

April 2003

My low back feels better so what now?

Heather Karls, DC, CCSP

Do you remember when you first sought chiropractic care? For many of you it was for a horrible pain that you had never experienced before. For some of you it was because you were fed up with a chronic nagging pain that was always present. The rest of you approached us because you knew the benefits of chiropractic wellness care.

You bravely made it through that long first appointment where it seemed we asked about every ache and pain you've ever experienced. Next, we performed an examination where you were asked to do all sorts of different motions. Finally, you received a chiropractic adjustment and your nerves and muscles applauded your decision.

So what do you do now? Strengthen and rehabilitate!

There are 3 phases of rehabilitative care. The first depends on how severe the injury was but it usually consists of reducing swelling and pain as well as heating and icing instructions. The adjustments, at home posture instructions, and sleep position recommendations are included. For example, with shoulder pain you may be told to lay on your side with a pillow under your arm and get it adjusted 2 times per week for 2 weeks as well as doing heat and ice 1 time per night.

Phase II, rehabilitation. This consists of increasing range of motion both passively and actively. Not only should you be able to move better and faster but also further. Using our shoulder example again, you may be adjusted 1 time per week for 2 weeks and be instructed in pendulum exercises using hand weight.

Phase III, strengthening and retraining. Exercises that involve strengthening activities such as weights should be incorporated in with nervous system retraining using the body's proprioceptive system. This is the system that lets you know how to catch yourself if you slip, or tells you that your arm is up if your eyes are closed.

This part of your care is important in healing your body in a way that is long lasting and functional. We don't want to just make you feel better now. We want to help you stay healthy for your lifetime.

Clinic Corner

As some of you may have heard, Jennifer Olson, massage therapist, fractured her ankle while snow boarding this winter. Her 6 week recovery kept her away from the clinic but we are happy to have her back again! She would like to thank all of those who wished her well during her recovery.

Tony Erickson, massage therapist was working with the University of Minnesota men's swim team as their massage therapist for 4 weeks in Hawaii during January.

Larry Foss, massage therapist, has traveled with Prime Alliance Professional Cycling Team, the nations leading cycling team, to California for the last week in March. Be sure to ask him how the team placed!

Michelle Bechtold, chiropractic assistant, was recently engaged! She is planning a March 2004 wedding here in the twin cities.

Dr. Heather Karls is finally back in the clinic after her maternity leave. Her son, Ethan Andrew, was born November 20, 2002. She wants to thank you all for your well wishes.

Children get headaches too!

Anne Langford, DC, DICCP

Headaches in children can be a common complaint. Although it is not unusual for a child to complain of headaches, it is equally important that the symptoms not be overlooked. Occasionally, childhood headaches may be a warning of a serious health problem and therefore should be carefully investigated.

A recent US nationwide survey of children presenting to chiropractors revealed that of 923 children under the age of 15 years who presented to chiropractic clinics, 76 children, or 8.2 percent of the group surveyed, reported headache as their chief complaint. A further interesting statistic from this study was that, on average, 30 percent of these children were reported to be free of their headaches after receiving 4 spinal adjustments.

Case Report

An interesting case was that of Scott, aged 13, who presented with severe neck pain caused by shaking his head vigorously after swimming the previous night. Scott arrived at the clinic in considerable distress, having not slept much during the night. During the case history, the patient mentioned that he had a history of headaches about every other day for the past 5 to 6 years. A not uncommon history related by headache patients to their chiropractors.

After a careful and thorough evaluation, Scott's treatment was commenced. A little light muscle stretching, followed by two adjustments to the neck and an ice pack for 10 minutes, and the treatment was over. Instructions were given to repeat the ice packs at regular intervals throughout the day. The following day, Scott arrived at the clinic with significant improvement in the range of motion of his neck. His treatment was similar to that provided the previous day and he was requested to return in 3 days. On that next visit, he reported that the headaches, which had affected his life so much in the past, had apparently ceased. During the following month, Scott reported experiencing only 2 mild headaches and after several further neck adjustments his headaches were completely gone.

Scott's case is not an isolated one. His response is similar to many patients, both young and old, who get relief from their headaches through spinal adjustments. The interesting feature of Scott's case however, was that it took a somewhat severe problem to bring him to the chiropractor, and that as a result, he was able to be relieved of his chronic headaches which otherwise may have gone on for years.

