

Comanagement of Dystocia Resulting in a Normal Delivery: A Case Report

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Purpose: This study reports a case of successful comanagement by a chiropractic physician and a certified professional midwife (CPM) of a woman in labor with dystocia. **Case Presentation:** A 37-year-old grand multipara woman at 38 weeks labored 21 hours with 2-cm dilation. Manual vaginal examination by a CPM showed an anterior shift of cervix position close to the pubis. Chiropractic evaluation found a right anterior-inferior sacrum, round ligament, and abdominal fascial restrictions. **Interventions/Outcome:** A sacral adjustment utilizing Logan Basic Technique, Webster Technique, and pelvic floor fascial release was performed. Immediate reexamination by the CPM

showed a centrally positioned cervix. A maternity support belt was provided and worn through the night. Reevaluation by the CPM the next morning found unchanged cervix position. Labor began and progressed to an uncomplicated LOA water birth with stage 1 of 2 hours 35 minutes and stage 2 of 1 minute. **Conclusion:** This case report illustrates the successful cooperative management between a CPM and chiropractic resulting in the favorable outcome for the patient. Another study suggests the effectiveness of cotreatment during dystocia and chiropractic effectiveness. It suggests the need for more investigations to determine the value of future collaborations.

Retrospective Study to Determine Variability in Patient Repositioning Precision in Pre/Post Nasium Films as a Function of National Upper Cervical Chiropractic Association Practitioner Experience

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Introduction: Precision in patient positioning repeatability is a prominent issue concerning the accuracy of the radiographic evidence for corrections of upper cervical spine misalignments seen in pre/post National Upper Cervical Chiropractic Association (NUCCA) x-rays. The primary objective of this pilot study was to gather samples of retrospective pre/post x-rays representing three cohorts of NUCCA practitioners to assess the variability in patient repositioning precision. **Methods:** This IRB-approved study applied a computer-assisted method to measure the skeletal displacement between pre- and post-nasium films in blinded sets gathered from student-clinic files (10 sets), three uncertified NUCCA doctors (5 sets each), and one

fully certified NUCCA doctor (10 sets). **Results:** Two separately blinded analyses yielded the following results: for student interns, the mean skeletal displacements are $16.28 \text{ mm} \pm 11.13 \text{ mm}$ and $17.01 \text{ mm} \pm 11.02 \text{ mm}$; for uncertified NUCCA doctors, $14.24 \text{ mm} \pm 10.90 \text{ mm}$ and $13.94 \text{ mm} \pm 10.95$; and for the fully certified NUCCA doctor, $9.33 \text{ mm} \pm 6.86 \text{ mm}$ and $9.44 \text{ mm} \pm 7.16 \text{ mm}$ for the first and second analyses, respectively. **Discussion/Conclusion:** It is not known whether these variability values support claims that upper cervical realignments as seen on postcorrection films are accurate or simply due to a difference in patient positioning.

Chiropractic Care of a Geriatric Patient With Klippel-Feil: A Case Report

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Objective: To present the effects of chiropractic care using Activator for a patient having Klippel-Feil syndrome with difficult ambulation. **Clinical Features:** A 73-year-old female was having difficulty ambulating after a recent hospital and nursing home stay for pneumonia due to congestive heart failure. Unable to walk without the assistance of a walker, she experienced weakness and fatigue in her legs. Radiographs and palpation revealed congenital block vertebrae, an omovertebral bone, and Sprengel's deformity, in addition to scoliosis, moderate degenerative changes, and decreased range of motion. **Intervention and Outcomes:** Digital palpation and leg length analysis were employed to

determine spinal and articular subluxations and myofascial trigger points. Five months of conservative chiropractic care using an Activator Adjusting Instrument plus home balance and mobilization exercises were incorporated. The patient's symptoms were reduced plus ambulation without support, walking without stopping, and balancing on single leg with fingertip support were achieved. **Conclusion:** Through 5 months of conservative chiropractic care, the patient continues to demonstrate better mobility and balance. The results suggest that chiropractic care using Activator can facilitate ambulation and balance, reducing the potential for falls and injury.