

DATE: October 9-10, 2010
TITLE: Cox® Seminar/Part III -- Cox® Technic Multidisciplinary Care of Spine Pain Patients: *FBSS, Cervical, Low Back, Pregnant*
TIMES: Saturday 8am-Noon, 1pm-5pm, Sunday 8am-Noon
INSTRUCTORS: James M Cox DC DACBR, Ram Gudavalli PhD,
TOTAL CE HOURS: 13
LOCATION: Fort Wayne, Indiana at the Kachmann Auditorium in Lutheran Hospital

PROGRAM DESCRIPTION:

- **THE AUDIENCE:** Intended attendees are physicians treating back pain. They may have experience with Cox® Technic or be newly interested in what it has to offer. Part III highlights what Cox® Technic does for its patients and its physicians as well as how it keeps the researchers busy documenting the science and its clinical and laboratory outcomes.
- **THE VISION:** Part III Cox® Seminar highlight clinical application and clinical success of Cox® Technic physicians. Part III is designed for certified Cox® physicians to shine alongside the technique and its outcomes, research and history. Part III is the forum to enhance the ORAL TRADITION of Cox® Technic's clinical success with documentation.
- **THE METHOD:** Lead by Dr. James Cox, founder of Cox® Technic Flexion-Distract and Decompression Adjusting, clinical applications, protocols and outcomes are presented by field doctors; research outcomes are presented by the principal investigator, Ram Gudavalli PhD; situations of healthcare multidisciplinary inclusion of Cox® are described by field doctors.
- **THE FOCUS:** Part III delves into the available care options for spine pain patients: manipulation, surgery, pain control, rehabilitation/exercise, modalities, patient education. Its central theme is how Cox® Technic integrates with these options.

PROGRAM GOALS/OBJECTIVES:

- At the end of the course, the attendee will be more confident in application of Cox® Technic protocols after using the force transducer in hands-on practice.
- At the end of the course, the attendee will have tips on how to approach local medical organizations to share what he/she can do for non-surgery required spine patients.
- At the end of the course, the attendee will know how to treat the pregnant patient.
- At the end of the course, the attendee will understand more clearly the mind/body connection to healing.
- At the end of the course, the attendee will name at least two successfully used neurosurgical techniques in use today.
- At the end of the course, the attendee will name the two types of patients for whom Cox® protocols are appropriate.
- At the end of the course, the attendee will have a list of at least 20 of the latest published spinal research articles that affect care of the patient.
- At the end of the course, the attendee will be able to define the PPOD syndrome and how to treat it.
- At the end of the course, the attendee will define the FBSS patient and how to treat that patient.
- At the end of the course, the attendee will discuss the outcomes of the cervical spine biomechanics affected by Cox® Technic.
- At the end of the course, the attendee will have at least two new spinal rehabilitation skills to share with their patients.

PROGRAM TOPICS:

- Medical Colleague Presentations – Obstetrician, Neurosurgeons and Spine Specialists present their needs.
- Spinal Literature Highlights - Dr. Cox will share some of the latest literature findings and their impact on clinical practice.
- Clinical Rounds - Dr. Cox brings patients from his clinic to the course for discussion of their conditions, diagnosis, insurance involvement, treatment plan, outcomes, etc.
- Cox® Protocols - Dr. Cox will demonstrate hands-on application of Cox® protocols.
- Cox® Research - Dr. Gudavalli will share the latest F/D research outcomes and studies.
- Neurosurgeon's Support of Non-Surgical Means of Spinal Care - Dr. Rudy Kachmann never fails to impress with his alternative care views!
- Pregnant & PPOD Pain Patients - Cox® Technic helps: methods and outcomes.
- Pathologies - This presentation will alert doctors to not overlook anything in their examinations.
- Surgical Patients and Failed Back Surgery Syndrome Patients - Cox® Technic helps.
- Decompression Talking Points - Cox® Technic is decompression.

PROGRAM OUTLINE:**Saturday Morning**

8am – Noon

½ hour Opening Comments

HOUR 1: ½ hour

Opening Comments

- Published Research Literature Updates and Their Effects on Cox® Practice – **James M Cox DC DACBR*****3 1/4 hours The Pregnant Patient & PPOD Patient***

HOUR 1: ½ hour

- 1 hr - The OB/GYN Perspective - **Geoff Cly MD** -- "This baby is breaking my back!"

