

# — THE GEORGIA — CHIROPRACTOR

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A photograph of three men in professional attire (suits and ties) smiling against a red, vertically-pleated curtain background. One man is seated in the foreground, while two others stand behind him, one with his hand on the seated man's shoulder.

**COBB D.C.s  
HAVE NEW MRI  
PRIVILEGES**

**GCA UNVEILS  
STRATEGIC PLAN**

**MEMBERS HONOR  
ACHIEVEMENT DURING  
FALL CONFERENCE**

# CASE STUDY

## D.C.-M.D. Cooperation Leads to Better Patient Outcomes

By Christopher Connelly, D.C.



*Christopher Connelly, D.C.*

**P**atient selection is one of the most important variables to a positive patient outcome. A good diagnosis using clinical knowledge and diagnostic imaging with clinical correlation is a principal aspect of patient selection. Many patients obtain amazing results with chiropractic care, but identifying conditions that need referral to a medical specialist or advanced diagnostic testing makes good sense. Utilizing Dekalb Medical's state-of-the-art diagnostic imaging center, exceptional radiologists and outstanding medical specialists are valuable tools to support patient care. The following two case summaries are good examples of chiropractic and medicine working together to diagnose and manage complicated spinal conditions.

### **CASE #1**

#### **THE PATIENT**

"Becky," a 60-year-old female presents with bilateral lower extremity pain, occasional lower extremity weakness, severe lumbar stiffness but virtually no lower back pain. Becky is overweight but otherwise reports no other health issues.

#### **CASE PRESENTATION**

The onset of this bilateral leg pain was two years ago and has been progressively getting worse. The pain is described as a sharp, stabbing pain in the back of her thighs but never goes below the knee. Becky reports that the pain rates a nine on a scale of one to 10 and severely limits her function. Her pain is exacerbated with walking, gets better with sitting and ice packs.

Becky has tried physical therapy, multiple epidurals and selective nerve root blocks. The epidural injections provided excellent short term pain relief but the pain always returned after about six weeks. She has a 30-year history of occasional lower back pain that has

been successfully managed with chiropractic care, so she hoped that chiropractic could now help with her leg pain.

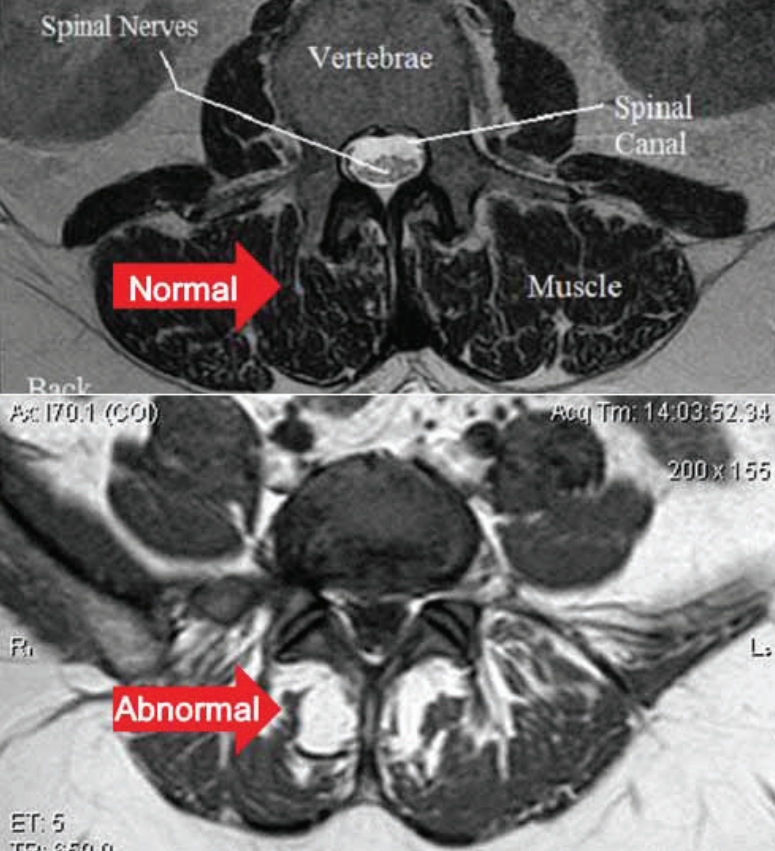
#### **CHIROPRACTIC EXAMINATION FINDINGS**

A lumbar MRI showed very severe central and lateral canal stenosis from L2 to S1. The severe spinal stenosis was attributed to congenitally short pedicles superimposed with multiple levels of disc herniations, ligamentous hypertrophy, synovial cyst, epidural lipomatosis and facet hypertrophy. Also observed on the MRI was severe multi-level fatty infiltration of the deep spinal stabilizing muscles.

