Objective
A 40-year-old avid female hiker presented to the clinic with the chief complaint of chronic low-grade bilateral low back pain for the past year (Visual Analogue Scale – VAS of 3-4/10) and constant tightness in her hips and gluteal muscles. Recently (five weeks ago) after riding a camel, she experience significant low back pain (VAS 8-9/10). She was unable to hike or walk for more than a mile due to unbearable pain. Due to the intensity of her discomfort an MRI exam was performed which revealed lumbar disc herniation at L4/L5.

Purpose/Aim
Low back pain is a global issue affecting populations of various ages and nationalities. Challenges are finding care that offers low risk and offers some benefit as well as determining causation for optimal interventions and developing preventative behaviors. Sometimes with unresponsive cases it is important to investigate less common possible contributory etiologies.

Methods
The patient was treated with chiropractic sacro occipital technique (SOT) pelvic wedges/blocks to reduce pelvic and while she had some pain relief limitations in her function persisted.

CMRT finding indicated a possible gynecological involvement (occipital fiber 5 – L3) with a subsequent diagnostic ultrasound revealing that she had a uterine fibroid. SOT treatments for her low back were continued and CMRT procedures for L3 were performed for an additional of 6-visits over one month. CMRT involves reflex and direct visceral related manipulations relating to an imbalance of somatovisceral/viscerosomatic relationships.

Results
Following the initial three “category three” treatments the patient’s had reduced low back pain (VAS 5/10) but still some functional limitations. After the one-month of incorporating CMRT procedures she experienced almost complete relief (VAS 1-2/10), and returned to mountain hiking.

Conclusion
When low back pain patients are unresponsive to care it may be necessary to consider non-musculoskeletal involvements.