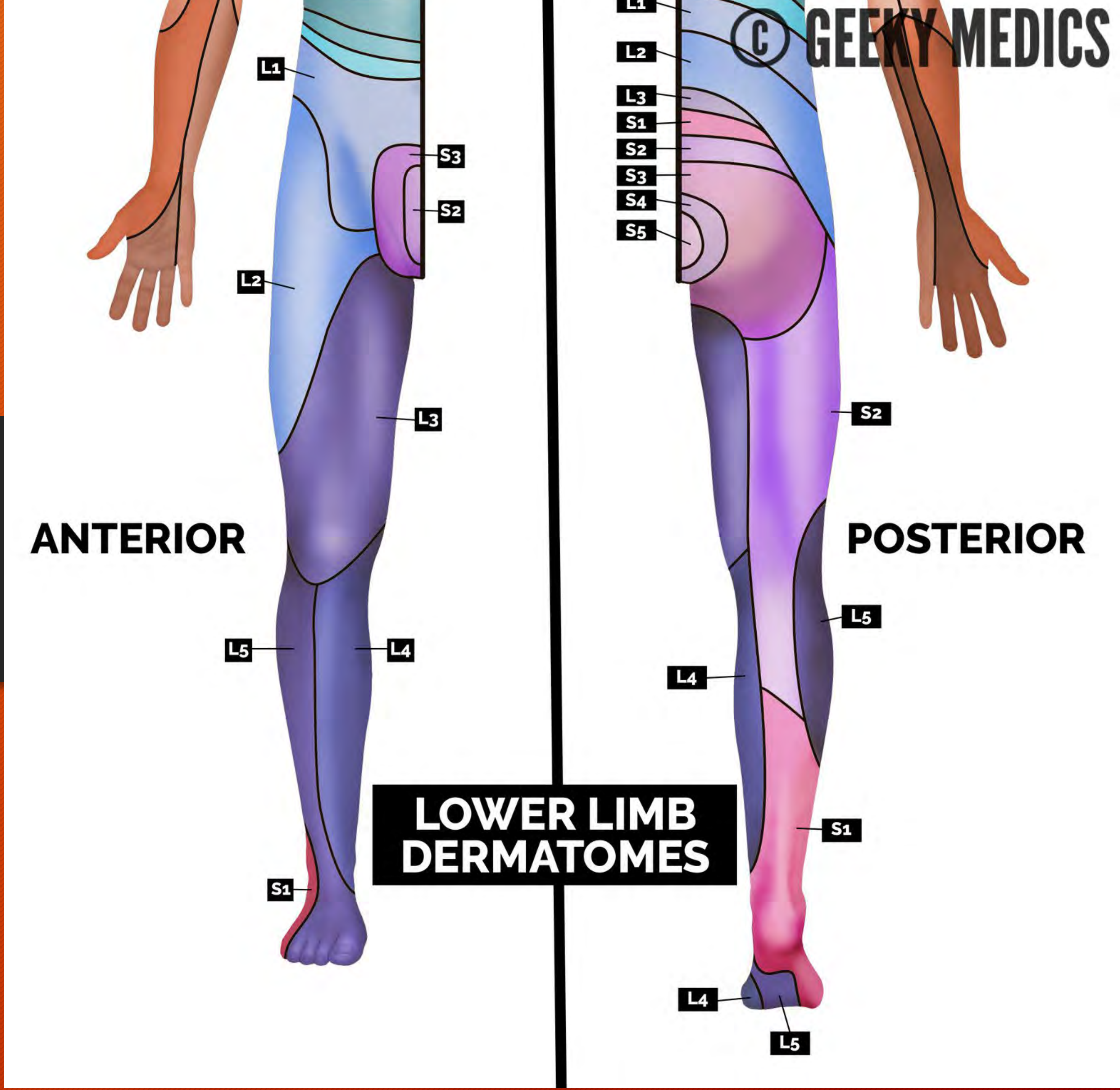
Treatment of L/B Pain

John D. Lockenour DC, DABCO, DABCA

Lower Extremities



Neurologic Examination L4

- Foot inversion (Tibialis anterior)
- Patellar reflex
- Medial aspect of foot sensation

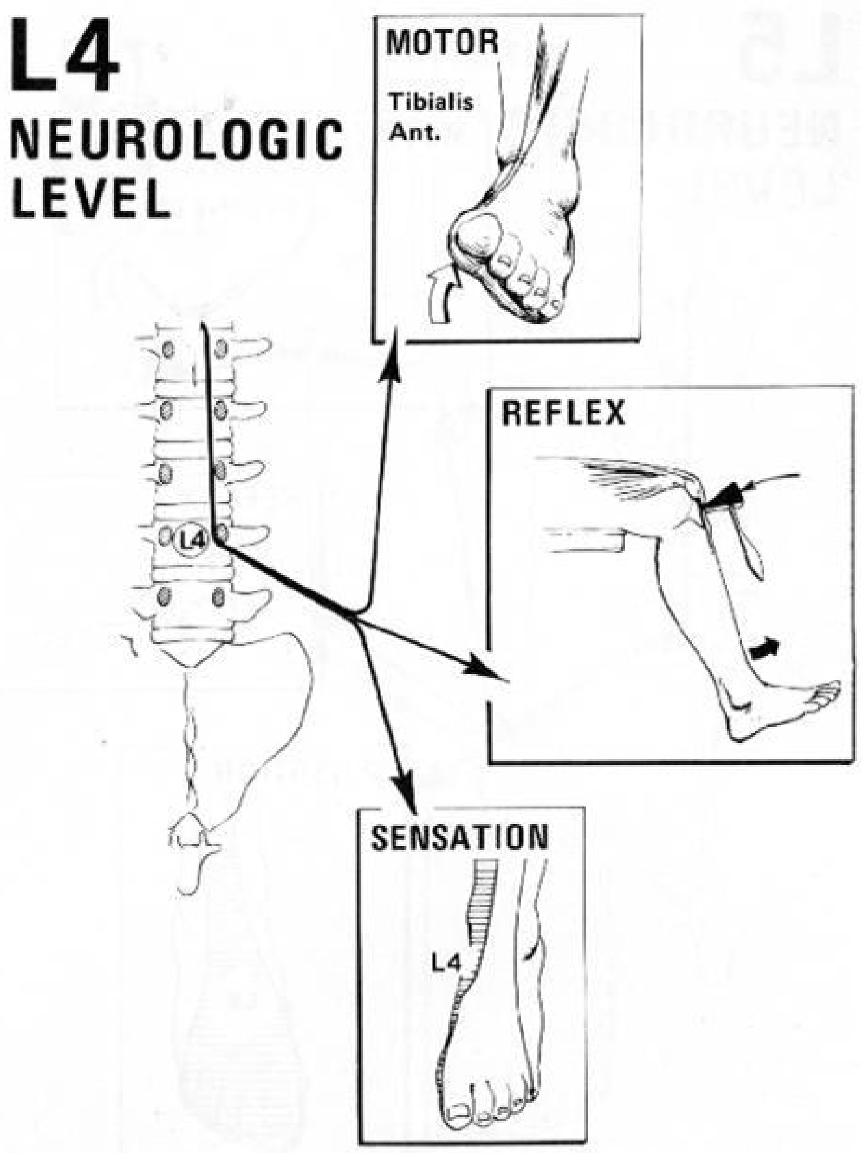


Fig. 30. Neurologic level L4.

L5

Neurologic Examination L5

- Great toe extension (Extensor Hallicus longus)
- No reflex
- Dorsum of foot sensation

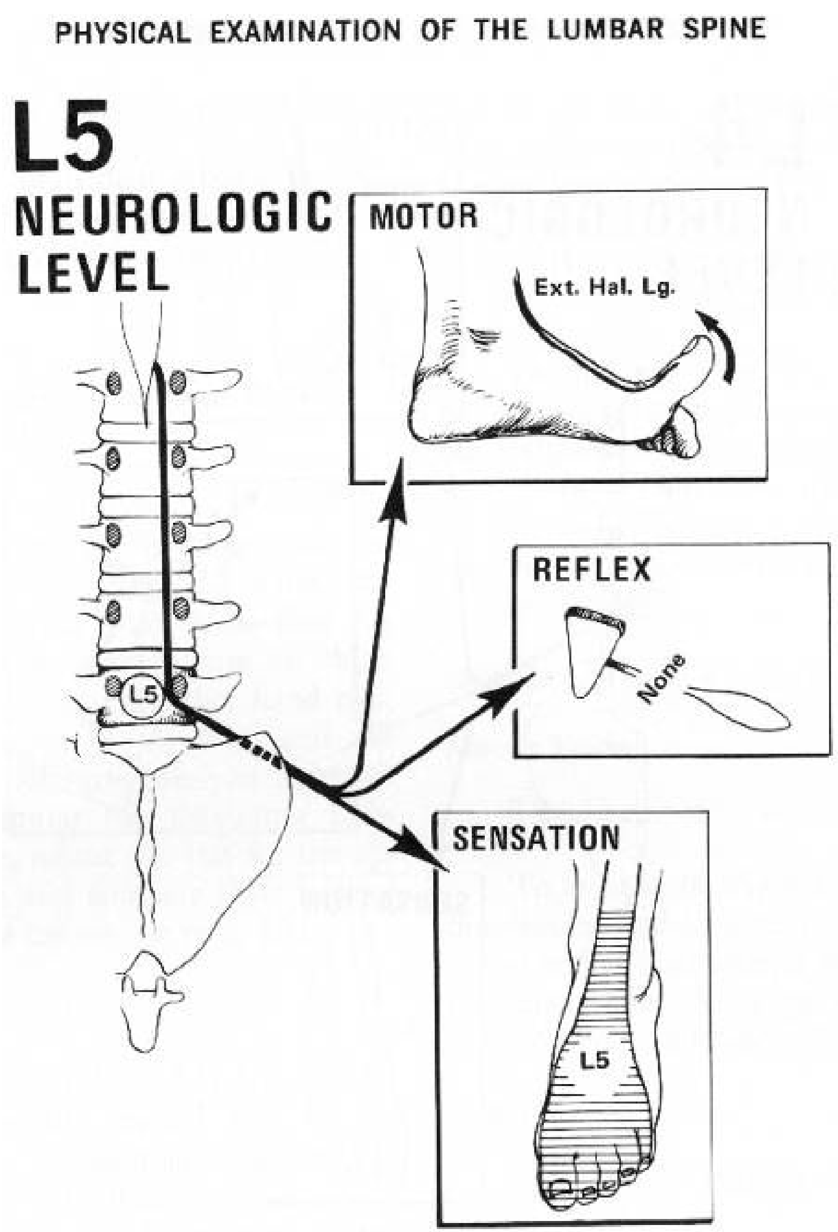
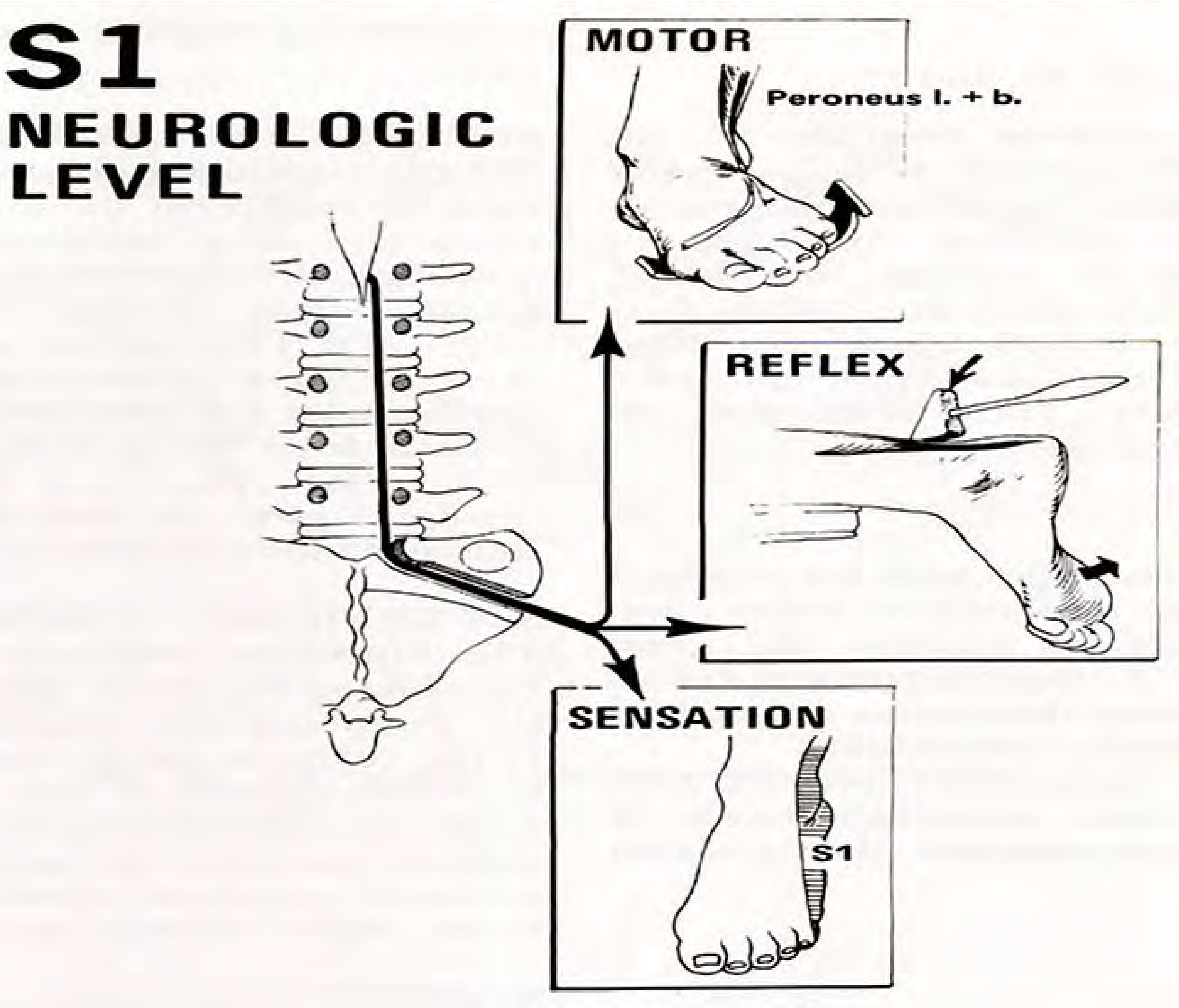


Fig. 31. Neurologic level L5.

S1



Neurologic level S1.

Red Flags

Red Flag	Possible Cause	Usual Action
• major motor weakness and numbness, or progressing neurological deficit • sphincter disturbance (urinary retention, bowel or bladder incontinence) • saddle anesthesia (numbness in inner thighs and perineum)	Cauda Equina Syndrome	Immediate referral for MRI or CT and specialist assessment
• initial onset at over 55 years • non-mechanical pain (unrelenting, unaffected by position, severe nighttime pain) • history of cancer or suspicious physical finding (i.e.; acute localized bone pain) • unexplained weight loss • fever, night sweats • HIV, IV drug use, immunosuppression	Infection, Tumor or Pathologic Fracture	Referral for medical assessment
• Recent significant trauma • Known or suspected osteoporosis with or without recent trauma	Fracture	X-Ray

Lumbar Spine Acupuncture Protocol

1. Treat the TCM Imbalance/Constitution
2. Treat the Spine – Level of Nerve
3. Treat the Command Points
4. Treat the Spine
5. Treat the Ashi Points
6. Treat the Ear
7. Use Correct EMS

Cold & Dampness

Cold Dampness can cause both acute and chronic backache. The pain is worse in morning and better with light exercise. Cold weather makes the pain worse. Application of heat make the pain better. In retention of cold dampness there may be a prevalence of cold or dampness. When cold predominates, there may be stiffness and contraction of the back muscles and the pain is more severe, is aggravated by rest improved by movement. It also responds to application of heat. When dampness predominates, there may be swelling, numbness and a feeling of heaviness.

