CASESTUDY 102 Patient Identification number

Patient: 47-year-old male equipment rental service technician, with a lifting injury. Acute, immediate onsets of lower back, right leg and foot numbness (right L5 dermatome pattern) and pain.

Date of onset: October 21, 2004

Date of first visit: November 15, 2004

Date of last visit: March 3, 2005.

Presenting Symptoms prior to EXTENTRAC® Elite:

Low back pain, right lumbar radiculapathy to the right lateral thigh, leg and foot. Condition progressively getting worse. Standing and walking increases pain

Prior Treatment: NSIDS, with surgical recommendation.

Examination Findings:

Pre Treatment Sensory Examination: Right leg paraesthesia (Hypoesthesia), dorsum of right foot.

Pre Treatment Muscle Testing: Right lower extremity: 4/5 dorsi-flexion, 4/5 great toe extension, 4/5-foot eversion.

VAS (Visual Analogue Scale): 9/10

Pre-Treatment Functional Index Score: 82/100

SLR: 30 degrees.

Sensory Examination: Hypoesthesia - dorsum of right foot.

Provocative Testing: Lumbar flexion decreased right radicular pain, Left lateral flexion decreased radicular pain.

Diagnosis: Sciatica (right lumbar radiculopathy).

Imaging Studies: MRI of lumbar spine obtained without contrast on November 6, 2004 revealed the following:

- 1. Straightening of the Normal Lordosis.
- 2. Multilevel Degenerative Changes.
- 3. L5-S1 Diffuse degenerative bulge. There is a right paracentral broad-based herniation which flattens the sac and effaces the right L5 root within the lateral recess. Their is additional right foraminal herniation, which effaces the existing right L5 nerve root.
- 4. L4-5 Diffuse degenerative bulge with central herniation. There is facet and ligamentum hypertrophy with mass effect on both L5 nerve roots with in the lateral recesses.
- 5. L3-L5 Degenerative bulge with touches the exiting left L3 root.

EXTENTRAC® Elite Treatment Protocol:

1st Protocol - Prone Vertical Gravitational/Postural traction without Foot Support.

2nd Protocol – Horizontal decompression, prone position, automated intermittent cycle, ankle straps – leg mediated Y axial decompression. Leg assembly deviated 15 degrees to the left (into antagia).

3rd Protocol - Direct patient contact therapeutic procedures include facet/joint mobilization/passive range of motion utilizing leg assembly X-Axis lateral motion and Z-Axis (up/down) motion.

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.

Treatment Outcome:

Presenting Symptoms post EXTENTRAC[®] Elite: Marked decrease in right hip, leg and foot pain. Improved gait.

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

Post SLR: 60 degrees.

Post Treatment Sensory Examination: Normal sensation, dorsum of right foot.

Post Treatment Functional Index Score: 20/100

Number of Treatments: 23 total, with initial 9 sessions required to achieve neurological deficit improvement.



