



Pitfalls in Manual Medicine: Cases Presentations

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Crural weakness

Anamnesis

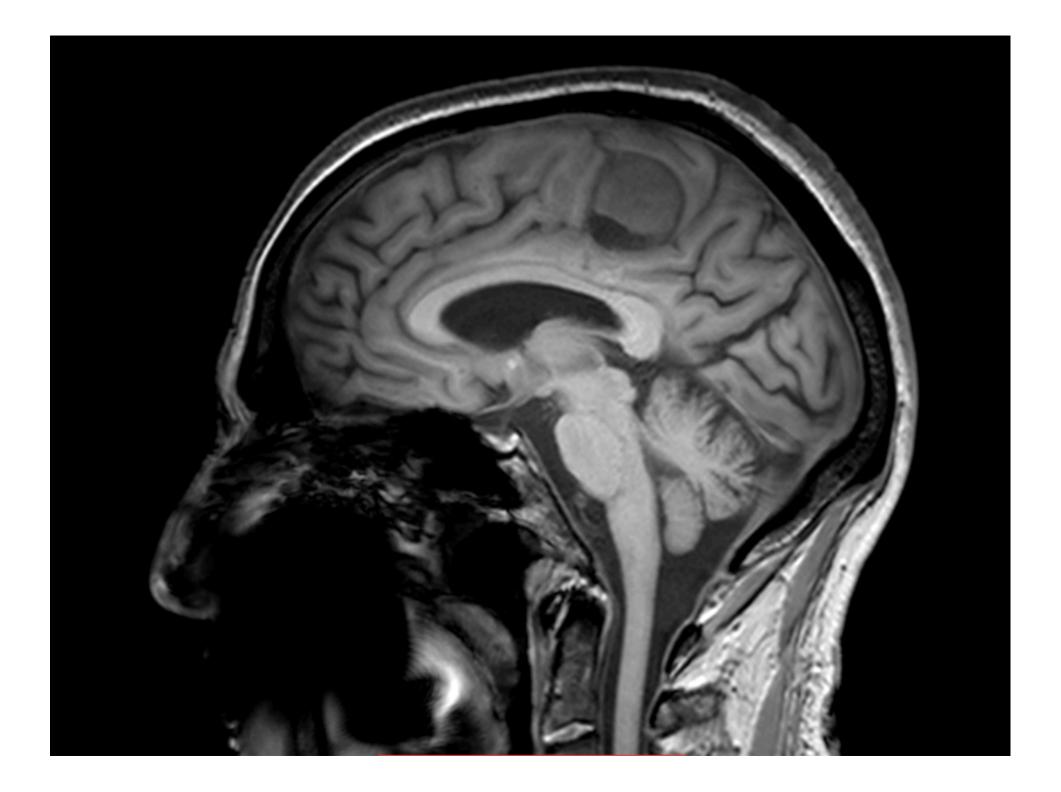
- Male 76 years
- Progressive weakness of the right thigh
- Difficulty going downhill since 6 months
- No pain, no paresthesia
- Chronic LBP, low grade