BL-23- Kidney Deficiency

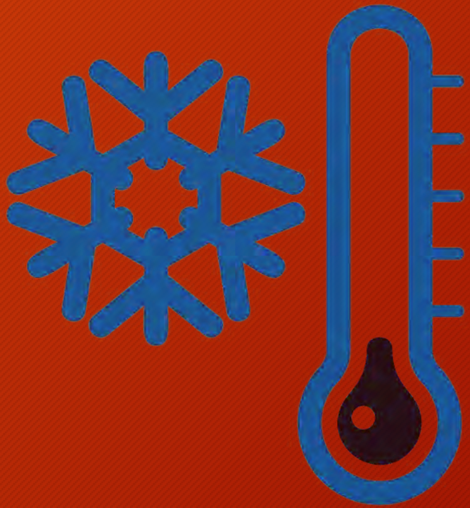
BL-40 – Command Point/Dispels Dampness

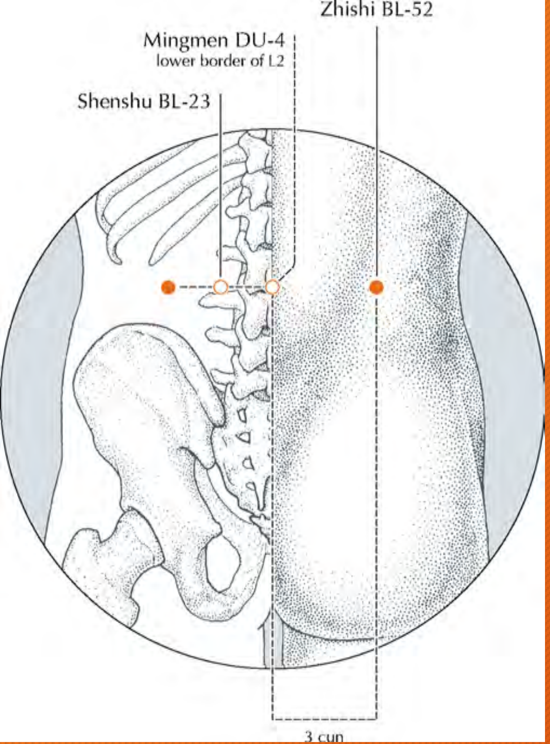
BL-60- Transforms Dampness

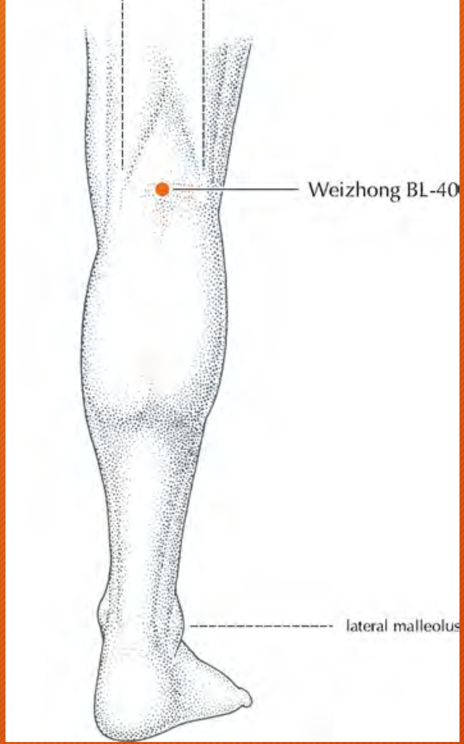
SP-6- Dispels Wind Dampness

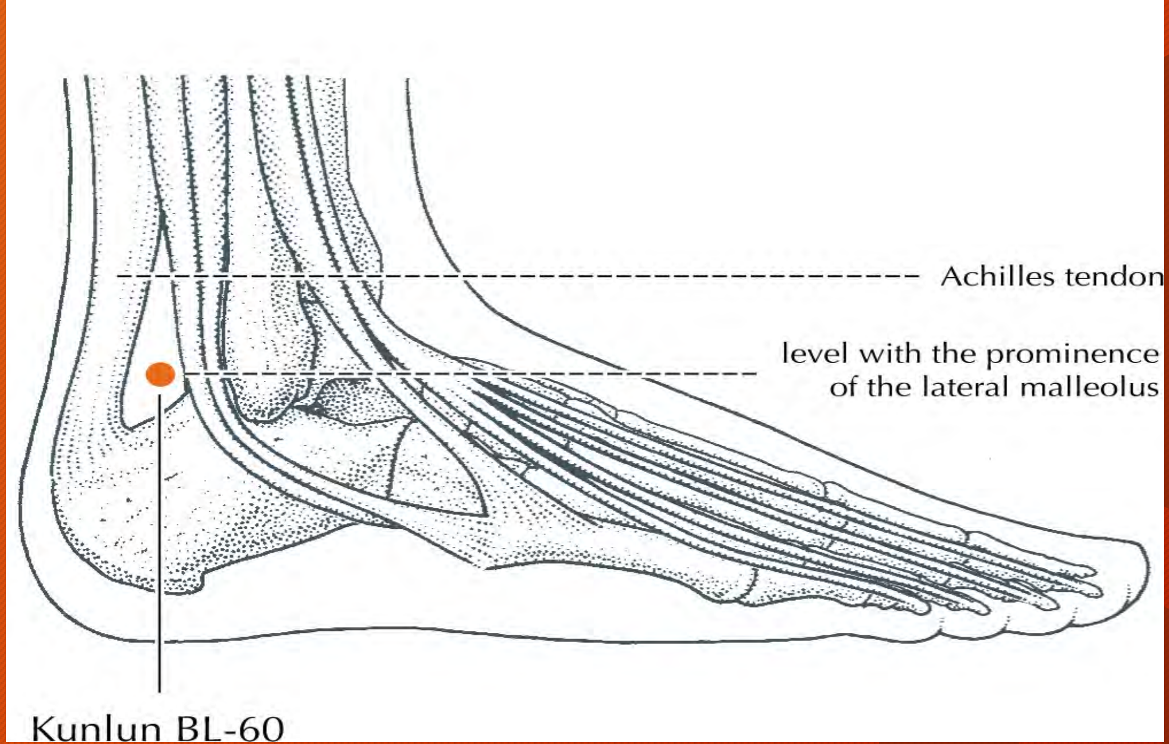
SP – 9 –Transforms Dampness

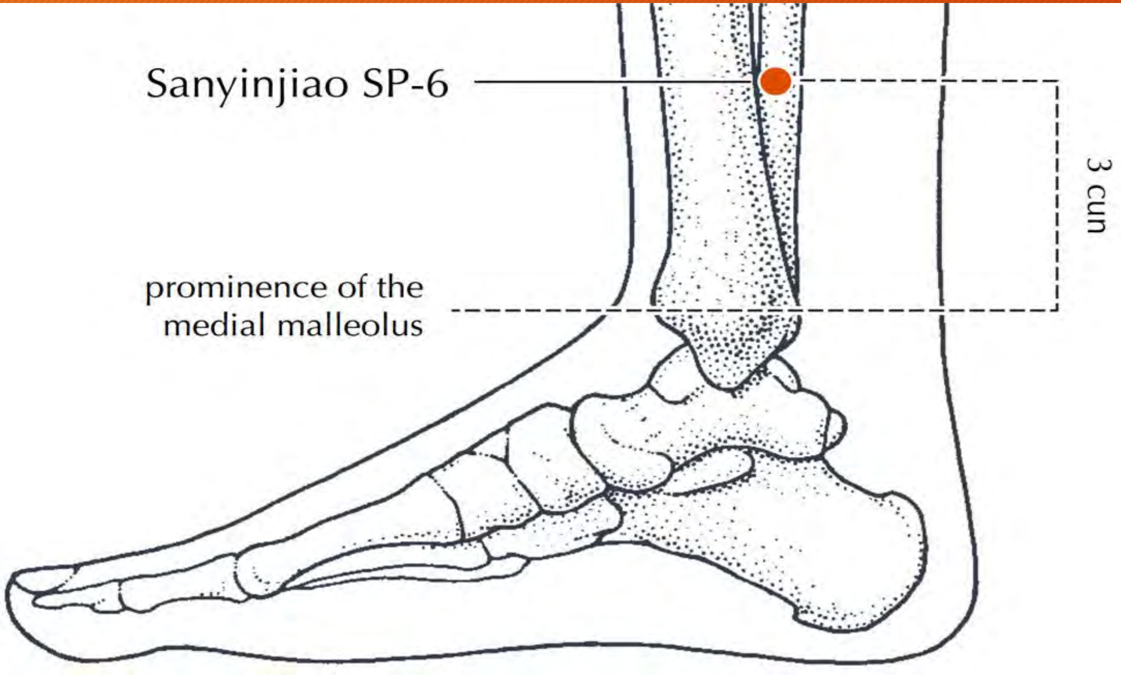
Use Heat

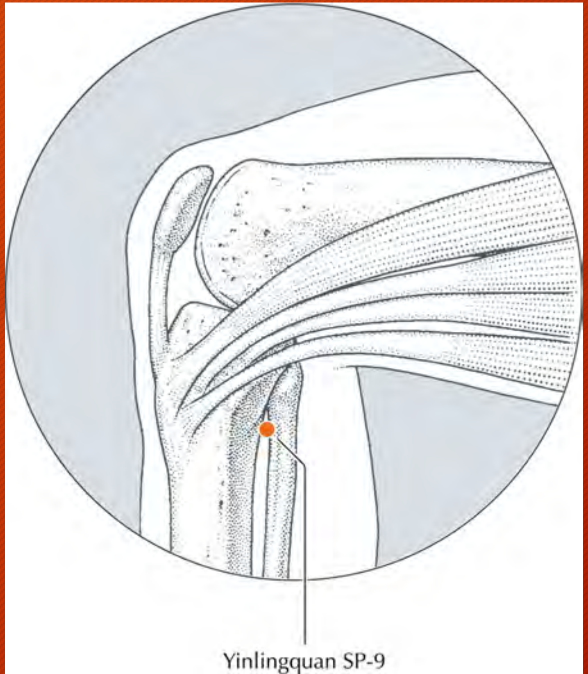



Zhishi BL-52
Mingmen DU-4
lower border of L2
Shenshu BL-23
3 cun


Weizhong BL-40
lateral malleolus


Achilles tendon
level with the prominence
of the lateral malleolus
Kunlun BL-60


Sanyinjiao SP-6
3 cun
prominence of the
medial malleolus


Yinlingquan SP-9

Stagnation of Qi and Blood

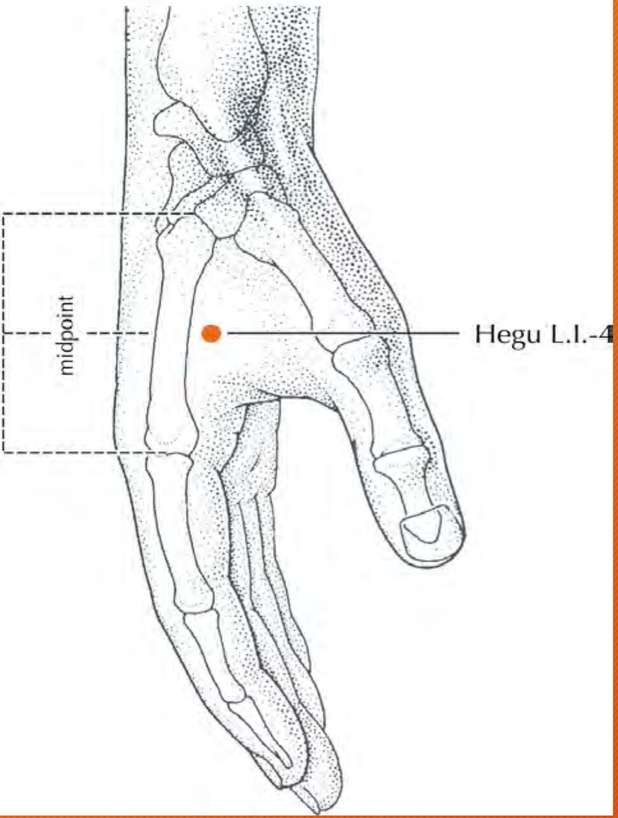
Stagnation of Qi and Blood is characterized by a severe, stabbing pain that becomes worse with rest and better with light movement, although it would be worse with overexertion. It is tender to the touch, does not respond to changes in weather and is much worse standing or sitting. Application of heat does not help. There is marked rigidity and limited ROM in all movements. Stagnation of Qi and Blood in the back in an acute case is due to sprain. In chronic cases in overuse syndrome.

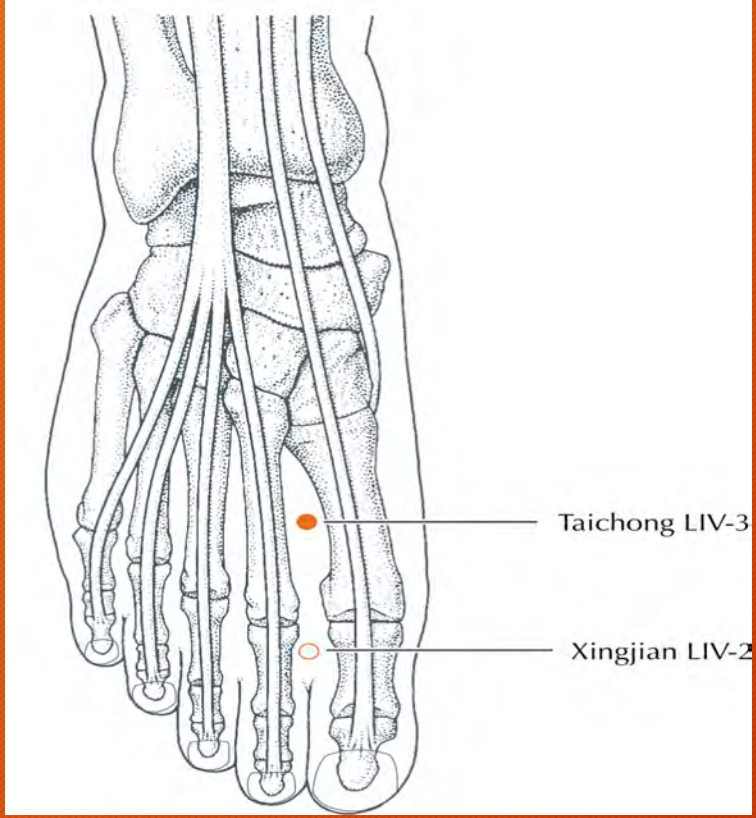
LI– 4- Moving Qi

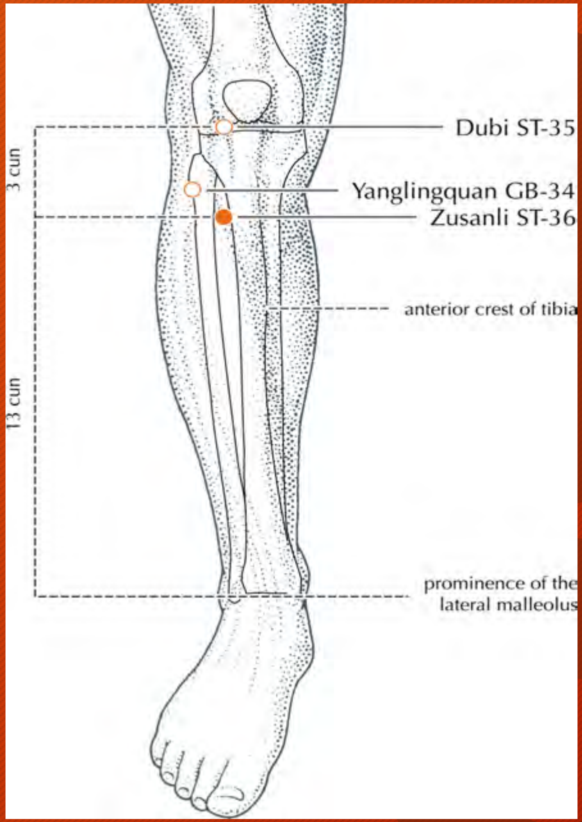
LIV-3- Liver Stagnation

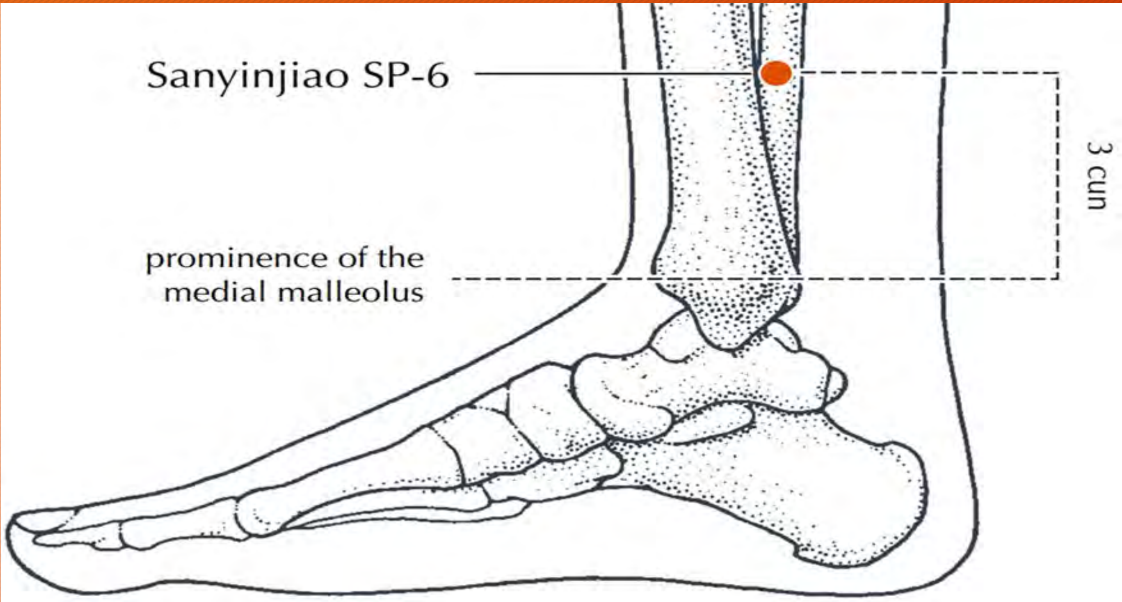
SP-6 – Nourishing & Moving Qi

ST-36 – Tonifies Qi & Blood


midpoint
Hegu L.I.-4


Taichong LIV-3
Xingjian LIV-2


Dubi ST-35
Yanglingquan GB-34
Zusanli ST-36
3 cun
anterior crest of tibia
13 cun
prominence of the
lateral malleolus


Sanyinjiao SP-6
3 cun
prominence of the
medial malleolus

Liver Qi Stagnation

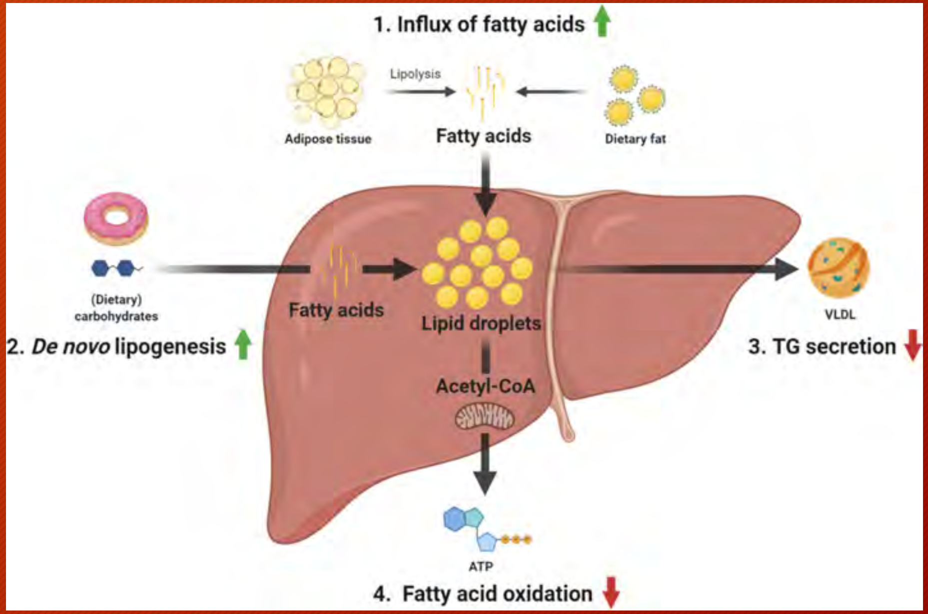
Liver-Qi stagnation can cause acute or chronic backache. The Liver is involved in the pathology in two ways. First Liver influences the sinews resulting in imbalance of muscle /tendons/ ligaments. Second it can result in emotional stress such as anger, resentment, frustration, and guilt.

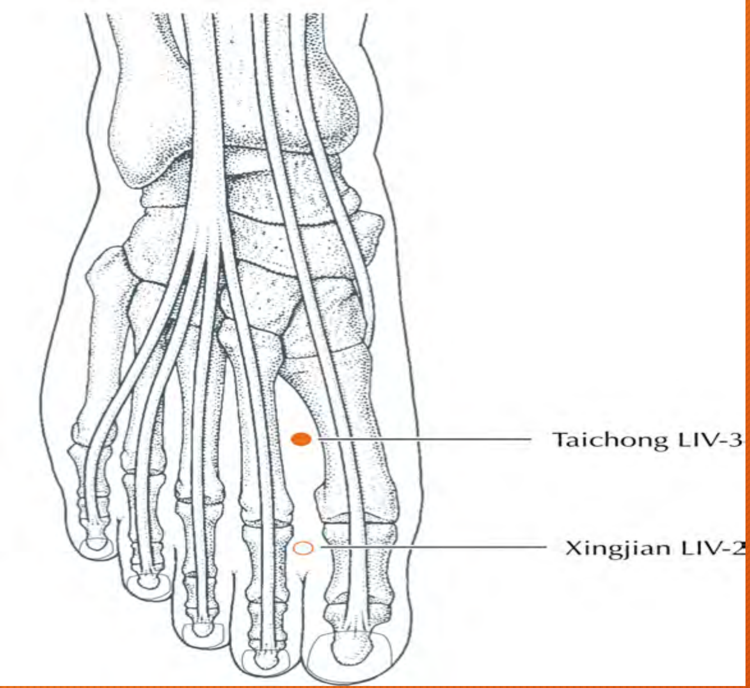
LIV-2/3 – Treats all sinews, Clears emotions

