

# Successful outcome of chiropractic care for a 53-year-old female patient previously scheduled for surgery presenting with sacroiliac joint sprain, lumbar spinal stenosis, and somatoemotional considerations

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## Introduction

A 53-year-old, athletic female presented to this clinic on October 11, 2022 with significant low back pain accompanied by sciatic nerve pain radiating into the left calf. Her pain initially began two-years ago however over the past six-months had increased dramatically. A recent MRI examination revealed mild stenosis at L4/L5 region and she was also suffering from anxiety.

Previous interventions included physical therapy and pain medications, neither of which alleviated her pain. She was tentatively scheduled for lumbar decompression surgery on November 3, 2022.

The following discusses management of a 53-year-old female patient previously scheduled for surgery presenting with sacroiliac joint sprain, lumbar spinal stenosis, and somatoemotional considerations.



## Methods

Sacro occipital technique (SOT) describes a sacroiliac joint (SIJ) instability/sprain syndrome as a “category two.” Positive SOT category two findings were present, palpatory sensitivity was noted to the left SIJ, left medial knee, lateral knee, and left anterior/medial scalenus muscle. Manual muscles testing revealed 4+ weaknesses bilaterally of the iliopsoas, tensor fascial lata, hamstring, and right gluteus maximus muscle.

The patient was diagnosed with a sprain of left upper SIJ ligament, mild lumbar stenosis with sciatic nerve radiculitis of left leg, and anxiety.

Treatment focused on SOT category two pelvic block (wedges) placement to reduce pelvic torsion and SIJ instability along with cautious specific lumbar spine manipulation, a SIJ support belt, and Neuro Emotional Technique (NET) to help reduce her anxiety.

## Results

The patient was treated for ten office visits between October 11, 2022 and November 15, 2022. She experienced such a dramatic decrease of symptoms after the first two weeks of care that the surgery was canceled. At the fifth office visit while discussing her anxiety she related that her mother had abandoned her as a child and coincidentally her mother had tried to contact her six months ago at which time her back and leg pains dramatically increased. NET therapy was then administered over the last five visits along with category two protocols, and by November 15<sup>th</sup> she was symptom free and without any disabilities.

## Conclusion

Chronic sacroiliac and lumbar pain with radicular syndromes may be best treated conservatively prior to surgical considerations and aspects of somatoemotional contributions may be important to fully investigate with a subset of patients.