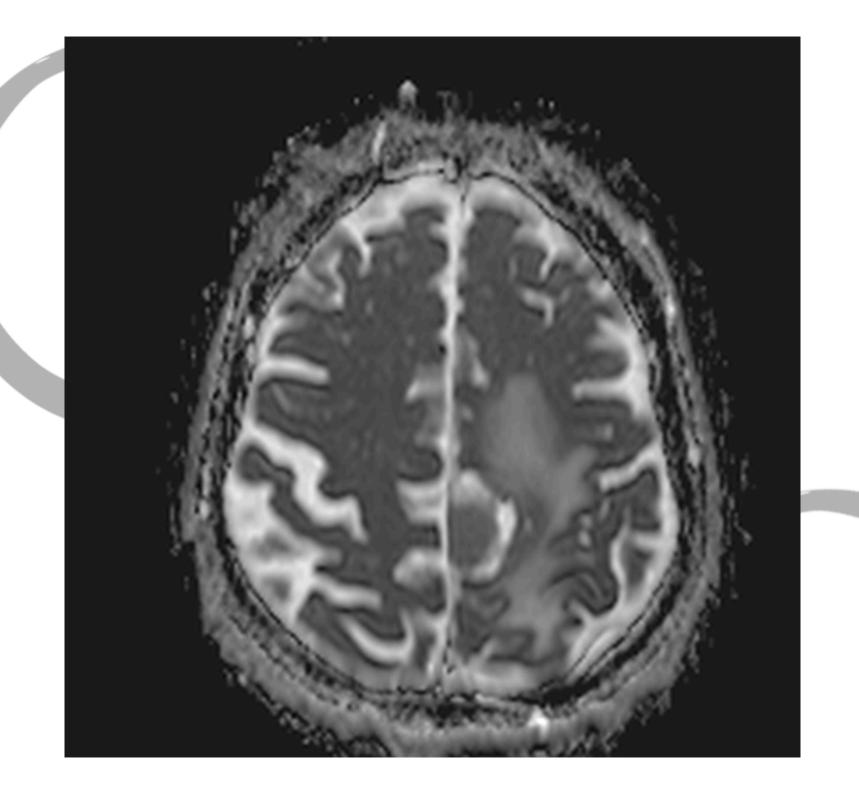
Previous History

- Coronary Bypass, 4 years before
- No cardiac symptoms
- Last ergometry difficult because of the thigh weakness.
- Treated arterial hypertension

Clinical examination

- Thigh weakness on squatting
- Tendinous reflexes: symetrical
- No muscle atrophy
- Pain and touch sensibility: OK
- Diminished pallesthesia in the right leg
- Diminished sense of position in the right leg
- Right dysmetria (Heel to knee test)
- Negative Babinski's sign



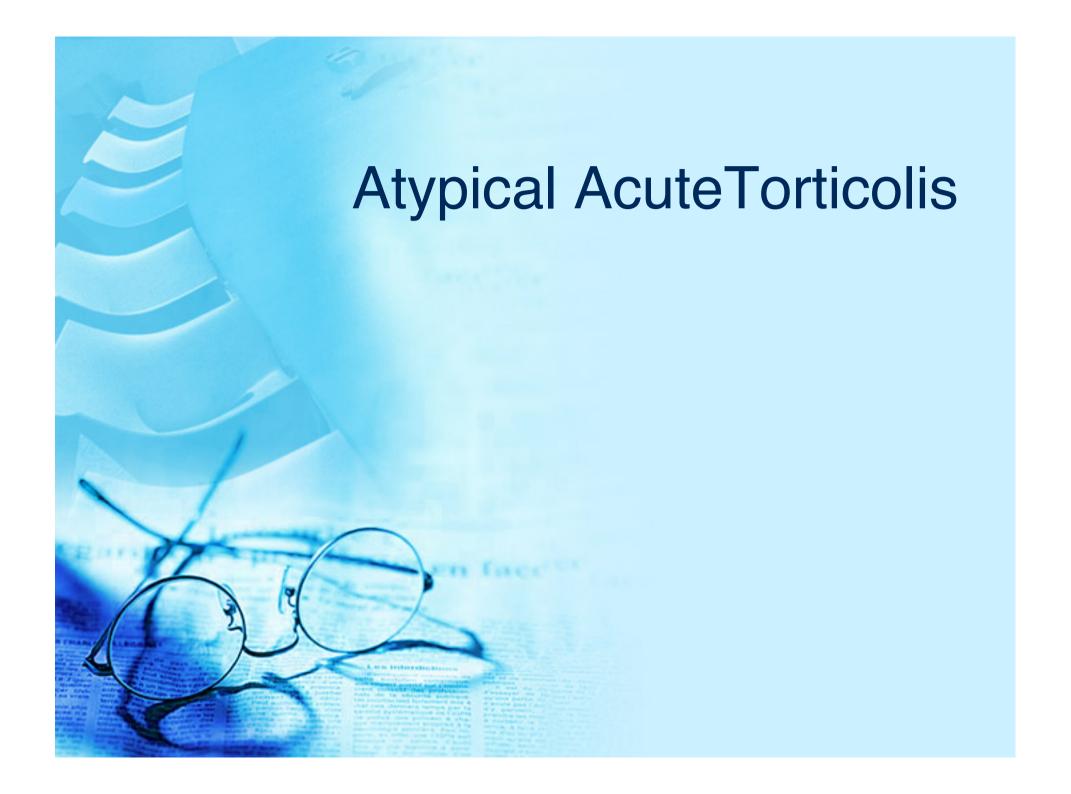


Diagnosis

Meningioma of the falx cerebri Surgery

Catamnesis

- Persistant right L5 paresis with drop foot
- No pain
- Heidelberg Orthesis
- Can walk 2-3 hours!