Headache patterns

Most patients with headaches who arrive at a chiropractic clinic have either migraine headaches or more commonly, cervicogenic headaches, i.e., headaches which come from their neck or cervical spine and involve muscle tension. This latter cause of headache has been widely recognized and reported in the scientific literature.

An interesting report in the British Medical Journal went so far as to confirm that headache and eye pain in some children was related to tenderness of the transverse process of the 1st cervical vertebra. The report went on to state that this finding was not uncommon in school children and had been noted to occur as early as 5 years of age. The unfortunate feature of this problem, the author stated, was that the headaches frequently persisted for many years and gave rise to the excessive taking of aspirin. Furthermore, palpation of the base of the skull and of the adjoining neck muscles and cervical spine, while not usually forming part of a routine medical examination, showed positive findings of tenderness in most of the cases studied.

This report from the esteemed British Medical Journal accurately describes the most common type of headache pattern seen and managed in chiropractic clinics. The treatment usually requires only gentle adjustment of the vertebrae of the cervical spine, to restore proper function, and thereby to remove any associated nerve irritation which might be responsible for increased muscle tension in the neck and scalp.

Headaches are not a complaint which children should have to endure. Accurate diagnosis to rule out headaches of organic origin, and quick and effective treatment of the commonly encountered headaches of cervicogenic origin is something that can be provided readily by your chiropractor.

Treatments for High Cholesterol

Laura Dronen, DC

High cholesterol is characterized by elevated levels of plasma total cholesterol (TC) and low density lipoprotein (LDL) “bad cholesterol”, and low levels of high density lipoprotein (HDL) “good cholesterol”. Alpha-lipoprotein (a LP), an LDL cholesterol particle, is thought to be primarily genetically inherited. Elevated levels of aLP in the blood are linked to a greater likelihood of atherosclerosis and heart attacks. Elevated levels of apolipoprotein B (apo B), another protein moiety of LDL, is also recognized as an independent risk factor for the development of coronary artery disease (CAD). The co-existence of one or more of the above factors augments the risk for CAD substantially.

Often overlooked are the beneficial effects that nutritional factors play in the prevention and treatment of high cholesterol. The use of diet and exercise is the first line of prevention and treatment; however, diet and exercise alone are frequently not enough to achieve adequate control, and prescription medications are warranted. Research indicates that natural therapies may also be important in the prevention and management of high cholesterol.

The following vitamins and supplements can be effective in treating high cholesterol. Niacin, a B vitamin, has been shown to lower aLP cholesterol. Incorporating fiber sources such as oat bran, fruits, beans, and psyllium, when used together with a low-saturated fat diet can help to lower total cholesterol. Fish oil has been shown to lower triglyceride levels and increase HDL levels. Research indicates that increasing the amount of fish in the diet (preferably wild, cold-water ocean fish such as salmon, albacore tuna, herring, halibut and sardines) and/or ingesting fish oil or omega-3 fatty acid supplements containing either EPA and/or DHA may offer protection against cardiovascular disease.

The consumption of soy protein is associated with significant decreases in total cholesterol, LDL, and triglyceride concentrations. Red yeast rice given to adults significantly lowers total cholesterol, LDL, and triglyceride concentrations. Modest decreases in total cholesterol have been reported with garlic supplementation. Pantothenic acid (vitamin B5) is used in Europe and Japan to lower total cholesterol, and may be beneficial for persons at risk for coronary artery disease due to its other properties.

Although prescription medications are necessary in many cases of high cholesterol, treatment with nutritional supplementation, along with diet and exercise can be used as a first line of defense, and may even be used safely with certain prescription medications. Please consult with Drs. Dronen, Karls, or Langford before taking any new vitamins or supplements.

Intern News

My name is Carrie Oleston and I am a chiropractic intern from Northwestern Chiropractic College. I am grateful to work with Drs. Karls, Langford, and Dronen and meeting all of you! I will be staying here until August, and then I am off to Italy! I will be working for an Italian Chiropractor for my final internship and hope to stay in Italy to open my own practice. Ciao for now!

My name is Amy Gunderson, the T10 intern. I just wanted to thank you for allowing me to have a wonderful experience during my internship here at Langford Chiropractic. I will take with me very valuable skills and information learned here to wherever my path takes me. I am currently looking to buy a practice in the western suburbs.

Hi! My name is Kelly Kuka. I am just finishing my 9th trimester at Northwestern Chiropractic and will continue to stay here until graduation on August 2nd. I am engaged to an exceptional man, and helping to raise his (our) 2 children. I hope to pursue my pediatric diplomat after graduation.