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Upper Cervical Management Of A Patient With Neuromusculoskeletal And Visceral Complaints

By Matthew McCoy, D.C.

With multiple neuromusculoskeletal and visceral complaints, a 65-year-old male presented to Life University's chiropractic teaching/outpatient clinic.

The patient's symptoms began following surgery to fuse the thoracolumbar segments to deal with lower back pain. His complaints of lower extremity pain and paresthesias, ambulatory problems, urinary difficulties and visual problems appear to have responded favorably to management of the upper cervical vertebral subluxation.

HISTORY

Before seeking chiropractic care at Life's outpatient clinic, the patient had never been to a chiropractor before. Under the supervised care of student clinician M. Kevin Davis, he stated that his problems began following surgery on his back to fuse T12 and L1, which was done to deal with ongoing back problems he had been having.

He presented with many neuromusculoskeletal complaints, including constant sensory disturbances along the right side of his body and a complaint of coldness in his lower extremities, on both sides, from the knees down. He related that, ever since his surgery,

he was not able to stand straight, found it difficult to walk and had to walk with a cane. He had complaints of significant right thigh weakness. Going from a sitting to a standing position or vice versa was difficult for him.

During his history, it was revealed that ever since his surgery he suffered from frequent urination, having to urinate as much as every half-hour throughout the day. When he did go, he had some difficulty starting and stopping.

His past health history also revealed that he had surgery on both knees for "arthritis" and that following the surgeries he fractured his left kneecap because, he was told, he "walked too soon." The patient had a history of gout that affected his ankles, elbows, right big toe and fingers, and he took Indocin for this. Furthermore, he was on medication for high blood pressure and wore glasses for reading. He had a history of two instances of head trauma as a child, including one in which he fell over a railing and landed directly on top of his head.

EXAMINATION FINDINGS

The patient underwent a thorough chiropractic, orthopedic and neurological examination to determine the

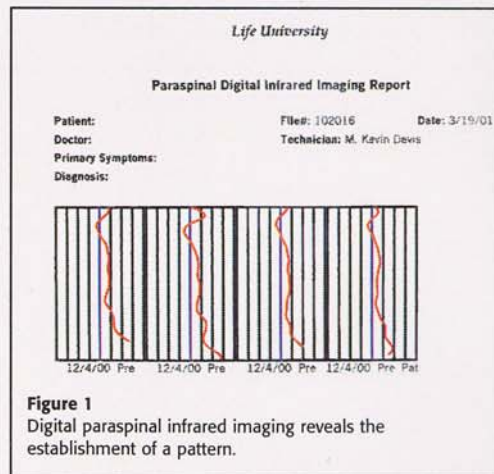
Guy D'Alema



Guy D'Alema



Clinician M. Kevin Davis adjusts the patient using the side posture Life Toggle Technique, with Dr. Matthew McCoy supervising.



OUTCOMES OF CARE

Since beginning chiropractic care, the patient has made 20 visits over a five-month period. On seven of those visits, the patient was not found to be in pattern, which indicated that he was "holding" his adjustment, so one was not performed on those visits. On the other visits, the patient was in pattern and was subsequently adjusted.

At this time, the patient reports that the numbness and tingling along the right side of his body are gone, that he is walking better, that he does not use the cane as much and that his legs feel stronger, especially the right thigh. He can get in and out of his car easier; sitting and standing are less troublesome; and he can sit with his legs crossed. He also reports a decrease in frequency of urination to only a few times a day, along with a decrease in urgency and frequency. Of note is that the patient reports he no longer needs his glasses for reading.

The patient had a follow-up chiropractic, orthopedic and neurological examinations after three months of care, which revealed improvement in palpatory findings, posture, blood pressure and pulse (Table 1).

CONCLUSION

This case study describes the successful upper cervical management of a patient with a complicated history and many significant neuromusculoskeletal and visceral complaints.

The patient experienced significant improvements in his physical complaints, health and well-being within a relatively short period of time and with minimal intervention.

About the author: Matthew McCoy, D.C., is a 1989 graduate of Life University, where he serves as a faculty instructor. Inquiries should be addressed to him at Life University, Roswell Street Clinic, 995 Roswell St., Marietta, GA 30060; call (770) 792-6100, fax (770) 792-6080; or E-mail to mccoym@life.edu.

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Table 1

Examination I

Palpation Findings

Hypertonicity: C1, C2, C5, T1
Pain and tenderness in the area of the Sacrum and right ilium