History

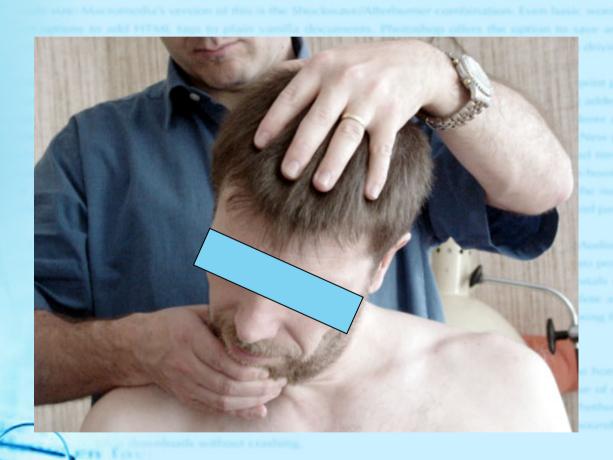
- **55** years old women
- The day after a music concert!
- Painful limitation of the right cervical rotation and flexion
- Undefined previous cervical trauma
- Previous neck pain treated by lay osteopathic manipulations with adverse reactions

Clinical examination

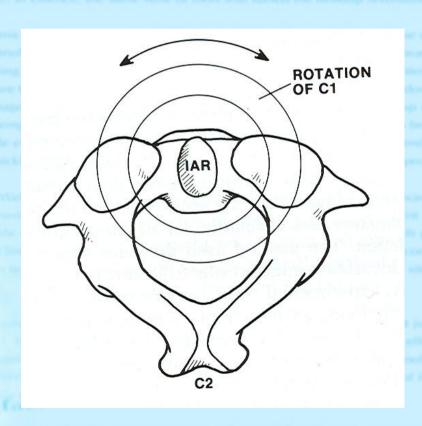
- Bilateral asymetrical painful limitations of the cervical rotations, both superior and inferior cervical spine
- Limited painful cervical flexion



