

## 2013 Part 3 Cox® Certification in Maui

### Case Report

**Chronic Severe "S" Scoliosis (Lumbar dextroscoliosis and Thoracic levoscoliosis) treated successfully using Chiropractic for over 30 years and Cox® Technic Protocols for over 11 yrs.**

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*Serving the community since 1993*

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## History

### Prior to Presenting to Us

- Her dad was in the Navy, and she tried to get her spine evaluated by VA spinal orthopedists every few years.
- The 1<sup>st</sup> orthopedist, a young but well-regarded spinal surgeon, was adamant that she would need spinal surgery fairly soon. He was also very honest about the invasiveness and seriousness of the procedures.
- The 2<sup>nd</sup> orthopedist was a very experienced and well regarded authority on spinal fusion surgery for scoliosis. He told patient pointedly that she should *not* have surgery unless and until she had "unremitting pain," and suggested she wait for many years if possible. He told her that based on the size and location of the curve, she would be likely to have a poor result with the current surgical techniques available. That scared her pretty good!
- The 3<sup>rd</sup> and 4<sup>th</sup> orthopedic spine specialists were somewhat neutral. They thought she would have an OK result but didn't feel that she needed to rush into surgery unless she really felt it necessary. Ortho. said pregnancy may be risky.
- The last two orthopedists had noted specifically that the disc space looked pretty good. One look at her x-rays and they all want to do surgery.

## Chief Complaint

- After years of seeing a chiropractor with results, new chiropractor came into that office. Her chiropractic treatments were not helping any more but rather making her worse. Maybe too forceful.
- Presented to our office on 4/15/2002.
- General neck, mid-back, and LBP. Moderate to severe ache pain and tightness.
- LBP avg. "7-8" and neck and midback pains were a "5-6" on 0-10 V.A.S. All areas were constant pains.
- Her condition was aggravated with sitting and prolonged standing.
- Pain was minimal when she laid down on her back.
- 5<sup>th</sup> grade classmates.

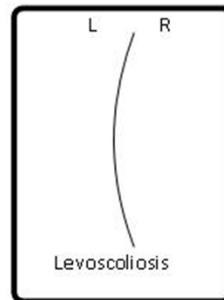
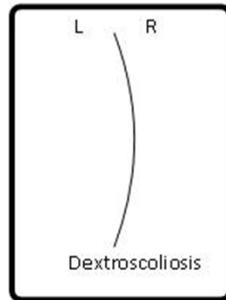
## Examination Findings

### Abnormal findings:

- + Dejerine's in her lower back
- + Kemp's in the L5 vertabrae.
- + SLR with raising right leg, painful in the back.
- + Yeoman's on the right.
- Normal Deep Tendon Reflexes and Muscle Strength
- + All lumbar R.O.M. were painful and limited radiating pain down his left lateral leg to his knee (S1).
- + General cervical, thoracic and lumbar areas were painful on palpation and percussion.
- Mild muscle spasms and tightness noted in entire spine.

## Scoliosis Classifications

OMM43 Expl



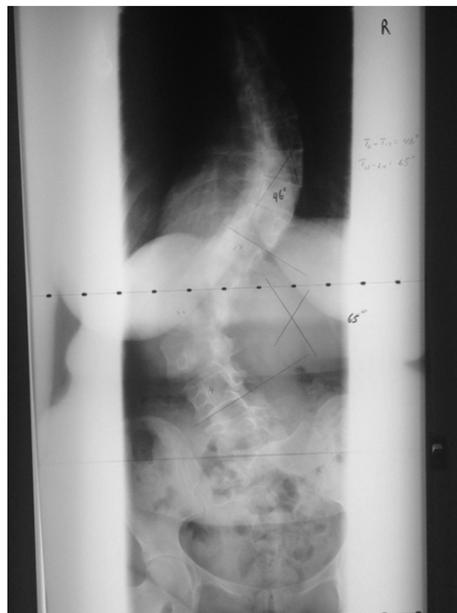
## X-ray

Severe Scoliosis  
- More than 40°

46° curve – T6-T12  
Dextroscoliosis

65° curve – T12-L4  
Levoscoliosis

2001 - 65°  
2006 - 65°  
2013 - 64°



## Diagnosis

- 737.30 Idiopathic Scoliosis
- 722.52 Lumbar disc degeneration (Mild)
- 739.4 Sacroiliac Segmental Dysfunction
- 739.2 Thoracic Segmental Dysfunction
- 739.1 Cervical Segmental Dysfunction
- 728.85 Muscle spasm

