

## The Interdisciplinary Approach to Spine Pain Management and the Role of Cox® Technic in Healthcare

Evidence-based practice...integrative care ... interdisciplinary care ... research-based care ... All came together in Fort Wayne, Indiana, on October 7-8, 2006, at Lutheran Hospital in the Kachmann Auditorium for the Part 3 Advanced Cox® Technic Seminar: ***The Interdisciplinary Approach to Spine Pain Management and the Role of Cox® Technic in Healthcare***. For 44 years, James M. Cox, DC, DACBR, has quietly worked in the Fort Wayne community building quality relationships with his medical colleagues for the benefit of his patients, colleagues and profession. He and his long-time personal and professional friend, Rudy Kachmann, MD, coordinated efforts to host this conference during which healthcare colleagues (neurosurgeons, orthopedic surgeon, pain control and chiropractors) might share what they do for the benefit of their respective and oft-times shared patients.



Dr. James Cox opened the weekend with a review of the past year's most pertinent research findings published in the spine peer-reviewed journals. Leading the shared articles was the *European Spine Journal's* publishing Gudavalli et al's paper, "A randomized clinical trial and subgroup analysis to compare flexion–distraction with active exercise for chronic low back pain," and the *Osteopathy & Chiropractic's* Cambron et al's paper, "One-Year Follow-Up of a Randomized Clinical Trial Comparing Flexion-Distraction with an Exercise Program for Chronic Low-Back Pain."

*"Dr. Cox was, as usual, excellent. His updates on the state of the research and clinical rounds are always informative and provide me the needed background for my work as a practitioner."*

Four medical presentations were incorporated:

- Dr. James Dozier, a neurosurgeon, presented several cases that he was referred from chiropractors and shared his conservative view of surgery: only 5% really need his service. The usual reasons are progressive neurological deficits, cauda equina syndrome and/or excruciating pain that the patient is at his/her endpoint after trying other methods for relief.
- Dr. Robert Shugart, an orthopedic surgeon, presented a plethora of orthopedic options for today's patients: fusion, cages, Ray, Dynesys®, Charite, Maverick, Wallis. His participation in FDA studies of these options keeps him on the cutting edge of technology and yet very clear on who is a proper candidate.
- Dr. Eric Schreier, an osteopath, shared his options for pain management which include the epidural steroids, injections, etc.
- Dr. Rudy Kachmann, a neurosurgeon, shared a most dynamic and well-received talk on the Mind/Body/Spirit connection in patients. Quite progressive in his thinking, Dr. Kachmann puts forth that patients' pain can be more than physically caused. He often gives patients books to read on the mind/body/spirit connection and listens to them. He is working on a mind/body continuum scale to evaluate Surgery is often a last resort. His 40 years of neurosurgical practice prompts his conservative approach to spine pain. Attending physicians commented that they could listen to him all afternoon! He does have an appreciation for educated, responsible chiropractic physicians.



*“Drs. Shugart, Dozier and Schreier talks were enlightening and helpful from the perspective that I understand better the work being done in these disciplines. I would welcome them on any future agenda.” - H.R., DC*

All the medical presenters were asked how chiropractors could establish a relationship with them. Dr. Dozier mentioned that when he came to town, Dr. Cox and he met after Dr. Cox sent a patient to him, and they had lunch together. Dr. Kachmann recalled that 40 years earlier, Dr. Cox made an impression when, for Dr. Kachmann’s first surgical patient, Dr. Cox sent a patient to him with an exact and proper diagnosis of the patient’s condition and all other care had been ruled out. Dr. Kachmann said that when a patient is referred to him from Dr. Cox, he knows that patient needs his care.

*“I enjoyed the seminar; it was great to be treated well while in a medical setting.” – M.S., DC*

Beyond the medical presentations, certified Cox® Technic physicians ([www.coxtechnic.com/referrals.asp](http://www.coxtechnic.com/referrals.asp)) presented cases from their practices. (They were also encouraged to write the cases and publish them: web, journals, research conferences! Articles by Johnson/Greene, Pierson, and Rosenthal were shared that the doctors can reference to write cases.) Though the weekend was themed for low back pain, many were cervical spine cases.



*Dr. Aaron-Joachim showing acupuncture.*

- Dr. Ted Siciliano, NJ, opened the cases with his cervical spine/myelopathy case: “Cervical Discogenic Myelopathy (C4-5, C5-6, C6-7) Treated Successfully with Cox® Cervical Decompression Adjusting Protocols: A Certified Doctor’s Case.”

- Dr. Pam Aaron-Joachim, IN, shared acupuncture and how it is incorporated into spine patients’ care.

