

Physician Alert



Case Report

39 year old male with a 12 month history of central low back and left leg pain symptoms

ABSTRACT

SK is a 39 year old male with a 12 month history of central low back and left leg pain symptoms with an initial pain rating of 7-10/10. He had tried several treatments without benefit before coming to The Rejuvenation Center. MRI revealed a large extrusion and a sequestered disc fragment with enlargement of the S1 nerve root as well as dehydration of the L5-S1 disc with disc space narrowing. These results indicated a need for the patient to be treated with spinal decompression using the DRX 9000 and Postural Restoration. Following treatment patient reported feeling 95% better. He also had a significant decrease in his low back and leg pain symptoms and a dramatic improvement in his ability to function. His Oswestry Questionnaire scores went from an initial Crippled (66%) disability to a Minimal (2%) disability at his re-evaluation. His experience confirmed that The Rejuvenation Center is a very positive treatment alternative to help referring providers successfully deal with difficult back pain patients.

(detail study on back)



TESTIMONIAL

I have tried a lot of different things without any success before coming to The Rejuvenation Center. Two months of traditional physical therapy, injections, massage, chiropractic and a back brace just to name a few.

Since beginning treatments I am nearly 100% better and can do things comfortably I haven't tolerated in years. I'm playing tennis, working on my classic car, going camping and playing with my kids.

SK

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History

SK is a 39 year old male with a 12 month history of central low back and left leg pain symptoms following two routine incidents, playing with his children and attempting to lift his 70 pound dog. He initially had sharp pain down the back of his left thigh with central low back pain at a near constant intensity (7-8/10).

He had tried several treatments without any benefit, including pain medication, steroid injections, chiropractic, massage, a back brace, and two months of traditional physical therapy. His functional limitations included the inability to stand, walk, twist, bend forward, get out of his car, or play with his children without increased back pain and exacerbated leg symptoms.

Examination

MRI taken after the lifting incident revealed

At L3-L4 and L4-L5

- dehydrated discs

At L5-S1

- a large extrusion
- a sequestered disc fragment
- enlargement of the S1 nerve root
- dehydration of the disc
- disc space narrowing.

Patient's biomechanical lumbopelvic and hip assessment was as follows:

	Right	Left
Hip Add (mod Ober)	Full	Limited
Hip Ext (mod Thomas)	Full	Limited
Hip IR (seated)	30	20
Hip ER (seated)	28	49
Trunk Rot (hooklying)	Limited	Full
SI palpation (prone)	Positive	Negative

SK's pelvic position does not allow him to shift into the left hip stance position of adduction, extension and internal rotation.¹ This is consistent with an anteriorly tilted and forwardly rotated left hemi-pelvis with associated sacral and spinal orientation toward the right². This forward left and backward right pelvic position was confirmed by the IR dominant right hip measures and the ER dominant left hip measures. Palpation of the lumbosacral region revealed moderate pain across the superior aspect of the right SI joint and across the L5-S1 spinous process with PA pressure.

Intervention

- 15 disc decompression treatments on the DRX 9000 due to positive MRI findings at the L5-S1 disc.
- 6 Postural Restoration sessions to reposition and properly stabilize his faulty pelvic position.

These visits were conducted over a 6 week period and included the development of a specialized home exercise program, which he performed 1-2x/day during the program. The objectives of his home program were to

- properly reposition his pelvis with exercise
- provide specific muscular stabilization to help maintain the corrected pelvic position during all functional activities.
- incorporate proper ways to sit, stand, sleep and move without shifting into his dominant pelvic pattern.

Outcomes

Following the scheduled Postural Restoration therapy and the DRX disc decompression sessions, patient reported a significant decrease in his low back and leg pain symptoms and a dramatic improvement in his ability to function.

- Pain had decreased to 0-1/10
- Patient reported a 90-100% functional improvement.
- His functional improvements included a return to normal standing, walking, bending, sleeping and playing with his children without any pain or problem.
- Oswestry Questionnaire, which addresses his perception of his functional abilities in everyday life, score improved from an initial Crippled (66%) to Minimal (2%) after completing treatment.

His biomechanical lumbopelvic and hip re-assessment was as follows:

	Right	Left
Hip Add (mod Ober)	Full	Full
Hip Ext (mod Thomas)	Full	Full
Hip IR (seated)	30	30
Hip ER (seated)	46	49
Trunk Rot (hooklying)	Full	Full
SI palpation (prone)	Negative	Negative

Discussion

SK's MRI findings and his biomechanical pelvic position measures indicated a need to begin The Rejuvenation Center's specialized spine rehab program of interdiscal decompression and Postural Restoration.

The DRX9000 disc decompression treatments lowered the pressure inside the injured disc, which in turn reduced the bulging and over-compressed nature of the disc and provided an environment that promotes disc healing and disc stabilization. After the disc was decompressed and a healing environment was created, the Postural Restoration corrective exercises further reduced the compressive torque forces across the L5-S1 disc by rotating the sacrum (S1) into the proper position under the lumbar spine (L5).

The Postural Restoration exercises also successfully addressed the painful torsion SK was experiencing across his right SI joint. The sacral and spinal orientation toward the right had twisted and distracted the right SI joint apart as the sacrum pulled away from the right ilium². Restoration of correct pelvic position (as seen in the post-treatment re-assessment measures) provided proper form closure for the right SI joint, which almost immediately alleviated his low back pain. The subsequent pelvic stabilization exercises helped ensure functional stability and a long term successful outcome.

After failing several treatment options over the previous 12 months, it is significant to note SK's successful outcome. His experience confirmed that The Rejuvenation Center is a very positive treatment alternative to help referring providers successfully deal with difficult back pain patients.

References

1. Lee, D. *The pelvic girdle (2nd edition)–An approach to the examination and treatment of the lumbo-pelvic-hip region*. Edinburgh, London, New York, Philadelphia, Sydney, Toronto: Churchill Livingstone, 1999.
2. Hruska, RJ. *Myokinematic Restoration–An integrated approach to the treatment of patterned lumbopelvic pathomechanics*, Postural Restoration Institute, Lincoln, Nebraska, 2007.

