- 2x's a week for 2-3 weeks
- Have patient 50% better by 12th visit, another 50% better by next 12th visit, 75% by 24th.
- Goal: Decrease VAS by 50%, increase walking, and sleep thru night
- Goal to reduce treatments to 1 visit every three weeks.

RECOMMENDATIONS

- No dutchman roll (visit 1-13)
- Small dutchman (visit 14-16)
- Large dutchman (visit 17 to present)

Contraindications with A.V. Necrosis

- Tolerance test
- No feet straps or auto decompression
- No side posture

TREATMENT

Small dutchman

Large dutchman



PATIENT'S TESTIMONIAL

The RESULTS:

- I can bend over to tie my shoes now and more active.
- I am NOT IN PAIN.
- 75% better by 25th visit
- Returned to the GYM

Most important ...I have not had the need for a HIP REPLACEMENT, and therefore not needed to call the Orthopedic Surgeon. I know, there may be a time for that, but not today!

DO WHAT IS PRESCRIBED BY YOUR CHIROPRACTOR!!!

Trust! Trust Dr. Cox, &
The Cox Technique and TABLE
just do it! It works!!

