

CASE STUDY 101 Patient Identification number

Patient: 66-year-old female homemaker, with acute lower back pain and left side radicular pain with weakness and difficulty walking.

Date of onset: August 2004

Date of first visit: October 03, 2004

Date of last visit: October 28, 2005

Presenting Symptoms prior to EXTENTRAC® Elite: Low back pain, left lumbar radiculopathy to the left side thigh, leg and foot. Left leg paraesthesia i.e. pins and needles, numbness; with symptoms getting progressively worse. Standing and walking increases pain, and left leg and foot is weak.

VAS (Visual Analogue Scale): 8/10

Incoming Functional Index Score: 66/100

SLR: 30 degrees.

Diagnosis: Sciatica (left lumbar radiculopathy).

Imaging Studies: MRI of Lumbar spine obtained without contrast on August 25, 2004 revealed the following:

1. Spontaneous Anterior Fusion, L3 - 4.
2. Mild posterior bony productive change and the thecal sac flattening, L1-L2 and L2-3.
3. Mild to moderate sized broad based disc herniation and facet arthritis, L4-5. There is mild to moderate canal stenosis and moderate bilateral L5 root impingement.
4. Grade 1 Spondylolisthesis, L5-S1. Posterior bulging of the disc annulus and bony productive change is seen. There is no focal neural compression.

Prior Treatment: Medication – Course of Prednisone, Advil. Course of Physical Therapy 5 weeks. Physical therapist noted patient progressively losing strength in left ankle and foot. Due to lack of significant improvement, was subsequently referred by Orthopedist for Neuro-surgical consult.

EXTENTRAC® Elite Treatment Protocol: 1st Protocol - Horizontal decompression, supine position, automated intermittent cycle, friction-free lumbar support, knee flexion, pelvic belt attached to leg mediated axial decompression system, 15 minutes duration.

2nd Protocol - Horizontal decompression, supine position, automated intermittent cycle, friction-free lumbar support, knee flexion, pelvic belt attached to leg mediated axial decompression system, 15 minutes duration.

Automated Powered Horizontal Decompression Setting: Maximum Load - 90 lbs. Delay at Max – 30 seconds. Delay at minimum - 10 sec. Procedure was preceded or followed by electric muscle stimulation and moist heat.

Pre Treatment Muscle Testing: left lower extremity; 3/5 dorsi-flexion, 3/5 plantar flexion, 3/5 great toe extension, 3/5 great toe flexion, 3/5-foot eversion.

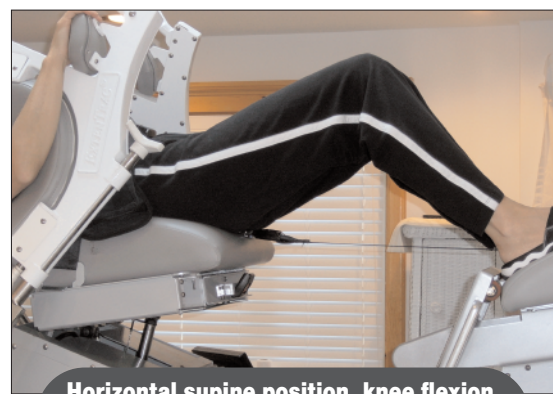
Pre Treatment Sensory Examination: Normal

Treatment Outcome: Marked pain reduction. Correction of pre-treatment neurological deficits, i.e. – restoration of muscular strength in left lower extremity seen as Left foot dorsiflexion (5/5) and left Hip abduction (5/5).

Post Treatment Muscle Testing: Left lower extremity; 5/5 dorsi-flexion, 5/5 plantar flexion, 4/5 great toe extension, 4/5 great toe flexion, 5/5-foot eversion.

Post Treatment Functional Index Score: 12/100

Number of Treatments: 11 treatment sessions within 4 weeks.



Horizontal supine position, knee flexion, pelvic belt attached to leg Y power axial decompression system



Horizontal supine position, knee flexion, pelvic belt attached to lumbar power Y axial decompression support cushion