This will be a presentation on the source of gynecological back pain and that of pregnant women. A discussion of medical options will ensue.

* Discussion of symptoms and treatment of back pain during pregnancy

* Discussion of maternal and fetal anatomy in relationship to the spine

* Differential diagnosis of pain unrelated to the back during pregnancy

HOUR 2: ½ hour

- 1 hr (cont) - The OB/GYN Perspective - **Geoff Cly MD**

- HOUR 2: 1/2 hour - 1/2 hr - The Chiropractic Option - **Ralph Kruse DC DABCO**
This is a presentation of his article in JMPT regarding flexion-distraction of the pregnant patient: prone or side-lying as appropriate for the stage of pregnancy. Dr. Kruse will demonstrate the treatment.
- HOUR 3: 1 hour - 1 hr - PPOD Patient Management - **James Browning DC**
I. Overview of the mechanically induced PPOD (Pelvic Pain and Organic Dysfunction) syndrome
a) Somatic pelvic pain patterns
b) Disorders of urologic function
c) Disorders of enterologic function
d) Disorders of gynecologic and sexual function
II. Underlying mechanisms
a) Lateral vs medial/central disc lesion
b) Lower sacral neuroanatomy and pelvic organic connections
c) Pathophysiology of nerve root compression syndromes
d) Functional effects of sensory and motor fiber facilitation and inhibition
e) Mechanisms of paradoxical urological (pelvic organic) dysfunction

III. Clinical recognition of suspected PPOD syndrome patient

IV. Confirmation of the mechanically induced PPOD syndrome patient

V. Case reports
- HOUR 4: 1/2 hour - 1/2 hr - A Patient Example - LIVE Pregnant PATIENT - **James M Cox DC DACBR**
Dr. James M. Cox will present the treatment of a currently-under-care pregnant patient, outlining the examination and flexion-distraction side-lying spinal manipulation.
- HOUR 4: 1/2 hour *1/2 hour* - 1/2 hour - *A Discussion of Multidisciplinary Practices' Incorporation of Cox® Technic*
A Discussion of Multidisciplinary Practices' Incorporation of Cox® Technic - moderated by **James M Cox DC DACBR**

Dr. Cox moderates a discussion of in-hospital, large, multidisciplinary practice inclusion of flexion-distraction protocols in their facilities and procedures, and other situations.

Saturday Afternoon

1pm - 6pm

- 1 1/2 hours* **The Pre and Post Surgical Patients**
- HOUR 5: 1 hour - 1 hr - Neurosurgical Surgical Options - **James Dozier MD**
1. When is surgery indicated versus mandatory for radicular or back pain as opposed to continued conservative care?
2. New Methods
 a. artificial disc
 b. stem cell replacement for disc degeneration
3. Case Reports
4. Today's Trend of Multidisciplinary Medicine
- HOUR 6: 1/2 hour - 1/2 hr - Chiropractic Post Surgical - LIVE FBSS PATIENT - **James M Cox DC DACBR**
Dr. Cox will present a currently under care FBSS (cervical or lumbar) patient's history, exam, diagnosis, treatment and outcomes to the present day.
- 1 1/2 hours* **Case Reports**
- HOUR 6: 1/2 hour A Presentation/Discussion of Patient Case Reports - *moderated by James M Cox DC DACBR*
Cervical and/or lumbar stenosis, spondylolisthesis, disc herniation cases will be presented from Dr. Cox's practice and attendee's clinics who bring cases (exam findings and imaging) for discussion.
- HOUR 7: 1 hour *continued...*
- 2 hours* **Neurosurgeon's View: Non-Surgery Alternatives - Rudy Kachmann MD**
- HOUR 8: 1 hour Neurosurgeon's View: Non-Surgery Alternatives - **Rudy Kachmann MD**
A - history of mind-body disease
B - physiology of mind-body disease
C - mind-body index
D - mind-body diseases
- HOUR 9: 1 hour Neurosurgeon's View: Non-Surgery Alternatives - **Rudy Kachmann MD**
E - treatment of mind-body diseases
F - chiropractic as mainstream medicine
G - healthcare savings
H - Nocebo/Placebo

Sunday Morning

8am - Noon

½ hour

HOUR 10: ½ hour

Pathologies Discussion via Imaging - **James M Cox DC DACBR**

Dr. Cox presents MRI/CT/Xray imaging of patient cases that have come through his office over the years. He discusses how these impact his care plan of the patient. Ex: Multiple myeloma, diastematomyelia, abdominal aneurysm, syrinx, etc.

