

ALL PROCEEDS from this weekend
will go to RESEARCH.

Cox® Seminar The Part 3 Advanced Certification Course



& The Patient

June 2-3, 2007
Fort Wayne, Indiana
Kachmann Auditorium
Lutheran Hospital

James M. Cox, DC, DACBR, inventor of flexion-distraction protocols, leads this weekend of "*the next step*" in incorporating Cox® Technic into private practice in your community. 2007's Part 3 course focuses on *the patient*: in the office, in the treatment room, in the research realm, in the offices of medical colleagues. The patient is central to his/her care and vitality of the practice. The excitement of these 12 hours will make your Monday morning incredibly exciting!

"How I Do It..."

Dr. Cox presents how his office directs patient care from the appointment through the *pro re nata* dismissal discussion.



Special TOPICS

Known for his voracious enjoyment and collection of spine literature, Dr. Cox presents the latest findings published in the literature regarding spine care, especially flexion-distraction clinical outcomes.

- **Spine Management Research** — A Literature Review Update
- **Nutritional Research** — Disc Degeneration and Regeneration
- Response to Comment — "**The Accident Didn't Cause the Disc Herniation**"
- **Patient Case Presentations** — Actual Patients from Dr. Cox's Practice
- **Case Presentations** — by attending certified doctors
- **Cervical Spine** — Anatomy and Treatment

A Neurosurgeon's View of The Patient

When neurosurgery is necessary, **Rudy Kachmann, MD**, is the surgeon for the task. He balances, however, his care of the whole patient: **Mind, Body, Spirit**. At Lutheran Hospital, a new MIND/BODY INSTITUTE is underway and the Neuromusculoskeletal Center is established. Come here this surgeon's insights in his quest to care for *the whole patient*.



Research's View of The Technic for The Patient

Ram Gudavalli PhD presents outcomes from the federally funded studies on flexion-distraction:

- Clinical outcomes compared to medical care for low back pain
- Clinical outcomes compared to medical care or cervical spine pain
- Force measurements via the transducer to measure during the adjustment
- The biomechanical effects

Hands-On Time

Dr. Cox leads hands-on treatment sessions. Dr. Gudavalli shares his transducer to measure the forces of application during flexion-distraction treatment.



For more information, call **1-800-441-5571** or visit
www.coxtechnic.com/Part3.pdf



F/D Enterprise, LLC
619 E. Dupont Road, PMB 98
Fort Wayne, IN 46825

Phone: 260-637-6609
Fax: 260-637-7324
Email: coxchiro@verizon.net

F/D Enterprise, LLC

PRESS RELEASE

COX® TECHNIC: THE PATIENT PART 3 ADVANCED SEMINAR 2ND ANNUAL JUNE 2-3, 2007

The Patient was the focus of the weekend. Held again at the Lutheran Hospital in Fort Wayne, Indiana, in the Kachmann Auditorium, Part 3 was exciting!



Dr. James Cox opened the weekend with a review of the latest published literature on spinal pain management from epidural steroids to disc replacements to manipulation.

"#1 topic of the weekend for one doctor: Hearing Dr. Cox discuss latest research."



Dr. Ram Gudavalli, principal investigator of several flexion-distraction federally funded research projects in coordination with National University of Health Sciences, Palmer University of Health Sciences, Loyola Stritch School of Medicine, Hines VA Hospital, University of Iowa, University of Illinois, to name a few affiliations, followed the literature review with his research projects' outcomes and goals. He shared exciting news about up-coming projects aimed on stenosis and cervical spine flexion-distraction pressure measurements. After showing the present lumbar spine flexion-distraction pressure measurement transducer, all attending doctors were able to work with it individually to see if their applications of the Technic meet that of the established norms.

Demonstrating the research-proven efficacy of Cox® flexion-distraction, Dr. Cox shared **two real patient cases** from his practice. Each had been referred to the clinic from other physicians. One was a post-surgical back whose pain after surgery is the same as before, but is now controlled with flexion-distraction care.

James Dozier, MD, a local neurosurgeon with whom Dr. Cox works closely, shared his insights on the latest surgical procedures and a few cases he co-managed with or were referred from chiropractors. Dr. Dozier is a very conservative neurosurgeon who gets to know his patients and works with them non-surgically before preparing for surgery. His presentation drew many questions from the group regarding referral protocol and relationship building.



The afternoon began with a case presentation by **Dr. George Joachim**, one of our Part 1 instructors, who shared a tough case of meningioma with the group whose pain he was helping manage successfully.

Dr. Pam Aaron-Joachim presented "*Acupuncture/Electroacupuncture and Its Role in the Cox® Technic Practice.*" Her demonstration of the needling drew an enthusiastic crowd!

