



for CERVICAL SPINE pain conditions *Published Articles*

Cox JM: *Neck, Shoulder and Arm Pain: Mechanism, Diagnosis, Treatment*. 3rd edition; 2005

Eliyahu. *J Of Manipulative And Physiological Therapeutics* 19(9):

80% of cervical and lumbar spine disc herniations helped by flexion distraction adjustment. 63% showed MRI reduction in size

CERVICAL SPINE STENOSIS TREATED WITH FLEXION DISTRACTION

In the *Journal of the Neuromusculoskeletal System* 10(4), 2002, RA Kruse and D Gregerson wrote a paper titled CERVICAL SPINE STENOSIS RESULTING IN RADICULOPATHY TREATED WITH FLEXION-DISTRACTION MANIPULATION. A CASE STUDY.

A 60 year old male presented with complaints of pain and limited motion in his neck, with pain and weakness in his left shoulder and arm. These symptoms began after a fall approximately 4 months prior. His previous allopathic care included medication and physical/occupational therapy, which provided no significant relief. Cervical plain film radiographs demonstrated degenerative changes and the magnetic resonance imaging revealed multilevel central stenosis. The patient was treated with flexion-distraction manipulation, which provided significant relief of his subjective and objective findings. Cervical stenosis with resultant radicular and neurological complaints may be difficult to manage with both conventional allopathic and chiropractic treatment. Flexion distraction manipulative therapy may be an effective treatment option for these often-difficult cases.

Cervical Spine Cox® Protocols

Cox I, JM; Cox II, JM: Cox® Distraction Procedures for cervical spine. *Florida Chiropractic Association Journal* 1999; Jan/Feb:42-44

Cox® Distraction procedures for the cervical spine and thoracic spine are a natural outgrowth of its application to the low back. This technical overview of Cox® Distraction procedures for the cervical and thoracic spine is intended to introduce this form of care for patients intolerant of classic rotatory thrust techniques due to such anatomical and pathological findings as degenerative disc disease, vertebral artery syndrome, disc herniation, blocked vertebra, occipitalization, scoliosis, other congenital defects, as well as for patients who just cannot be high velocity adjusted.

Cox Flexion-Distraction Treatment of Klippel-Feil Syndrome

Kruse RA, Schliesser J, DeBono VF: Klippel-Feil Syndrome with radiculopathy. Chiropractic management utilizing flexion-distraction technique: A case report. *JNMS* 2000;8(4):124-31

A 34-year-old female presented to a chiropractic office with severe, unremitting, cervical, shoulder, and arm pain of several months' duration. Past medical history, clinical evaluation, and plain-film radiographs revealed findings consistent with Klippel-Feil syndrome. The radiographs revealed a C2/3 block vertebrae, atlas assimilation, and premature degenerative changes consistent with the syndrome. Treatment consisted of cervical flexion-distraction manipulation and adjunctive therapies. This patient felt relief after the first

(Continued on page 2)

(Continued from page 1)

treatment and experienced a complete resolution of her symptoms after eight treatments performed over a period of 2 months. Klippel-Feil syndrome is an anatomical entity that results in premature cervical degenerative changes, which may cause radiculopathy. Flexion-distraction manipulation performed to the cervical spine is a relatively new clinical procedure, which shows great promise for the treatment of cervical radiculopathy.

Cox® Flexion-Distraction Treatment of Cervical Disc Herniation

Kruse RA, Imbarlina F, DeBono VF: Treatment of Cervical Radiculopathy with Flexion Distraction. JMPT 2001; 24(3):206-9

Objective: To discuss the nonsurgical treatment of a cervical disk herniation with flexion distraction manipulation.

Clinical Features: A case study of cervical disk syndrome with radicular symptoms is presented. Magnetic resonance imaging revealed a large C5-C6 disk herniation. Degenerative changes at the affected level were demonstrated on cervical spine plain film radiographs.

Intervention and Outcome: The patient received treatment in the form of flexion distraction manipulation and adjunctive therapies. A complete resolution of the patient's subjective complaints was achieved.

Conclusion: Flexion distraction has been a technique associated with musculoskeletal conditions of the lumbar spine. Flexion distraction applied to the cervical spine might be an effective therapy in the treatment of cervical disk herniations. Although further controlled studies are needed, treatment of cervical disk syndromes with flexion distraction might be a viable form of conservative care.

39 Cervical Spine Cases Reviewed

Schliesser JS, Kruse R, Fallon LF : Cervical radiculopathy treated with chiropractic flexion distraction manipulation: a retrospective study in a private practice setting. Journal of Manipulative and Physiological Therapeutics 2003; 26(9): 592-596

Background: Although flexion distraction performed to the lumbar spine is commonly utilized and documented as effective, flexion distraction manipulation performed to the cervical spine has not been adequately studied.

Subjective: To objectively quantify data from the Visual Analogue Scale (VAS) to support the clinical judgment exercised for the use of flexion distraction manipulation to treat cervical radiculopathy.

Design and setting: A retrospective analysis of the files of 39 patients from a private chiropractic clinic that met diagnostic criteria for inclusion. All patients were diagnosed with cervical radiculopathy and treated by a single practitioner with flexion distraction manipulation and some form of adjunctive physical medicine modality.

Main outcome measures: The VAS was used to objectively quantify pain. Of the 39 files reviewed, 22 contained an initial and post treatment VAS score and were therefore utilized in this study.

Results: This study revealed a statistically significant reduction in pain as quantified by visual analogue scores. The mean number of treatments required was 13.2 ± 8.2 , with a range of 6 to 37. Only 3 persons required more treatments than the mean plus 1 standard deviation.

Conclusion: The results of this study show promise for chiropractic and manual therapy techniques such as flexion distraction, as well as demonstrating that other, larger research studies must be performed for cervical radiculopathy.