



# **Cox® Distraction Treatment of Extruded L5/S1 with Neural Impingement, Disc Herniations at L2-L4 and Sciatic Radiculopathy and Paresthesia**

Submitted by  
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## **Brief Clinical History**

The patient is a 50 year old, overweight female seen in my office for treatment of left-sided radiculopathy and paresthesia down her entire leg to her foot. She states this pain has been intermittent for over three years and has been constant for the past ten days. The pain is aggravated by standing for long periods and normal activities. She describes the pain to be a 10 on a scale to 10 during her initial evaluation. She has a long history of low back pain.

## **Examination**

The patient was evaluated on 8/31/09. Her posture demonstrates a right elevated pelvis and a mild thoracolumbar scoliosis. Radiographs show severe degenerative disc disease with arthrosis at multiple lumbar levels. Palpable pain is evident bilaterally L2-L5 quadratus lumborum and piriformis muscles. Deep tendon reflexes are +1 at right quadriceps tendon and absent on the left. Dermatomal evaluation of the lower extremities demonstrates hypoesthesia on the left L4, L5 dermatome. Lumbar spine range of motion is reduced actively and passively to all planes. Milgram's and Valsalva's demonstrate a positive response. Severe tight hamstrings and quadriceps are noted.

She demonstrated a severe antalgic posture and could barely ambulate, sit or stand for more than 10 minutes.

## **Imaging**



## **Impression**

True L4, L5 nerve root compression and radiculopathy

## **Treatment goals**

Reduce the patients pain and to reduce the stenosis immediately with decompression adjustment. Symptoms should be reduced by 50% within four weeks of treatment. She would be referred for orthopedic evaluation if goals were not met.

## **Treatment Methods**

The patient was initially treated with lumbar Cox® Distraction and limited 2 to 3 visits per week due to work related issues. She was advised to limit any strenuous activity. She was advised to utilize multiple daily ice applications for 25 minutes.

She was seen ten times in her first month of treatment. She has been seen three to four times per month since.

After her fifth Cox® adjustment this patient's symptoms were graded as 0 out of 10 on a pain scale. She has not graded her pain to be more than 1 in more than 8 months.

## **Discussion**

When a patient presents in this type of condition, advanced disc pathophysiology training is required. The method of choice should be Cox® Technic. This patient tried other (non Cox®) chiropractors, physical therapy and pain management before being referred to this office. I explained to her to not expect miracles and that this problem has taken time to occur and would take several weeks to show any improvement. She

noted 50% improvement after her first Cox® adjustment. After that, she never lost sight of maintaining a decompressed disc and nerve. She is currently living a drug-free, pain-free lifestyle.

### **Conclusion**

This case is one of many in my office and demonstrates the amazing efficiency of Cox® Technic in treating a complicated extruded disc with multiple lumbar herniations.

### **Acknowledgement**

I would like to acknowledge Dr. James Cox for his commitment, dedication and pursuit of research for this amazing technique. I would like to also acknowledge Julie Cox and her team for their professionalism and her assistance with the Cox® Technic.