

## L5S1 FREE FRAGMENT

A 43-year-old white female is seen for the chief complaint of right leg pain. She states that in November 2005 she had low back pain, but now she only complains of right leg pain. The pain intensity is a 10 on the VAS scale. She has been to a chiropractor for side posture adjusting, and with no help he recommended an epidural steroid injection. Instead, she chose to see us for further chiropractic care.

Her straight leg raise is positive at 60% on the right side, and the same is true of the sitting Bechterew. The deep tendon reflexes of both lower extremities are plus 2 and there is no sign of motor weakness.

MRI shows a large free fragment of nuclear material lying posterior to the L5-S1 disc space. This is appreciated on both the sagittal and axial views that are shown. See figures 1 and 2. Note also how the free fragment has migrated posterior to the S1 segment and displaces the cauda equina rather markedly. This fragment measures over 15mm in length and 8mm in width.



Figure 1: Note large free fragment (sequestration) at the L5-S1 level that markedly contacts the thecal sac.

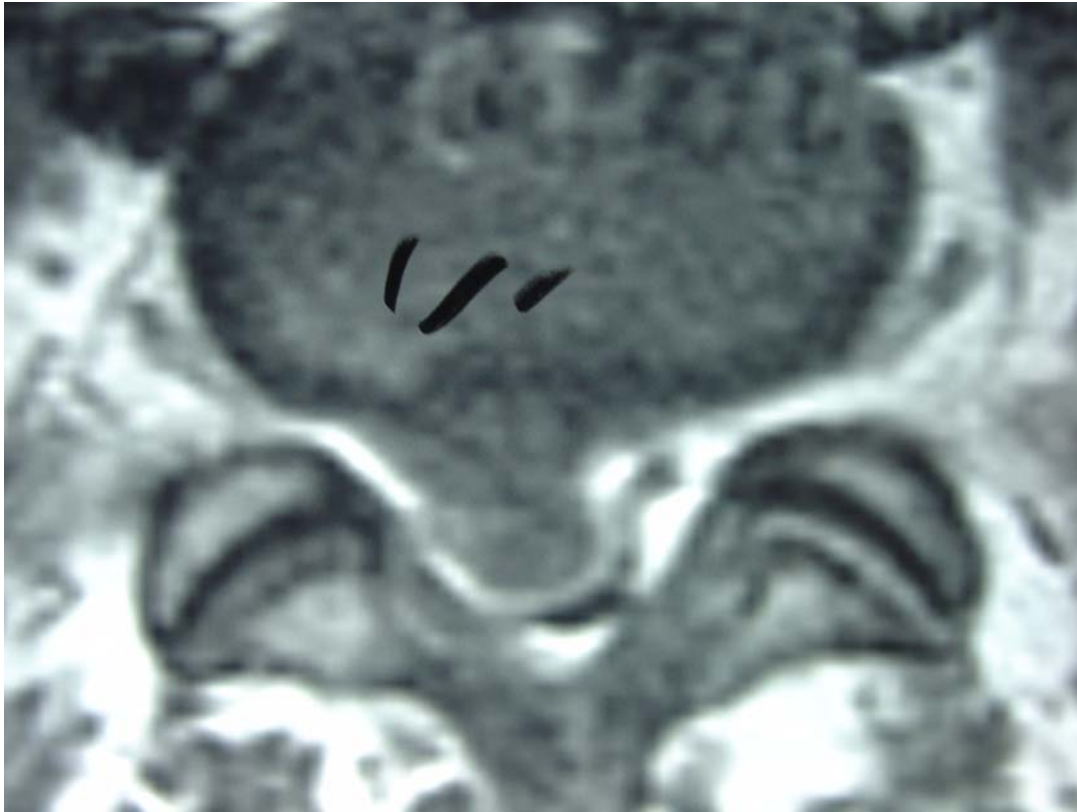


Figure 2: Axial image shows the large right sequestered fragment contacting the thecal sac.

Now, to look at this condition one might think this very large disc, in a patient with only leg pain, diagnosed as a non-contained free fragment, would be very resistant to manipulation relief. Note how easily this case responded. This patient was treated 6 times with reduction of pain from a 10 to pain from 0-2, mostly a 0.

No follow up MRI was done, but would certainly be of interest. The treatment consisted of protocol 1 flexion distraction decompression treatment of the L5-S1 disc space followed by positive galvanism into the free fragment and para vertebral muscle stimulation with tetanizing current. She was given Discat Plus, 4 at breakfast and 4 at bedtime, and given exercises 1-3 on the Cox® Exercise Program until the leg pain alleviated and now does the first 5.

This is an excellent case of what looks like a very difficult large free fragment, which yields very quickly and nicely to flexion distraction decompression manipulation. Literature teaches us there is poor correlation between MRI findings and clinical findings. A further less is that the patient sought a second chiropractic opinion and care after the first chiropractor couldn't relieve her pain and referred her to medical doctors.

Sincerely yours,

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