

EXTREME KYPHOSIS MANAGED BY THE GONSTEAD SYSTEM OF CHIROPRACTIC

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I. ABSTRACT

Accumulated effects of minor episodes or micro-traumas can result in subluxations¹. Chronic subluxations that are left untreated may then result in changes in posture such as extreme kyphosis and scoliosis which may be improved using the Gonstead System of Chiropractic. The application of specific chiropractic adjustments to help with other clinical symptoms associated with subluxations can also be seen from this case study with favourable outcomes.

II. INTRODUCTION

The purpose of this case study is to demonstrate how chronic subluxations may develop into extreme kyphosis and scoliosis, and how specific Gonstead chiropractic adjustments may be used to treat the subluxations, hence may help improve the posture and overall health of the patient.

III. CASE HISTORY

A 19 year old male presented to the clinic with extreme kyphosis and scoliosis. Patient history revealed that his problems began when he started working at aged 13 in a bakery packing cookies for 4 hours a day. By the age of 15, his posture progressively worsened to the point that his kyphosis and scoliosis led him to suffer from generalized spinal pain, difficulty breathing, acne and other skin problems, difficulty sleeping, anxiety, and depression, among others. The kyphosis and scoliosis continued to worsen over the course of 4 years as he started to do other manual labour jobs including being a water delivery personnel, dishwasher and food vendor. He had previously been to an orthopaedic surgeon who referred him to a physical therapist for treatment. The physical therapist then referred him to a massage therapist. He had also seen an acupuncturist to help with his problem. All the health professionals that he had been to were not able to help alleviate his pain and address his worsening condition. As his health status continued to deteriorate, he became reliant on taking NSAID's daily to cope with the pain.

IV. CLINICAL FINDINGS/ ASSESSMENT

Upon arrival at the clinic, postural photos were taken to assess the patient's spine (Fig. 1).

The examination was kept short because the patient presented with extreme kyphosis, he was in acute pain, distressed and had difficulty breathing.

Instrumentation findings: T7, T11, L3

Static Palpation findings: Pain and oedema over T7 spinous process, T11 spinous process, L3 spinous process, Right Sacro-iliac joint and S3 sacral segment

Motion Palpation findings: T7, T11, L3, S3 sacral segment and Right Sacro-iliac joint restriction



Fig.1: Posture Photos taken during initial consultation, July 26th 2017

V. RADIOLOGICAL EXAMINATION

Full spine X-Rays were taken on July 26th 2017, before the first adjustment (Fig. 2.1, Fig 2.2). Listings derived from the X-Rays were: T7 PLI-T, T11 PLI-T, L3 PLS, R) AS₇EX₂ and S3 sacral segment (posterior-right). Comparative X-Rays were taken on September 5th 2017, after the 5th adjustment (Fig. 3.1, Fig. 3.2).

VI. CHIROPRACTIC DIAGNOSIS

Utilizing clinical assessment of radiographic and Gonstead chiropractic protocol, subluxations were found in the thoracic, lumbar and sacral regions. Specific listings found on the patient were T7 PLI-T, T11 PLI-T, L3 PLS, R) AS₇EX₂ and S3 sacral segment (posterior-right).