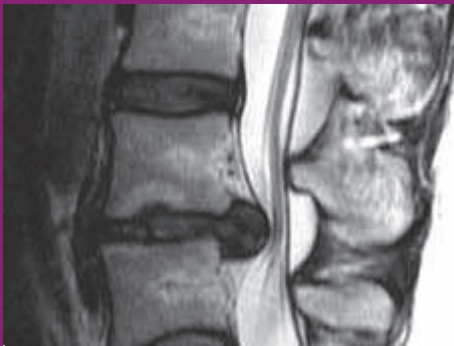
#### **TREATMENT**

Patient was treated in a four week trial of specific chiropractic adjustments as well as light traction, physiotherapy and exercise therapy targeting the deep spinal stabilizing muscles. Becky reported improved lumbar range of motion, but the leg pain did not improve. A referral was made to Dr. Kaveh Khajavi, a neurosurgeon, for a consultation. Dr. Khajavi confirmed that the severe stenosis was definitely the cause of the lower extremity pain with neurogenic claudication and that she was a good surgical candidate. We continued to work on core strengthening up until a few days prior to the surgery.

Decompressive lumbar laminectomy L2-L5 was successfully performed with no complications. At the one month follow up Becky reported that her leg pain was completely resolved and that she only had some slight left leg weakness after sitting for prolonged periods of time. Dr. Khajavi referred Becky back to our office for core muscle strengthening and to work on lumbar range of motion.



## FEATURE



*Sara avoided surgery with a combination of chiropractic and epidural injections.*

*Becky's MRI (bottom) showed she was a good candidate for surgery.*

### CLINICAL COURSE

Three months post-surgery Becky reported that she “now has her life back” and is very happy with the results. Her leg pain is zero, and she has much less stiffness. She continues to follow an anti-inflammatory diet, home therapy and in office chiropractic procedures to strengthen her back and increase lumbar range of motion.

### CASE #2 THE PATIENT

“Sara,” a 44-year-old female presented with severe, constant right sided leg pain with lower back pain. The leg pain is far worse than the lower back pain. She also reports weakness, tingling and numbness in the anterior thigh of the right leg.

### CASE PRESENTATION

The pain started six weeks prior while she was exercising. The pain rated a seven out of 10 and was becoming worse. The sharp shooting pain was constant and was been unresponsive to a Medrol Dosepak and transforaminal injections at L4-5. In 2005 she had a microdiscectomy at L5-S1 due to left leg pain and lower back pain.

### CHIROPRACTIC EXAMINATION FINDINGS

Seated straight leg raisers with Valsalva’s was very positive and the only relief the patient had was lying flat on her back with her knees bent at 90 degrees. Patient was referred for MRI which showed a very large right paracentral disc extrusion at L4-5 that contacts multiple descending nerve roots. The disc extrusion is very large and causes central canal stenosis. Incidental findings of moderate left foraminal stenosis at L5-S1 and L3-4 circumferential disc bulge were noted. Moderate fatty infiltration of the deep spinal stabilizing muscles was observed from L3 –S1. The clinical findings best correlated to the large right sided disc extrusion.

### TREATMENT

Patient was placed on a six-week trial of chiropractic adjustments, decompression traction, light Cox flexion distraction and physiotherapy. She initially responds very well, improving approximately 70 percent in just three weeks. Patient then aggravates her condition lifting a case of water and twisting at the same time. Due to the severity of the disc pathology and the continued severe leg pain she was referred her to Dr. Khajavi, and Pain Consultants of Atlanta for consultations. Dr. Khajavi recommended that she continue nonsurgical care including injections.

### CLINICAL COURSE

Patient continues chiropractic care and also received two epidurals from Pain Consultants of Atlanta. On reevaluation, after six weeks, the leg pain was resolved and lower back pain was 80 percent improved. Patient was so grateful for her treatment she started dancing and singing in the reception area. She stated that the combination of the epidurals and decompression traction resulted in the most noticeable difference. Sara then entered the next stage of care focused on core strengthening, continued chiropractic care, decompression traction, injury avoidance and home exercise. Four months after first entering the office she is now 95 percent pain free, and continues chiropractic care with home procedures.

### DISCUSSION

Although the two pathologies detailed above appear very similar in presentation there is a significant difference between soft tissue stenosis (disc) and hard tissue stenosis (bone). There is also good research indicating that the deep spinal stabilizing muscles (multifidus) play an important role in the pathogenesis of chronic spinal conditions and play an important role in recovery following injury.