

# Treatment of Cervical Spine Disc Herniations and Radiculopathy with Cox® Decompression Adjusting

by  
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## History of Complaint

- Patient is a 53 year old male, who is self employed as a carpenter.
- Presented with sharp, shooting, throbbing neck pain with numbness and weakness in his left arm, left forearm and left hand.
- Condition described as progressive. Worse when sleeping or sitting.
- Nothing improves pain.
- No prior treatment for this condition. Does not exercise. Performs light to heavy manual labor at work. Brews his own beer.
- Does not have a history of trauma or causation for this condition.
- Overall health described as very good.

## Examination:

- 6 foot 1 inch tall, weighs 207 lbs. Right handed.
- Cervical spine ROM: flexion- 65 degrees, extension 35 degrees with pain, RT/LT lateral bending both 35 degrees with pain, RT rotation 70 degrees, LT rotation is 60 degrees with pain.
- Cervical spine muscle strength was normal.
- Cervical spine Orthopedic testing revealed positive Compression testing, positive Max. Cervical Compression testing-LT. Negative - Cervical Distraction, Soto Hall, Valsalva, Tinel's, Phalens.
- Upper Extremity Muscle Strength: Normal bilaterally
- Upper extremity DTR: Normal bilaterally
- Grip Strength: RT - 160 psi LT - 140 psi
- Allen's, Adson's and Wright's Negative.
- Review of Systems: Patient has a history of high BP which is controlled with medication with no other conditions reported.

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
XXXX	Burning Pain
==	Numbness
oooo	Pins & Needles
////	Stabbing Pain

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

How often do you experience your pain?

1. Constantly (76-100%)
2. Frequently (51-75%)
3. Occasionally (26-50%)
4. Intermittently (1-25%)

Pain Scaler:  
 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
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## Cervical spine MRI study without contrast

- ▶ This study was performed in an Up-Right MR Scanner.
- ▶ **Impression:** Neutral sitting position—There are small central disc herniations at C3–C4 and C4–C5, a large irregular herniation centrally and to the left extending into the recess superimposed upon mild spurring at C5–C6 and a disc bulge at C6–C7 with mild to moderate narrowing of the central canal.
- ▶ Cervical Flexion/Extension sitting position:
  - Impression: The disc herniation at C3–C4 is smaller on flexion view and larger on extension views when compared to the neutral position study, with no other significant changes seen on the additional views.

### Sagittal view in neutral sitting position at C3 through C7



Axial view in neutral sitting position at C5-C6



Axial view in neutral sitting position at C5-C6



## Sagittal view in Flexed seated position



## Treatment Plan:

- Treatment consisted of Cox® Cervical Spine Decompression Adjusting, Protocol 1 at a frequency of 3x per week for 4 weeks to achieve 50% subjective and clinically objective improvement. Primary goal was to reduce pain and the numbness in the patient's left arm.
- EMS each visit.
- Long y-axis decompression using the head restraints was instituted on the 4th visit using Protocol 1.
- Patient was put into 1 click of extension while using the head restraints on the Cox® cervical instrument on the 7<sup>th</sup> visit for better control in long y-axis decompression. Turmeric, Curcumin supplementation was added on the 7<sup>th</sup> visit.
- At this juncture the patient had minimal improvement.

## Result:

- On the 8<sup>th</sup> visit the patient reported significant improvement of his pain and left arm numbness.
- On the 12<sup>th</sup> visit the patient's condition had fully resolved with no pain, numbness or weakness noted.
- Patient was released from active care on the 13<sup>th</sup> visit.
- Patient was instructed to treat monthly with supportive care.

• **THANK YOU.**