

Sitting disc technique: video myelogram fluoroscopy study

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INTRODUCTION: Conservative management of lumbar herniated discs and their possible affects on the thecal sac and CSF circulation deserves consideration as a possible modality. Sacro occipital technique method of care called the sitting disc technique [1] and its treatment being rendered were visualized during a video myelogram fluoroscopy. The fluoroscopy study allowed for direct visualization of the CSF, thecal sac and the doctor's thumb contact at the L4 spinous process.

The procedure was performed in Japan with the patient's consent and was part of the treating medical doctor's normal procedure for guiding and rendering treatment. The treatment was videotaped so that the practitioner could evaluate the results of therapy and that fluoroscopic studies would not be needed when future therapy was rendered. The treatment was rendered 15 years ago and at that time the videotape was not initially anticipated to be used for research purposes.

METHODS AND INTERVENTION:The sitting disc technique was performed on a 50-year-old man presenting with a left spinal inline, right sided sciatica, and decreased CSF circulation as visualized on video myelogram fluoroscopy. The sitting disc technique was applied approximately 3-5 intervals to L4 as the patient flexed and extended their lumbar spine under the direction of the doctor.

RESULTS:Following the procedure the patient reported less pain, and greater movement could be visualized of the vertebra as well as increased CSF circulation during application of the sitting disc technique during video fluoroscopy.

DISCUSSION:There are various theories as to why there would be this increased CSF circulation in the lumbosacral region following the

application of the sitting disc technique. These might be associated with an actually mechanical increase in disc height through a form of distraction on the disc and local L4/L5 decompression [2], balancing tensions on the related meningeal or thecal structures [3], and affects of increased CSF fluctuations and circulation secondary to diaphragmatic or vascular influences. [4]

CONCLUSION: While the patient's improved posture and decreased pain were successful outcomes of the sitting disc technique procedure, [5] of greater magnitude was the visualization of the increased circulation of the CSF following and during application. Greater investigation into this conservative method of care and determination of whether this single procedure might have a greater application beyond this single subject study is warranted.

References:

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