

The Wonders of Chiropractic Health Care

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I graduated from Palmer College in 1969 and have been in practice since 1970. It seems just like yesterday that I walked down the aisle to receive my diploma. Since that day, I have seen and helped thousands of patients. A few days ago, it struck me that helping people is such a commonplace thing that it's easy to take for granted what doctors of chiropractic are able to do with our hands. This is especially true for the most common conditions patients seek our care for, such as back, neck and headache pains.

A few weeks ago, I had a 20-year-old schoolteacher come in as a new patient. Her symptoms were far from normal. A week prior, she had developed numbness in her right arm and leg and found it difficult to talk. She spoke very slowly, slurring her words. When she spoke, her lips did not move on one side. She also had difficulty using her left arm. She was unable to hold a pen and write. She reported neck and upper-back pain, and mild low-back pain.

While I was taking her history, I was thinking, "This patient had a stroke, get her to a medical doctor." I continued taking her history and learned that she had already seen her MD, who had ordered a CT scan. It was negative, and so she was then referred to a neurologist, who in turn ordered an MRI (also negative). Her doctors were unable to find the cause of her condition.

With that history, I decided to continue my evaluation of the patient. The physical examination produced the following findings:

Normal cervical range-of-motion caused sharp neck pain. Cervical compression and foramina compression tests elicited neck pain. Motion palpation revealed joint fixations at C1-2 and C5-7. Her left-hand grip strength was weak; the right hand had no grip strength. During pinwheel testing the patient reported sharp sensations on the right arm and dull sensations on the left arm. Pain was reported on palpation bilaterally in the upper cervical and lower cervical regions, with muscle spasms in the upper back.

Cervical x-rays revealed a left 3-degree to right 6-degree cervical angulation, and right 8-degree C2 rotation. No pathology or degeneration was noted.

I was concerned about how I would adjust her cervical spine. Even though the CT scan and MRI were negative and had ruled out a stroke, I was still not comfortable putting a high-velocity thrust adjustment into her cervical spine. I adjusted her with the Pettibon cervical adjusting instrument on a daily basis for the first week. The day after her first adjustment, she reported a reduction in her numbness. Following the next adjustment, she reported no numbness in the right arm. Gradually her pain reduced, and after three weeks she had normal speech and normal mouth movement, no numbness and only slight to mild pain in her neck. She resumed teaching. Her treatment frequency was reduced to one visit every two weeks.

I feel really good about helping this patient. These special cases recharge my batteries and shake off any cobwebs of taking the spinal adjustment for granted. I can assure you, this patient does not take chiropractic health care for granted.

I share this story with you as a reminder that we are part of a very special profession. Chiropractic is not a cure-all. Certainly we must always practice in a safe manner, knowing when to refer a patient for further evaluation, but I believe we must also be willing to help those that want our help, and we must avoid falling in that comfortable group of patients that make up the majority of our practice. How many people suffer needlessly because they don't know about the benefits of chiropractic care?

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MAY 1998