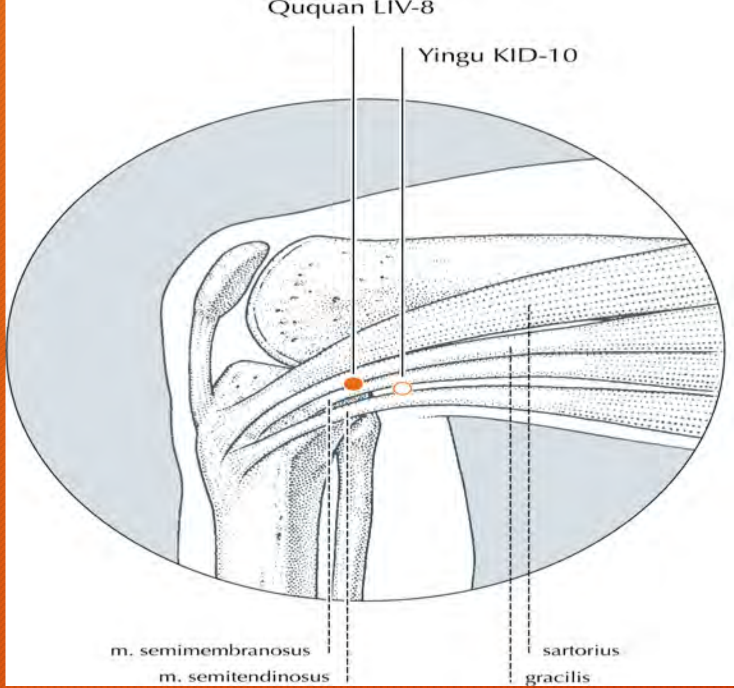
LIV-8 – Tonify Liver

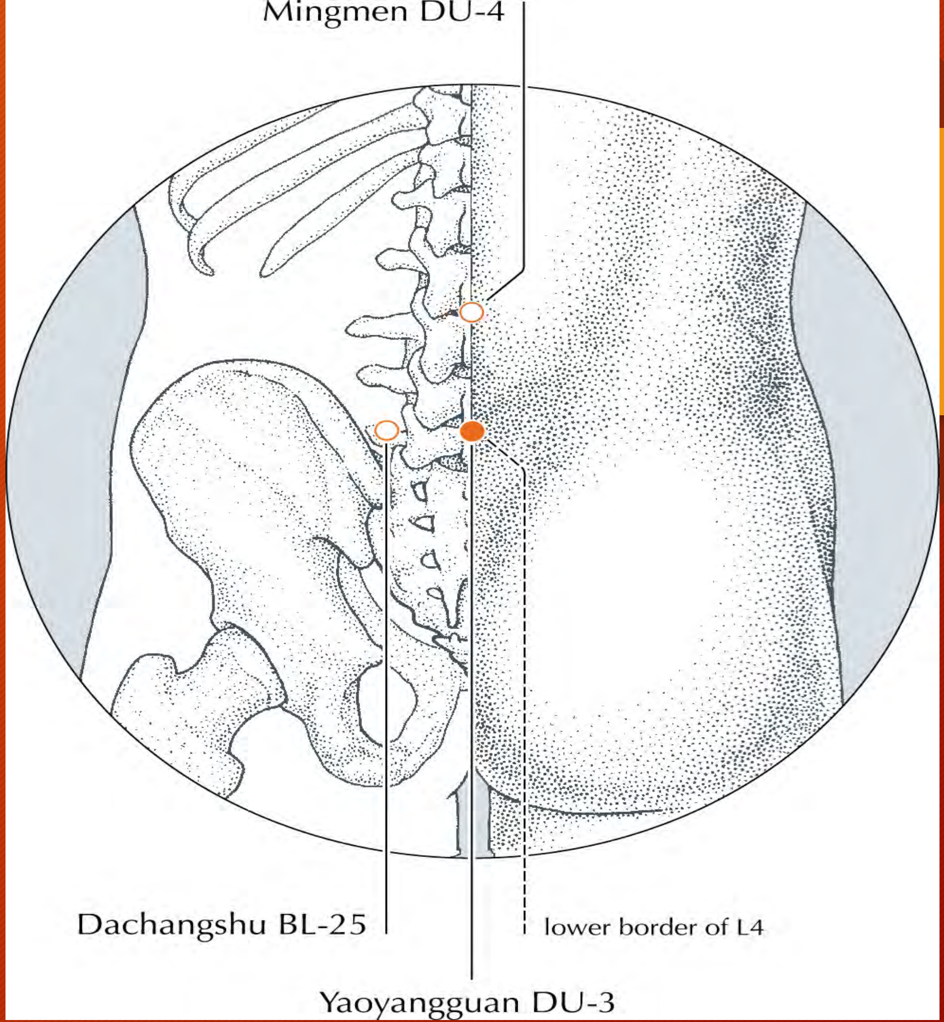
GV 3/6 Promotes Free Flow of Chi

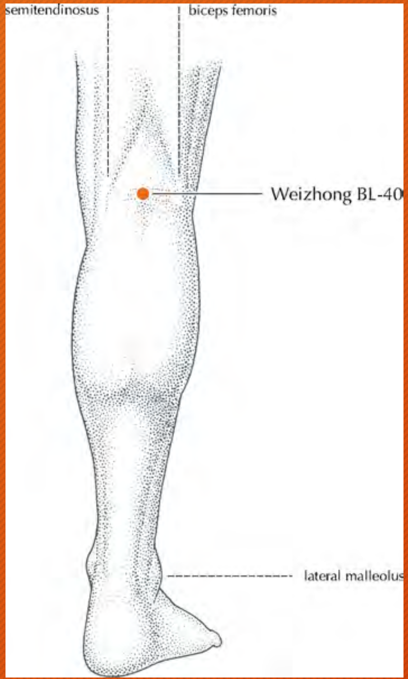
BL-40 – Moves Blood

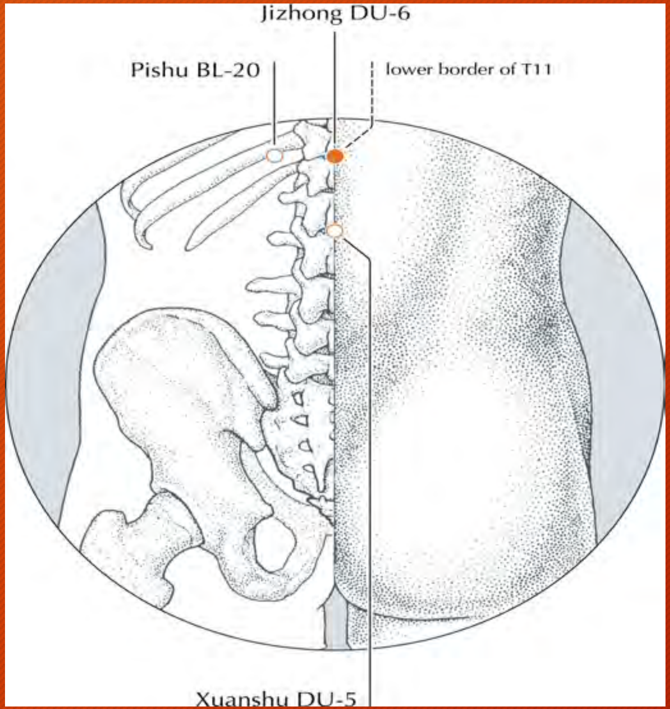



Taichong LIV-3
Xingjian LIV-2


Ququan LIV-8
Yingu KID-10
m. semimembranosus
m. semitendinosus
sartorius
gracilis


Mingmen DU-4
Dachangshu BL-25
lower border of L4
Yaoyangguan DU-3


semitendinosus
biceps femoris
Weizhong BL-40
lateral malleolus


Jizhong DU-6
Pishu BL-20
lower border of T11
Xuanshu DU-5

Kidney Deficiency

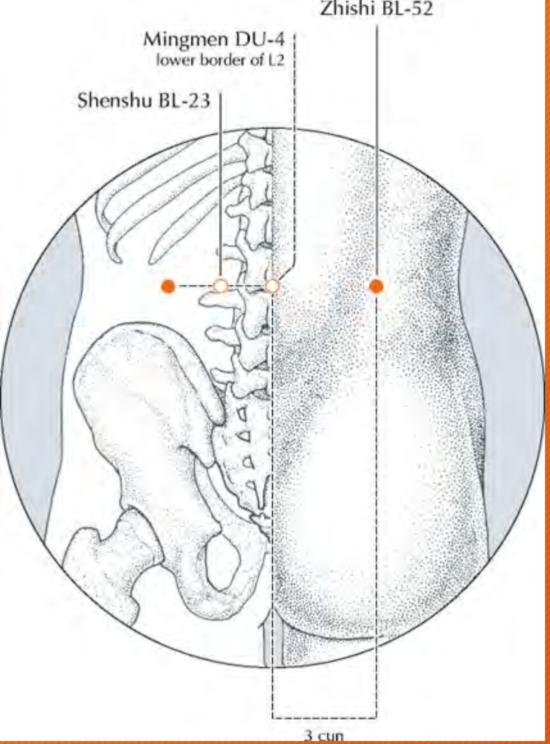
Kidney deficiency causes chronic backache. The pain is dull and comes in bouts. It is definitely better with rest and worse when the person gets overtired. It is also aggravated by excessive sexual activity. Obviously, a backache from kidney deficiency is more common in middle-aged or elderly people. Younger patients who show kidney deficiency usually are involved in excessive exercise, work, sports, or living in “excess”. Some modern practitioners equate Kidney Deficiency with Adrenal Fatigue or HPA Axis Dysfunction.

