Dynamic Chiropractic

BACK PAIN

Two Patients, Two Doctors, Two Courses

Editorial Staff

This is a tale of two cases. Both patients saw the same chiropractor and the same neurosurgeon, both of whom were members of the American Academy of Spine Physicians. Both patients had almost the same presentation, but the two had vastly different courses of treatment.

Patient A was a 28-year-old male who was active in athletics. He developed gradual onset of low back pain with pain radiating down his right leg. His chiropractic physician took lumbar spine X-rays that showed some disc space narrowing at L5-S1. He had chiropractic manipulative therapy (CMT), ultrasound and massage. Although there was some improvement of the radiating right leg pain, it started to progress and follow-up examination showed mild weakness of plantar flexion of the right foot (gastrocnemius) and sensory deficit involving the right S1 dematome.

The chiropractor ordered an MRI; it showed a large central disc herniation at L5-S1 extending to the right. Because the patient was refractory to conservative care, and because of the progressive weakness, the chiropractor referred the patient to a neurosurgeon for further evaluation. The chiropractor had collaborated with this neurosurgeon in the past.

Patient B was a 26-year-old male who developed gradual onset of low back pain radiating down the right leg while working as a carpenter. The chiropractor treated the patient with CMT, ultrasound and massage. Over time, it was noted that the patient developed weakness of the right gastrocnemius and lost the right ankle reflex. An MRI showed a large central and right herniated L5-S1 disc. The chiropractor sent the patient to the neurosurgeon with whom he had a professional relationship.

What Happened

Patient A was seen by the neurosurgeon and had progression of the weakness. The neurosurgeon operated on the patient. He performed a laminectomy, with removal of the herniated L5-S1 disc material and decompression of the right S1 nerve root. Patient A regained his strength and returned to the chiropractic physician for follow-up chiropractic care.

Patient B was seen by the neurosurgeon, who noted that the patient's weakness was decreasing. The neurosurgeon recommended that the patient receive more conservative care, and referred him back to his chiropractic physician. The strength returned and the patient had no radiating leg pain.

The Point

Cooperative spine care helped Patient A avoid permanent neurological deficit and chronic pain, and helped Patient B avoid an operative procedure and return to his previous activities.

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