



CASE STUDY II *Severe Low Back Pain*

PATIENT HISTORY:

James W. – 49 year old male with four year history of low back pain with radiating signs and symptoms going down posterior thighs and knees. Patient states that when pain is flared up it can be as high as 9 out of 10 on pain scale and will travel to both his feet. Average level of pain is 3 out of 10 on pain scale. Going from a seated to standing position aggravates the pain, along with staying in a seated position for a long period of time. Patient also states increased pain with coughing, sneezing, and when bearing down to have a stool movement. Patient credits low back pain to repetitive micro-trauma from work and activities of daily living; improper bending and twisting at waist. No other history of trauma is reported. All other patient history is unremarkable.

EXAMINATION FINDINGS:

Positive Orthopedic Tests indicating disc inflammation and swelling in associated soft tissue structures. (+Kemps, +Straight/Well Leg Raise, +Dejerine's Triad, +Valsalva, +4/5 Muscle Strength on Iliopsoas and Piriformis, +Milgrams, Reflexes within Normal Limits, No Sensory Deficits) X-rays indicate disc degeneration and osteoarthritis at multiple levels with associated changes in lumbar curvature.

DIAGNOSIS:

Moderate Lumbar Disc Bulge with Radiculopathy, Sciatica, and Associated Hypertonicity in Paraspinal Musculature.

TREATMENT PLAN:

1 Month

1st – 2nd Week – treated patient a total of 6 times. Each visit consisted of ice therapy to reduce the inflammation in the soft tissue and pre-modulated interferential therapy to provide pain relief. Ancillary therapy was followed by a gentle manipulation to the lumbar spine. Once the patient's pain reduced to lower than 5 out of 10 on pain scale, therapy was changed from ice therapy to heat therapy to address low grade soreness. A protocol of lumbar traction decompression was prescribed after 5th visit.

3rd – 4th Week – treated patient a total of 2 times. The last two visits consisted of heat therapy to address the tight musculature in the lumbar spine and pre-modulated interferential therapy to provide pain relief. Ancillary therapy was followed by a gentle manipulation to the lumbar spine. Patient completed last two treatments with lumbar traction decompression.

OUTCOME:

90% resolution of back pain and radiating symptoms after 8th visit. Patient was released on an as needed basis. To address residual pain and soreness patient was prescribed a strict regiment of core stability exercises, instructions on proper biomechanical lifting at work and at home, and to start a regular routine of walking; all for preventative health benefits.