



COX® SEMINAR

Part III

SPECIAL TOPIC: FAILED BACK SURGICAL SYNDROME and CERVICAL SPINE PAIN CONDITIONS MANAGED WITH COX® TECHNIC FLEXION-DISTRACTION AND DECOMPRESSION ADJUSTING

Maui, Hawaii

Hyatt Regency Maui Resort & Spa

February 19-20, 2011

Saturday: Failed Back Surgical Syndrome – 6 hours

8am – Failed Back Surgical Syndrome Defined

8:30 am – Costs & Management Options

1. Comparison of spinal manipulation to surgical outcomes for treatment of spinal stenosis and herniated disc patients
2. How much does chiropractic cost?
 - a. Boyle
 - b. Weinstein
 - c. Juratli
 - d. Murphy
 - e. Carey - why do 10% of cases cost 95% of the expense?
3. Epidural steroid injection factoring into the surgical and non surgical care of post surgical cases and its value to the chiropractic physician

9:30 am – Cox® Technic Research Support

1. Chiropractic flexion distraction and decompression biomechanics and clinical outcomes comparing chiropractic and medical care - data from Health Resources and Services Administration of the Department of Health and Human Services federally funded research studies:
 - a. Neuropraxia to neurotmesis decision making in treating failed back surgical cases
 - b. synaptic relays of sensory and motor information in flexion distraction manipulation
 - c. long term follow up outcomes comparing medical and chiropractic manipulation of chronic low back pain
 - d. the five effects on the triple joint complex under flexion distraction manipulation.
2. Effect of distraction on disc degeneration in laboratory studies

10:30 am

1. Changing face of chiropractic spinal manipulation in the growing incidence of spinal stenosis in our aging populous
2. Disc prosthesis - pros and cons
3. Lipson principle of post surgical metaplastic proliferative fibrocartilage as a recurrent disc herniation - 2 cases reported
4. Pre and post MRI studies of herniated disc and stenosis patients under conservative care - and do they mean anything?

5. Precautions and tolerance testing in treating post surgical patients with flexion distraction and decompression manipulation based on the study of Panjabi, Willen, Wildermuth, Schonstrom, Cox

11 am - Noon

Cases on video/imaging: Chiropractic flexion distraction and decompression spinal manipulation for the failed back surgical case (or those not receiving perceived expectations from surgery).

12pm – 2pm

Cases Continued...

1. Post surgical bolt and plate persistent and/or recurrent pain
2. Vertebroplasty persistent pain following the procedure
3. Degenerative spondylolisthesis: incidence, presentation of four cases with adjacent level fusion stenosis due to ligamentum flavum hypertrophy, disc herniation, and developed degenerative spondylolisthesis
4. Ligamentum flavum hypertrophy stenosis case. How much relief represents a successful clinical outcome?
5. Herniated disc adjacent to level of a disc prosthesis in a 20 y/o female
6. Pre and post MRI study of an L4-L5 and L5-S1 herniated disc protrusion following endoscopic surgery - an interdisciplinary surgical and flexion distraction approach to treatment
7. Three level decompressive laminectomy for spinal stenosis treated post surgically for continued pain
8. 47 year old female with low back and right first sacral nerve root sciatic pain following L5-S1 laminectomy
9. Surgical fusion for L4 degenerative spondylolisthesis and hip arthroplasty in an 80 year old man with left lower extremity sciatica. The 50% rule importance in such a case.
10. Extraforaminal L5-S1 sequestered disc surgically removed with facetectomy and its post surgical care
11. Discogram positive L4-L5 herniated nucleus pulposus in a 41 year old female successfully treated for right sciatic pain following epidural steroid and physical therapy care failed to relieve the pain and surgery is recommended
12. Demonstration of flexion distraction and decompression chiropractic procedures in the treatment of the above mentioned failed back surgical cases.

...and more as they appear in Dr. Cox's practice between now and next February!

2pm Adjournment

SUNDAY: Cervical & Thoracic Spine Pain Management – 6 hours

8am Cervical Spine Biomechanics & Diagnosis

Literature Review of

- A. Healing percentage of neck injury
- B. Objective signs determining outcome

Specific Diagnostic Findings and Mechanism of Pathology in

- A. basilar impression
- B. occipitalization
- C. Arnold-Chiari syndromes
- D. Klippel Feil fusion
- E. Odontoid anomalies
- F. Thoracic outlet syndromes

G. Scoliosis

H. Whiplash injury

Structural and Neuroanatomy of the Cervical Spine

Dorsal Root Ganglion Anatomy & Physiology

Spinal Stenosis – Pavlov Diagnosis & Clinical Findings

Vertebrobasilar Artery Disease

A. Lateral Medullary Infarct

B. George's Sign in testing for

C. Vertebral Artery Anatomy

Whiplash Injury

A. brain damage

B. TMJ damage

C. Impact changes of body & cervical spine

D. Healing time & stages

E. rehabilitation

Scleratogenous versus dermatogenous cervical spine and extremity pain

Herniated Disc Pathology and Clinical Presentation

10 am

Published Literature

Cox® Treatment of Cervical & Thoracic Conditions, Herniated Nucleus Pulposus & Stenosis

1. Kruse et al – 5 studies

2. Cox

3. Gudavalli

10:30 am:

Patient Clinical Rounds & Management

Filmed presentation of actual patients from Dr. Cox's practice & their care/outcome

Patient Management:

A. algorithms of decision making

B. report of findings

C. re-examination

D. nutrition

11:30 am:

Hands-on Demonstration to include Tolerance Testing

Noon-2 pm

Hands-On Practice by attendees of cervical and thoracic spine protocols & FBSS protocols

2 pm

Adjournment