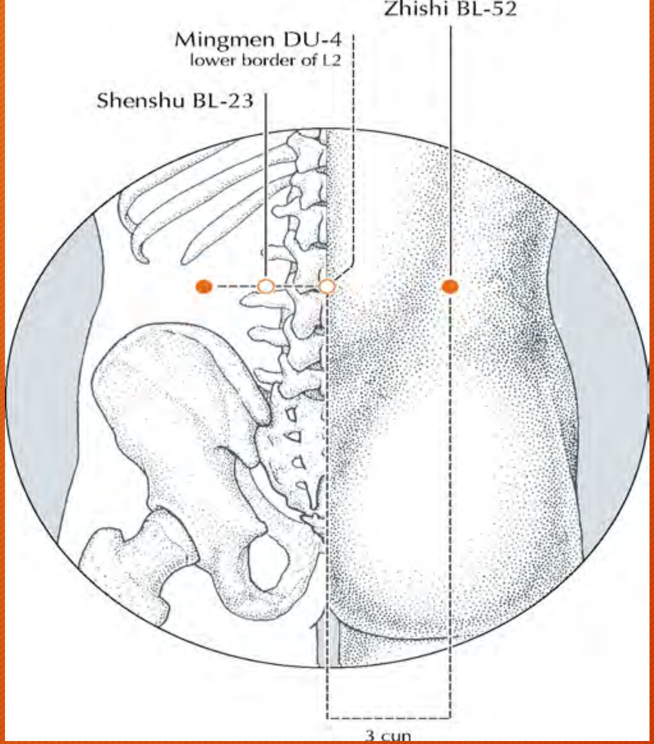
BL-23 – Kidney Deficiency

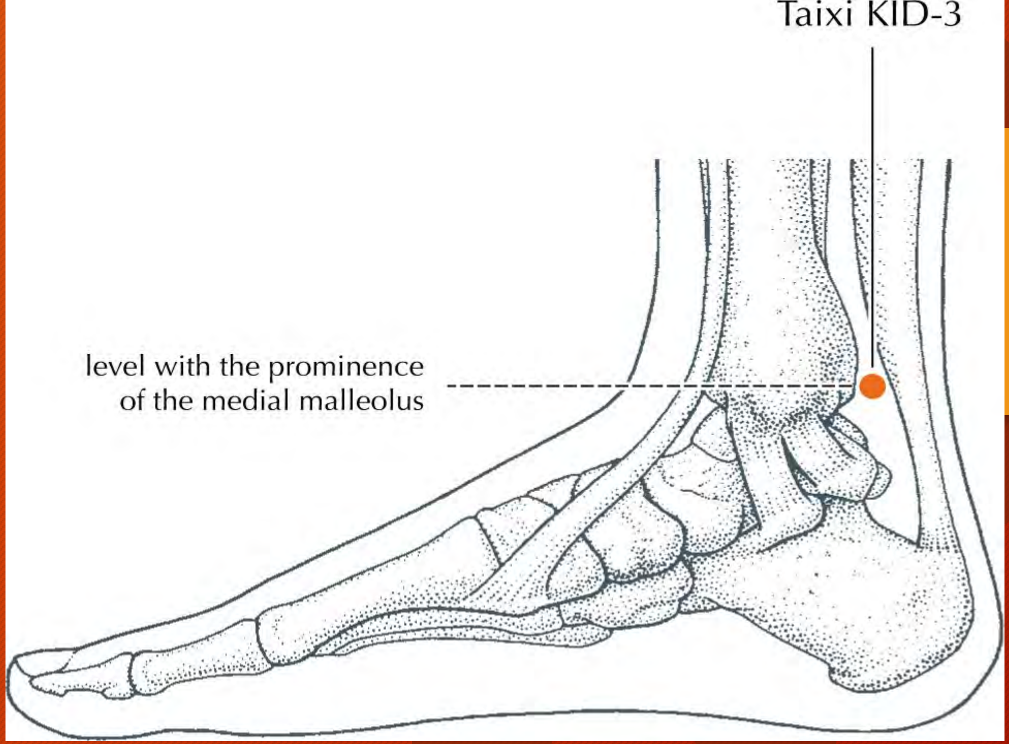
BL-52 Replenish Essence

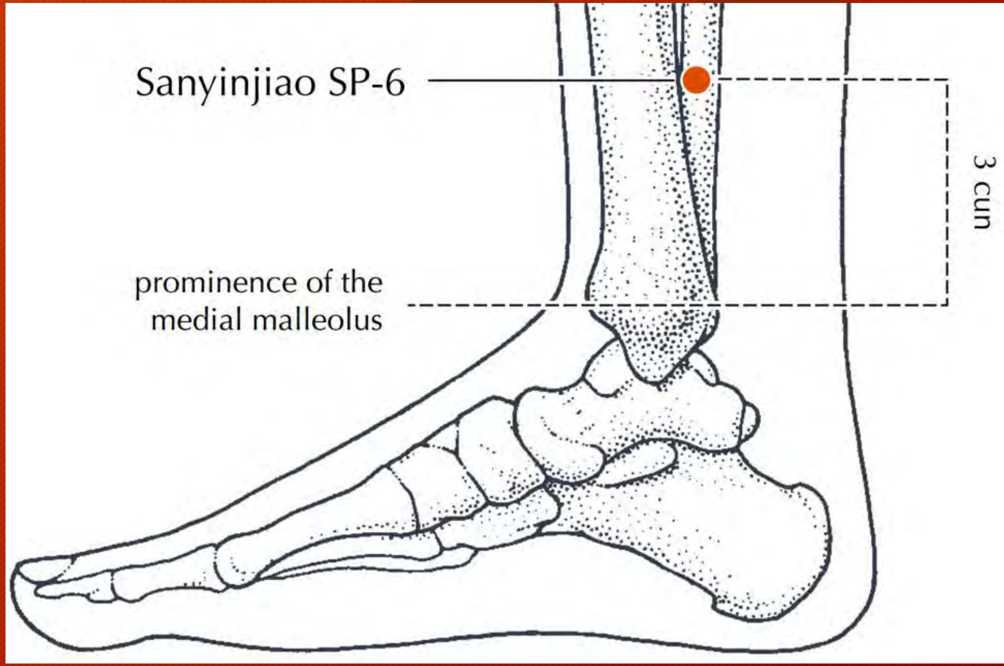
K-3 Nourish Kidney

SP-6 – Dispels Wind / Dampness


Zhishi BL-52
Mingmen DU-4
lower border of L2
Shenshu BL-23
3 cun


Zhishi BL-52
Mingmen DU-4
lower border of L2
Shenshu BL-23
3 cun

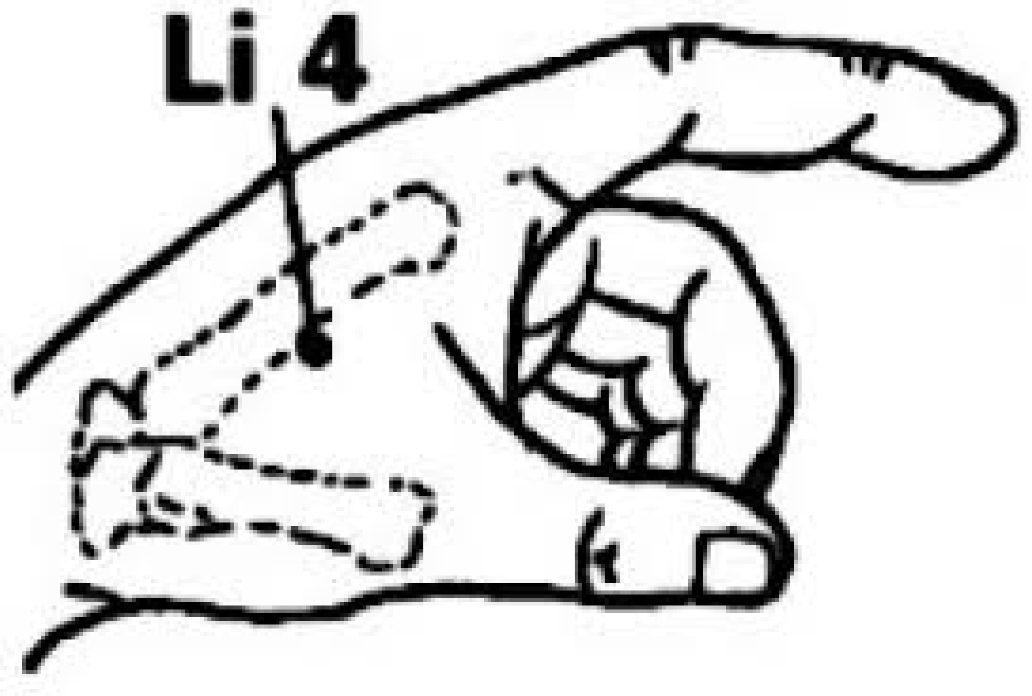

Taixi KID-3
level with the prominence
of the medial malleolus


Sanyinjiao SP-6
3 cun
prominence of the
medial malleolus

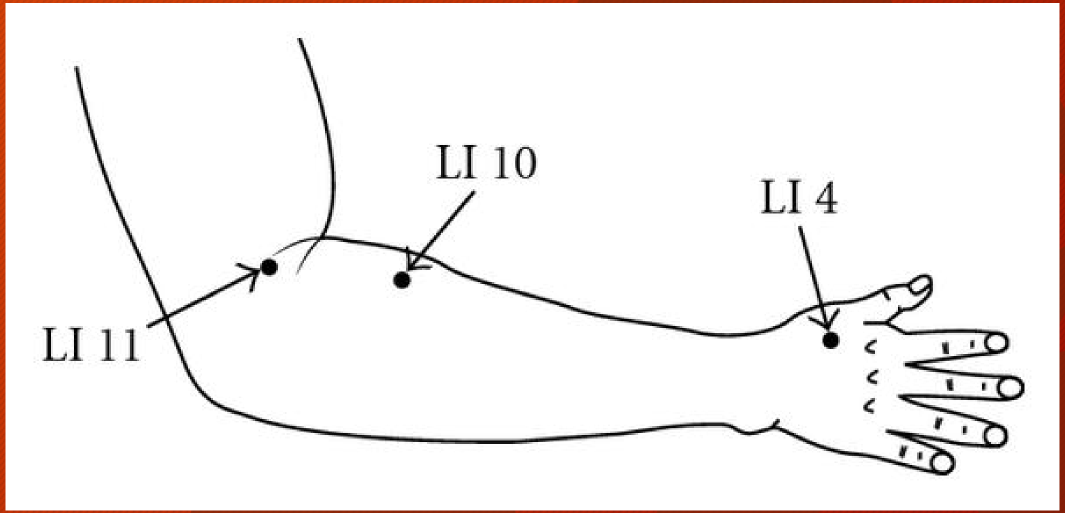
Miriam Lee Points

- LI 4
- LI 11
- LU 7
- SP 6
- ST 36
- Bilaterally

Large Intestine 4

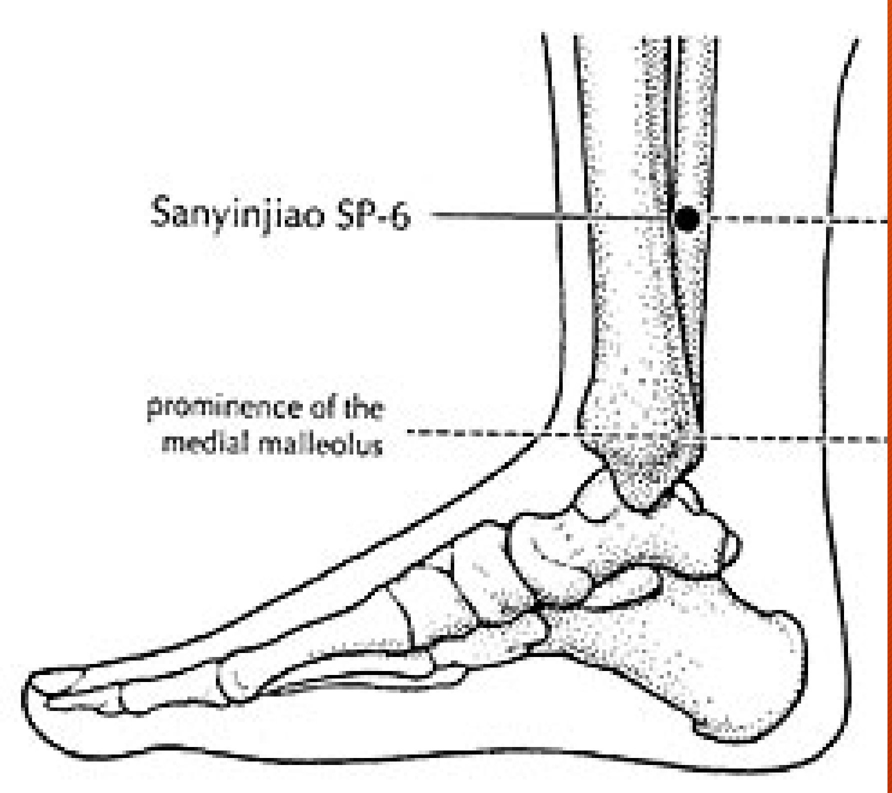


Large Intestine 11

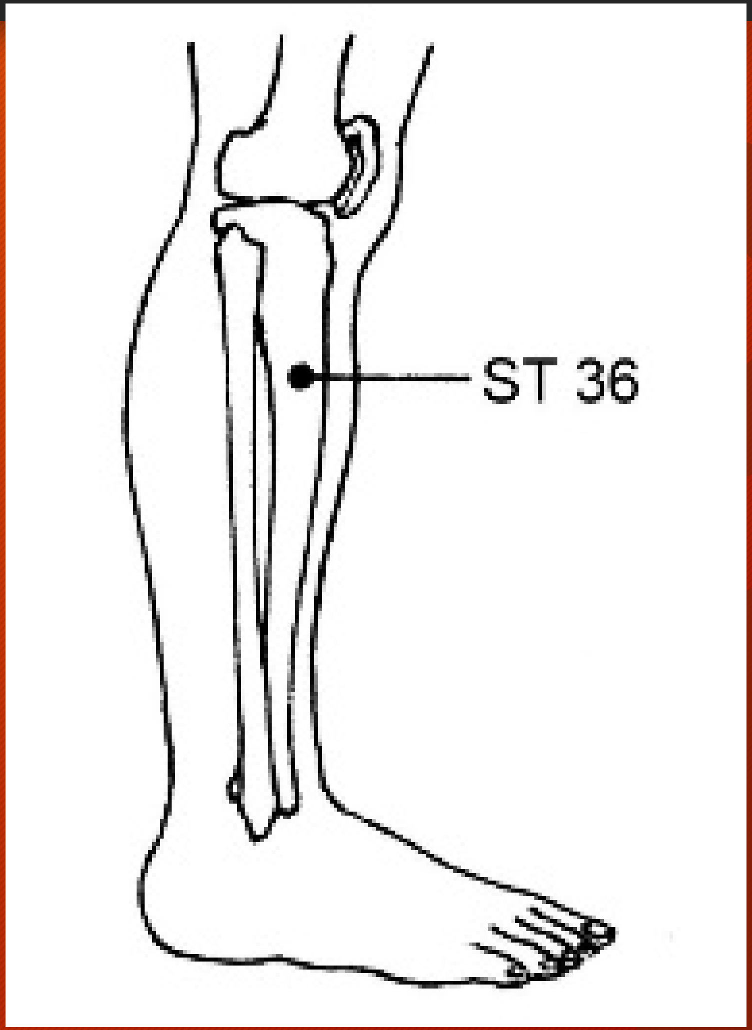


Lung 7

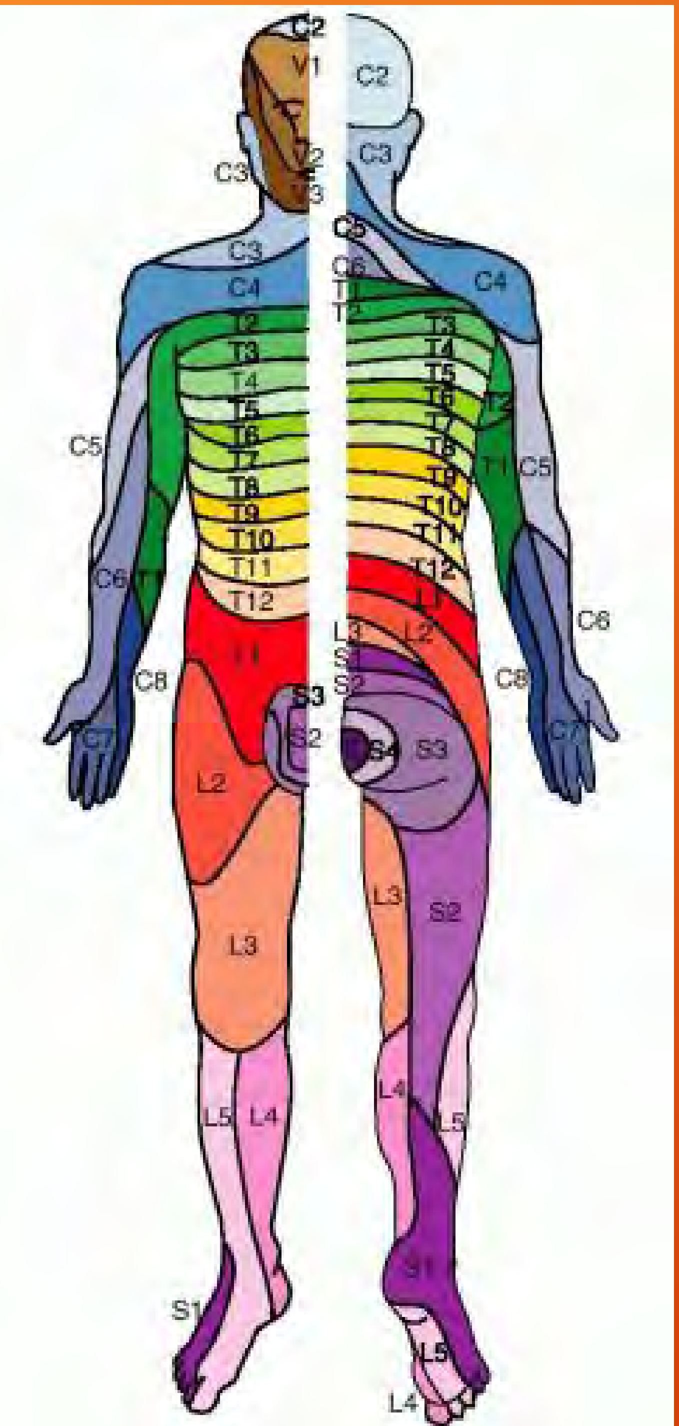
Spleen 6



Stomach 36

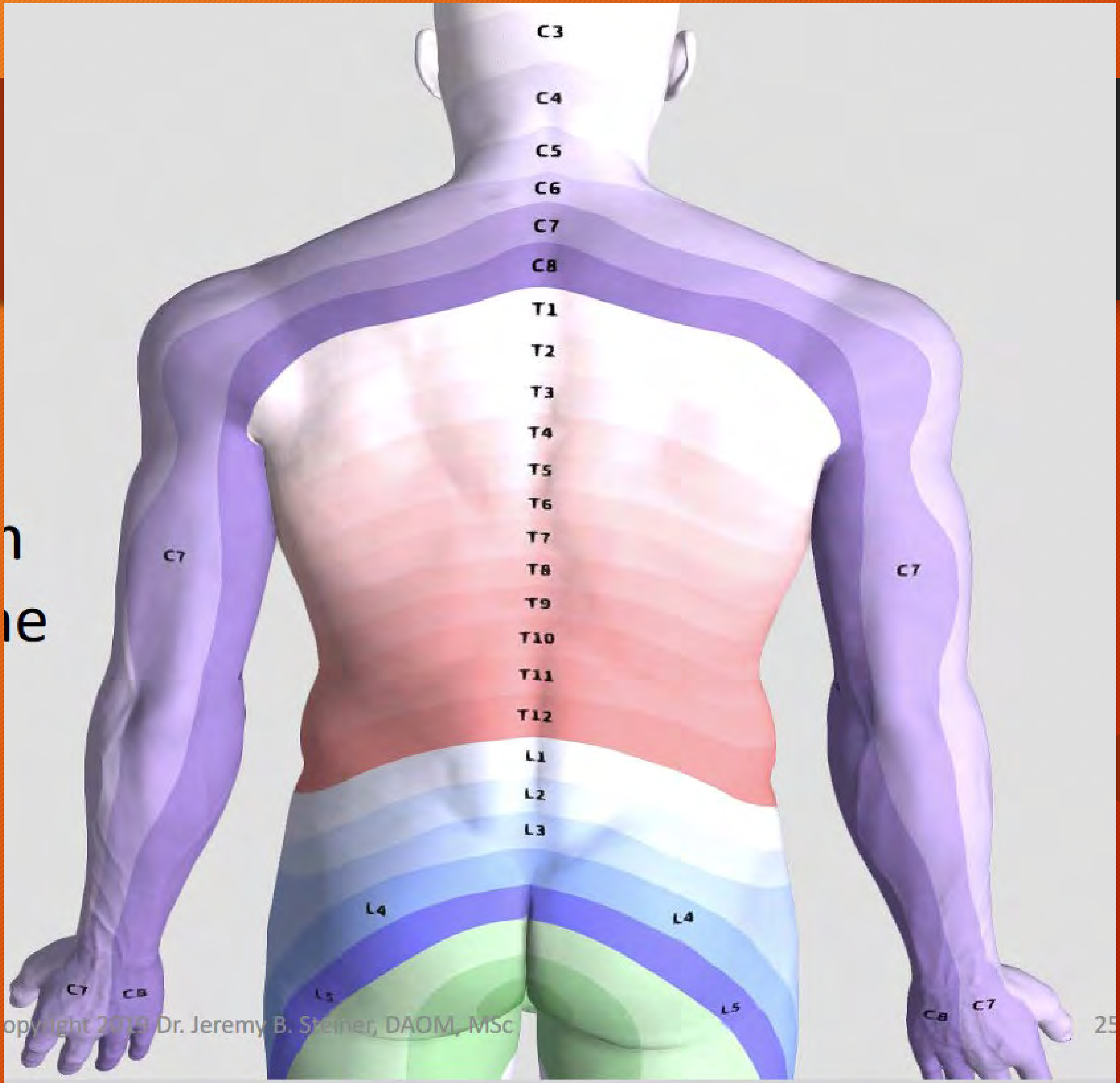


Spinal Segmental Level Points



Spinal Segmental Levels

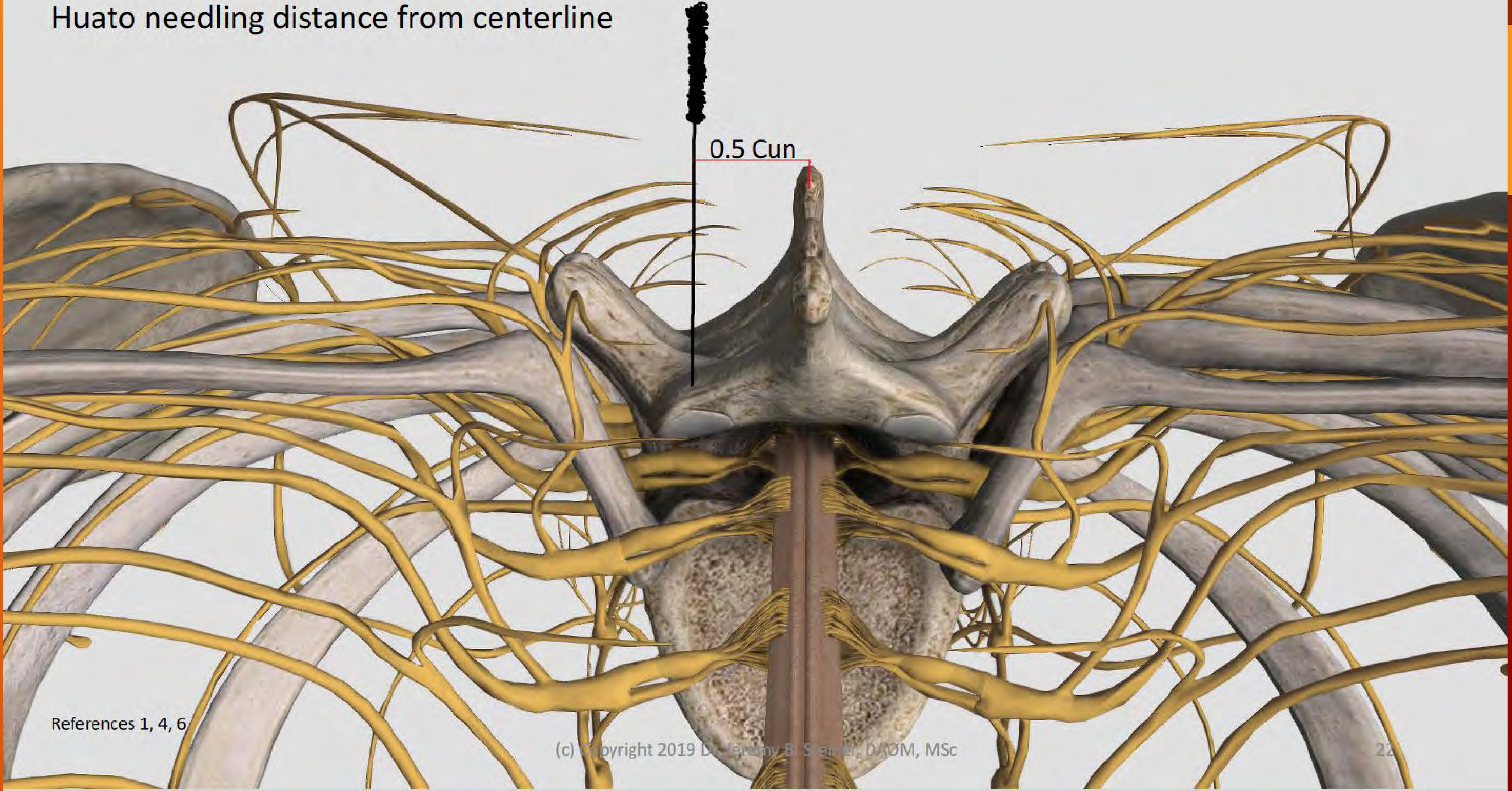
1. Dermatomes Skin
    - • Mostly Afferent
    - • Sends signals from the surface to the Central Nervous System (CNS)
2. Myotomes Muscle
    - • Afferent and Efferent
3. Sclerotomes Bone
    - • Mostly Afferent
4. Viscerotomes/Enterotomes Organs
    - • Afferent and Efferent



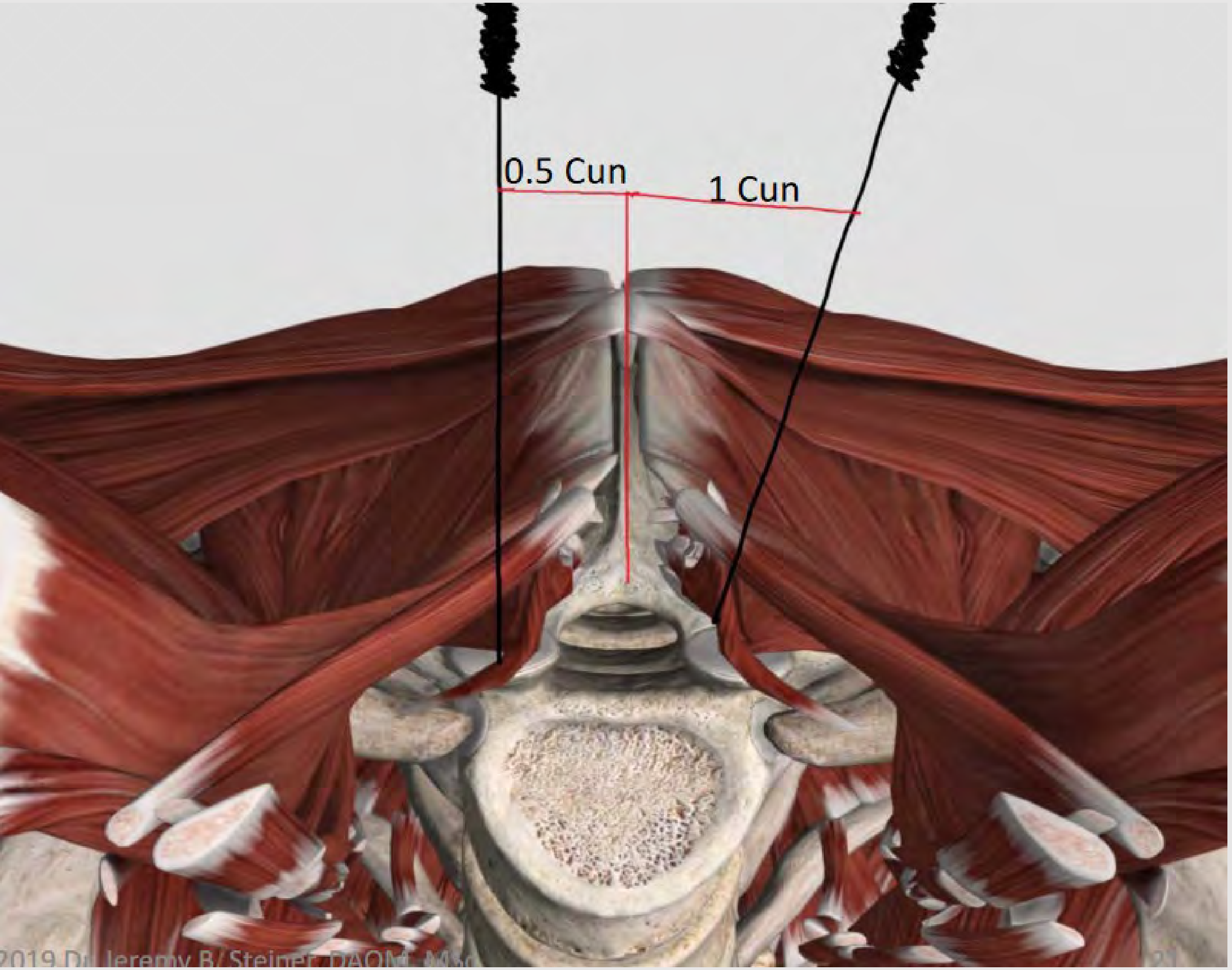
Dermatomes

- Afferent sensory nerves
- Transmit signals from the skin into the spine and into the CNS

Huato needling distance from centerline



References 1, 4, 6

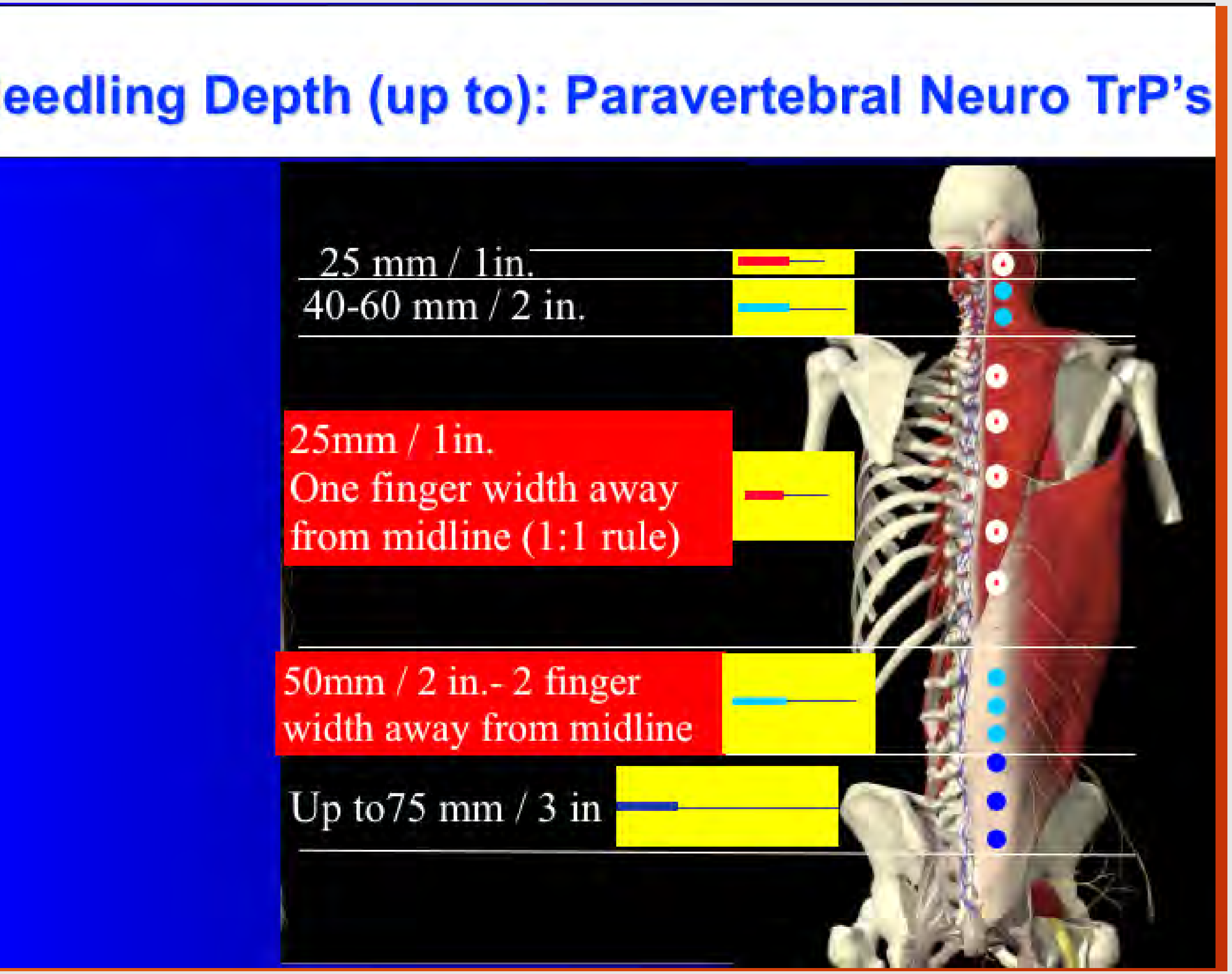


Spinal Acupuncture

C-Spine – 1 finger with from Spinous Process

T-Spine -1 finger with from Spinous Process

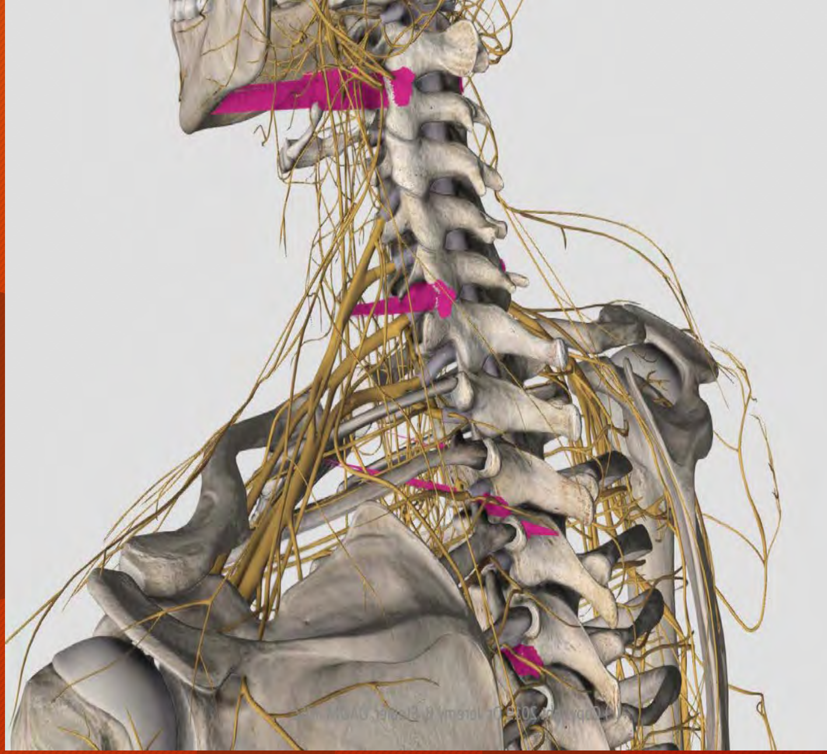
L-Spine - 2 finger with from Spinous Process



