Dynamic Chiropractic

MUSCULOSKELETAL PAIN

Scoliosis, Spondylolisthesis, Short Leg and the Response to Chiropractic Care

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History of Illness

On June 29, 1992, a 23-year-old, white female reported to our office complaining of right-sided low back pain with bilateral thigh pain. The pain was a constant, dull aching, with occasional sharp pain. the patient, who experienced vomiting from the flu a few days prior, felt the violent vomiting might have triggered the pain. She also has a history of dancing in theater and carrying trays of food as a waitress.

P)hysical Examination:

Physical examination showed an inability to laterally flex to the left side, left lumbar muscle spasm, positive leg lowering, positive Kemp's on the left, and rebound on the left. She had a left high hip and fixations noted at C2, L4, and the left S1.

X-Ray:

AP and lateral full spine x-rays revealed the following:

1. A 22 degree right convex thoracolumbar scoliosis measuring the bodies of T1 and L3 (Cobb method).

2. A grade one spondylolisthesis of L5.

3. A 20 mm short left leg.

4. The lateral views revealed the typical hypolordotic lumbar and hypokyphotic thoracic spine known to be risk factors for scoliosis.

Diagnosis:

A diagnosis was made of vertebral subluxation complex consisting of:

1. Spinal Kinesiopathology -- Scoliosis and Segmental Dysfunction

2. Neuropathophysiology -- Radiculitis

3. Myopathology -- Muscle Spasm

4. Histopathology -- L5 Spondylolisthesis

5. Pathophysiology -- Subluxation Complex

Care Program:

The patient was seen in our office and received specific chiropractic adjustments to the levels of subluxation with special emphasis to the fourth lumbar vertebrae. The patient was seen at approximately three visits a week using Gonstead technique. She was re-examined on September 11, 1992. The patient reported relief within the first two weeks of care. At the conclusion of her care program she was x-rayed again in the thoracolumbar area. The follow-up films revealed reduction in the scoliosis from 22 degrees to seven degrees. The left leg was still 20 mm short. At that time, a heel lift was given and a care program of one visit per week was recommended, for six weeks. After six weeks another x-ray revealed a continuation of the seven degree curve with only a 13 mm differentiation in leg length. The patient now reports that she is "much improved." Her back disability index went from 20 percent originally, to ten percent at last exam. She still experiences some back pain and spasm, as well as headaches. She has now been placed on monthly supportive care. She is contemplating breast reduction surgery in hopes of reducing stress to her spine.

Discussion:

This case represents the impact chiropractic care can have on such a complex condition. It is not uncommon to see a scoliosis in combination with a spondylolisthesis. The reduction of 22 degrees is significant in that none of that improvement can be attributed to correction of the short leg. While chiropractic adjustments are intended to reduce the vertebral subluxation complex rather than being used as a "treatment" for curved spines, the reduction in curves is very gratifying. We anticipate that the L5-S1 disc will eventually proceed to degeneration and will thus lend stability to the spine. The patient was also counseled about the tendency for scoliosis to progress during pregnancy since she is of child-bearing age.

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SEPTEMBER 1993