

Case Study

#4

40-year-old male presented with persistent low back pain for over 2 years. Sciatic neuralgia had developed in the past 6 months indicating decline in the patient's condition. He was unable to sit or stand for more than 3 minutes due to severe pain.

Antalgic lean was noted and physical examination revealed weakness was noted ankle dorsiflexion and extension of the big toe. Other neurological signs included reduced patellar and Achilles DTRs. MRI revealed a disc extrusion at L5/S1. 6-8 weeks of spinal decompression was recommended with 1-2 co-modalities such as heat, electric stimulation, ultrasound and soft tissue mobilization.



Results

Pain and claudication started to reduce after 10-12 sessions. Patient was able to resume normal daily activities with minimal pain and resolving neurological signs by the 22nd treatment. Ongoing rehabilitation included swimming sessions 2-3x per weeks to restore muscle strength and improve functional mobility of the back and leg. Remarkable improvement was noted in the patient's condition at the follow-up evaluation conducted 6 months after the initial visit. The patient was released from care in a pain-free state.



Summary

Spinal decompression therapy is a viable option for patients suffering from sciatica and long-standing low back pain. This case study supports the use of non-invasive axial decompression as management for disc conditions, even in cases of severe disc extrusion. The remarkable outcome for this patient, for which surgical intervention would have been the only other option due to longstanding pain and positive neurological signs, denotes the importance of exhausting conservative treatment options prior to more invasive treatments.

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