Seventeen-year-old post-concussive male receiving chiropractic functional neurology care with whole body rotation: a case report

Michael Longyear, D.C., CCSP; Michael Hall, D.C., F.I.A.C.N.; Jonathan Vestal, DC;
Susan Esposito, D.C., D.A.C.B.N., F.A.C.F.N., F.A.B.E.S.

Introduction

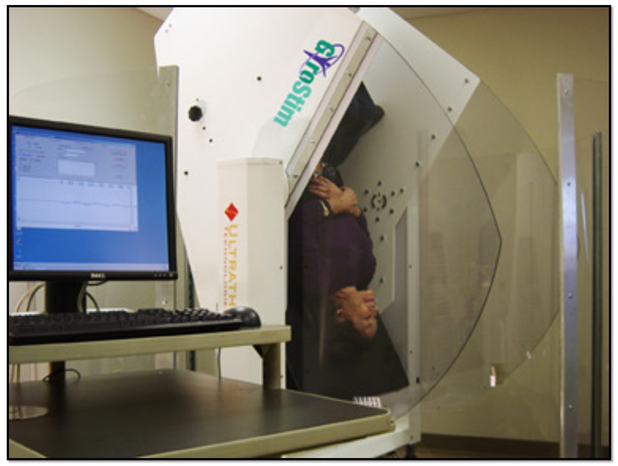
A 72-year-old retired caucasian male presented with a previous diagnosis of Hereditary Spastic Paraplegia received from his primary care physician. He had significant difficulty with most activities of daily living that involved gait and/or ambulation. The initial clinical impression was of underlying poly-neuropathy in both lower extremities. This resulted in a loss of proprioception and somatic sensation in the lower extremities distal to the knee, and thus, loss of balance.

Methods:

Upon arrival, the patient was unable to ambulate without assistance of a cane and relied heavily on his wife to ascend curbs and stairs. Physical examination of the patient revealed that he had minor spasticity in the lower extremities and a “numb” feeling in both legs from the knees down through both feet. Observation showed a loss of muscle bulk in bilateral lower extremities, muscle twitches, pain at night, and stiffness in the lower extremities. The patient had a hypo-lordotic cervical curve with a loss of mobility in lateral flexion and dystaxic active range-of-motion. He also had a present Babinski reflex, bilaterally. Interventions included chiropractic adjustments with static postural corrections, ocular re-education, neurotherapeutics, the use of an off-axis rotational device, and physiotherapies.

Results:

The patient improved significantly in his ability to ambulate without the assistance of a cane. His sensation also returned in the distal lower extremities, enough to feel the surface below his feet. After returning home he improved his strength enough to get back on the ice and skate as well as take regular walks at the park.



Conclusion:

This case suggests that chiropractic functional neurology can be an effective conservative treatment strategy in the management of hereditary spastic paraplegia.