

Physician Alert



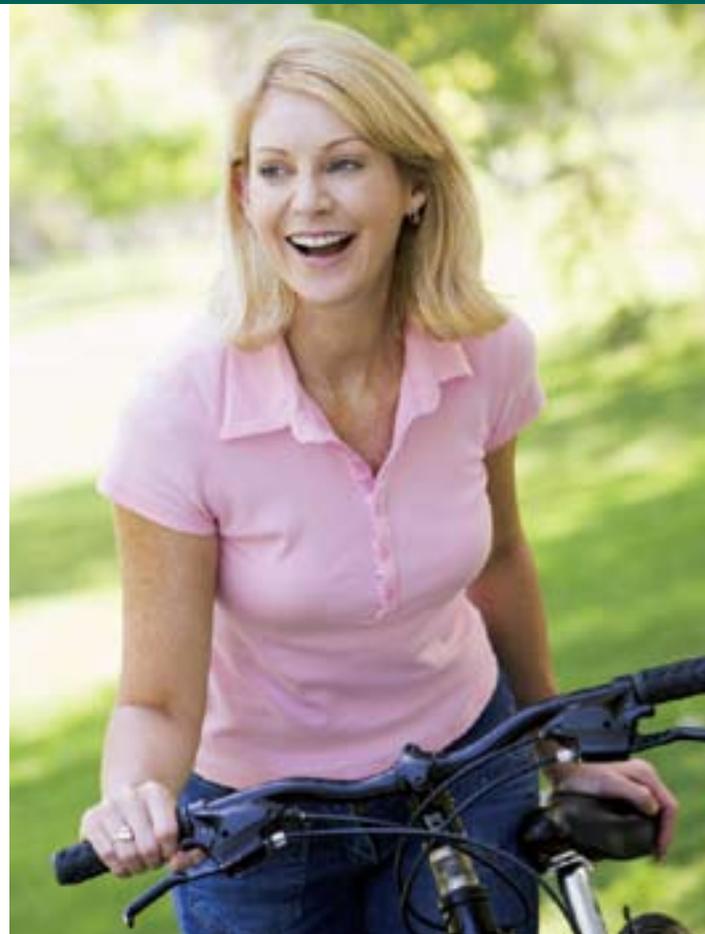
Case Report

40 yr old female with complaints of severe hip pain

ABSTRACT

PC is a 40 year old female with a 2 week history of pain in her left hip that progressed down her left leg with an initial pain rating of 5-8/10. MRI taken approximately one week after the onset of pain revealed a moderate focal left far lateral disc protrusion at L3-4 as well as dehydration, broad based disc bulge, and an annular tear at both the L4-5 and L5-S1 discs. Due to the MRI findings PC was scheduled for 20 disc decompression treatments on the DRX 9000 and 6 Postural Restoration sessions to reposition and properly stabilize her faulty pelvic and rib cage position. Patient reported a significant decrease in her low back and leg pain symptoms and a dramatic improvement in her ability to function following treatment. Her pain rating went to 0/10 and she reported a 95% improvement in her ability to complete functional activities. Her Oswestry Questionnaire scores went from a Moderate (28%) disability at her evaluation to a Minimal (6%) disability at her re-evaluation. Her experience confirmed that The Rejuvenation Center is a very positive treatment alternative to help referring providers successfully deal with difficult hip pain patients.

(detail study on back)



TESTIMONIAL

I developed a strong pain in my left leg and was told it was due to my lower back. I came here on the recommendation of my brother. Within a week or so the pain in my leg was lessening and I was taking less pain pills. After 20 DRX treatments, along with exercises, the pain in my leg has all but disappeared. The occasional pain I feel is very easy to stop and I understand that with continued exercises and smart lifting I will return to 100%.

PC

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History

PC is a 40 year old female with a 2 week history of pain in her left hip that progressed down her left leg with an initial pain rating of 5-8/10. Patient reports that the pain in her hip, "progressed down (her) left leg to the point of complete discomfort and inability to stand on leg." Due to this elevated pain, she was unable to continue working. She reports no known mechanism of injury; however, she did fall shortly after the pain started which exacerbated her symptoms. She has no prior history of low back or lower extremity pain.

Examination

MRI taken after the onset of pain revealed the following:

At L3-L4

- a moderate focal left far lateral disc protrusion
- dehydration
- broad based disc bulge

At L4-L5 and L5-S1

- an annular tear

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

	Right	Left
Hip Add (mod Ober)	Full	Limited
Hip Ext (mod Thomas)	Full	Full
Hip IR (seated)	44	46
Hip ER (seated)	60	44
Trunk Rot (hooklying)	Limited	Full
Shoulder Internal Rotation (hooklying)	Limited	Full

These measures are consistent with an anteriorly tilted and forwardly rotated left hemi-pelvis with associated sacral and spinal orientation toward the right.¹ Limited right shoulder internal rotation indicates compensatory involvement of the thorax and ribcage. Counter rotation of the thorax and rib cage to the left caused compensatory movement of the resting scapula on the rib cage. A change in the resting position of the scapula will change the resting position of the glenohumeral joint leading to limited ROM on the right. Palpation of the lumbosacral region revealed mild pain across the superior aspect of both SI joints.

Intervention

- 20 disc decompression treatments on the DRX 9000, focusing on the L3-4 disc level.
- 6 Postural Restoration exercise sessions to reposition and properly stabilize her faulty pelvic and rib cage position.

These visits were conducted over a 5 week period and included the development of a specialized home exercise program, which she performed 1-2x/day during the program.

The objectives of her home program were to

- properly reposition her pelvis with exercise
- provide specific muscular stabilization to help maintain the corrected pelvic and rib cage positions during all functional activities.
- She was also instructed on proper ways to sit, stand, sleep and move without shifting into her dominant pelvic and trunk pattern.

Outcomes

Following the scheduled Postural Restoration therapy sessions and the DRX 9000 disc decompression treatments, patient reported a significant decrease in her low back and leg pain symptoms and a dramatic improvement in her ability to function.

- Pain had decreased to 0/10
- She reported a 95% functional improvement.
- Oswestry Questionnaire, which addresses her perception of her functional abilities in everyday life, improved from an initial Moderate (28%) to Minimal (6%).

At the end of her treatments PC's 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)	42	48
Hip ER (seated)	57	55
Trunk Rot (hooklying)	Full	Full
Shoulder IR	Full	Full

PC stated "within a week the pain in my leg was lessening and I was taking less pain pills. After 20 DRX treatments along with exercises the pain in my leg has all but disappeared."

She continued pain free and was able to function and work without any limitations at her 3, 6, and 18 week follow up visits.

Discussion

PC's MRI findings and her 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 herniated 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 lumbar discs by rotating the sacrum (S1) into the proper position under the lumbar spine (L5). These exercises also stabilized neutral pelvic and spine position by correcting the asymmetrical rib cage position and balancing breathing. Correction of both the pelvic and rib cage asymmetries helped further stabilize neutral spine position and gave the patient the keys to a successful long term outcome.

The biomechanical evaluation and treatment provided at The Rejuvenation Center in Omaha, NE is focused on full correction of both pelvic and rib cage position necessary to relieve stress and pain for many acute and chronic pain manifestations, many of which, may not easily be treated with more conventional treatments or therapy.

References

1. Hruska, RJ. *Myokinematic Restoration—An integrated approach to the treatment of patterned lumbopelvic pathomechanics*, Postural Restoration Institute, Lincoln, Nebraska, 2007.