Needling Depth

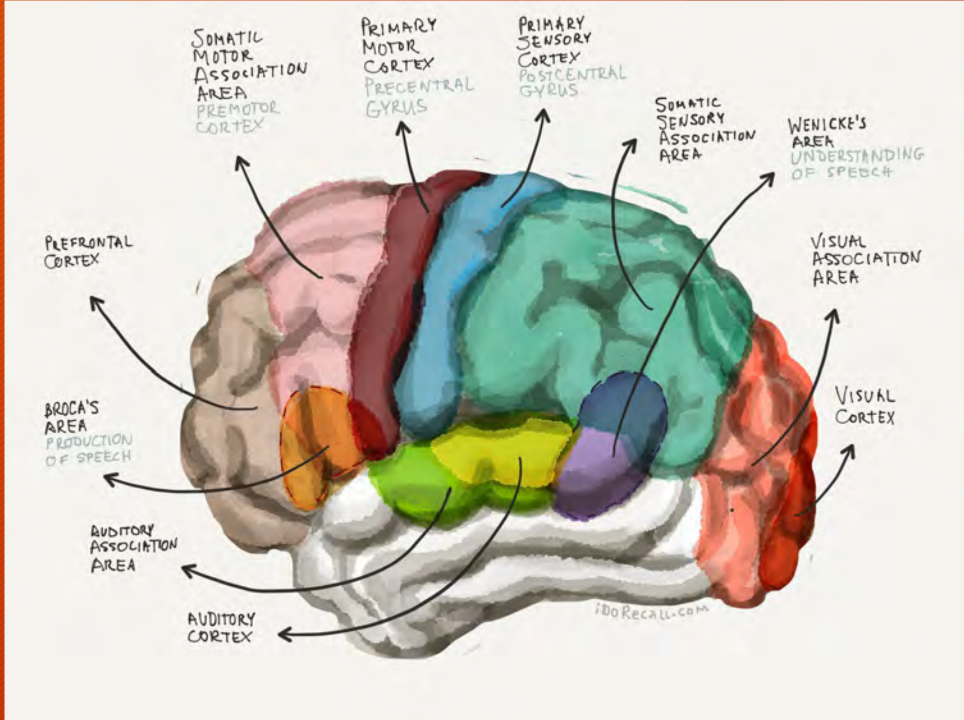
Central Nervous System Pain Memories

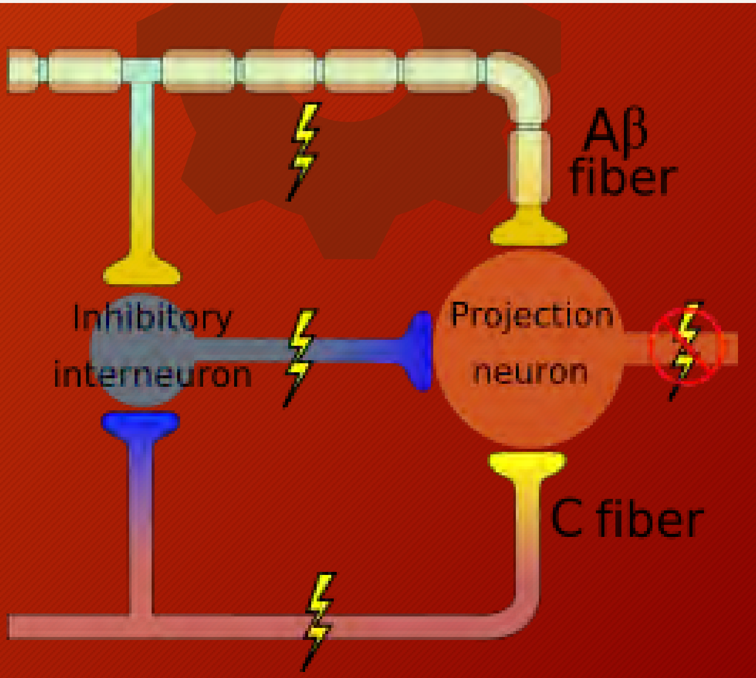
- • The nervous system has memory.
- • Whenever discomfort or pain lasts longer than 3-4 weeks, that feeling can get permanently engrained in the nervous system, so that even though the original problem has healed, the pain can remain.
- • Spinal Acupuncture is one of the best ways to reset the nervous system



Central Nervous System Pain Memories

- • We can create new nervous system memories with our treatments.
- The nervous system has a preference for non-noxious stimulus.
- • Gate Theory
- • Example: If you hit your arm and it hurts, applying heat or simply rubbing the area makes the pain better. The nervous system prefers the non painful stimulus over the painful feedback loop it has created as a protection mechanism





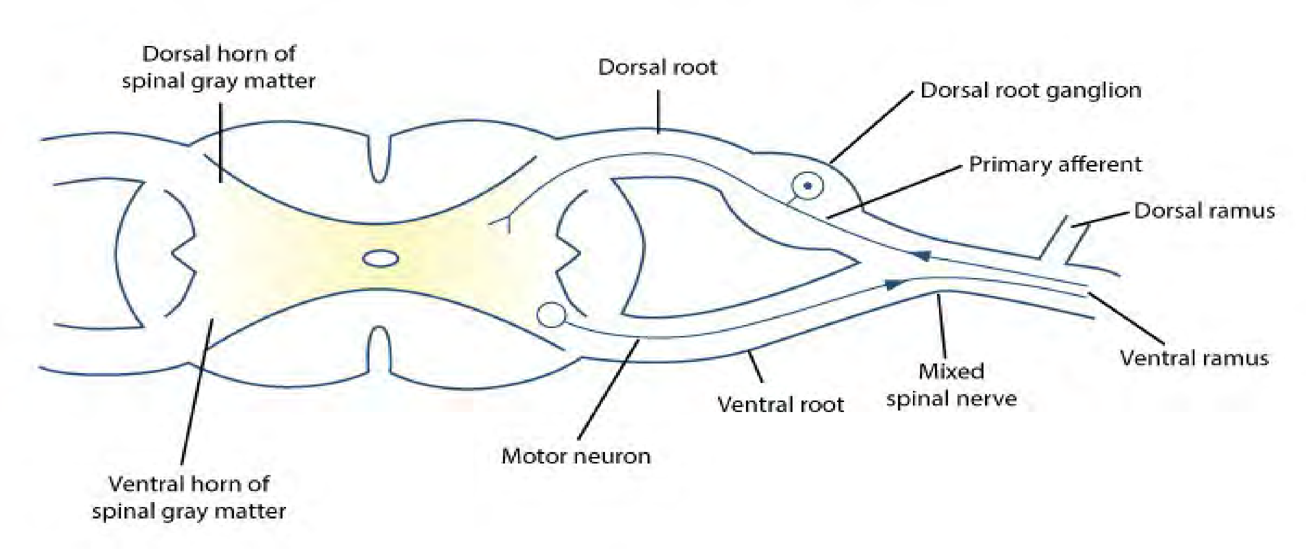
Spinal Segmental Needling

- We examine the spinal cord and its segments.
- Those afferent fibers, motor and sensory nerves, enter the level of the spinal segment at the dorsal horn.

At the site of spinal innervation in the dorsal horn, 3 strong neuropeptides are released:

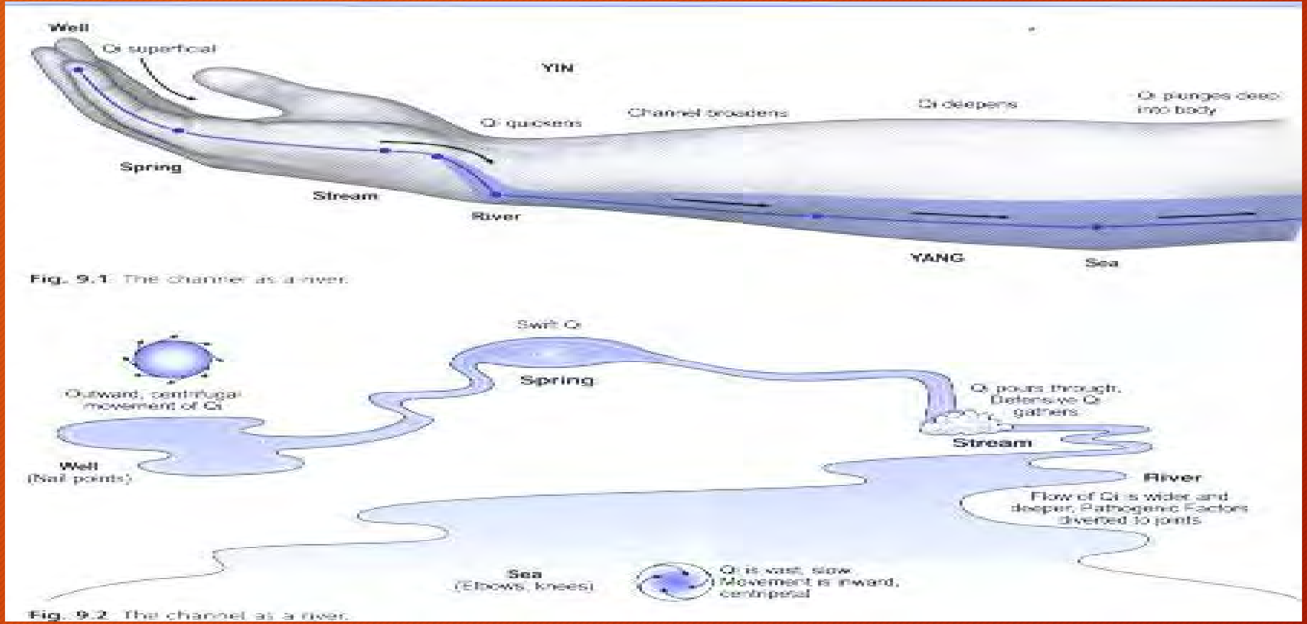
- Serotonin
- Noradrenaline
- Enkephalins

- Dorsal horn: Enkephalin is released-neuromodulator which directly modifies ANY pain signaling from the body. This depresses the effect at that specific dorsal horn. Neuroanatomy dorsal horn theory illustrates that NOW ANYTHIING below will benefit from the depression of descending pain signals.
- Serotonin and Norepinephrine also released. SNRIs
- Visceral AND orthopedic applications

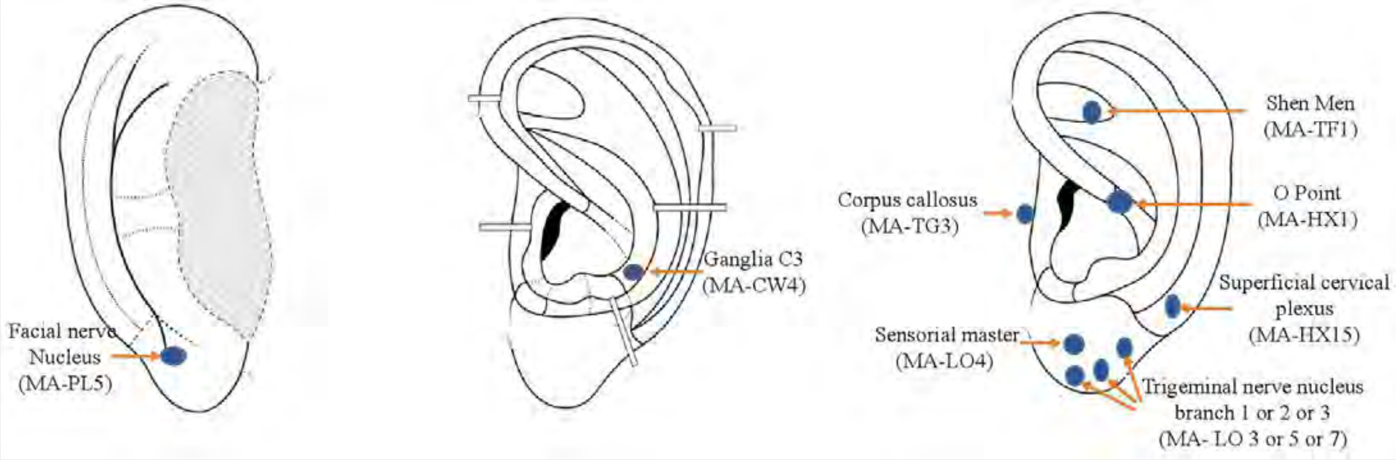


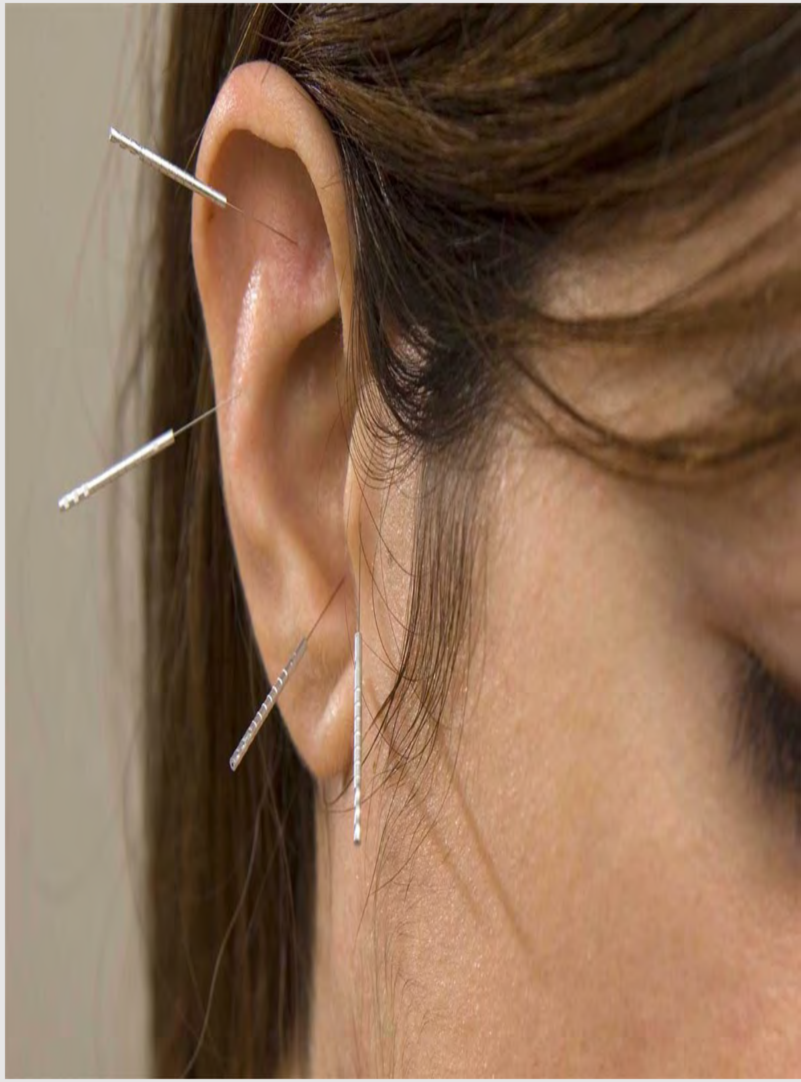
5 Command Points

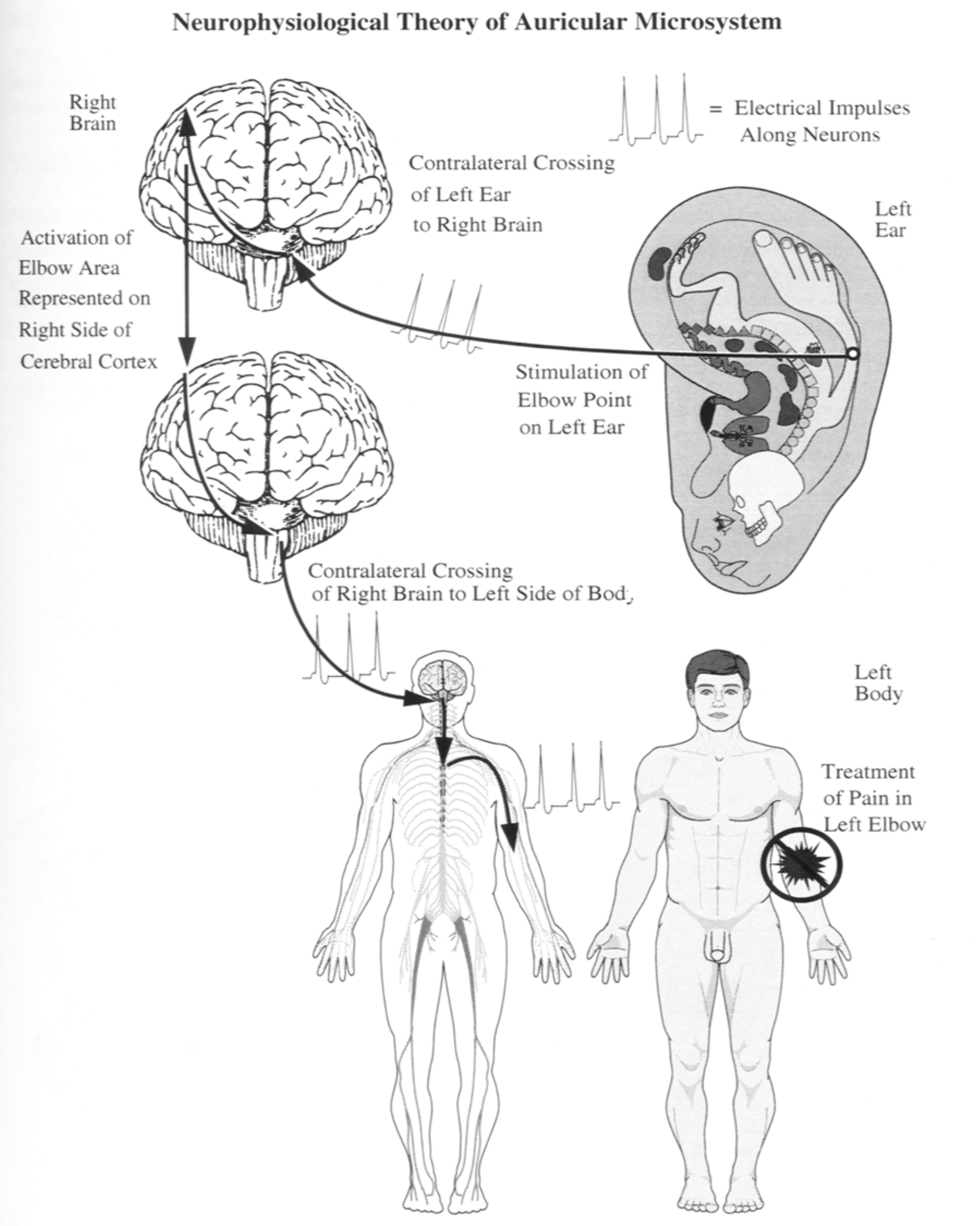
		KI	BL	LV	SP	ST	GB
Well	*Emotion*	1	67	1	1	45	44
Spring	*Acute*	2	66	2	2	44	43
Stream	*Chronic*	3	65	3	3	43	41