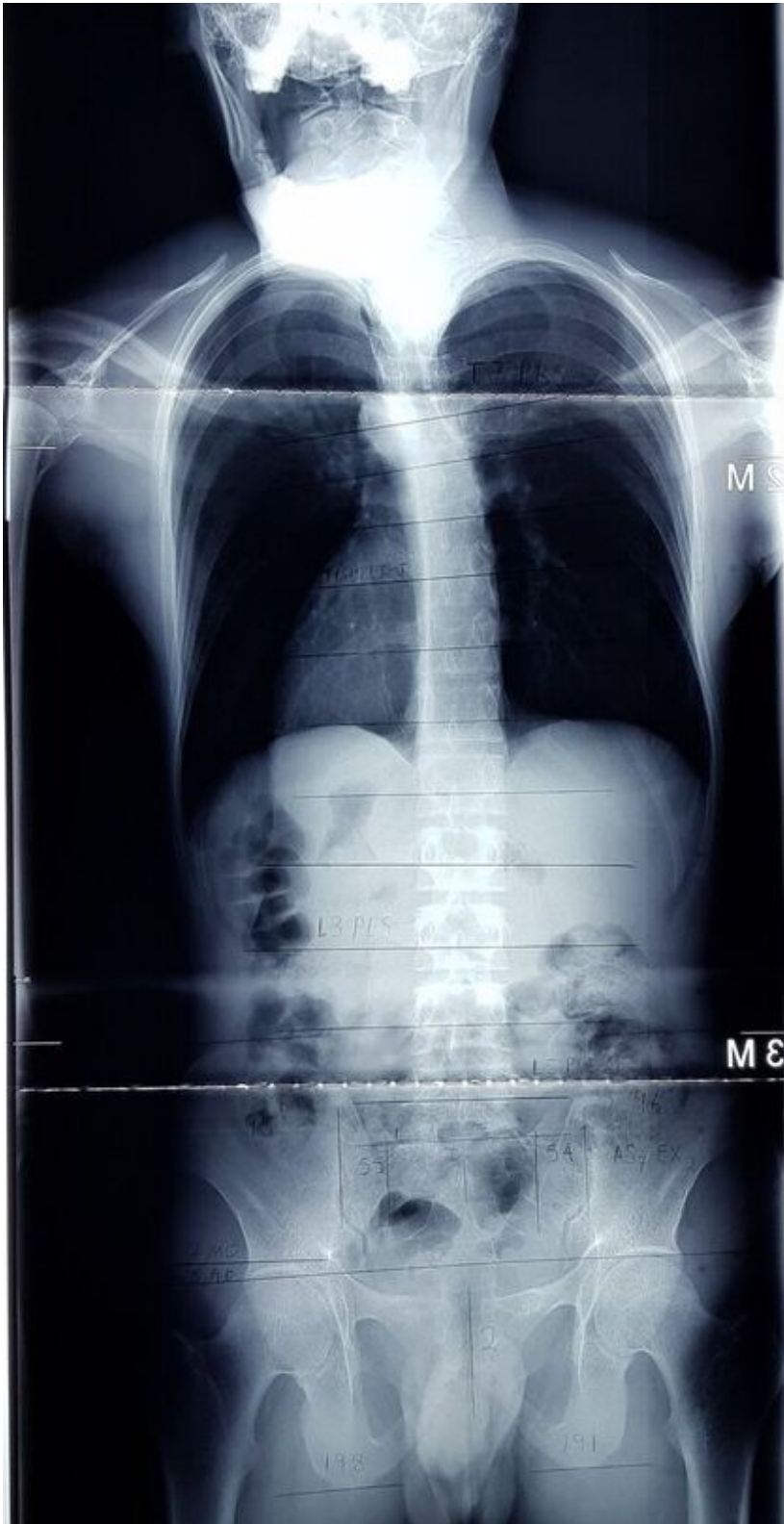


Fig. 2.1: A-P View X-Ray taken prior to first adjustment



Fig. 2.2: Lateral View X-Ray taken prior to first adjustment



Fig. 3.1: A-P View X-Ray taken after the fifth adjustment



Fig. 3.2: Lateral View X-Ray taken after the fifth adjustment

VII. TREATMENT and RESULTS

Treatment	Date	Adjustments
1	1 st Aug 2017	S3 segment (PR) Pull move, T7 (PLI-T) Hi-lo Table
2	3 rd Aug 2017	S3 segment (PR) Pull move, T11 (PLI-T) Hi-lo Table
3	9 th Aug 2017	T11 (PLI-T) Hi-lo Table
4	23 rd Aug 2017	R) AS ₇ EX ₂ Push move
5	5 th Sept 2017	L3 (PLS) Pull move, T11 (PLI-T) Hi-lo Table

All adjustments performed gave an audible release. After the initial adjustment, a noticeable straightening of the back was seen almost immediately. The patient was able to get up from the adjusting tables quicker as well as move more comfortably. Similar outcomes were seen after the second visit. Extension stretches and brisk walking throughout the day were recommended and a follow-up visit was scheduled a week after.

