DEGENERATIVE OSTEOCHONDROSIS WITH THORACO-LUMBAR SCOLIOSIS SEEN IN THE ELDERLY.

An 82-year-old, white, widowed female is seen in March 2006 for the chief complaint of right lumbar spine pain which gives her trouble sleeping at night and hurts with increasing frequency and degree during the last two years. She has sought physical therapy care, has been to a pain control doctor who recommended Celebrex, but she has never sought chiropractic care.

She had colon cancer surgery in 1990, thus the surgical sutures seen on x-ray. She has diminished dorsalis pedis pulses and posterior tibialis pulses, which may be based upon the atherosclerosis of the abdominal aorta and iliac vessels. I will perform a Doppler examination of the lower extremities to determine circulation. She does complain of intermittent claudication, feeling cramp like pain in the legs while walking a relatively short distance, which is relieved with rest.

Figures 1, 2, and 3 show the thoraco-lumbar dextroscoliosis and the extensive osteochondrosis on the concavity of the curves. The bone scan also shows that these areas of degeneration are hot on scintigraphy. This is typical and indicative of degenerative arthritic change.

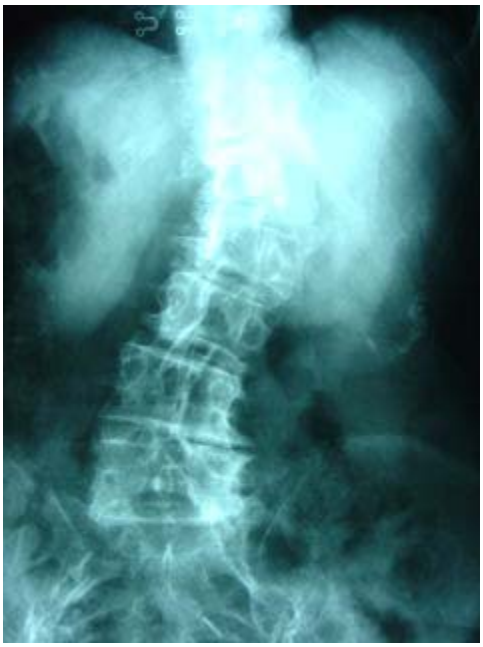

Figure 1 — Note the dextrorotatory scoliosis of the thoracolumbar spine with osteochondrotic spur formation on the concavity of the curves

