

WHEN WILL I FEEL BETTER?

We Must Work Together.

Since there are many causes of neck, shoulder and arm pain problems, your doctor will be most conscientious in diagnosing your specific condition. On the first visit, the doctor's job is to perform a thorough examination, including x-rays if necessary, to accurately diagnose your condition and outline the treatment protocol best for your neck problem. Your treatment regime should begin promptly.



Relief of pain and disability most commonly experienced is 50% within 3 to 4 weeks of continued cooperative care. Periodic re-examinations will track and document your progress. If you do not show expected relief within this time period, an advanced study such as MRI may be ordered and/or neurosurgical consultation sought. If a disc is the source of pain, research states that it takes 3 months for a disc to heal sufficiently enough to allow return to daily activities.

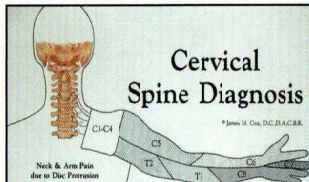
You must follow these instructions for care at home:

- Wear a cervical collar, if recommended.
- Use hot and cold pack therapy.
- Take nutritional supplements as recommended.
- Do the exercises as directed.
- Do not work if your job can be aggravating to your condition.
- Come to your appointments to receive the full benefit of your doctor's treatment protocol.

The outcome and resolution of your condition is dependent on the cooperation between you and your physician.

NECK AND ARM PAIN DISTRIBUTION

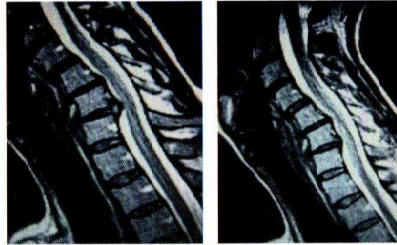
Vertebrae, discs, nerves, articulations, and a spinal cord make up your spine. Any of them could become a source of pain via an accident, an everyday activity, a sport, etc. The **vertebrae** are the sensitive bony parts of your spine. They become even more sensitive if a disc that separates them "slips" or "degenerates" due to lack of nutrition, degeneration, or injury. If a **disc** "slips," the **inner nucleus** (a gel-like material) escapes into the **anular fibers** (rubberband-like so as to allow spinal movement) and can cause just neck pain or press back into the spinal canal to compress a nerve which causes pain down into the shoulder and arm where the nerve travels.



CERVICAL SPINE TREATMENT with CTFDD

Cox® Technic Flexion Distraction Decompression (CTFDD) may gently open the disc space enough to give space for the nerve to "breathe" and not cause pain.

To help the disc(s) assume a more normal position, to help the spine regain its lost motions, and to enhance muscle and ligament healing with minimum scar tissue damage, CTFDD is the technique of choice.

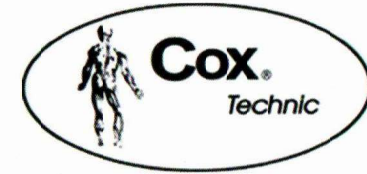
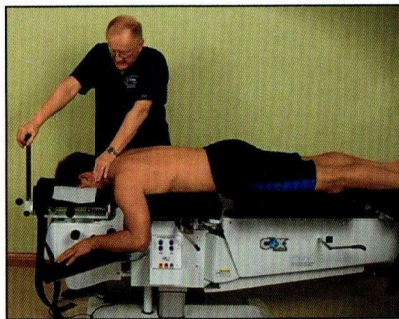