After a week, the patient came back and was standing straighter. He reported that he had been able to sleep around 8 hours a night compared to the 4 hours maximum sleep he used to have prior to the adjustments. He reported that he was breathing better and his overall body pains were reduced.

By the fourth visit, the previous adjustments were holding well and the patient reported general improvements with his posture and reduced pain levels. After the fifth visit, comparative X-Rays were taken due to the noticeable improvements in posture and reduced severity of symptoms associated with his subluxations.

Follow-up visits were scheduled every 2 months.

VIII. DISCUSSION

The patient started developing poor posture at age 13, an age when poor postural habits and changes tend to occur.² Due to the patient's age, his muscles were not as strong and developed yet to maintain correct posture to cope with the stress of his work which required him to sit in a hunched position for prolonged periods of time. According to literature, "The forces of gravity on posture in combination with weakness or unbalanced contraction of postural muscles, inevitably take their toll on spinal structure."³

Vertebral Subluxations may occur due to various causes. "Intervertebral misalignment may be a result of the injured spine's specific reaction to singular or accumulative traumatic forces."⁴ In this case, the repeated micro-traumas and stress (poor postural habits) experienced by the patient's spine over a period of time had caused the Vertebral Subluxations to occur, which eventually led to spinal deformities such as kyphosis and scoliosis.⁵

In order to help the patient with his symptoms and improve his posture, Gonstead Chiropractic adjustments were performed. Upon examination, there were evident subluxations in both the thoracic and lumbo-sacral regions.

On the first visit, the S3 sacral segment, parasympathetic system, was adjusted first to set the foundation of the spine as well as help reduce the muscle spasms in the thoracic region. A subluxation in the parasympathetic system may cause hypertonicity of the muscle fibres.⁶ After the S3 sacral segment was adjusted, T7 (PLI-T) was adjusted on the hi-lo table.

To help improve his kyphosis, T11 (PLI-T) was adjusted on the second, third and fifth visits. The most common area for kyphosis to occur is between T10-T12.⁷

Correcting the subluxations, not only improved his kyphosis and scoliosis but also improved his overall health. It must be noted that the adjustments were not intentionally performed to straighten the spine (correct scoliosis) however by correcting Subluxations, compensatory misalignments rectified themselves⁸ resulting in the reduction of his scoliosis. "The basic principle of Chiropractic encompasses the primary role of the nervous system in the maintenance of homeostasis (health)."⁹

The results can be seen both in postural images taken before and after the 3rd visit (Fig. 4) as well as the comparative X-Ray images taken before the first visit and after the fifth visit. As demonstrated by the post-treatment X-Rays, structural changes can occur once the misalignment is completely reduced and the disc has reached a stage of repair.¹⁰

Looking at the four images taken (Fig.4), there are marked improvements after each visit. Posttreatment Lateral Full Spine X-rays shows dramatic improvement in the intersegmental and postural displacements (Fig.5). There was a noticeable return of his lumbar lordosis and a marked reduction of his thoracic kyphosis. His head is now centred over the rest of the spine.

(Fig.6) Post-treatment A-P Full Spine X-rays show overall improvement in posture. There is a reduction of the scoliosis and the shoulders are more levelled. The head is now centred over the rest of the spine.

IX. CONCLUSION

This case study deals with the case management of a 19 year old male with kyphosis and scoliosis which developed due to subluxations caused by micro traumas experienced since he was 13 years old.

Having adhered to a strict Gonstead chiropractic protocol using visualization, instrumentation, static and motion palpation and radiological findings in detecting and adjusting subluxations, a dramatic result was achieved and the overall health of the patient was greatly improved.



Fig.4: Comparative images taken at various stages of the treatment.