Posture

Right head tilt
Right high ear
High left ilium
Left externally rotated foot

Blood Pressure

Left 172/116, Right 168/116

Decreased radial artery pulse on left
Sensory changes L4/L5 decreased

Examination II

Palpation Findings

Hypertonicity: C1

Posture

Right high ear
Left externally rotated foot

Blood Pressure

Left 142/104; Right 142/104

Pulse normal

Table 2

Radiographs

Cervical

Severe decreased disc height
C3, C4, C5, C6, C7

Severe anterior lipping and spurring
C3, C4, C5, C6, C7

Severe Luschka joint arthrosis
C4, C5, C6, C7

Posterior osteophyte formation
C4, C5, C6

Thoracic/Lumbar

Surgical fixation of T12/L1

Posterior disc wedging and facet imbrication L1-S1

Decreased disc height, anterior/lateral lipping and spurring L1-S1

Facet arthrosis L3, L4, L5

Right SI joint arthrosis

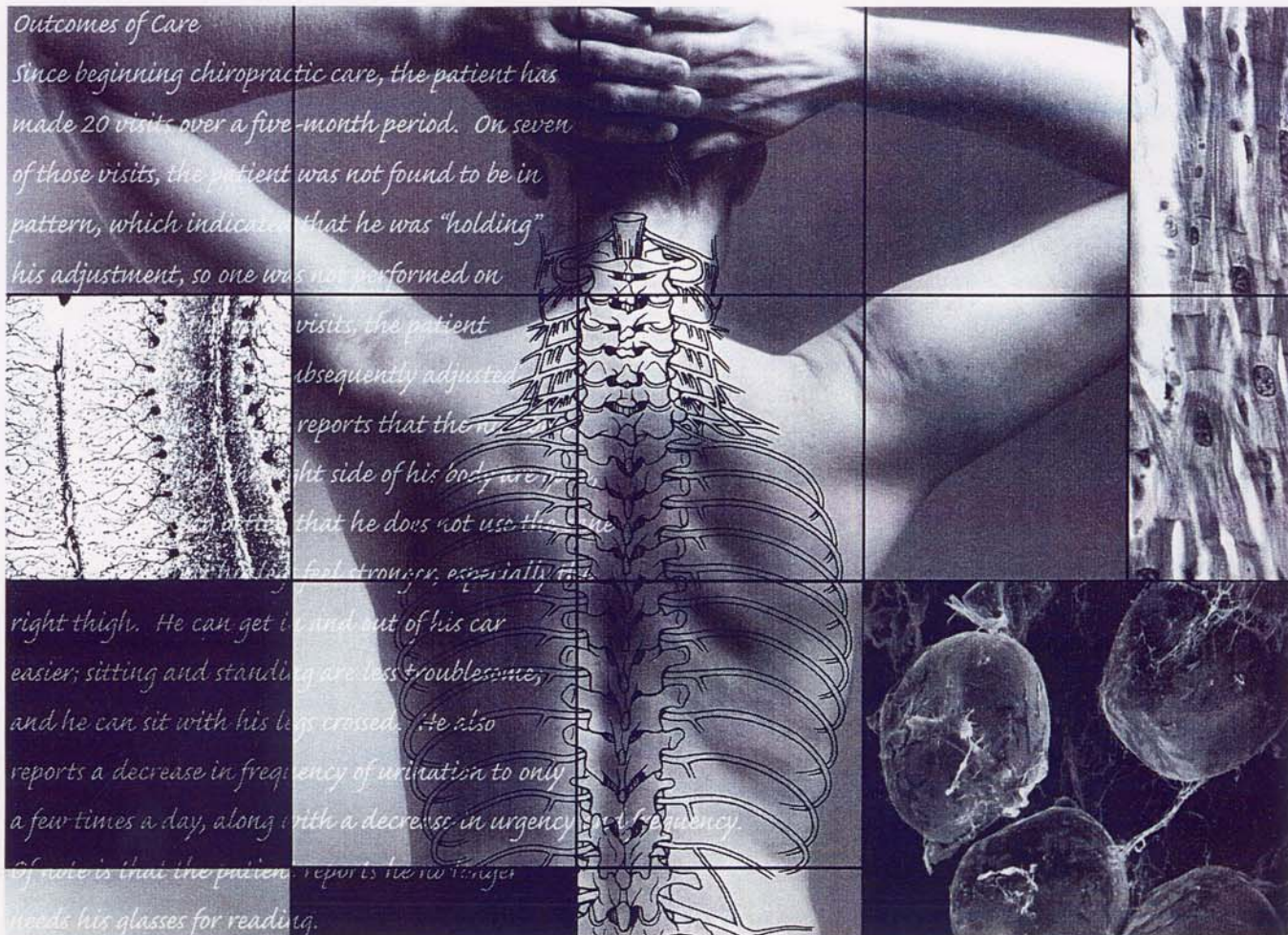
Left femoral joint arthrosis

Retrolisthesis L2

Grade one degenerative lateral listhesis L1 and L2

Posterior osteophyte
L3, L4, L5

Radiolucent defect in left ischium



Outcomes of Care
 Since beginning chiropractic care, the patient has made 20 visits over a five-month period. On seven of those visits, the patient was not found to be in pattern, which indicated that he was "holding" his adjustment, so one was not performed on

visits, the patient subsequently adjusted. He reports that the right side of his body now feels stronger, especially the right thigh. He can get in and out of his car easier; sitting and standing are less troublesome, and he can sit with his legs crossed. He also reports a decrease in frequency of urination to only a few times a day, along with a decrease in urgency. Of note is that the patient reports he no longer needs his glasses for reading.

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nature and extent of his vertebral subluxations and their effect on his health and well-being. The exam revealed significant findings, indicating the existence of vertebral subluxation along with associated and concomitant conditions (Table 1).

INSTRUMENTATION

In addition to the physical examination procedures, digital paraspinal infrared imaging, using the TyTron C-3000, was performed to assess the neuropathophysiology

associated with the subluxation. Figure 1 shows the graph taken to establish whether or not a pathologic "pattern" was present. A pattern is represented as a static paraspinal thermal differential.

RADIOGRAPHS

Radiographs were also taken in order to assess the misalignment components of the subluxations and to rule out any contraindications to specific adjusting. In addition to the presence of vertebral subluxation, the radiographs revealed

significant pathological changes (Table 2). In this case, the Life Toggle Technique was the method of choice to address the patient's subluxations. Cervical radiographs were analyzed to determine the specific vector needed to reduce the upper cervical subluxation.

CHIROPRACTIC ADJUSTMENT

Following the chiropractic and physical examination, establishment of a pattern and analysis of the X-rays, the patient received his

first adjustment, utilizing a side posture toggle table with a drop head-piece. The patient reported that, during the evening after the first adjustment, he experienced shock-like sensations bilaterally into his arms and legs. He related that he had chills, a fever, coldness in his hands, sweats, an increase in frequency of urination, gluteal muscle soreness and loss of appetite. This carried over into the next morning, at which time these symptoms resolved of their own accord.