Lumbar Spine Disc Herniation without Myelopathy: *The Importance of Patient Compliance for Optimal Clinical Outcomes* 

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### History : September 19, 2006

- 41 year old male
- Lower back and left leg pain; "constant sharp pain in back and leg"
- 10 years earlier GSW to left hip; treated and released minimal intermittent trouble
- Three months prior lifting; felt pull in back resulting in LBP then two weeks later LLE pain
- Pain currently 8/10
- Treated with medication; minimal relief

# Positive Exam Findings

- Minor's sign LBP and LLE pain when rising
- Bechterrew's left local LBP some left hamstring pain
- SLR 60 degrees SI joint and left Gluteal pain
- Kemp's test left LBP and left gluteal/hamstring pain
- Right and forward antalgic lean
- Pain with extension "can't straighten up"

# Diagnosis

- 722.73 IVD w/o Myelopathy; Lumbar Region
- 721.3- Lumbar Spondylosis w/o Myelopathy
- 846.0- Lumbosacral Sprain/Strain

#### Patient Name: MRI Radiology Bate Treatment Results 52 Share Result Order Date: Performed D 11/7/2006 00:00:0 • Cox® Technic Protocol 1: started 9-21-06 Treated 4 visits. - Added Bridge, glute and piriformis stretches - All were tolerated well - About 15 percent improvement • MRI ordered by MD Protocol 1 continued for another 3 visits radicular pain and LBP 40% improved MRI performed missed two weeks appointments

### **Treatment Continued**

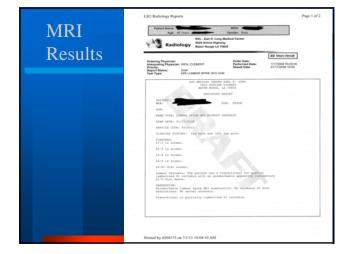
- Advanced to Cox® Technic Protocol 2 and tolerated well, 8 more visits over 5 weeks
- Advanced exercise protocol tolerating knee to chest and superman's
- Now has local intermittent pain and LLE pain only with certain motions
- Functional ADL increase without pain

# **Treatment Continued**

- Patient doing well and drops care for 3 months and does not complete corrective care plan.
- Patient returns with left lateral lower leg pain and left gluteal pain.
- Care resumes and tolerance test for protocol 2, stays the course this time
- 12 visits with progressive improvement, finishes corrective care over the next four weeks and goes to wellness care.

# Wellness Care

- Patient maintains wellness program with good relief, intermittent care for left SI joint pain no radiculopathy recurrences.
- Continues intermittent light rehab program of exercise shown in clinic
- Patient curious about disc, and we were able to get approval for follow up MRI.



# Normal MRI

- Patient was surprised by results.
- No recurrence of left lower extremity
- Signs and symptoms now make sense to patient
- SI joint pain explained secondary to previous Gun Shot Wound to left hip and weakness that comes and goes.

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# Conclusion

- We see patients like this all the time. They drop the care plan when doing well, come back when they realize care plan was for a reason.
- Pain is a good motivator for compliance.
- Thought: What if herniation wasn't gone? Could the patient experience the same result?