Rotation C1-C2

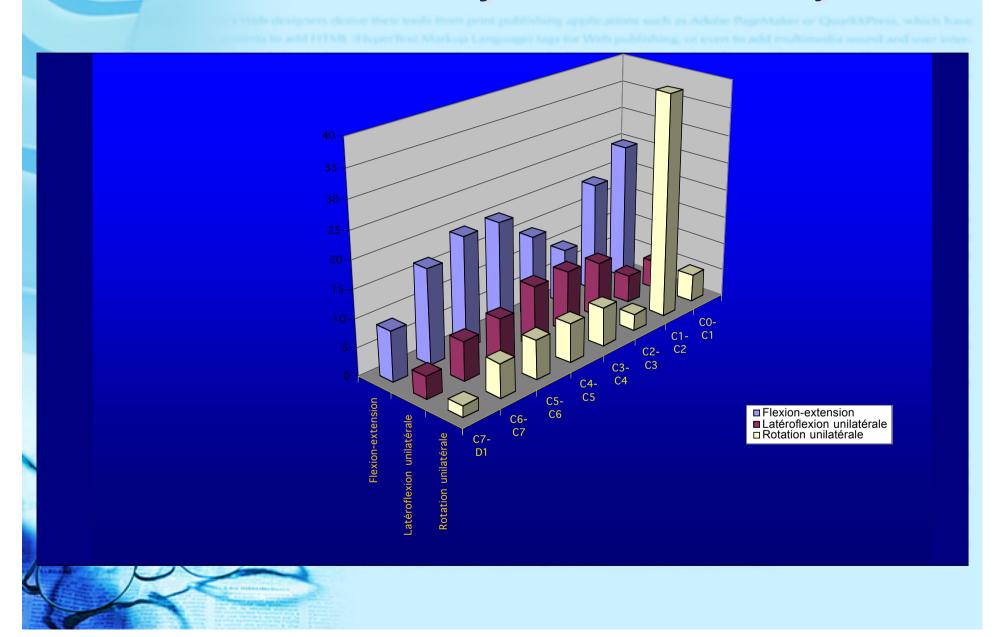


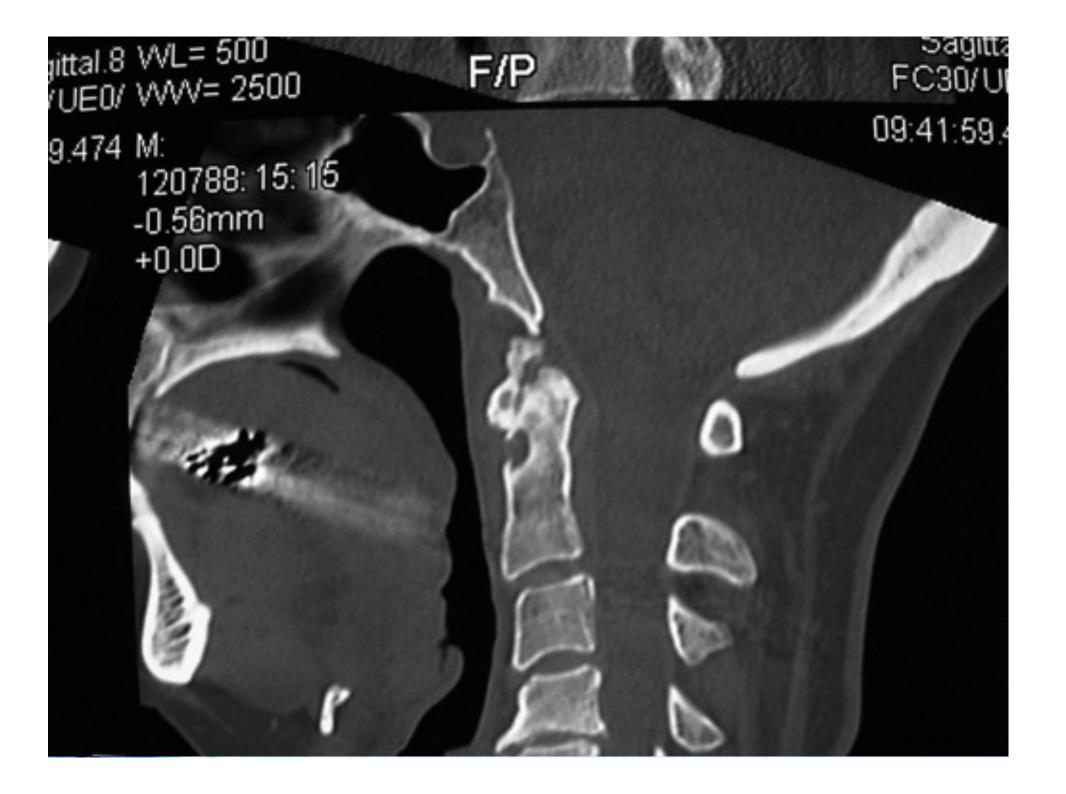
IAR C1-C2 / rotation

