

Sacro-occipital Technique Pelvic Block Treatment for Severe Herniated Discs

A Case Study

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The chiropractic profession is beginning to gather sufficient evidence that its conservative method of care is a viable option for patients suffering from lumbar disc herniation. Recently two papers were presented which discussed the positive outcome of Sacro-occipital Technique (SOT) pelvic block placement on the treatment of lumbar disc herniation.

CASE PRESENTATION

A 37-year-old patient presented due to an aggravation, a week earlier, of a prior work-related injury, with initial onset and pelvic blocks placed under the pelvis according to leg length and cervical indicators, and determined by reduction of pain. Gentle distraction was applied to the herniated disc by leg traction and/or sacral traction and stabilization of the lumbar vertebral segment superior to the herniation. Psoas tension on the anterior aspect of the discs was “released” with the patient resting prone, on pelvic blocks, and with doctor’s hand placed under the patient with finger pressure directed anteroposteriorly, gently relaxing the muscle.

OUTCOMES

Following 3 weeks of treatment at intervals of one to two times per week, the patient noted that he felt markedly improved and had no limitations in his activities or ranges of motion. The patient received infrequent treatment following the initial 2 months, and 7 months following his initial MRI,

approximately 5 years previously. He presented with a 1.3-cm concentric disc bulge at L5–S1 and an extruded disc at the L3–L4 level, extending 8–9 mm posterior and to the right, per the radiologist’s report.

TREATMENT METHODS

Using various SOT diagnostic and treatment protocols for the treatment of lumbosacral discopathy, the patient was treated with pelvic blocks or wedges. The majority of the treatment was performed with the patient prone a follow-up MRI was performed which found a 3-mm diffuse disc bulge at L3–L4 and L4–L5, per radiologist’s report.

DISCUSSION

Many practitioners from a variety of technique disciplines utilize pelvic wedges or blocks as a chiropractic adjustment tool. Future studies are needed to determine whether the findings in this case history can be generalized to patients presenting with herniated discs of the magnitude found with this patient. Pre- and post-MRIs seem to be an important part of the process of determining a relationship between clinical findings and objective measurements of disc herniation. While it must be noted that sometimes disc herniations will resolve over time independent of treatment, this patient’s clinical findings during the course of care make further investigation into SOT pelvic block placement for similar conditions warranted.