

chiropractic case study

Chronic Low Back Pain: Do we really have to just live with it?

by Dr. David Lee, BSc, BA, Chiropractor / ART provider

History

Susan R. is a 49 year old female experiencing chronic low back pain for the past 25 years. She does not report a specific incident or traumatic event that triggered her pain, rather it was something that happened slowly over time for no apparent reason. Susan has no medical conditions or relevant medical history.

Symptoms

Susan experiences constant pain in her lower back on her left side. She describes her pain as a tight, constant, achy pain that becomes sharp with certain movements, especially when playing golf. She also experiences a tingling referral pain down her left thigh to her knee. There have been no relieving factors as the pain is constantly there regardless of what treatments and therapies she has tried in the past.



Previous treatments rendered

Susan was initially referred for x-rays by her medical doctor. The x-rays showed some Degenerative Joint Disease (DJD), but was otherwise normal. The medical doctor suggested some exercises to strengthen her back, but it never resolved the issue.

simple muscular imbalance where one muscular structure is tight, and another is weak. The challenging part is identifying what those structures are. The main muscle I determined to be problematic was her psoas muscle, the main hip flexor located in the abdominal region, extending into the thigh (her lower back muscles

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Susan then received treatment from a Chiropractor which consisted primarily of spinal manipulations. She also visited a Massage therapist who focused on massaging the muscles in and around her lower back. Both therapies provided some temporary relief, but neither have been able to resolve her pain.

Physical Examination

I did not observe anything unusual about Susan’s appearance, with no major muscular imbalances or deformities. Neurological testing showed her reflexes, sensations, and strength to be normal. She did not present any nerve impingement such as sciatica, just some pain referral down to her knee. Her range of motion in the lower back was full, but bending forward and backwards did aggravate her condition.

Diagnosis and Treatment

I concluded there were 2 major issues that were not addressed in her previous treatments. Susan’s chronic lower back pain was a result of a

were not the main issue explaining the lack of benefit from her previous treatments). From my clinical experience, the hip flexors are the main muscle causing most lower back problems, and unfortunately is also the main muscle overlooked by most practitioners.

My treatment for Susan consisted primarily of Active Release Technique (ART), a specialized soft tissue technique that breaks up the adhesions that accumulate in a dysfunctional muscle. I treated the psoas muscle along with several other muscles in the glute and lower back region. Susan responded almost instantaneously to the treatment. Her pain was relieved immediately upon treatment but the pain would return after a couple of days. This indicated that the correct muscles were addressed by our treatment, but a strengthening program also needed to be incorporated in order to strengthen the muscles that support her spine and prevent recurrence of her pain.

The next phase of treatments included rehab sessions in the club. I taught her specific core strengthening and stretching exercises to address the tension on her tight muscle groups, including the hip flexors, glutes, and hamstring muscles. I assigned these as home work to perform on a daily basis in conjunction with my treatments. After a few months, her pain has subsided.

similar history. The official diagnosis of these injuries is called Cumulative Trauma Disorder. In general terms, small daily stresses in life (i.e., due to lack of flexibility, lack of core strength, poor posture, strong and weak muscular imbalance, repetitive use etc.) build up over time, creating adhesions or 'knots' in your affected muscles, becoming worse over time. If these knots are not quickly and adequately addressed, these

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Final Thoughts

Susan's case is one that I have seen many times. With no particular traumatic incident, the patient develops pain in the lower back (or any other body part) slowly over time. In fact, approximately 80% of the cases I see in my office have a

history similar to Susan with years of unresolved pain. These muscular adhesions do not disappear on their own or with stretching or medications, but are most effectively broken up by manual therapy such as ART. If they are not treated appropriately, the knots can become larger making the condition more difficult to treat and may result in referral pain to other areas of your body.

My philosophy is that once the pain is resolved by treatment, prevention is always the best medicine. I teach and encourage all my patients to include proper stretching and strengthening exercises on a regular basis, in order to significantly reduce their chances of repeat injury. If you have or know of someone with a similar condition, feel free to book an appointment or free consult. There is no reason why someone has to live with pain, especially for 25 years!