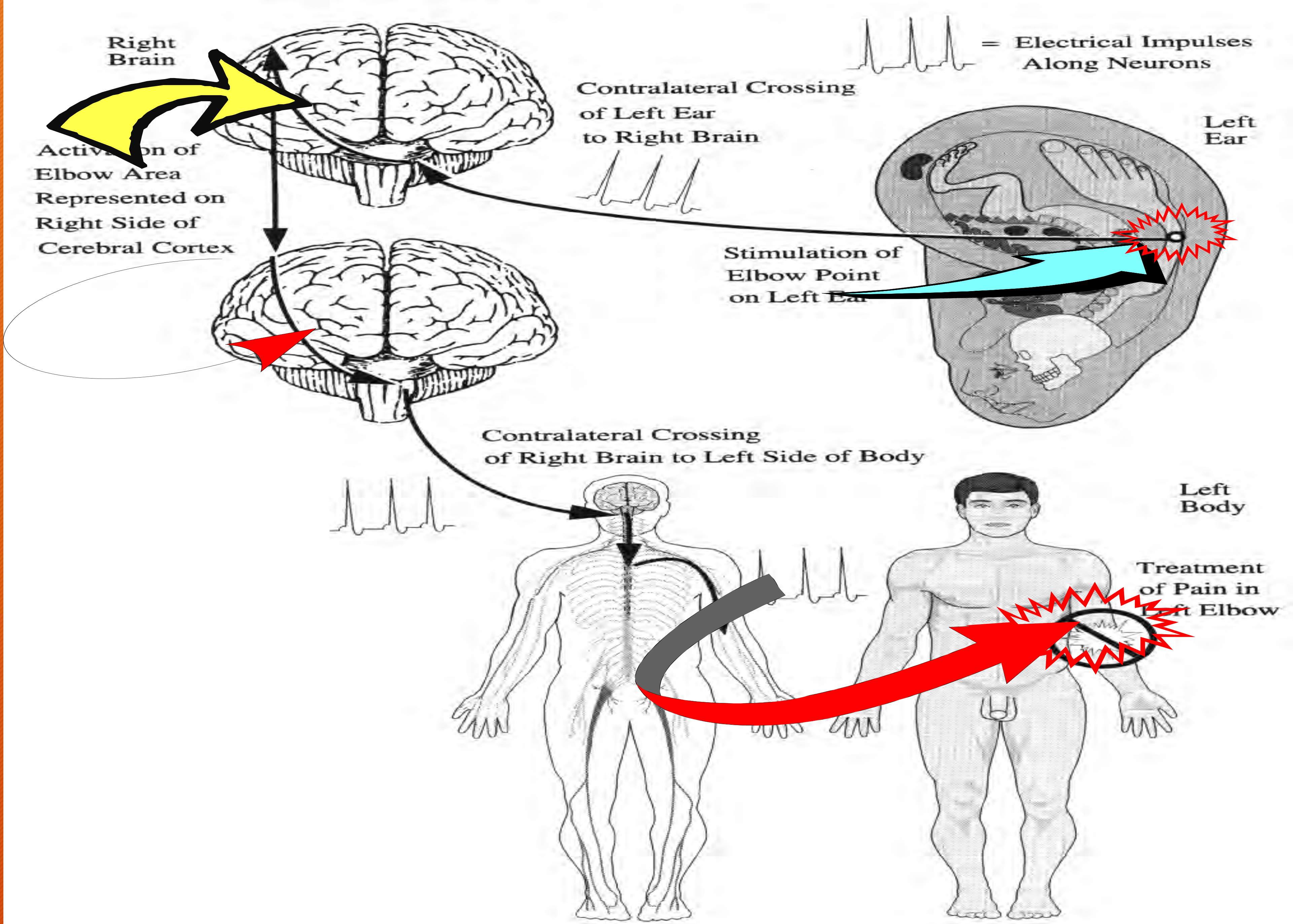
AURICULOTHERAPY POINTS





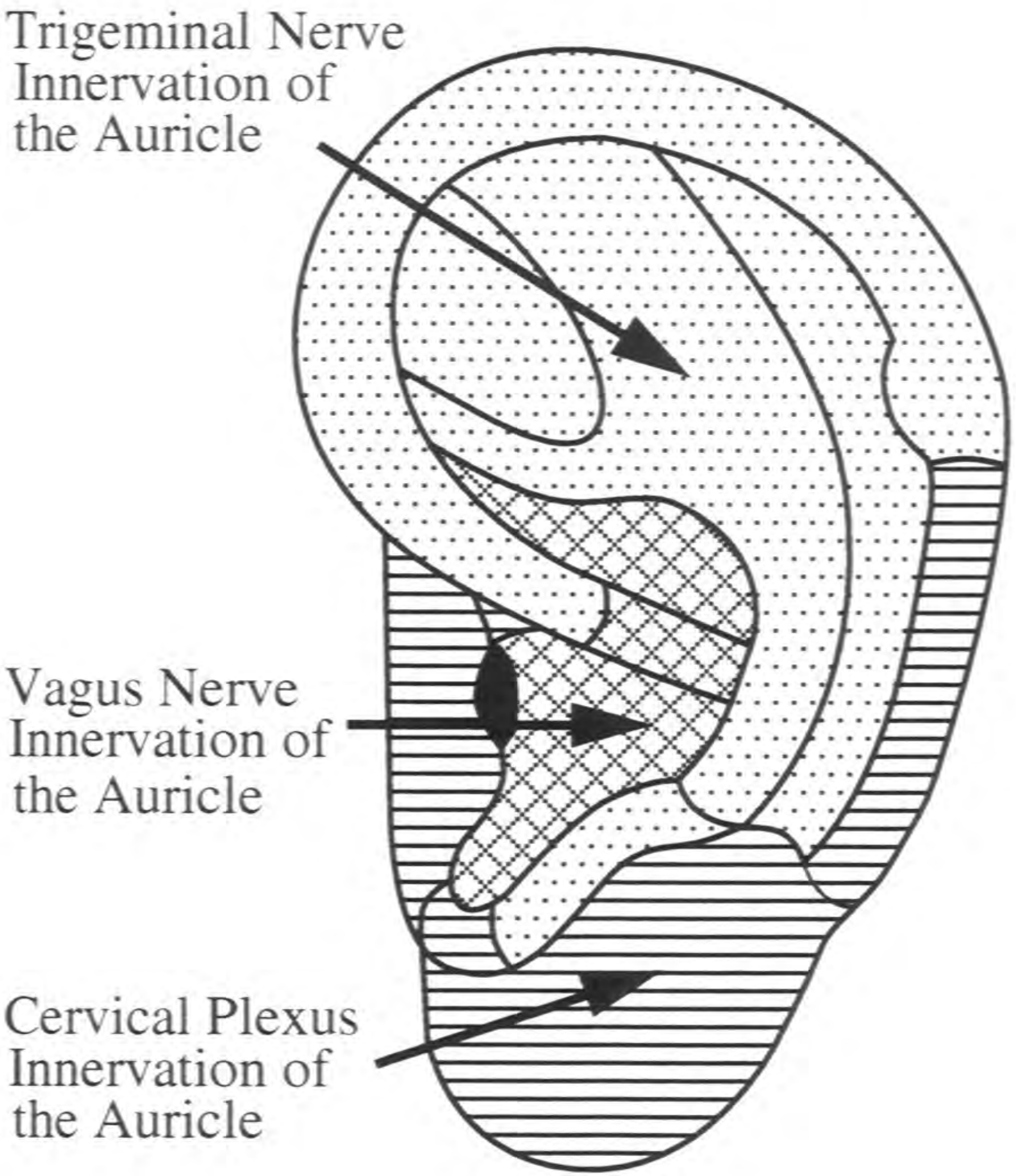

Neurophysiological Theory of Auricular Microsystem
Right Brain
= Electrical Impulses Along Neurons
Contralateral Crossing of Left Ear to Right Brain
Left Ear
Activation of Elbow Area Represented on Right Side of Cerebral Cortex
Stimulation of Elbow Point on Left Ear
Contralateral Crossing of Right Brain to Left Side of Bod
Left Body
Treatment of Pain in Left Elbow

Neurophysiological Theory of Auricular Microsystem



Cerebral Cervical Plexus Nerves: Innervate the lobe,

Nerve Connections to the Auricle

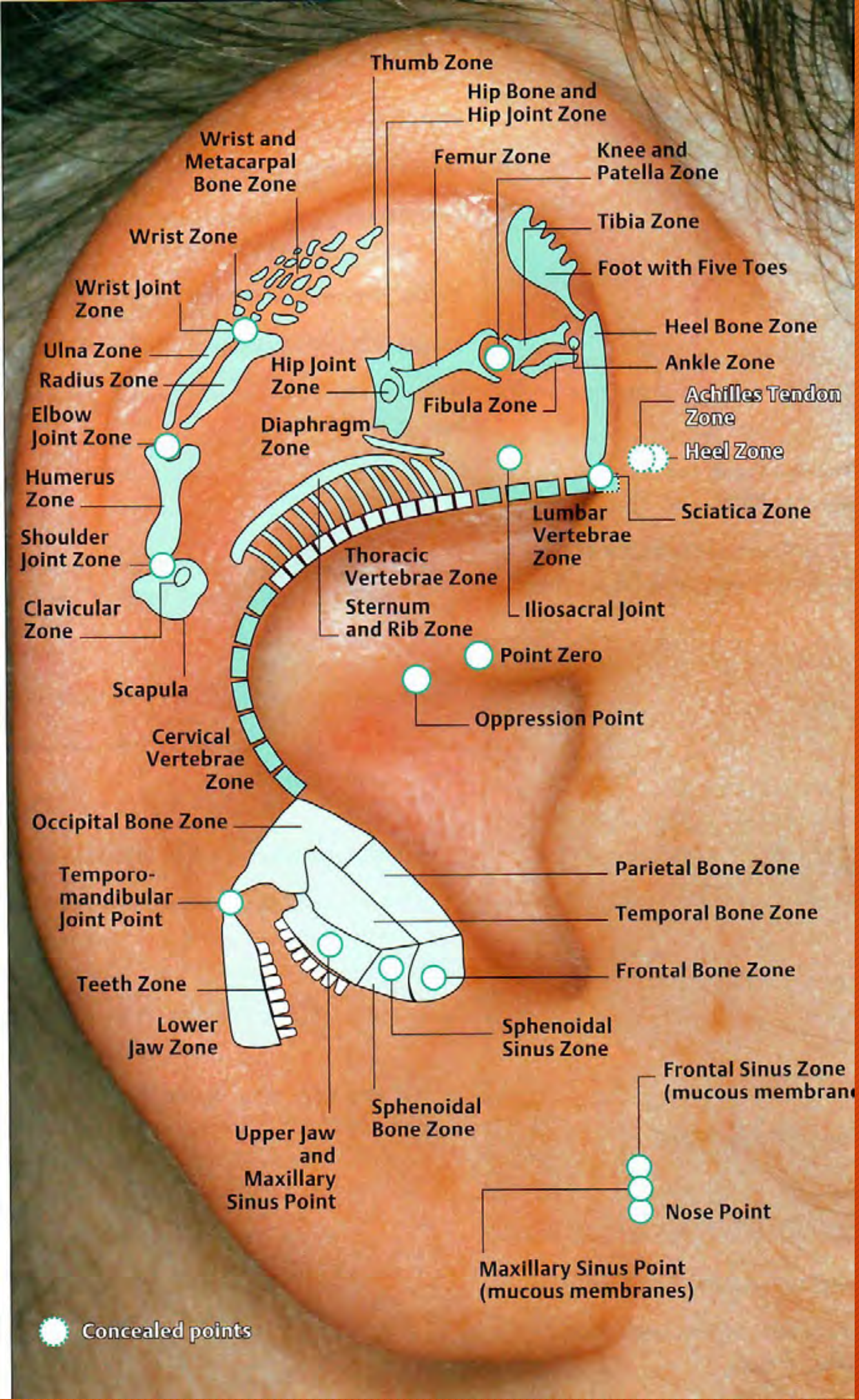


2.

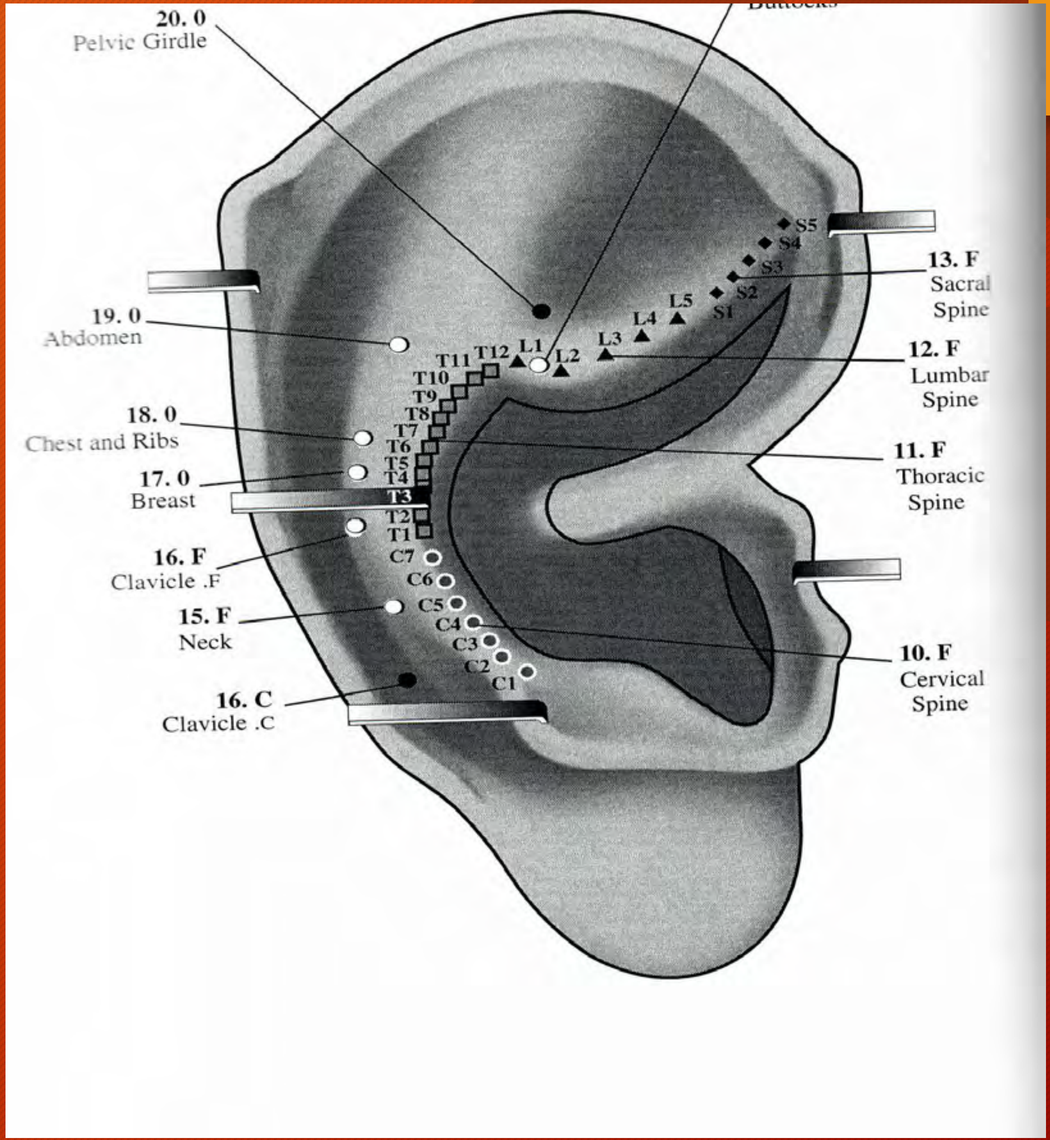
2

16

Spine

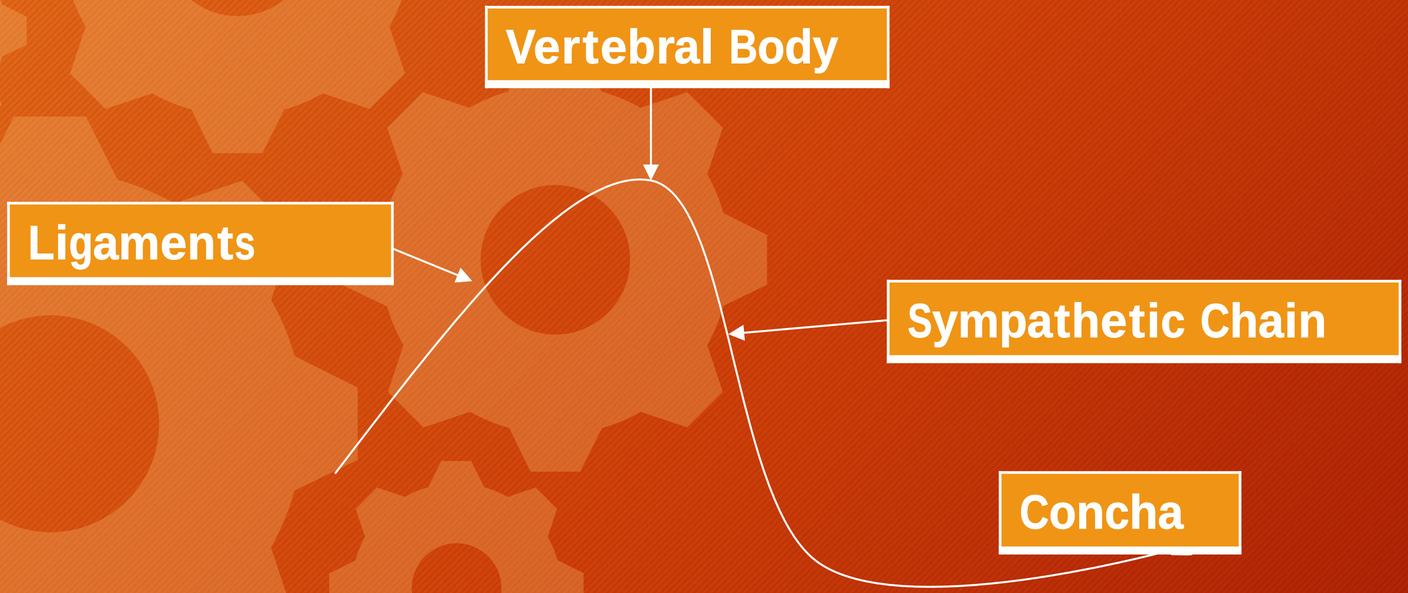


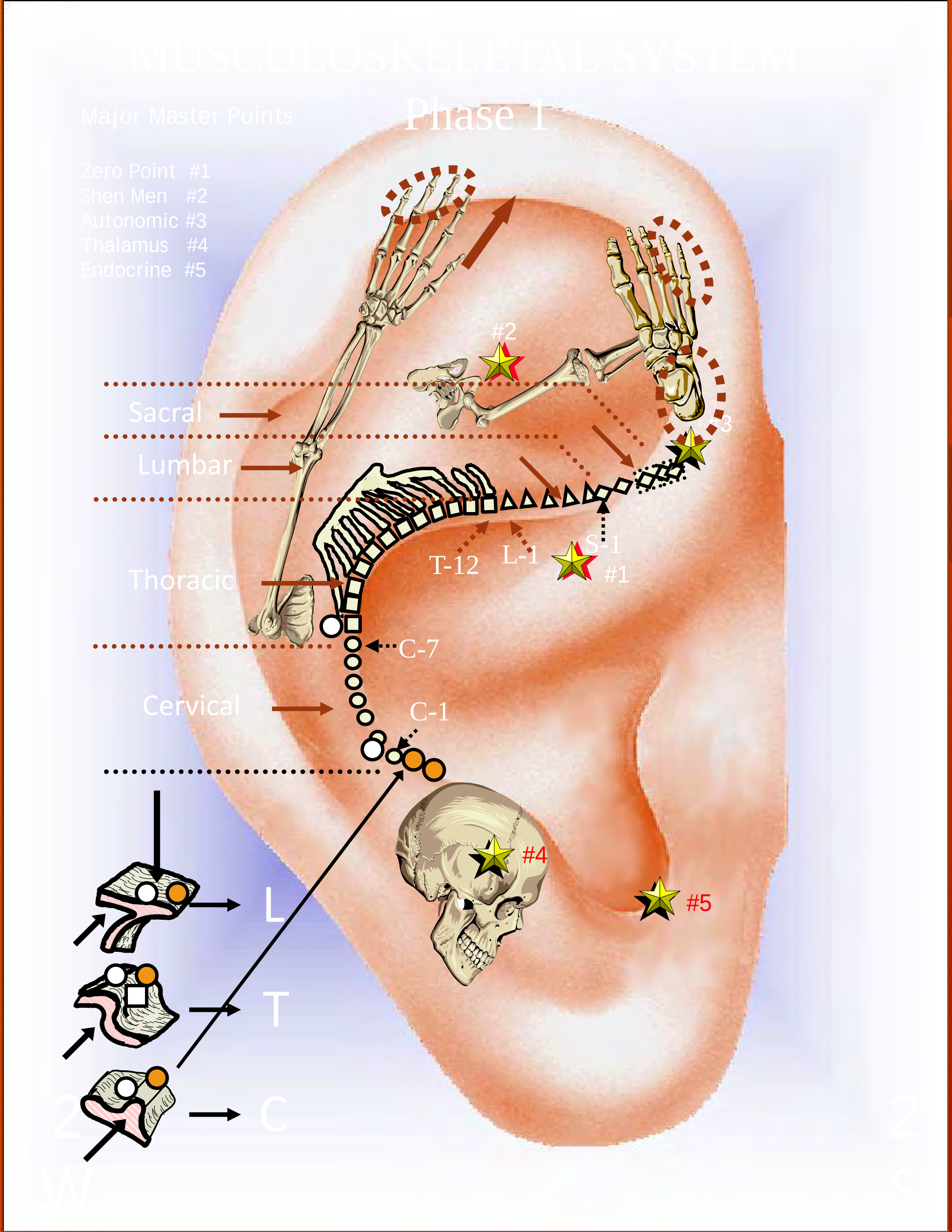
Thumb Zone
Hip Bone and Hip Joint Zone
Wrist and Metacarpal Bone Zone
Femur Zone
Knee and Patella Zone
Tibia Zone
Wrist Zone
Foot with Five Toes
Wrist Joint Zone
Heel Bone Zone
Ulna Zone
Hip Joint Zone
Ankle Zone
Radius Zone
Achilles Tendon Zone
Elbow Joint Zone
Diaphragm Zone
Fibula Zone
Heel Zone
Humerus Zone
Lumbar Vertebrae Zone
Sciatica Zone
Shoulder Joint Zone
Thoracic Vertebrae Zone
Clavicular Zone
Sternum and Rib Zone
Iliosacral Joint
Point Zero
Scapula
Oppression Point
Cervical Vertebrae Zone
Occipital Bone Zone
Parietal Bone Zone
Temporo-mandibular Joint Point
Temporal Bone Zone
Frontal Bone Zone
Teeth Zone
Lower Jaw Zone
Sphenoidal Sinus Zone
Frontal Sinus Zone (mucous membran
Sphenoidal Bone Zone
Upper Jaw and Maxillary Sinus Point
Nose Point
Maxillary Sinus Point (mucous membranes)
Concealed points