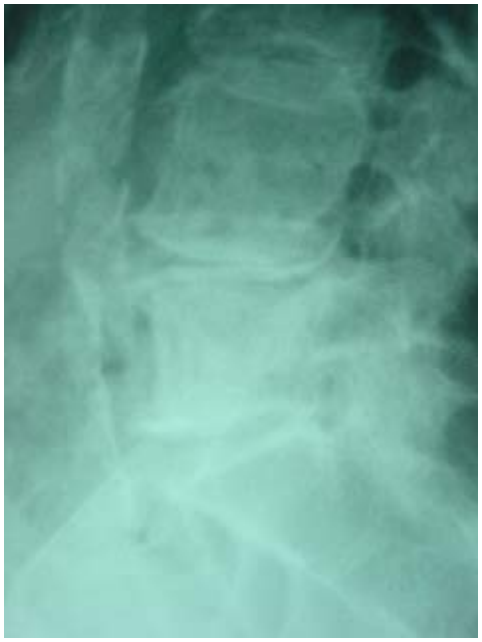

Figure 2

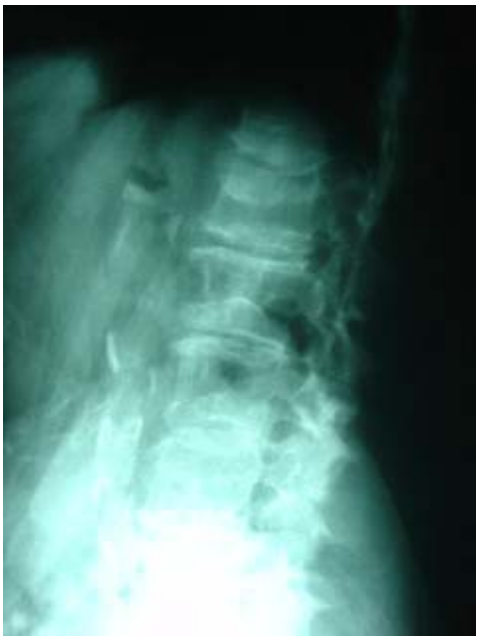

Figure 3

Figures 2 and 3 show the degenerative disc disease throughout the lumbar spine and the atherosclerotic plaque formation in the aorta and iliac vessels.

Treatment is supine posture on the Cox® Table with the pelvis on the caudal section and the thoracic spine on the thoracic section. The patients hands are crossed over her chest, my hand will contact her crossed hands on her chest, and I will apply gentle long y-axis decompression with right lateral flexion of the thoraco-lumbar spine, all applied with prior and constant tolerance testing of the patient to the procedure. She is then turned prone on the instrument and long y-axis decompression is again applied in this prone position. This is followed by tetanizing currents to the right convexity of this curve for 10 minutes. She is given Cox® exercises 1 through 5 to perform before arising in the morning and upon going to bed at night. She is also to apply 10 minutes of heat, followed by 10 minutes of ice, followed by 10 minutes of heat to this thoraco-

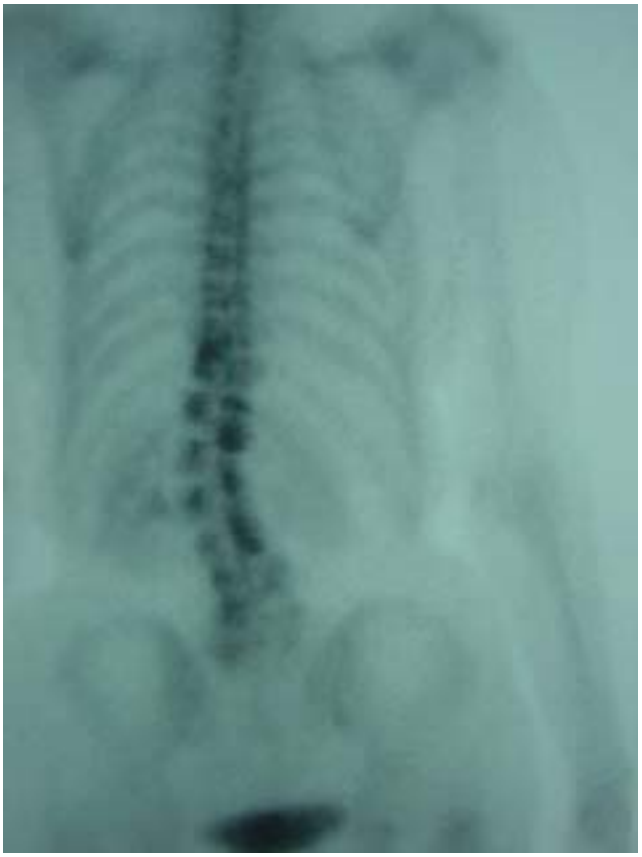

Figure 4: Note the uptake of radionuclide on the concavity of the scoliotic curves due to degenerative facet changes.

lumbar spine. I have given her Fiber Plus, a colon preparation of aloe vera, flax seek powder and peppermint, because she has constipation which requires an enema every 3 days to move the bowel. I will correlate this with her medical provider. I have also given her herbal pain control so that she can possibly diminish the use the non-steroidal anti-inflammatory drugs, thus reducing the possible adverse effects on her circulatory, renal, and digestive systems.

This represents a common entity seen with increasing frequency in clinical practice and I wanted to share with you another form of care for it. This patient will not respond to lumbar rolls, nor high velocity, low amplitude thrust adjusting. In my opinion, long y-axis Cox® decompression is a good treatment approach for this patient.

Respectfully submitted,
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