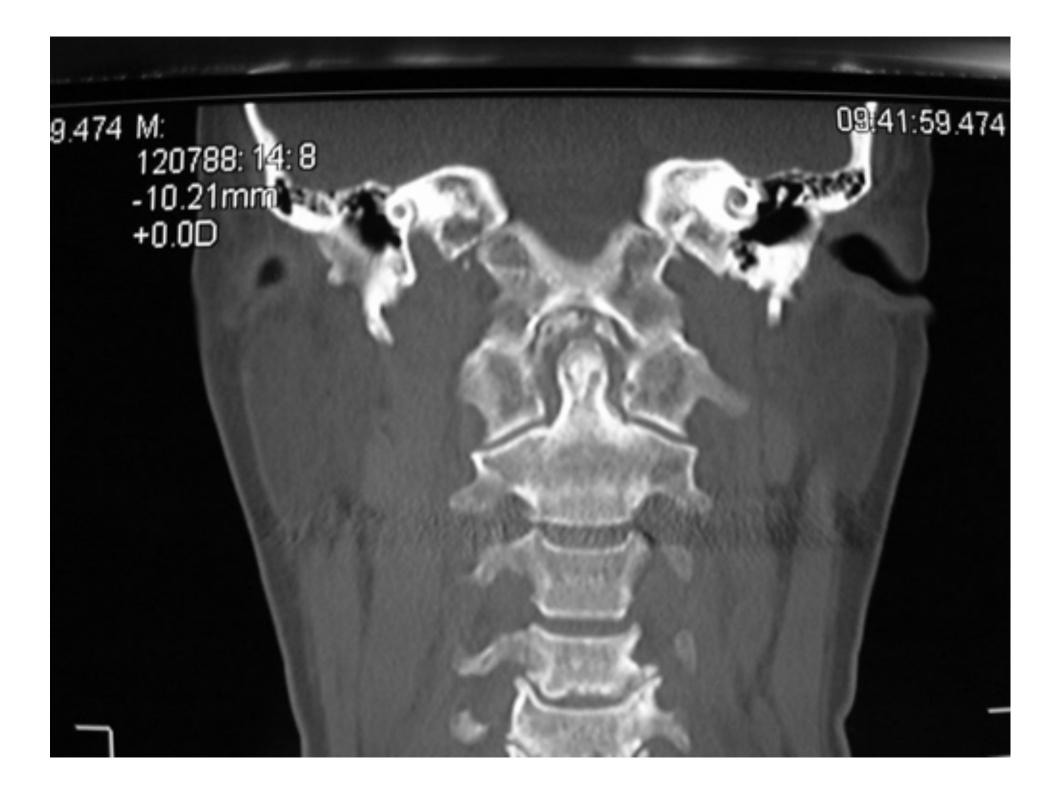


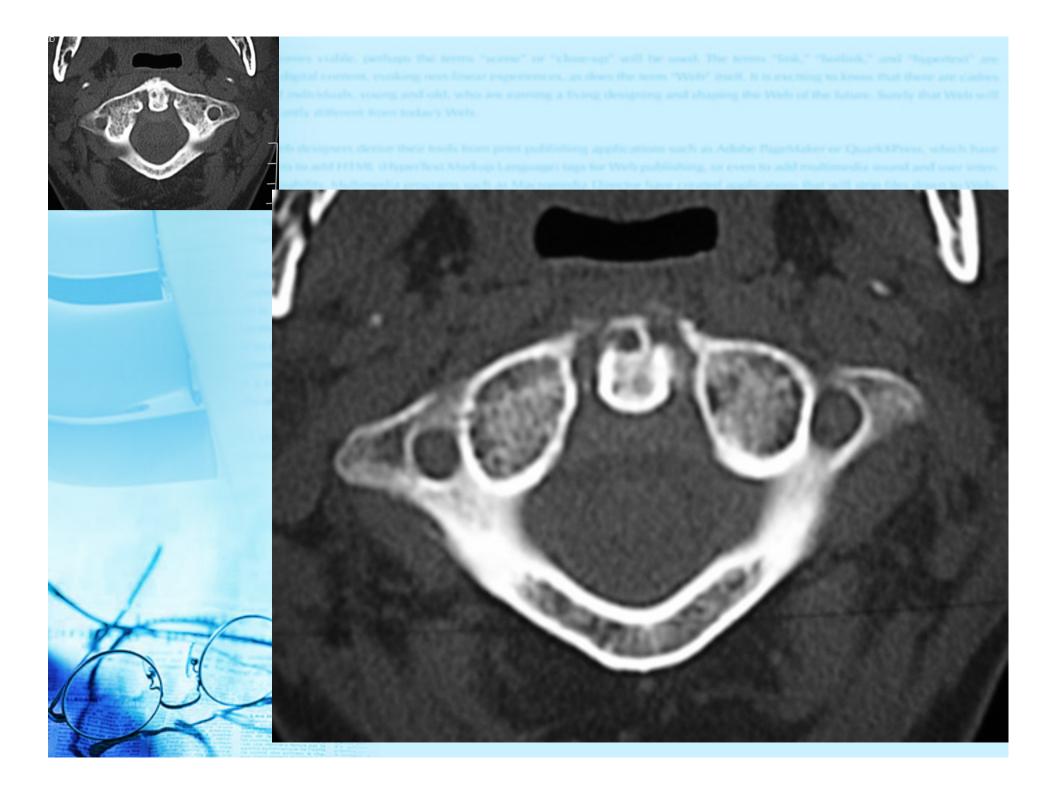
Clinical Biomechanics of the Spine, White and Panjabi

