Chiropractic care of a 30-year-old male patient presenting with cervical spine disc replacement surgery with complications: A Case Report

Thomas Bloink, DC and Charles L. Blum, DC
Sacro Occipital Technique Organization – USA

**Introduction**

A 30-year-old male presented due to a fall during skiing (February 15, 2014) injuring his neck, which progressively became worse resulting in loss of feeling to his right third and fourth fingers. After undergoing five months of physical therapy he noted there was no improvement. In December 2014 he had C5-6 disc replacement surgery. Initially he felt fine for three months post-surgery but then began to experience pain in the right neck, right shoulder blade, and at the base of the right neck with occasional upper arm pain. Additionally, approximately two times a week he felt the same types of pain on the left side.

He consulted the spinal surgery center at Stanford where an MRI was performed on December 2, 2015, which was found negative for pathology. He was prescribed Neurontin, which helped somewhat, but still experienced significant pain. During that time he had been seen at a physical therapy clinic in Lincoln Nebraska, however he didn’t receive any significant improvement in his pain. In April 2016 he began using a dental mandibular splint. Prior to the trauma and surgery the patient was an avid runner, however since the injury in February 2014 has been unable to run or even walk more than half a mile due to the pain. He presented at this clinic for treatment on July 14, 2016.

<table>
<thead>
<tr>
<th><strong>Patient Assessment</strong></th>
<th><strong>Treatment/Intervention</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment determined malocclusion and decreased translation of the right temporomandibular joint. Evidence was found of clenching, significant maxillary exostosis, and mandibular tori. Palpatory pain was noted in the craniofacial region, bilateral coronal suture, squamosal sutures along with increased right temporalis and masseter muscle tension. Palpation revealed his right occiput was in a cranial extension distortion pattern. Cervical spine antalgia, decreased ranges of motion, and right-sided cervical spine pain to palpation. Muscle assessment found 4+ weakness of right supraspinatus, infraspinatus, subscapularis, teres minor, tricep, and bilateral deltoïds.</td>
<td>Patient was treated with prone SOT pelvic block placement (category-one), intraoral pelvic block adjustments, and sphenoid maxillary cranial treatment. He was treated in a co-treatment cranial dental model for the first four treatments, going immediately to the dental office to balance the dental mandibular splint after his treatment at this office.</td>
</tr>
</tbody>
</table>

**Results**

The patient’s response to treatment was dramatic. Following the fourth visit he was able to hike 10 miles in Yosemite National Park, which he had been unable to do for 2 ½ years. He was then treated for 11 visits between July 25 and September 8, 2016 and was able to run 1 mile without experiencing any symptoms. By September 8th he reported his cervical spine and arm pain were gone and was only experiencing occasional pain in the right shoulder blade. His cervical spine antalgia was no longer present and his cervical spine active range of motion returned to normal in all directions.

**Conclusion**

This case suggests a relationship between TMJ disorders and cervical spine limited function and pain. Future dental chiropractic interdisciplinary care of cervical spine disorders may warrant future consideration.