Dr. Stuart Rosenthal, MA, followed with a cervical case: “Pre and Post MRI Study of a Lg. HNP @ C-5/6 Utilizing Only Cox® Decompression/Manipulation: Case Report.”

- Dr. Ralph Kruse, IL, an instructor for Cox® Technic and well published author of flexion-distraction cervical spine cases, presented “Lateral Recess Stenosis from a Cervical Disc Herniation Resulting in Radiculopathy Treated With Cox Decompression Manipulation: A Case Study.”



*Dr. Dunn*

- Dr. Michael Poulin, VA, presented “L5-S1 Disc Bulge, L5-S1 Free Fragment, Spondylolisthesis Managed with Cox® Technic.”

- Dr. Michael McMurray, CA, an instructor of Cox® Technic courses, presented a case of a young lady he has followed since she was just 4 years old and is now in college: “The Progression of Degenerative Disc Disease in a Developing Elite Gymnast -- Maintained with Cox® Decompression Manipulation.”

- Dr. Joe Dunn, FL, an instructor of Cox® Technic courses, shared “Bilateral Leg Pain In A 43 Year-Old Female Without Incident” which is a case that he has followed for nearly 6 years off-and-on (so typical when patients come in only when they’re hurt).

- Dr. Lynn Weeter, TX, shared a case of a 70 year old patient with degenerative disc disease and stenosis which were slowing his lifestyle.

- Dr. George Joachim, IN, an instructor of Cox® Technic courses, presented his and Dr. Ram Gudavalli’s plan for a new research study involving the gait of patients undergoing Cox® Technic treatments, pre and post.



*Dr. Cox showing treatment of one of his patients.*

- Dr. James Cox brought 6 of his own patients – from post-surgical low back to acute cervical pain -- to the course to present. He showed patient images, exam findings on video from their initial visits, and the treatment protocol he uses on them.

Integrating a new protocol into an established practice can be intimidating. Two presentations discussed how these doctors successfully have done so:

- Dr. Jerry Carter, IL, discussed how well his individual practice has grown from the incorporation of Cox® Protocols.
- Dr. Jeff Hass, IL, whose case manager for the hospital came with him, presented how his interdisciplinary occupational health clinic (which includes orthopedic surgeons, physical therapist, nurses, massage therapist, chiropractor) has evolved to include chiropractic as the primary portal of entry for all work comp cases. An average of 1700 people per day come to FHN for their health care needs. There are 110 medical providers including 34 specialties in 24 locations serving a five county region with a 183 bed hospital. At the FHN Spine Clinic which he works in, he even shared that the orthopedic surgeons in the group don't care to see back patients initially. His talk generated much discussion as to how his model may be shared with other situations. He mentioned that education, decision to make it happen, knowledge of the proper language and communication in medical settings, cooperation and trust in a dynamic referral situation must all come together to make it work.

*"Thank you ... for the outstanding weekend. It was one of the more progressive and exciting conferences I've attended."* – J. H., DC

The weekend culminated with Dr. Ram Gudavalli's presentation of his *European Spine Journal* [2006; 15:1070-1082] published research paper and the specially designed transducer which doctors can use to measure the forces they apply to the patient's spine during the flexion-distraction treatment. The outcomes published in ESJ were that flexion-distraction outperformed active exercise physical therapy (medical conservative care) in treating the radiculopathy patients as well as chronic patients with moderate to severe symptoms. A huge report!



*Dr. Gudavalli presenting his work.*



*Dr. Gudavalli with his transducer / computer set-up.*

Dr. Gudavalli also shared his colleague's, Dr. Jerrilyn Cambron's, follow up paper to the above mentioned study: ***flexion distraction was found to be more effective in reducing pain for 1 year when compared to a form of physical therapy.*** Further, during a one-year follow-up [to the above mentioned study], participants previously randomized to physical therapy attended significantly more healthcare visits than those who received chiropractic care. (Cambron et al, *Osteopathy & Chiropractic* 2006; 14:19)



Lastly, all proceeds are being donated to support the research efforts in flexion-distraction at National University of Health Sciences and Palmer Center for Chiropractic Research. Dr. Gudavalli's amazing commitment to chiropractic research and to flexion-distraction research since 1991 and his ability to work with fellow talented researchers at so many research centers are most appreciated. Chiropractic is fortunate to have his talent.

Plans are in the works for the 2007 Part 3 Advanced Cox® Seminar for June 2-3, 2007.

For more information on Cox® Technic and Cox® Seminars, please visit [www.coxtechnic.com](http://www.coxtechnic.com).