pre CTFDD

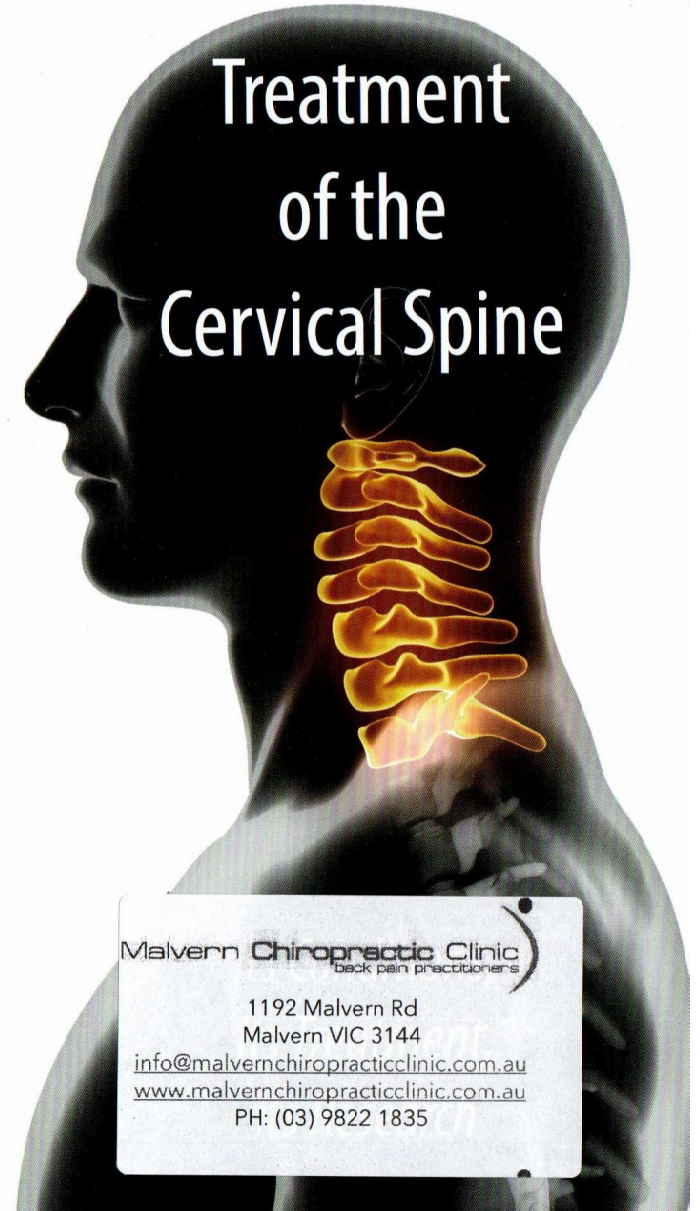
post CTFDD

To address nutrient loss that may contribute to your neck pain, nutritional supplementation may be a part of the treatment plan. Research shows a loss of some nutrients occurs within the disc even *before* degeneration starts, so you may be given supplements to aid in your healing and support your relief.

To restore pain-free motion usually lost when suffering with pain, in-clinic treatment and at-home exercise are key to the treatment plan. A healthy spine and its joints have five motions: flexion, extension, lateral (side-to-side) flexion, rotation, and circumduction (circular motion). The goal is to return healthy, *pain-free* motion to the spine.



Treatment of the Cervical Spine



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COX® TECHNIC FLEXION DISTRACTION DECOMPRESSION (CTFDD)

documented treatment protocol for neck and arm pain through all the stages of healing

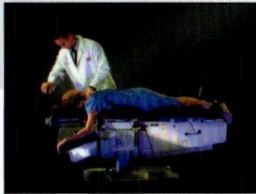
The Healing Process

Stage One — During the first 72 hours after injury, your body responds with inflammation, swelling, redness, warmth and pain. The doctor will diagnose the condition during a thorough examination including a history of your and your family's past; physical, neurological and orthopedic testing; and x-ray processing. The doctor will share the findings with you and your family. You will be advised to apply ice at the office as well as at home. You may need to wear a cervical collar as well.



cervical ice pack application

Stage Two — For up to 6 weeks, your body begins to heal. If there is arm pain related to your condition, it may come and go as you heal. **Don't be discouraged.** The doctor will adjust your neck using Cox® Technic, therapy, electrical stimulation, hot/cold therapy, etc., to regain pain-free, pre-injury movement with strength and full range of motion. At home, you will do exercises, apply ice/heat, take nutritional supplements, wear a cervical collar (if needed), and adapt your lifestyle to prevent future damage.