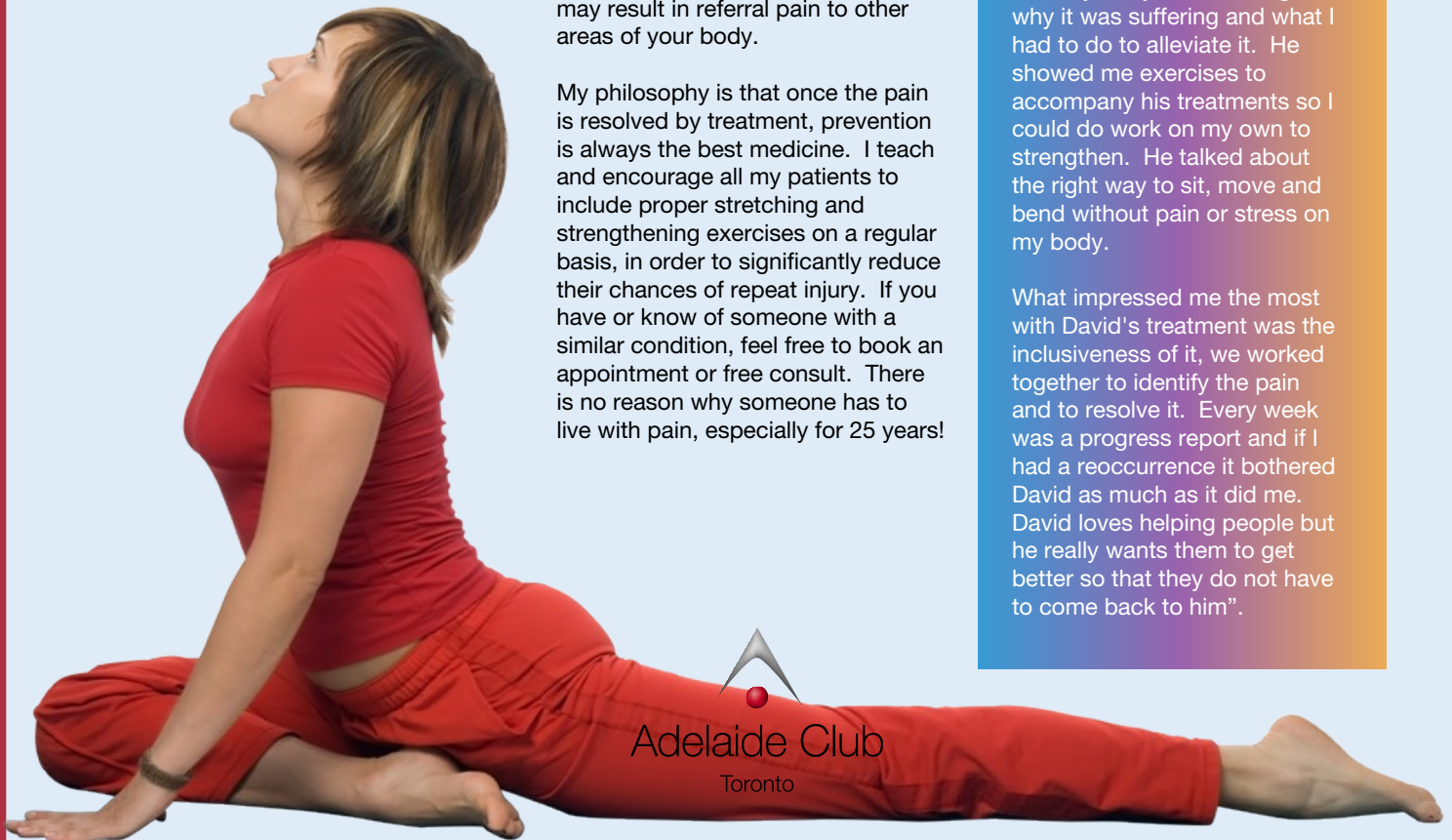
Susan's Testimony

“After years of chiropractic care, visits to health care professionals and back clinics I discovered the Adelaide Health Clinic and Dr. David Lee. I was being fitted for new running shoes at The Running Room in the beach and the salesperson told me a friend of hers had been greatly helped by David. I made an appointment right away.

Under David's care I learned what exactly was causing my back pain, not really my back at all and after the first treatment I had relief. David continued to work on my muscles and I continued under his care to see improvement each week. I was able to return to exercising, running, golfing and had much less discomfort during and after these events.

What David taught me was how my body was working, why it was suffering and what I had to do to alleviate it. He showed me exercises to accompany his treatments so I could do work on my own to strengthen. He talked about the right way to sit, move and bend without pain or stress on my body.

What impressed me the most with David's treatment was the inclusiveness of it, we worked together to identify the pain and to resolve it. Every week was a progress report and if I had a reoccurrence it bothered David as much as it did me. David loves helping people but he really wants them to get better so that they do not have to come back to him”.



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