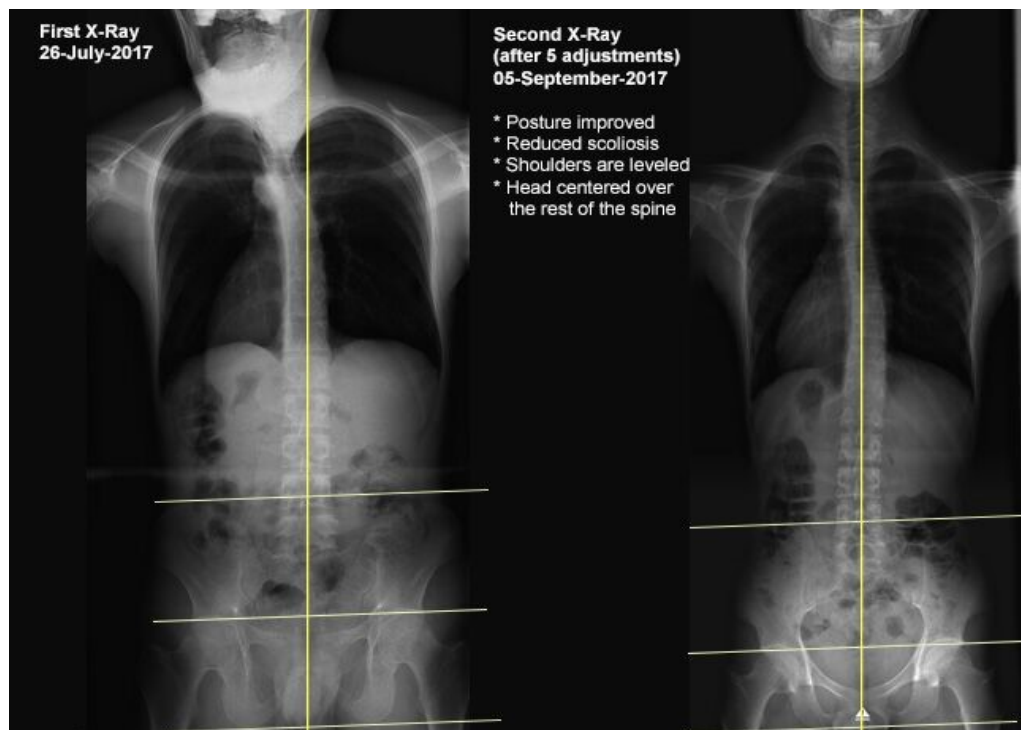


Fig.5: Comparative X-Ray (A-P View)



Fig.6: Comparative X-Ray (Lateral View)

X. REFERENCES

- 1
Herbst RW. Gonstead Chiropractic Science & Art. Mt. Horeb, WI: Sci-Chi Publications, 1968. Chapter 5, pg52.
- 2
Magee D. Orthopedic Physical Assessment, 4th Edition. Saunders, 2002. Chapter 15, pg875.
- 3
Lopes M. Textbook of Clinical Chiropractic: A Specific Biomechanical Approach. Williams & Watkins 1993. Chapter 3, pg53.
- 4
Lopes M. Textbook of Clinical Chiropractic: A Specific Biomechanical Approach. Williams & Watkins 1993. Chapter 3, pg54.
- 5
Magee D. Orthopedic Physical Assessment, 4th Edition. Saunders, 2002. Chapter 15, pg876
- 6
Hart C. Gonstead Seminar of Chiropractic: General Class Notes and Workbook. Gonstead Clinical Studies Society Australia, 1999. Chapter 5, pg.95.
- 7
Magee D. Orthopedic Physical Assessment, 4th Edition. Saunders, 2002. Chapter 15, pg878
- 8
Herbst RW. Gonstead Chiropractic Science & Art. Mt. Horeb, WI: Sci-Chi Publications, 1968. Chapter 5, pg63.
- 9
Plaugher G. Textbook of Clinical Chiropractic: A Specific Biomechanical Approach. Williams & Watkins 1993. Chapter 13, pg357
- 10
Herbst RW. Gonstead Chiropractic Science & Art. Mt. Horeb, WI: Sci-Chi Publications, 1968. Chapter 5, pg.6163