Cox® Technic being applied

Stage Three — For the next 3 weeks to 12 months, your body adapts itself to its new condition and needs rehabilitation to maintain and strengthen its new tissues. **Continue doing your exercises.** Research shows that those who continue rehabilitation even after "feeling better" have less scar tissue formation and have more strength, flexibility, better cartilage nutrition, and less chance of recurrence. Continue your treatment plan as recommended by your physician.



cervical spine exercise unit

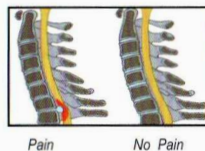
The Cox® Technic Protocol



Axial Distraction Flexion Lateral Flexion Rotation

The basic technique originated over fifty years ago. Specific protocols for treating cervical spine pain evolved in the early 1980's. This technique is a gentle, non-force procedure during which the physician is in control at all times. Before any treatment is performed, you are carefully tested for your tolerance to treatment. You will lie face down on the specially designed Cox® Table which is able to move the neck into a stretch position that distracts (separates) the vertebrae and opens the disc space. While under this stretch, the vertebrae are moved into their normal ranges of motions: flexion, extension, lateral, and rotation directions. These motions reduce any narrowing of the nerve openings, a condition called stenosis, and move the joints in their normal physiological ranges of motion.

The Benefits of Cervical Cox® Technic



Pain No Pain

Cox® Technic creates a "push, pull, pumping" effect on the intervertebral disc space and allows these documented benefits:

- (1) Increases the intervertebral disc height to remove tension on the annular fibers and the spinal nerve by making more room and improving circulation;
- (2) Drops pressure within the nucleus pulposus of the intervertebral disc;
- (3) Increases the area of the intervertebral foramen up to 28%;
- (4) Restores vertebral joints to their physiological relationships of motion (*realigns the spine*).

The Research Support

Close to 50 years of research, experience, and technology have contributed to the development and evolution of Cox® Technic. Cervical spine protocols were introduced in 1990. Chiropractors, engineers, and researchers continue to document its benefits and its proper application:

- Cervical spine flexion distraction protocols **lowered C4-C7 intradiscal pressures as much as 96 to 1583mmHG pressure** depending on the level. [Gudavalli et al, *Evidence-Based Comp Alt Med* 2013, Article ID 954134]
- Physicians could apply the **prescribed forces** to the cervical spine **97% of the time** using a visual feedback system. [Gudavalli et al, *The Spine Journal* 2015;15(7):570-6]
- Researchers verified an effective way to compare **higher with lower forces using manual cervical distraction (f/d)**. [Gudavalli et al, *Trials* 2015;16(1):259]
- Conservatively treated **cervical spine disc herniation** patients without myelopathy responded better than surgically treated patients. [Heckmann et al, *J Spinal Disorders* 1999;12(5)]
- Manipulation of the cervical spine and exercise reduced **headaches**. [Jull et al, *Spine* 2002;27(17):1835-43]
- CTFDD relieved **cervical spine stenosis and its radiculopathy**. [Krusse, Gregerson, *JNMS* 2002;10(4):141-7]
- Conservative care & surgery gave same clinical outcomes for **cervical spine radiculopathy**. [Fouyas et al, *Spine* 2002;27(7):736-47]
- **C6/7 stenosis with radiculopathy** pain successfully relieved with Cox® flexion-distraction. [Gudavalli, Kruse, *JMPT* 2008;31(5):376-380]
- In 39 cases of cervical spine pain, the **average number of visits was 13.2**. CTFDD provided **statistically significant pain reduction** as measured by visual analogue scores. [Schliesser, Kruse, Fallon, *JMPT* 2003;26(9):592-596]
- A 51 y/o woman with 2 years of **left arm pain** and a **MRI confirmed C5-C6 herniated disc** who had tried physical therapy, home traction, exercise, and medication with no help reported relief in 1 treatment with Cox® (F/D) Technic. She was treated for a total of 24 visits over 6 months. At one year, she was **symptom-free** with normal neurological status. [Krusse et al, *JMPT* 2001;24(3):206-209]
- A 34 y/o female with **Klippel-Feil syndrome** and several months of unremitting cervical, shoulder, and arm pain reported **relief with the first treatment with CTFDD** and complete resolution with 8 treatments in two months. [Krusse et al, *JNMS* 2000;8(4):124-31]
- A patient with **neck pain and arm pain** due to a C6/7 disc herniation and foraminal narrowing reported relief in **10 visits over 4 weeks** which continued at 8 months' follow up. [Manison, *J Chiro Med* 2011;10(4):316-21]

CERVICAL SPINE PAIN CONDITIONS: Spinal Stenosis | Klippel Feil | Disc Herniation | Headache | Cervical Spine Radiculopathy | Neck Pain | Arm Pain | Post-Surgical Continued Pain (FBSS) | Compression Defects | *and others...*