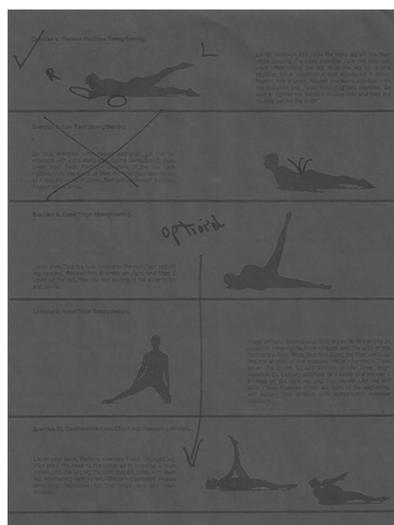
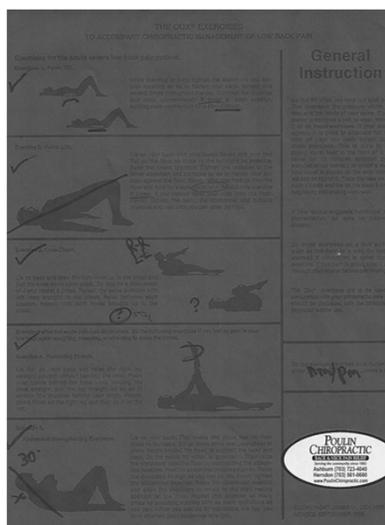
## Treatment

- After Consultation, exam, x-ray, and brief R.O.F., and then Cox® Disc Decompression of the lumbar and thoracic spine using Lumbar Cox Protocol 2, after tolerance testing, with small 2-3" Dutchman roll.
- Gentle Diversified thoracic adjustments were as anteriors. Prone cervical and supine upper cervical gentle adjustments were given to increase mobility and for subluxations. Gentle side posture is utilized for both SI joints and gentle lumbar spinous pull adjustments. Seated Shoulder adjustments are done A-P bilaterally (?)
- Electrical stimulation (Biphasic) was applied to trapezius region and separate Electrical stimulation (Biphasic) was applied to thoraco-lumbar region with moist hot packs.
- She has been Protocol 2, strapped with auto. to thoracic and lumbar spine utilizing a small dutchman roll for the last 5-6 years every 2 weeks. Cox Cervical Protocol 1 Y axis only is done stabilizing occiput.

## Recommendations

- 3x a week for 4 weeks for the 1 month.
- 2x a week for 4 weeks, 1x a week for many months.
- Due to the severity of all her conditions, maintenance chiropractic care is 1 visit every 3 weeks.
- Goal: Keep spinal motion, prevent advancement in scoliosis and minimize degeneration.
- After 1<sup>st</sup> month of treatments and minimal flare-ups, we prescribed Cox<sup>®</sup> Red Sheet of 10 LB exercises, 1-6. Core.

## Cox<sup>®</sup> Low Back Exercises



## Follow-Up

- Patient is treated 1x every 3 weeks or PRN to manage flare-ups.
- As of 3/15/13 treatment, her low back is constant "2". "4-5" with sitting, standing still and walking occasionally.
- As of 3/15/13 treatment, her mid back is an intermittent "0".
- As of 3/8/13 treatment, her neck is an intermittent "0-1".
- Her low back curvature is now down to 64°
- She had a successful pregnancy and delivered a healthy son 11 years ago.
- Can bend over and put her palms on the ground. :)
- Increase in LBP legs – standing and walking
- MRI is ordered and suggested increasing trx to 2x/week

## Quality of life

- Spine 2006: 31 (3):355-366
- Long term outcome of non operative scoliosis patients show good quality of life.
- The greater the curvatures, the greater the pain, later in life.

## Homework

- Icing instructions for home, 20 minutes on and 20 minutes off, as necessary.
- Sleeping with knee elevator between her knees while side sleeping.
- 1500 mg of Calcium Citrate with D3.
- Discat Plus capsules 2 in am and 2 in pm with food.
- Tries to drink 6-8 glasses of water a day.
- Formula 1, (a multi-vitamin, and multi-mineral) 1-2 a day.

## Homework (cont.)

- Home inversion (DEX II)  
 She decompresses for 2-3 minutes in the am before work and 2-3 minutes after work.
- Foot levelers orthotics, refitted every 2 years. Extreme XT



## Patient Testimonial

- "I really like Dr. Poulin and the Cox® disc decompression, flexion and distraction techniques - the decompression and generally a nice and stretchy feeling I get on the table helps me relax."
- "I truly think it gives me a better result. Very rarely do I have any after-pain or discomfort from the Cox® technique - I usually leave feeling great."
- Curvature has reduced, pain is reduced and no surgery has been required, and hopefully will never be!

- Questions?
- Thanks for your time.