

Successful co-management of a patient with C7/8 nerve dysfunction scheduled for surgery: A case report

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Objective: To discuss chiropractic and orthopedic surgical co-management of a patient with C7/8 nerve dysfunction scheduled for surgery.

Clinical Features: A patient presenting with right-sided C7/8 nerve dysfunction consistent with radiating neck pain, reduced grip strength and finger (4/5th digits) approximation/separation, and scheduled for orthopedic surgery. Chiropractic evaluation suggested there were also some ascending (lumbar) and descending (TMJ) contributions to his cervical spine imbalance and a report was sent to his orthopedic surgeon.

Intervention/Outcome: Surgery was going to be performed if his pain increased or grip strength did not improve. He was treated with chiropractic using sacro occipital techniques for lumbo-cervical involvement, TMJ/craniocervical relationships, and using the cervical stairstep technique. He was given home exercises to stimulate his C7/8 nerve and cervical (Pronex) traction. Following the second office visit (2 weeks apart) he reported no pain and improved dynamometer graded grip strength. He was seen by his orthopedist a few days following the second office visit and surgery was cancelled.

Conclusion: During periods of time when a patient is awaiting surgery a trial of chiropractic care would seem prudent. Ideally chiropractic and orthopedic surgery collaborative care would be expected to yield greater patient outcomes.

Indexing terms: Chiropractic; sacro-occipital technique; SOT; nerve dysfunction; co-management

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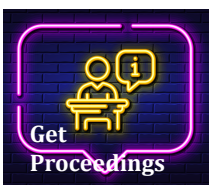
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