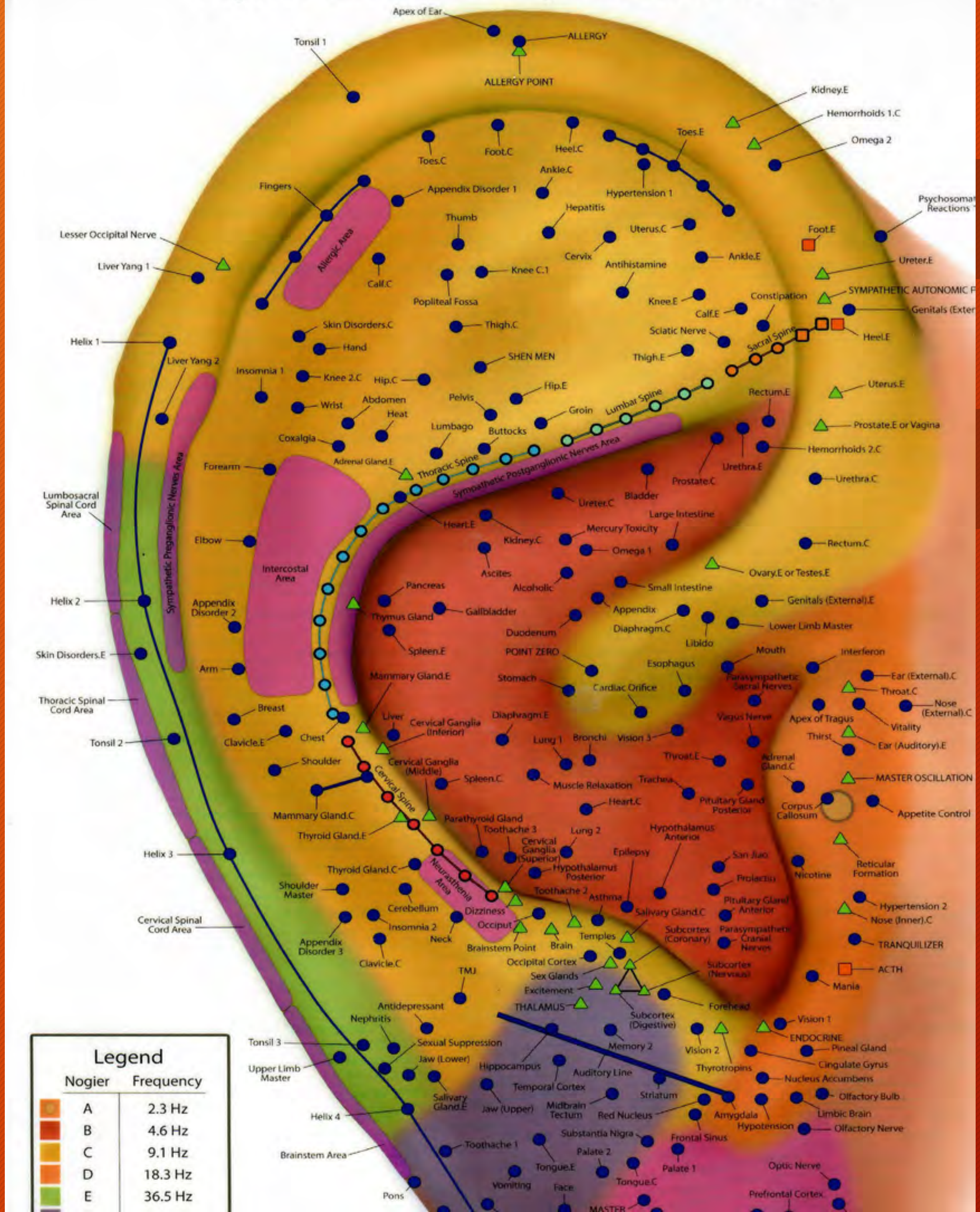
20. 0 Pelvic Girdle
19. 0 Abdomen
18. 0 Chest and Ribs
17. 0 Breast
16. F Clavicle .F
15. F Neck
16. C Clavicle .C
13. F Sacral Spine
12. F Lumbar Spine
11. F Thoracic Spine
10. F Cervical Spine
S5
S4
S3
S2
S1
L5
L4
L3
L2
L1
T12
T11
T10
T9
T8
T7
T6
T5
T4
T3
T2
T1
C7
C6
C5
C4
C3
C2
C1

EAR Control of Spine

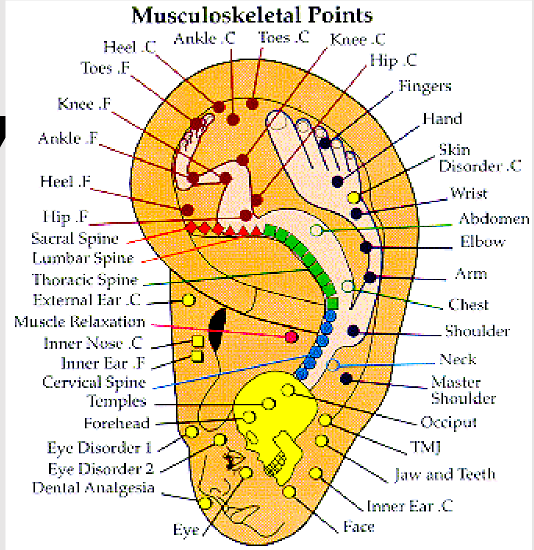



MUSCULOSKELETAL SYSTEM
Phase 1
Major Master Points
Zero Point #1
Shen Men #2
Autonomic #3
Thalamus #4
Endocrine #5
#2
#3
Sacral
Lumbar
Thoracic
Cervical
T-12
L-1
S-1
#1
C-7
C-1
#4
#5
L
T
C

Right Auricular Acupuncture Points



AURICULOTHERAPY PROTOCOL

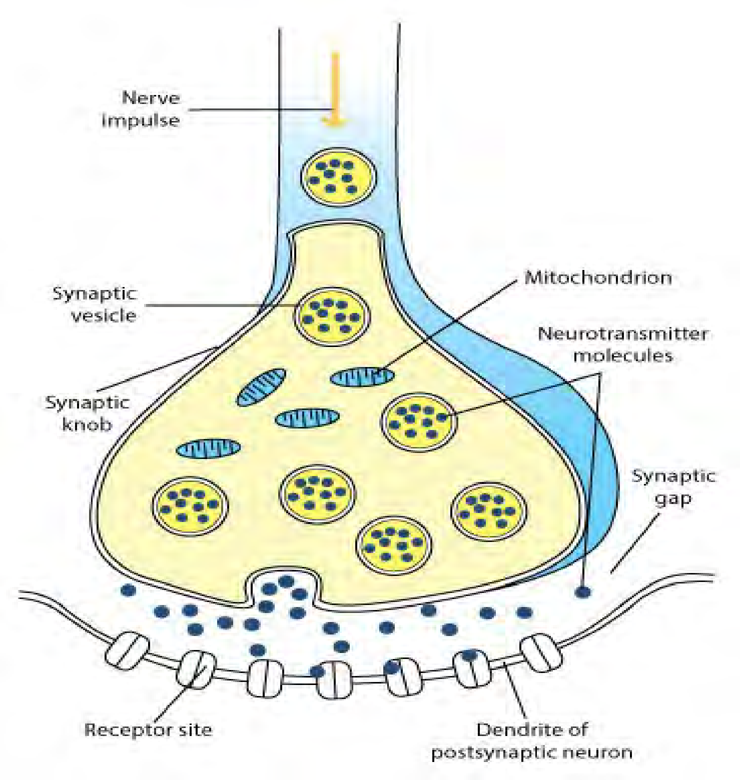


1. Treat the side of Pain
- Treat Bilateral if Pain is Central
- Neuro- Treat Opposite side inferior to C-3

2. Treat Shen Men and Point O

3. Treat the area of Pain

EMS for Endogenous Opioid Pain Relief



Electro-Acupuncture

HISTORY AND GENERAL PRINCIPLES

Electro-acupuncture, the application of a pulsating electrical current to acupuncture needles as a means of stimulating the acupoints, was developed in China as an extension of hand manipulation of acupuncture needles around 1934. It is described, though only briefly, in most comprehensive texts of acupuncture. The procedure for electroacupuncture is to insert the acupuncture needle as would normally be done, attain the qi reaction by hand manipulation,
and then attach an electrode to the needle to provide continued stimulation.

The benefits of using electrical stimulation are:

1. It substitutes for prolonged hand maneuvering. This helps assure that the patient gets the amount of
stimulation needed, because the practitioner may otherwise pause due to fatigue. Electro-acupuncture may also help reduce total treatment time by providing the continued stimulus. During electro-acupuncture, the practitioner can attend to other patients.
2. It can produce a stronger stimulation, if desired, without causing tissue damage associated with twirling and lifting and thrusting the needle. Strong stimulation may be needed for difficult cases of neuralgia or paralysis.
3. It is easier to control the frequency of the stimulus and the amount of stimulus than with hand manipulation of the needles.

- How Does it Work ?
- Gate Theory of Pain by Melzack & Wall

There is a physiological gate in the spinal cord. This gate is influenced by the amount of activity imputed by A-delta & C fibers. These impulses excite and/or inhibit transmission to the brain. Whether or not further transmission occurs and the pain signal is sent on to higher centers depends on the summation of inhibitory and excitatory influences. Activity of the large fibers tends to inhibit small fibers and close the gate. Activity in the small fibers tends to facilitate pain or open the gate. When the gate is open, the patient feels or perceives pain. When the gate is closed, the sensation of pain is blocked at the spinal cord level.

Two Types of Electro-Acupuncture

1. Standard EMS/Low Volt AC/Sine Wave – Milliamps
2. Microcurrent / Microamps
   * Much Less Stimulation
   * Function on Cellular Level

Electo-Acupuncture Protocol

1. Check On/Off Switch
2. Start with Intensity at 0
3. Always Turn up Slowly
4. Turn up after the Body Accommodates
5. *"If a little does a little good,*
   a lot doesn't do better"

Frequency Controls

- **<u>Frequency</u>**
  - 3-5 Hz Chronic pain and Endorphin release
  - 80-150 Hz Acute pain and Enkephalin release
  - 1-150 Hz Sub acute pain Endorphin & Enkephalin
  - 4000 Hz Nerve Block

- / / / / / / / / / / / / / / / / /
- **<u>Frequency Modulation</u>**

❑Continuous / / / / / / / / /

❑Discontinuous / / / - - / / / - - - / / / -

❑Dense-Disperse

"You gotta be kidding! Your back *still* hurts?!"

Principles of Pain Control

Neural messages are sent to Brain or Spinal Cord and Neurochemicals or Hormones are released.

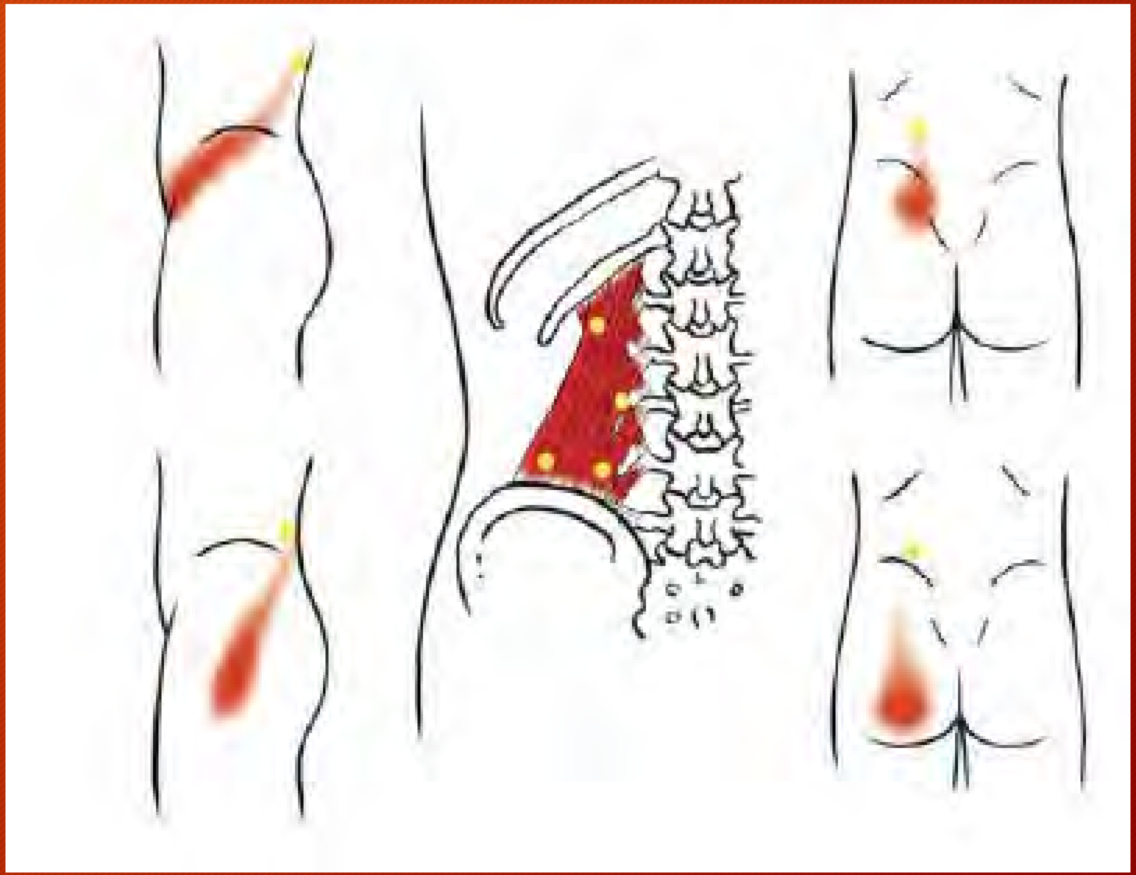
Contraindications

Pacemaker or Electrical Implants
Anterior Neck
Crossing the Heart
Pregnancy

Functional Back Pain

Treatment Protocol

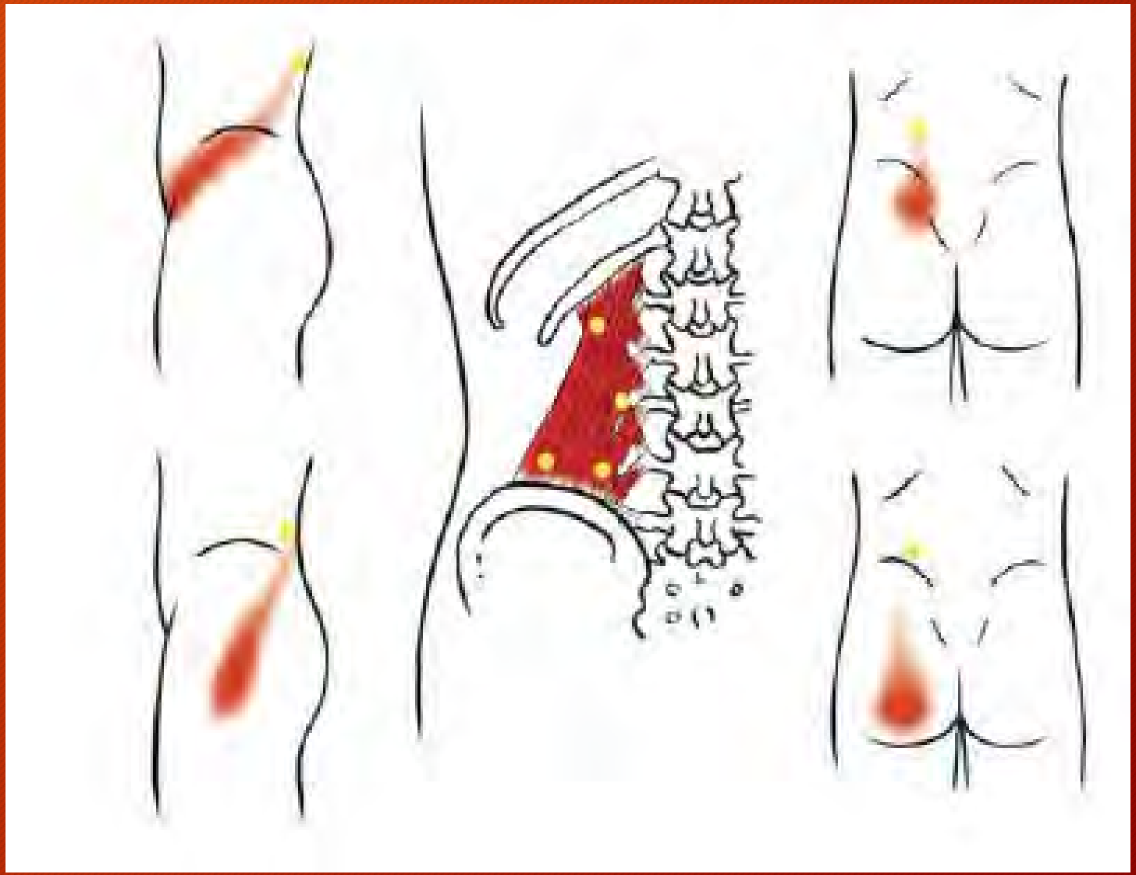
1. **Treat Constitutional Imbalance**
2. **Spinal Segmental Points L-3/4/5/S1**
3. **Local Points**
    1. **Ashi Points**
4. **Distal Points**
    1. Bl-40, ST-36
5. Treat Comand Points
    1. Choose Meridan
    2. Chose Acute/Chronic
6. **Auriculotherapy Points**
    1. **Lumbar Spine**
    2. **Shen Men and Point 0**
7. **EMS - Acute/Chronic**



Lumbar Strain / Sprain

Treatment Protocol

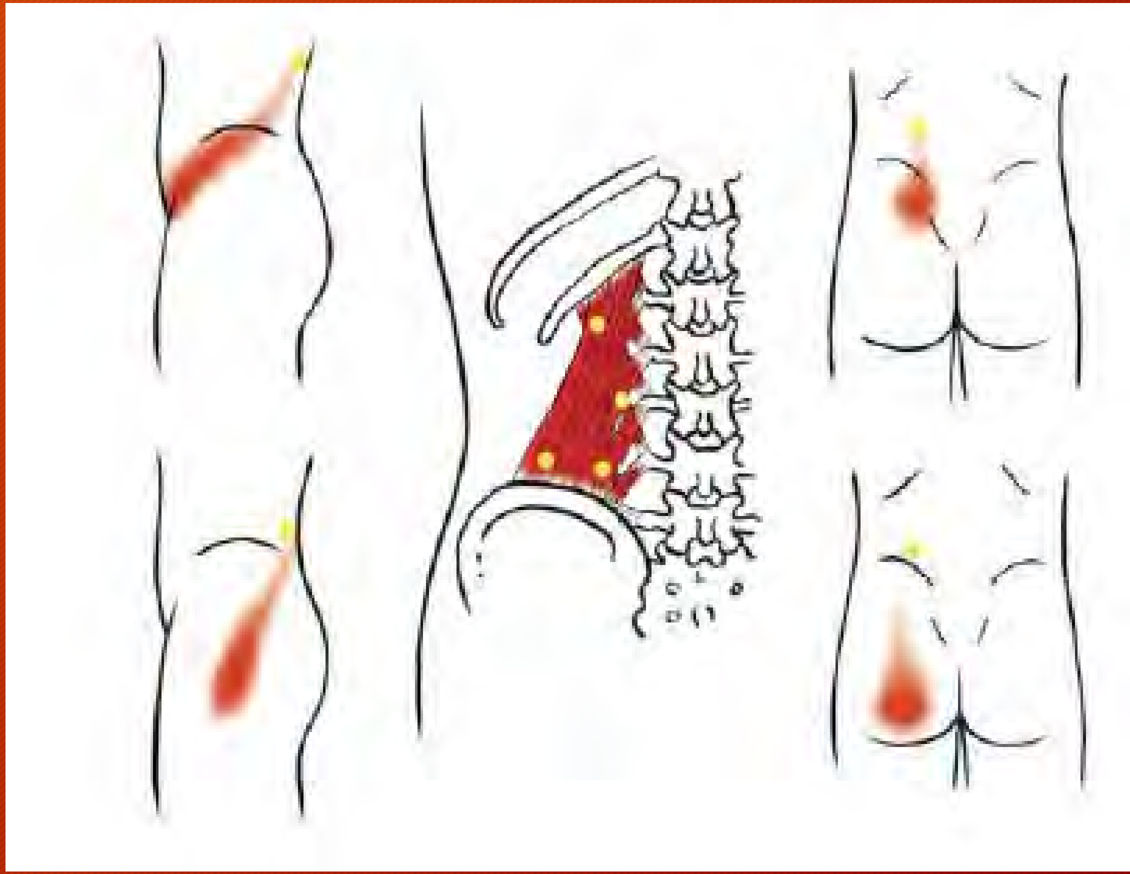
1. **Treat Constitutional Imbalance**
2. **Spinal Segmental Points L-3/4/5/S1**
3. **Local Points**
   1. **Ashi Points**
4. **Distal Points**
   1. Bl-40, ST-36
5. Treat Comand Points
   1. Choose Meridan
   2. Chose Acute
6. **Auriculotherapy Points**
   1. **Lumbar Spine**
   2. **Shen Men and Point 0**
7. **EMS - Acute**