Dr. Cox shared "**How I Do It**" regarding the patient processing in his office from the history taking to examination, report of findings (with a preview of a new software program —

currently undergoing some design specific for Cox® Technic protocols — computer-based report of findings on Sunday morning — very exciting!), to re-examination and subjective questionnaires to treatment plan and goals and the daily patient visit sheet which is loaded with procedure codes used daily and treatment plans/goals. This presentation really outlined just how patients, their billings and procedures go at the Cox® Clinic.



Rudy Kachmann, MD, neurosurgeon and author of books on the mind/body connection, shared enthusiastically his research on the affect of the mind on the body and disease and back pain. He shared that for years, he often gave books to his patients instead of prescribing more invasive procedures or drugs. He is currently researching more data for a book on heart disease and discussed the American diet and its affect on the health of us all. His very conservative approach to helping patients was welcomed by all. Looking at the whole patient is key to helping. He kindly gave a tour of the new Spine & Pain Center at Lutheran Hospital where his Fort Wayne Neurological Center practice is located.

Dr. Cox opened Sunday morning with a brief discussion of the literature that would help refute “**The Accident Did Not Cause the Injury**” comment often associated with medical-legal cases.

“I really loved the way Dr. Cox organized his thoughts on auto accident cases.”

Sunday morning then really focused on **Cox® flexion-distraction decompression treatment**.

“If you want to treat the worst/hardest cases — ‘the ones that scare you now’ — you need to learn Cox® Technic.”

Julie Cox-Cid presented a very short talk on the importance of **publishing patient case reports**. As Ralph Block said: “If it isn’t published, it never happened.” Sharing articles by JMPT’s editor, Dr. Claire Johnson and Dr. Bart Green and input from Dr. Jerrilyn Cambron (author of several follow up papers regarding patients from the lumbar spine flexion-distraction vs. medical care study), Julie encouraged doctors to write their cases and publish them: at a meeting, in a journal, or on the www.coxtechnic.com/casereports.asp website.



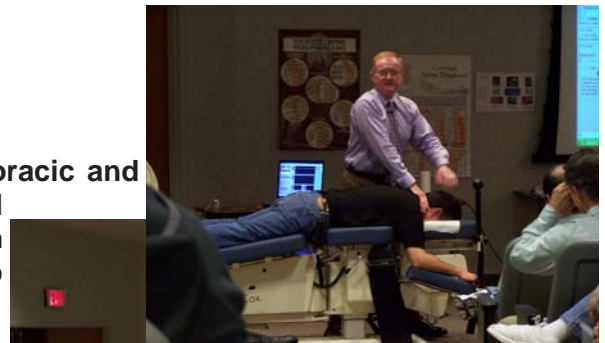
Then, attending doctors presented their **patient cases** to the group. Dr. Garry Butwell’s case really opened a discussion on the Canadian health system and the necessity (or lack thereof) of imaging to get a patient feeling better. He expressed how much Cox® Technic has affected his practice positively. Dr. McMurray’s case of a young girl suffering with disc herniation for years and her relief finally with Cox® flexion-distraction really was poignant as, for so many years, no one helped her. Dr. Diedrich’s case of a revealed high intensity zone on imaging lead to a discussion of how anterior discs reveal themselves symptomatically.



Dr. Cox then shared **hands-on treatment for cervical and thoracic and lumbar spines** from the tolerance testing review to special applications for special conditions (side-lying for pregnant). Each patient is unique, but the Technic can be adapted beautifully to fit each one’s requirements.

“This work is safe, effective, and performed to patient tolerance. Patients love treatment on the Cox® Table and it’s easy on the doc’s back and shoulders.”

The hands-on portion is impromptu with doctors enjoying the various adaptations of technique for conditions, the new thoracic restraint strap’s ability to stabilize the patient during treatment,





and the relating of literature to the case the the proper treatment.

Example: Dr. Cox's "**thalamus**" **discussion** intrigued everyone as they were drawn to visualize what is happening during the treatment.

Eddie Merlot's once again so smoothly and deliciously hosted the dinner Saturday night. About half of the attendees chose to attend and were treated to wonderful conversation and top notch food!

Track Corporation kindly provided two Cox® Tables for the weekend's use. www.coxtable.com

Lutheran Hospital kindly coordinated a continental breakfast and lunch on Saturday for attendees to take a break together.

Arlene Wunderlin so efficiently handled the paperwork and pre and during seminar communications.

PROCEEDS: *All proceeds from the 2007 Part 3 Advanced Cox® Seminar are being donated to flexion-distraction research to help seed pilot studies and support the researchers.*

The 2008 PART 3 ADVANCED COX® TECHNIC SEMINAR is in the planning stages. We look forward to seeing you then!

For more information on Cox® Technic seminars, please visit www.coxtechnic.com.

*Summary submitted by
Julie Cox-Cid*