Cervical Mobility / White et Panjabi









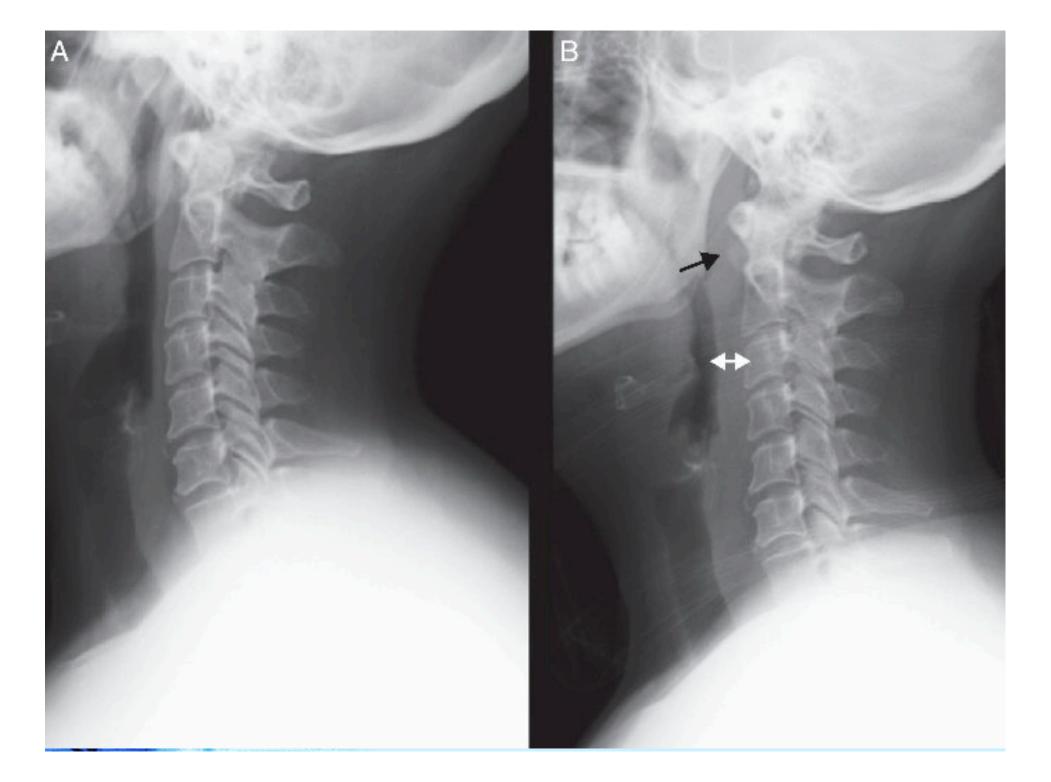
Differential Diagnosis

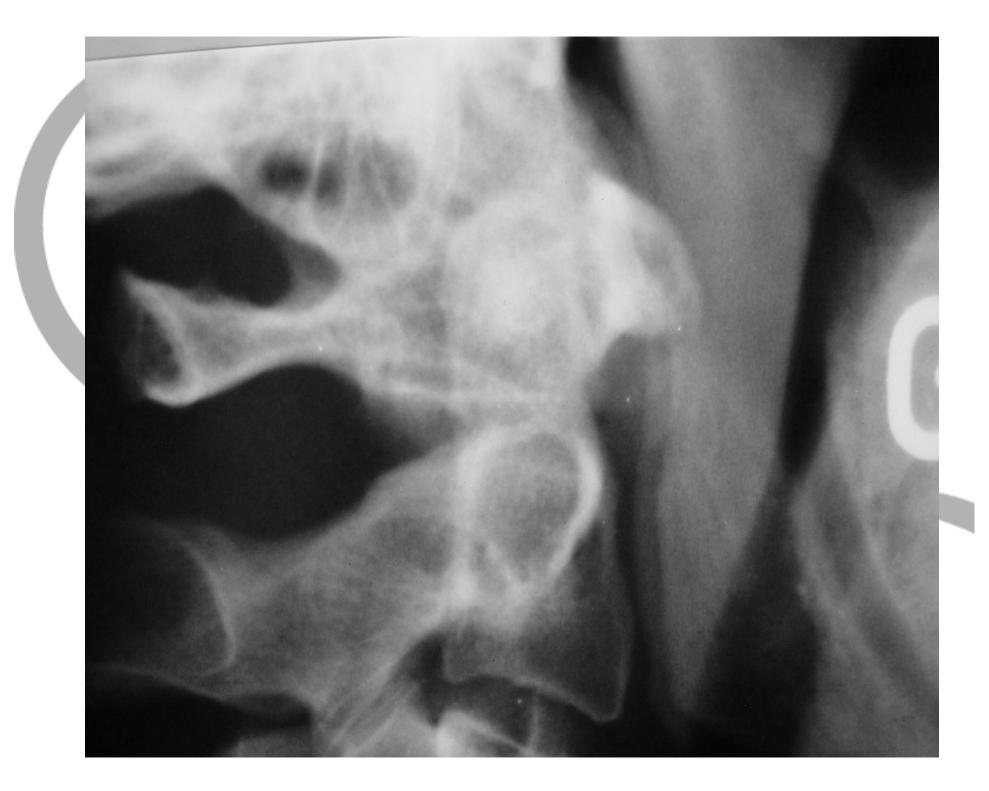
- Calcification of the longus colli
- Retropharyngeal abcess
- Unknown odontoid fracture

