



Rib Head Subluxation: A Conservative Approach

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PRODUCT: **SALIZAIN™**

HISTORY

A 47 year old male presents with a 6 month history of left side mid back pain and intermittent chest pain. He is in good health otherwise and runs 3x per week. He reports no mechanism of injury stating that he awoke one morning with localized, severe, sharp pain in the upper back that was radiating to the front of his chest. That morning he called his PCP and was seen within a few hours. A complete cardiac evaluation proceeded and after 2 weeks of testing it was concluded that his condition was not cardiac in nature. The patient was prescribed a muscle relaxer and an anti-inflammatory which he took regularly for 4 weeks and as needed for the next 5 months. (He states that he is very uncomfortable with taking meds for this long but really needs them to control pain and inflammation.) Upon presenting to my office, the patient stated that pain is made worse with "standing up straight" as well as with a deep breath or cough. There is a constant "pressure" with sharp pain presenting 1-3 times per day. Upper extremity radicular pain is denied. He has greatly decreased his running because breathing heavy definitely increases pain. Pain is rated a 5-10/10 on a VAS.

EXAMINATION & IMAGING

Observation reveals a fit, 47 year old male in obvious discomfort. He displays an antalgic, forward flexed posture. Cervical GROM is essentially normal but flexion and extension do cause some discomfort in the left mid back. A deep breathe reproduces the sharp pain and the pain radiating to the chest. The patient is placed prone and upon palpation of the thoracic spine severe segmental hypomobility is noted throughout the left T3-T7 motor units. A posteriorly subluxed rib head is palpated at T5 on the left. This reproduces the pain. Severe muscle guarding and tenderness is present upon palpation. IMAGING: Cervical and thoracic spine x-rays are unremarkable.

DIAGNOSIS & TREATMENT

DIAGNOSIS: Rib Head Subluxation (Medical Terminology - Costo-Vertebral sprain)

TREATMENT: The patient is treated during his first appointment. EMS and heat are applied to the thoracic paraspinal musculature. Chiropractic spinal manipulation is performed on the above mentioned motor units as well as specific posterior to anterior manipulation of the T5 rib head. The patient is placed on an intersegmental traction table on a low setting to allow for gentle, prolonged mobilization of the thoracic region. Before leaving Omega 3 (3G/Day for 2-3 weeks) and Zymain (4 – 2 – 2 for 12 days) are dispensed for inflammatory control. Neuro-Ease is dispensed (2/3x per day for 6 days for muscle relaxation and Salizain (every 4 hours as needed) for pain. The patient is treated a total of 7 times over a 3 week period. Home icing instructions are provided and he is instructed to continue the supplements as prescribed.

RESPONSE TO CARE

Immediately following the initial manipulation, the patient reported a decrease in the feeling of "pressure" in his upper back. A deep breathe no longer caused sharp and/or radiating pain but rather mild discomfort. By visit 4 he was essentially pain free with a dull ache remaining in the left upper back. Sharp and radiating pain had resolved. Upon presenting for his final appointment, the patient was pain free and was running without pain.



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