

Hip Replacement For Avascular Necrosis And Pain due to Osteodegenerative Arthritis of Hip Joint & Spondylolisthesis Controlled with Cox® Decompression Adjustment & Manipulation



Figure 1

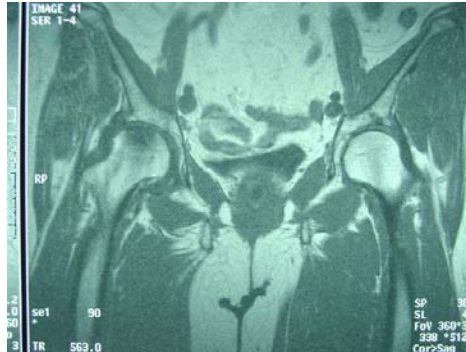


Figure 2

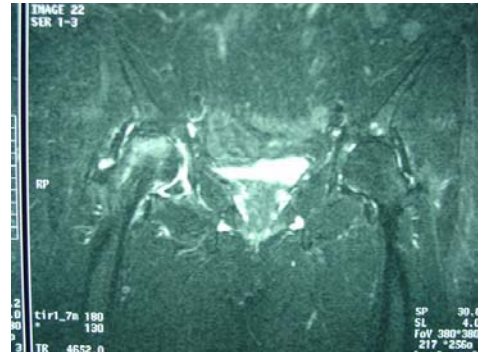


Figure 3

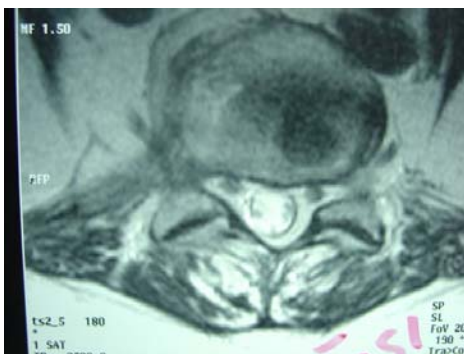


Figure 4



Figure 5



Figure 6

Figure 1 shows early osteodegenerative arthritis and radiolucent changes within the femoral head. Due to extreme pain, hip replacement was recommended.

Figures 2 and 3 shows MRI evidence of avascular necrosis changes within the femoral head. These changes occurred within 6 months of the Figure 1 xray of the hip.

Figure 4 also reveals the degenerative disc disease at L5-S1 as evidenced by the large anterior and lateral osteophytic changes of the vertebral bodies.

Figure 5 shows the degenerative changes of the three lower lumbar discs. Note the advanced L5-S1 disc degeneration and the disc herniations present at the L3-L4 and L4-L5 levels. Note the degenerative spondylolisthesis of L5 on sacrum and the buttress formation at the anterior L5-S1 disc level.

Figure 6 shows the hip replacement for the avascular necrotic hip joint.

The patient also had bilateral leg radicular pain of the S1 and L5 nerve roots, marked low back pain, and pain on sitting. These symptoms were controlled to a tolerable level for the quality of life the patient desired through the administration of Cox® long y axis decompression adjusting of the three lower disc levels.

Respectfully submitted,
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