

66 YEAR OLD FEMALE WITH BILATERAL ARM AND LEG PAIN WITH NECK AND LOW BACK PAIN OF YEARS DURATION



Figure 1:
Anteroposterior cervical spine xray study showing left scoliosis of the cervical spine with degenerative disc disease and posterior unciniate hypertrophy.



Figure 2 is a neutral lateral view showing degenerative disc disease at C4 through C6 levels.



Figure 3 MRI sagittal view shows retrolisthesis of C4 on C5 with degenerative disc disease at the C3 through C6 levels.



Figure 4 is a sagittal view showing disc protrusions at the C3,4,5, levels and spondylolisthesis of 6 on C7.

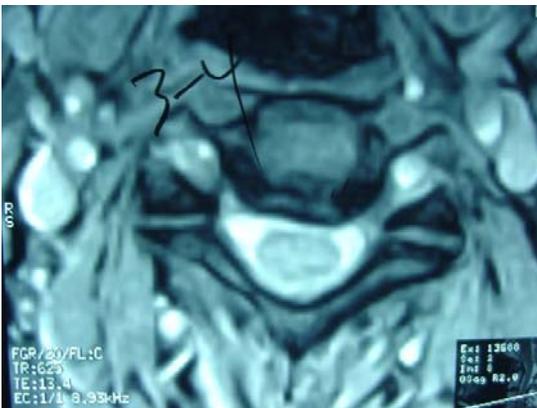


Figure 5 is an axial view showing broad based bulging of the C3-4 disc, not contacting the spinal cord and no myelomalacia of the cord is noted.

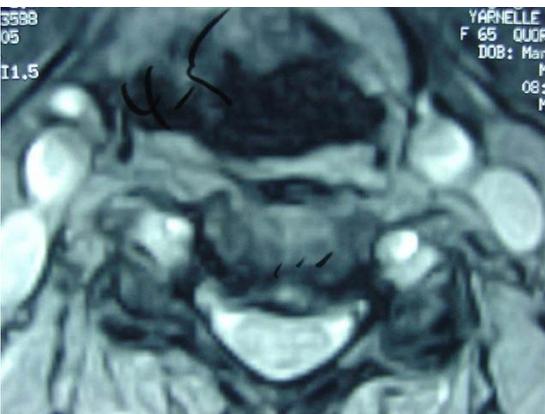


Figure 6 is an axial view at the C4-5 level showing a central disc protrusion with a high intensity zone. The disc does contact the spinal cord.



Figure 7 is the oblique view to demonstrate the extreme foraminal stenosis at the C4 through C6 levels.



Figure 8 shows disc protrusion at the L3 and L4 levels with degenerative spondylolisthesis of L3 on L4.

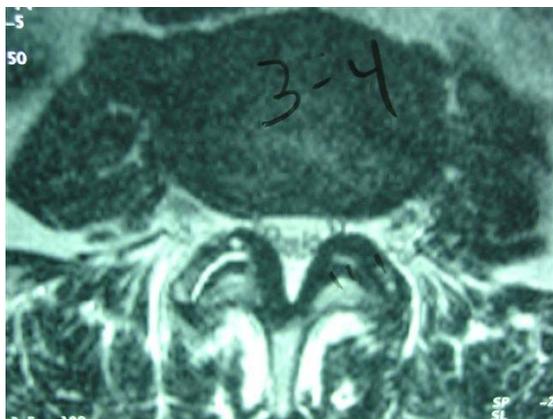


Figure 9 is an axial view of the L3-4 level showing bilateral facet arthropathy with ligamentum flavum hypertrophy. Note the cauda equina compression by these degenerative changes.



Figure 10 shows the facet arthropathy and ligamentum flavum hypertrophy at the L4-5 levels creating stenosis of the cauda equina.

This is a very difficult case to manage and is co-managed with epidural steroid injections and Cox decompression adjusting for attainment of 50 to 60% relief of this woman's pain. She is never without pain. She did not respond to decompression manipulation nor to epidural steroid injections when given singularly. However, combining the steroid injections with decompression manipulation of the cervical spine with the cervical long y axis decompression and lumbar spine long y axis decompression adjusting of the lumbar spine achieves relief that gives this 66 year old female ample relief to carry on her activities of daily living with satisfaction. Protocol I is the only manipulation given. She performs cervical and lumbar spine exercises and is taught via back wellness school the ergonomics to prevent or reduce spine pain.

She is also followed by a neurosurgeon I work with. He does not want to perform surgery due to the multilevel decompression needed in both the cervical and lumbar spines. No motor weakness is found of the extremities. No long tract signs are present. She is constantly monitored for

progressive neurological deficits that could require surgical intervention. This is an example of co-management of spinal stenosis. All chiropractors are called upon to handle these difficult cases and co-management is often the only successful care. Patients are happy with such well structured co-management of their spine conditions. THIS IS AN EXCELLENT EXAMPLE OF THE BENEFIT OF COX® LONG Y AXIS DECOMPRESSION FOR SPINAL STENOSIS. ROTATORY EXTENSION ADJUSTING, IN MY CLINICAL PRACTICE, COULD NOT BE GIVEN TO THIS CASE WITHOUT IATROGENESIS.

Respectfully submitted,
James M. Cox, D.C., D.A.C.B.R.

NOTE: Such results are coming more and more commonplace with the use of The Cox® Table. It is truly a quality instrument specially designed and manufactured by TRACK Corporation, a quality supplier to General Motors' Cadillac division. With Dr. Cox's research input and clinical application, TRACK strives to meet your expectations for excellent clinical function and outcomes. Call 1-800-441-5571 or 1-616-850-8630 for more information or check it out at www.coxtable.com.