Dynamic Chiropractic

REHAB / RECOVERY / PHYSIOTHERAPY

Helping Patient, Helping Neurosurgeon, Helping Chiropractor

by Academic Board of the American Academy of Spine Physicians

A neurosurgeon evaluated a 70-year-old patient with increasing difficulty walking. The patient's reflexes were increased in the arms and legs. The legs had increased tone. His gait was spastic. The neurosurgeon ordered an MRI of the entire spine. Although spondylosis was noted in cervical, thoracic and lumbar areas, the cervical spinal canal was narrowed markedly by bony bars, bulging discs and thickened ligaments at all levels. A cervical myelogram and a post-myelogram CT scan confirmed the above.

The neurosurgeon then performed a multilevel laminectomy with decompression of the spinal cord. Postoperatively, the patient's spasticity decreased and his gait improved. Over time, he was able to walk without difficulty, but complained bitterly about local neck pain. The patient said that the neck pain bothered him more than the difficulty walking. Flexion/extension X-rays of the cervical spine did not show any areas of instability.

The neurosurgeon referred the patient to a chiropractic physician he located in his area via the National Directory of Spine Physicians (www.spinephysicians.net). Over a period of several weeks, the patient began to improve. Several months later, his neck pain was only a memory. The patient said he liked the idea of being treated by an "expert in operating" and then by an "expert in not operating." Both doctor's efforts helped the patient. He said he especially liked the time the chiropractic physician spent with him and the close contact with such a caring health care professional.

The Point

Excellent conservative therapy postoperatively helped the patient maximize recovery, but also helped the chiropractic physician and the neurosurgeon maximize their developing relationship.

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