Facet Syndrome

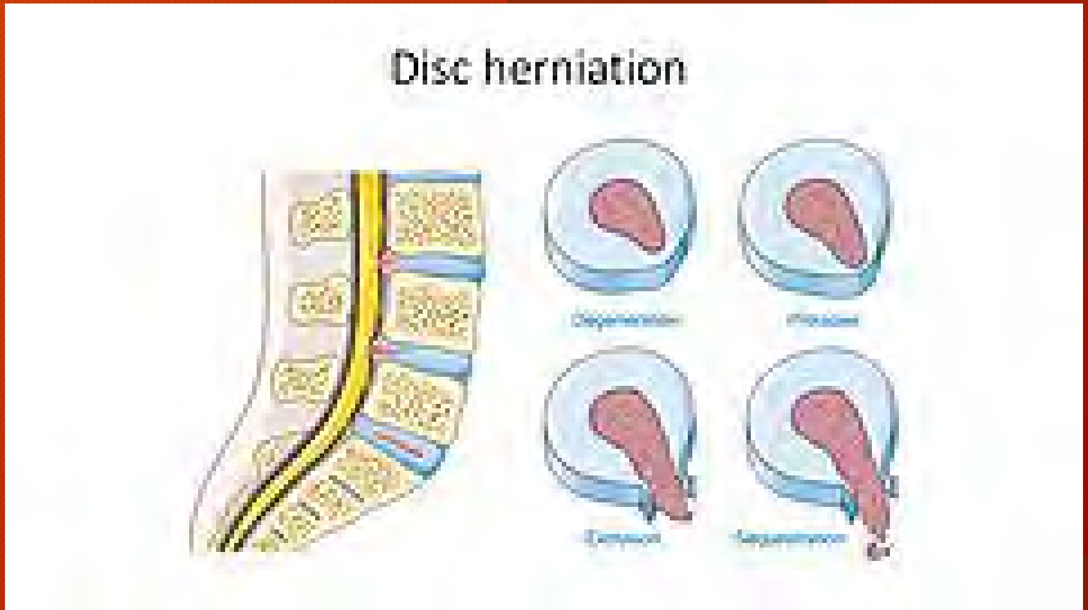
Treatment Protocol

1. **Treat the Constitutional Imabalance**
2. **Spinal Segmental Points L-3/4/5/S1**
3. **Local Points**
   1. **Ashi Points**
4. **Distal Points**
   1. Bl40, ST-36, GB-30,34,39
5. Treat Comand Points
   1. Choose Meridan
   2. Chose Chronic/Steam Points
6. **Auriculotherapy Points**
   1. **Lumbar Spine**
   2. **Shen Men and Point 0**
7. **EMS - Chronic**



Classification of Disc Syndromes

- Annular Tear
  - 100 % Respond to Conservative Care
- Disc Bulge
  - 95% Respond to Conservative Care
- Disc Herniation
  - 75% Respond to Conservative Care
- Disc Sequestration
  - 50% Respond to Conservative Care

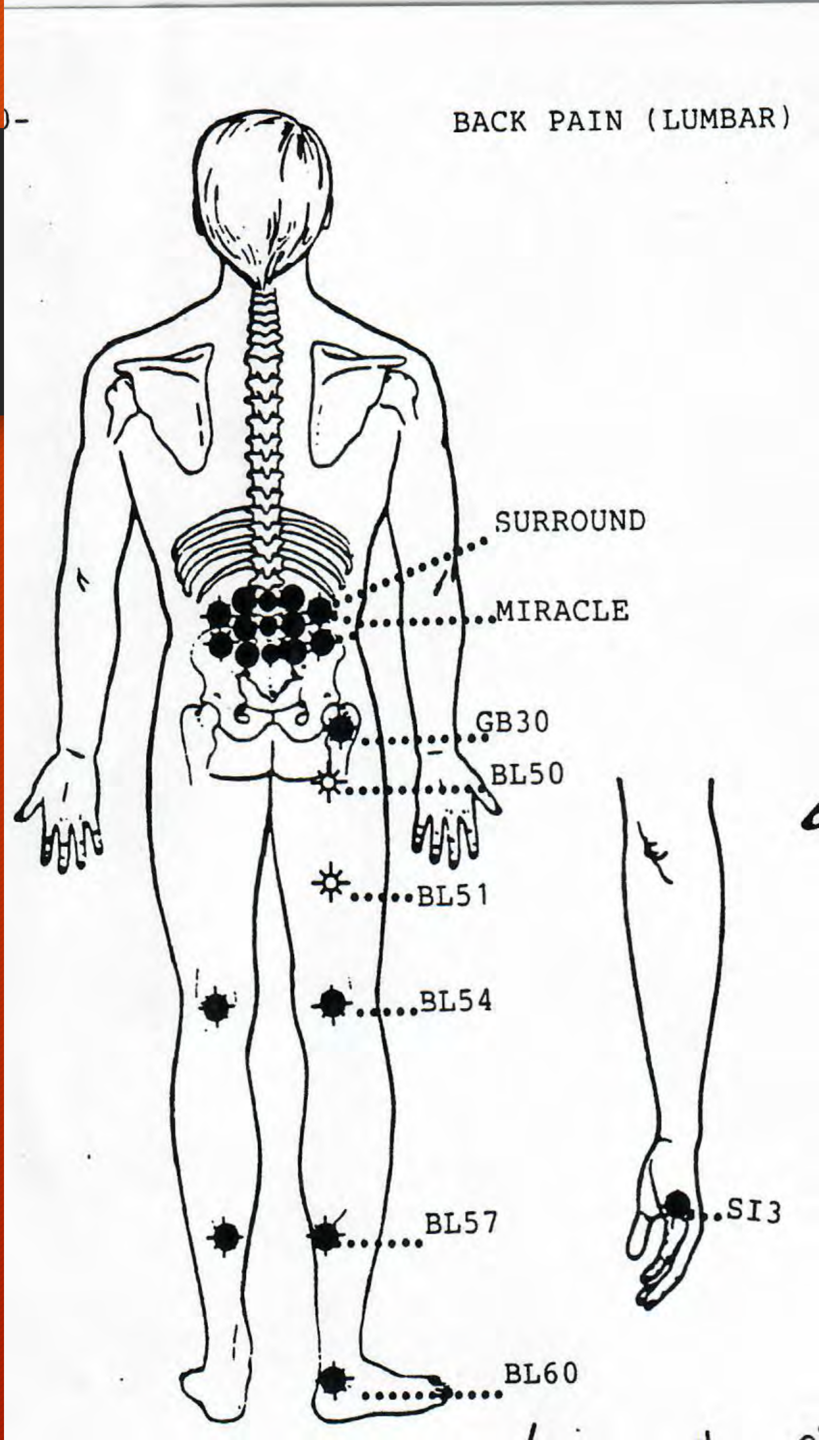


James M. Cox DC, DACBR

Lumbar Disc Syndromes

Treatment Protocol

1. **Treat the Constitutional Imbalance**
2. **Treat Segmental Points L-3/4/5/S1**
3. **Local Points**
   1. **Ashi Points**
4. **Distal Points**
   1. Bl40, 54,57,60, ST-36
   2. **SI-3 for Leg Pain**
5. Treat Command Points
   1. Choose Meridan
   2. Chose Acute/ Spring Points
6. **Auriculotherapy Points**
   1. **Lumbar Spine**
   2. **Shen Men and Point 0**
7. **EMS - Acute**
8. **Nutritional Support**



Lumbar DJD / DDD

Treatment Protocol

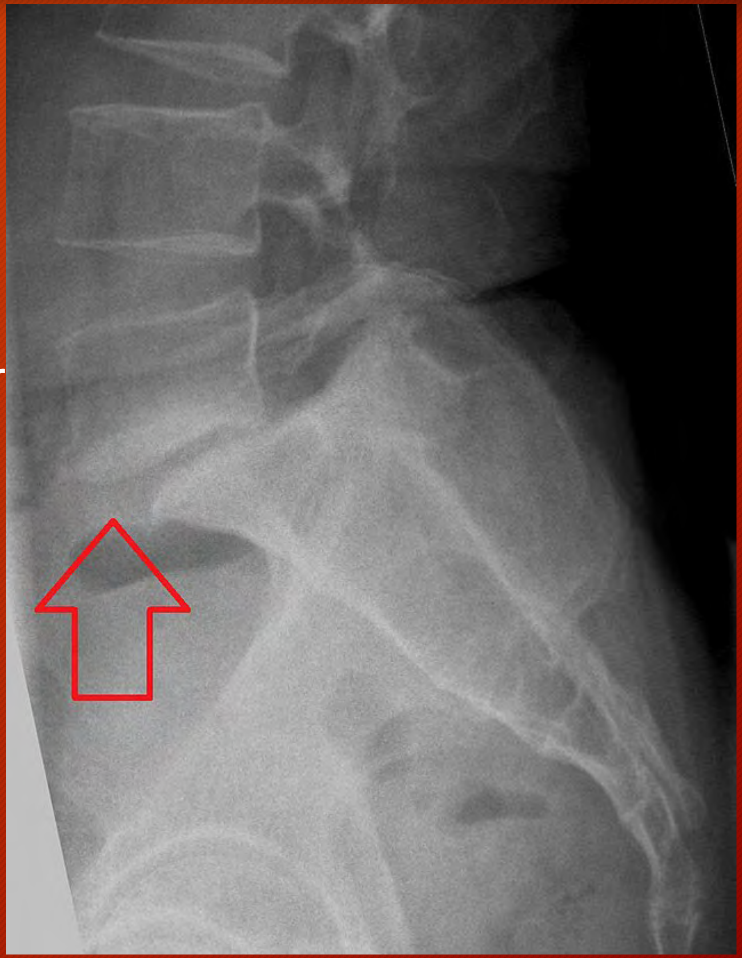
1. **Treat the Constitutional Imbalance**
2. **Spinal Segmental Points L-3/4/5/S1**
3. **Local Points**
   1. **Ashi Points**
   2. **BL 23**
4. **Distal Points**
   1. Bl40, **ST 36**
5. Treat Command Points
   1. Choose Meridan
   2. Chose Chronic/Stream Points
6. **Auriculotherapy Points**
   1. **Lumbar Spine**
   2. **Shen Men and Point 0**
7. **EMS - Chronic**
8. **Nutritional Support**

Spondylolisthesis

Treatment Protocol

1. **Treat Constitutional Imbalance**
2. **Spinal Segmental Points L-3/4/5/S1**
3. **Local Points**
    1. **Ashi Points, CV 3/4/8**
4. **Distal Points**
    1. Bl-40,58,60,62, ST-36
5. Treat Comand Points
    1. Choose Meridan
    2. Chose Acute/Chronic
6. **Auriculotherapy Points**
    1. **Lumbar Spine**
    2. **Shen Men and Point 0**
7. **EMS - Acute/Chronic**

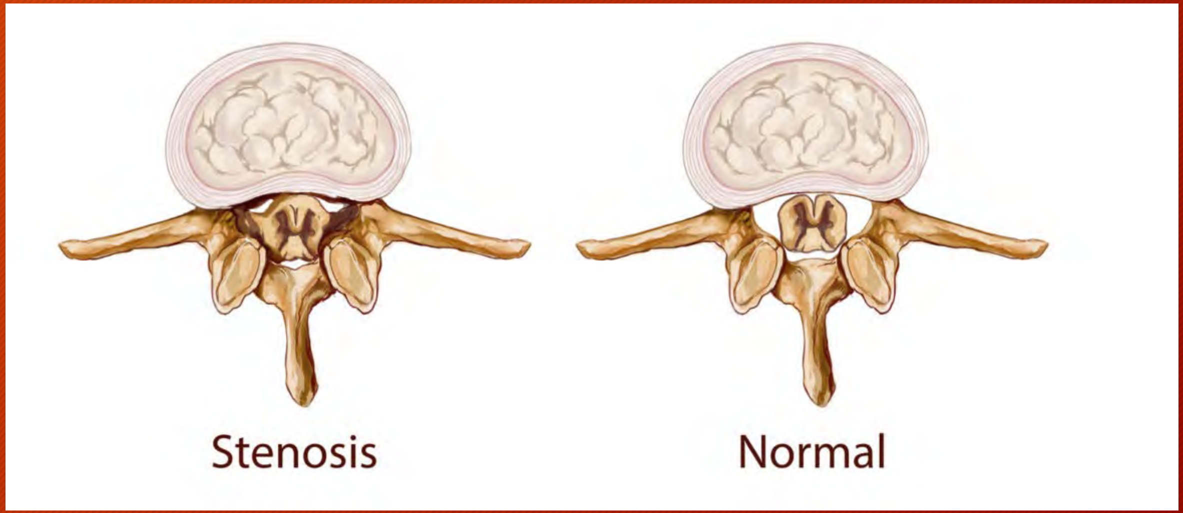
[Add a gr



Spinal Stenosis

Treatment Protocol

1. **Treat Constitutional Imbalance**
2. **Spinal Segmental Points L-3/4/5/S1**
3. **Local Points**
   1. **Ashi Points, CV-3/4/8**
4. **Distal Points**
   1. Bl-40,58,60,62 ST-36
5. Treat Comand Points
   1. Choose Meridan
   2. Chose Chronic/Stream Points
6. **Auriculotherapy Points**
   1. **Lumbar Spine**
   2. **Shen Men and Point 0**
7. **EMS - Chronic**

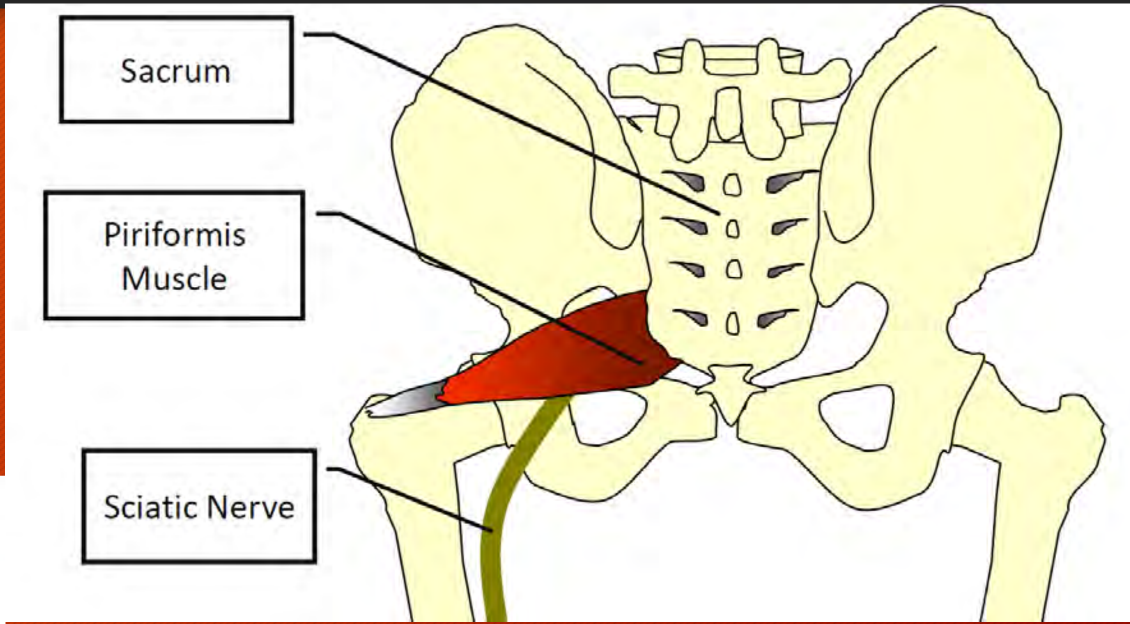


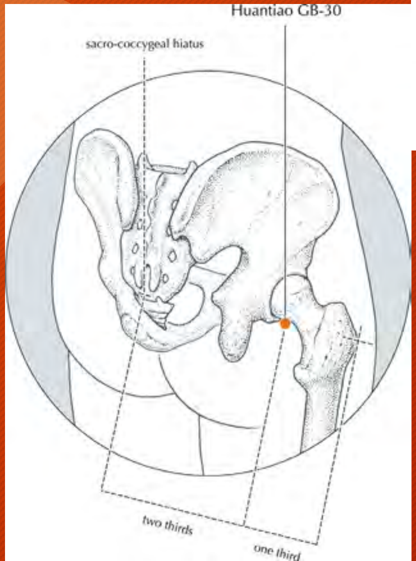
Pelvic / Hip Region

Piriformis Syndrome

Treatment Protocol

1. **Treat Constitutional Imbalance**
2. **Spinal Segmental Points L-4/5/S1**
3. **Local Points**
   1. **Ashi Points in Piriformis Muscle**
   2. **GB 30**
4. **Distal Points**
   1. **BL 40, ST 36**
5. Treat Comand Points
   1. Choose Meridan / GB
   2. Chose Chronic/Stream Points
6. **Auriculotherapy Points**
   1. **Lumbar Spine**
   2. **Shen Men and Point 0**
7. **EMS - Chronic**

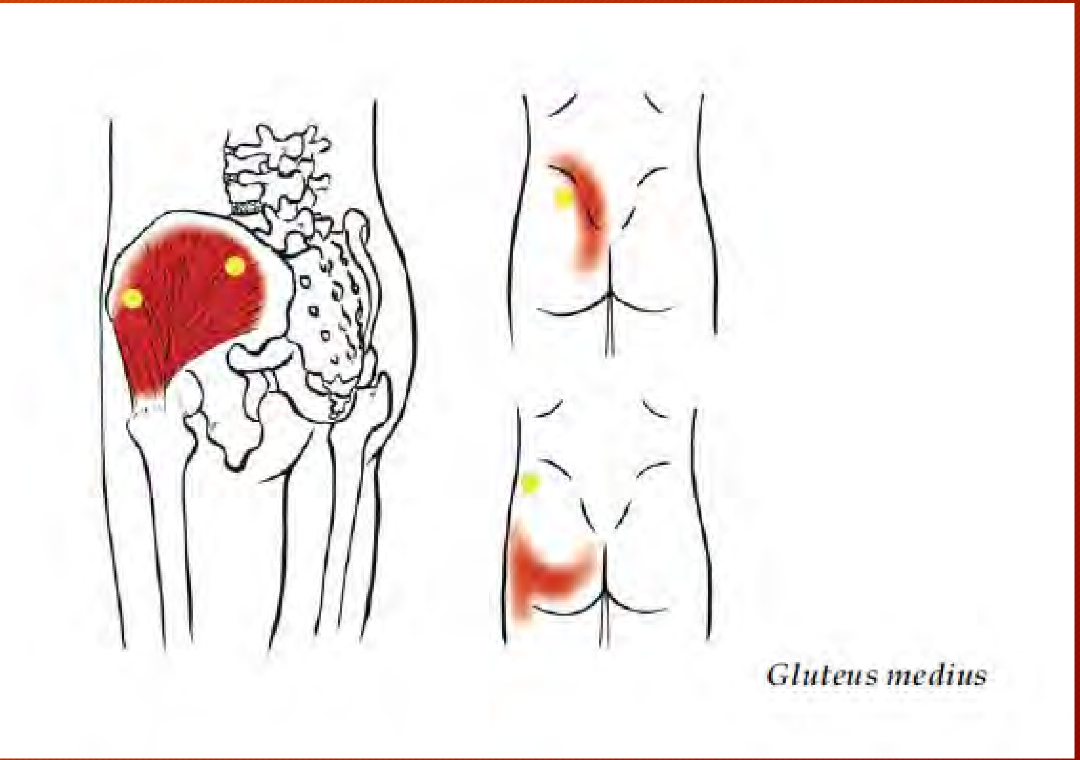




Acetabular Tendonitis/Bursitis/DJD

Treatment Protocol

1. **Treat Constitutional Imbalance**
2. **Spinal Segmental Points L-1/2/3**
3. **Local Points**
   1. **Ashi Points**
   2. **GB 30**
4. **Distal Points**
   1. **ST 36**
5. Treat Comand Points
   1. Choose Meridan / GB
   2. Chose Chronic/Stream Points
6. **Auriculotherapy Points**
   1. **Hip**
   2. **Shen Men and Point 0**
7. **EMS - Chronic**
8. **Myofascial Release: Psoas, Iliacus, Hip**



THANK YOU

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