Signs of inflammation

- Elevated C-reactive protein level
- Elevated sedimentation rate
- Slight fever

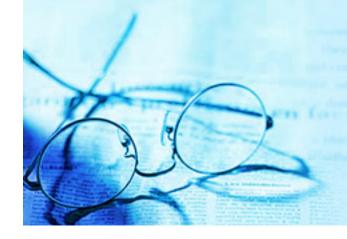






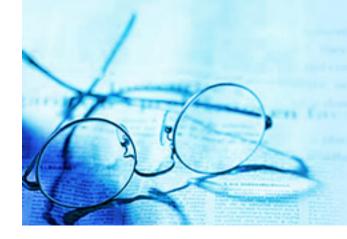
Final Diagnosis

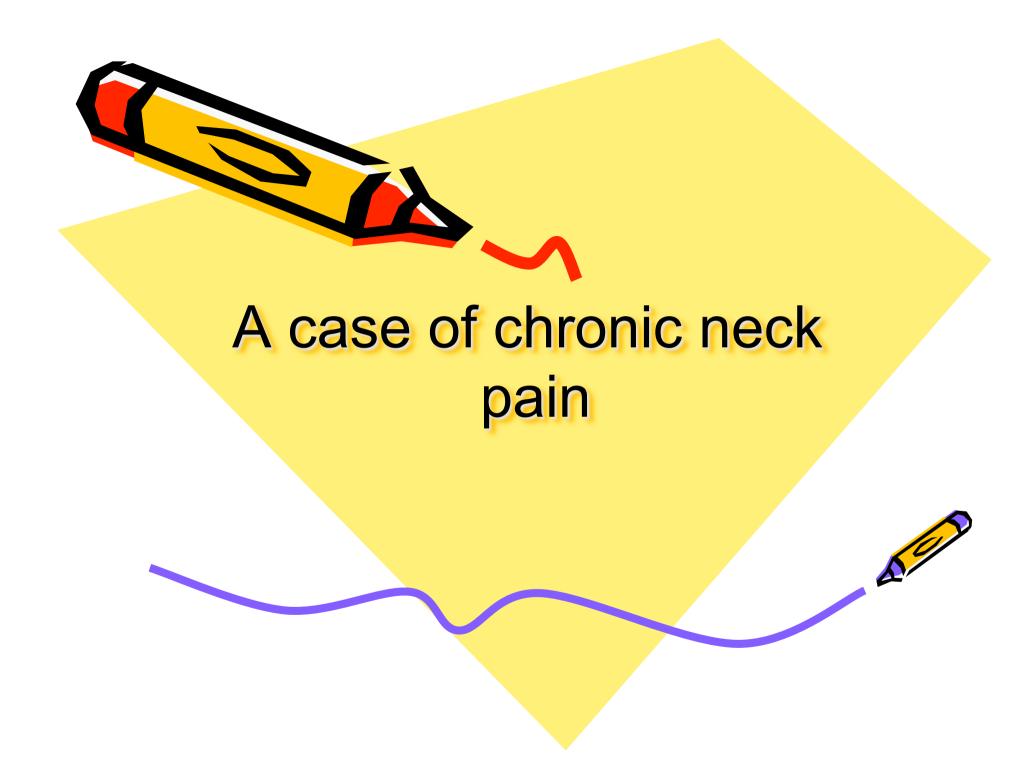
- **Crowned Dens**
- Calcium hydroxyapatite erosion in an acute phase



Treatment

- **NSAID**
- Prednisone is an alternative





Anamnesis

- 51 year old female patient.
- Chronic neck pain and headache.
- Important restriction of right cervical rotation with malaise.
- History of a fall down the stairs 4 years before.



Anamnesis

- Treated for cervical spondylosis at level C5-C6:
 - Diagnostic: severe spondylarthosis C5-C6
 - Traitement:
 - NSAI
 - Antalgic physiotherapy
 - Soft cervical collar