2 ½ hours

Cox® Technic

HOUR 10: ½ hour

- Cox® Technic Is Decompression - **James M Cox DC DACBR**

A discussion of the intervertebral disc pressure reduction on flexion distraction and decompression adjusting with the stenosis reduction changes with flexion distraction adjusting. It is important to describe the clinical federally funded studies that have been and are ongoing for the National Institutes of Health in documenting the biomechanical changes of the human spine during chiropractic spinal manipulation, namely flexion distraction.

HOUR 11: ½ hour

- Cox® Technic Is Decompression - **James M Cox DC DACBR**
(continued)

HOUR 11: ½ hour

- Cox® Technic Research Outcomes and Updates - **Ram Gudavalli PhD**

- featuring Loyola/Palmer Cervical Spine Biomechanics research update.

- featuring the pressure transducer to measure forces during Cox® Technic application

Ram Gudavalli, PhD, principal investigator of flexion distraction spinal manipulation federally funded research studies will present the biomechanical spine changes during flexion distraction (foraminal patency, intervertebral disc space increase in height, intervertebral disc pressure reductions, and range of motion manipulation).

Comparison of flexion distraction spinal manipulation clinical outcomes compared to medical care for low back and leg pain and neck and arm pain will be delivered. The on-going NIH grant to study the biomechanics of the cervical spine under flexion distraction adjusting and the creation of a sham model which is being collaborated by Palmer College and Loyola Stritch School of Medicine and the Hines VA Hospital will be updated.

HOUR 12: 1 hour

- (cont) Cox® Technic Research Outcomes and Updates - **Ram Gudavalli PhD & James M Cox DC DACBR**

- continuation of above discussion

- hands-on demonstration and practice using the force transducer

- Actual demonstration of the manipulation procedures will be demonstrated by James M. Cox, DC, DACBR.

1 hour

Rehabilitation of the Spine Pain Patient

HOUR 13: 1 hour

Rehabilitation of the Spine Pain Patient - **Jack Dolbin DC**

A. Outline for topic "Transition to Active Care"

a. Exercise is not an adjunctive therapy, exercise is the therapy.

B. The science behind the system: A review of recent peer reviewed studies supporting the early introduction of motion and resistance into the treatment program.

C. A review of the process of inflammation and repair as it relates to the introduction of specific exercises in the rehabilitation process.

a. The role of Fibroblasts

b. The role of oxygen

c. Collagen formation and the need to modify the healing process to create a stable scar.

D. A review of the energy systems and their role in the injury and rehabilitation process.

a. The Phosphocreatine system

b. The glycolytic system

c. The oxidative system

E. The role of disruptive kinematics in the injury as causative and why Chiropractic is the only discipline that addresses the role of motion deficits in the injury process.

a. The body moves in circular plane but activity is linear.

F. Developing a rehabilitation program:

G. What are we rehabilitating: Musculoskeletal system, Nervous system, emotion support system.

H. Process: Progressive overload to increase the tensile strength of the injured tissue.

a. Passive motion

b. Passive assistive

c. Active

d. Active resistive

I. Necessary tool to effect the desired physiological change.

a. Cox® flexion/distraction table: Passive motion

b. Therabands

c. Isotonic variable resistance equipment

d. Stability ball

- J. Role of the Lumbar spine in shoulder injuries.
- K. Overcoming Fear Avoidance as an impediment to return to activity

INSTRUCTIONAL METHODS:

Instructors will give prepared lectures.

Powerpoint presentations and videos will enhance the lecture format.

Hands-on demonstration and practice utilizing The Cox® Table for flexion-distraction and decompression will demonstrate technique.

Question & Answer sessions will be included in each section.