

Roger's Case: Neck Fracture Progress Notes

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By Dr. Derek Conte

Roger is a healthy and strong 58 year-old man and has been a patient in our office for nine years. After a 2019 Labor Day barbeque, Roger went down to the basement holding a tray heavy with leftovers which blocked his vision of the stairway. He was wearing flip-flops, which got caught up on the stairs and he pitched forward smashing the bone around the eye and fracturing the middle and lower bones of his neck.

Roger was instantly knocked out by the fall. He was found by his wife. The medical evaluation said there were fractures of the right orbital bone which forms the eye socket and the C4,5,6 vertebrae of the cervical spine. The fractures were "hairline", non-displaced fractures, and no surgery was performed.

In the interim, Roger developed extreme neck pain, with electrical radiations from the neck, down the left upper back, shoulder, upper arm, lower arm and left hand. The pain included a burning, pins & needles sensation and finally numbness. He did physical therapy for seven months and made progress.

It was at this point on 8/7/2020 that Roger returned to me for help. Our exam showed significant loss of range of motion of the neck and wasting of the muscles in the left arm. Usually, Roger has a grip strength that can hurt you. Now his grip strength was significantly reduced as well as in the forearm and triceps muscle in the back of the left arm, which was a very low 2 out of 5 on the strength scale. All of these clinical findings relate directly to the nerves conveyed by cervical levels that sustained damage in the fall.

It is important to understand that nerves are not merely electrical wires that carry messages. They are human tissues requiring nutrition like any other tissue. In fact, nerves have their very own micro-circulatory systems. If there is impingement of a nerve it will not function properly and can die.

There is a progression of symptoms depending on the severity and duration of the nerve pressure. Mild pressure will produce pain and paresthesia of the skin (pins & needles); later there will be numbness and weakness of the muscles; next there will be atrophy (wasting) of the muscles; and finally loss of function and nerve death. The goal is to restore proper spinal alignment to reverse that sequence of symptoms.

We began with very light instrument adjustments to the injured area and the proper manual adjustments to other areas as appropriate because Roger's fall affected his entire structure. We decided that a regimen of one visit per week would be optimal. We gave him light calisthenics and dumbbell exercises to do in the interims. By the second visit there was improvement in the grip and forearm strength. By the third visit we felt confident enough to carefully adjust the cervical spine manually.

This trend continued and by the fifth week there was little to no pain, burning or pins & needles in the left upper back, shoulder or arm. Roger's grip strength was even better and the triceps muscle was also responding well. In the sixth week Roger's left hand grip hurt me for the first time since the accident. The left triceps muscle is testing at 4 out of 5 now. There is still room for improvement and we will continue the care. It takes time to reverse a year's worth of severe damage but Roger is having a solid recovery.

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