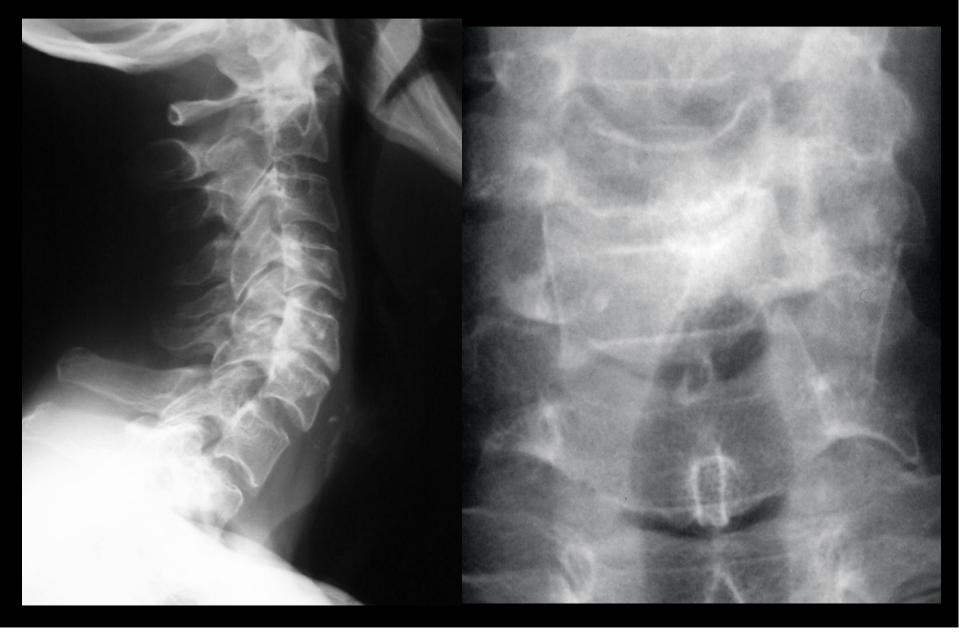
Clinical examination

- Flexion-extension: 15-0-20
- Lateroflexions: 20-0-10 hard and painful stop.
- C1-C2 rotation : 5-0-0: hard and painful stop
- C3-C7 rotation: 30-0-30 slightly painful





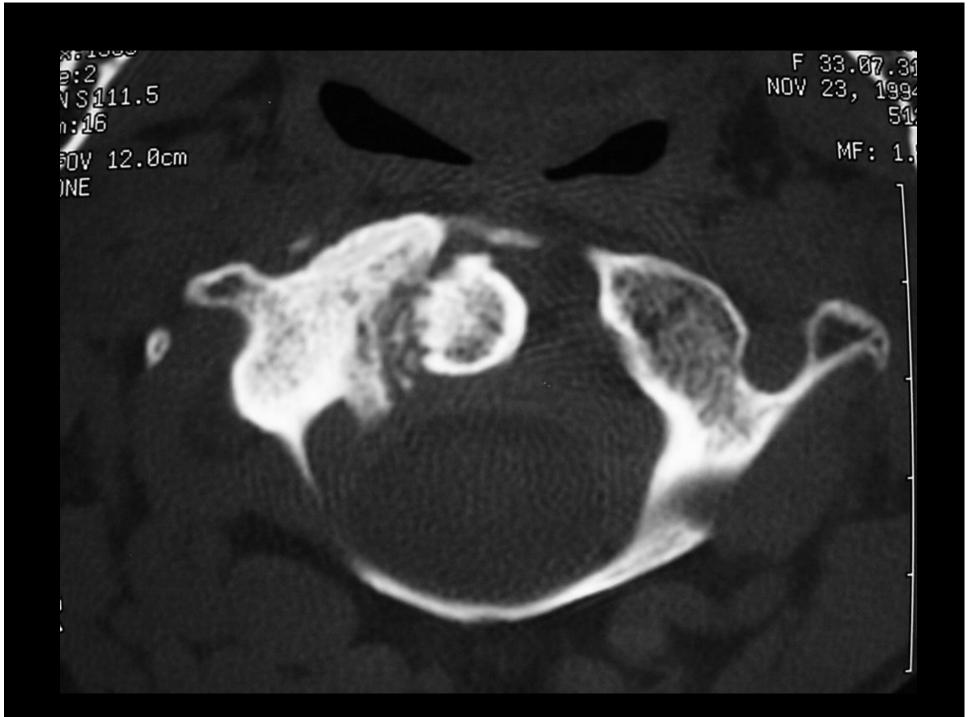
Radiology

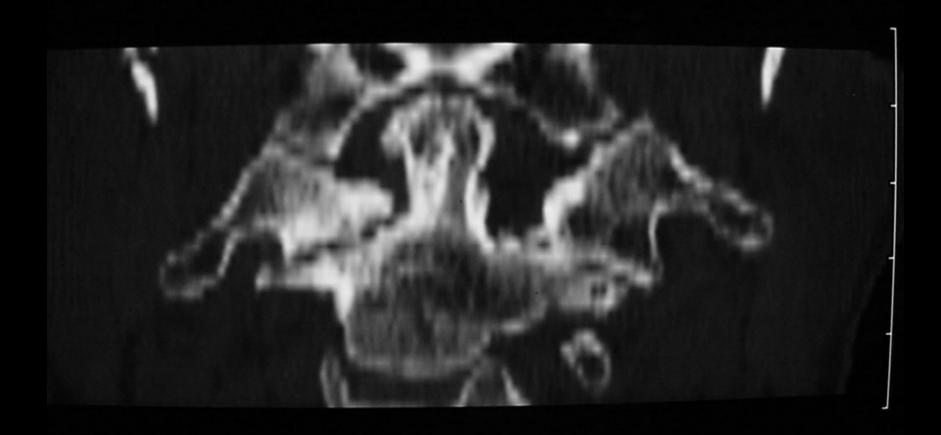




trans-buccal view







→ A

Ex: 1359

Final diagnostic

- Old fracture of C1 lateral mass
- Subluxation of C1 over C2
- Unilateral lesion of the alar ligament



Treatment C1-C2 arthrodesis



