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Many patients with low back pain demonstrate pelvic symptomatology attributable to lower sacral nerve root compression that is most commonly the result of lumbosacral disc lesion.

Urinary incontinence (UI) is not an uncommon finding in the low back pain patient. Women appear to be more frequently involved than men. The results of recent electrophysiological investigations indicate that many patients with urological, bowel or anorectal dysfunction demonstrate evidence of denervation neuropathy in muscles innervated by the branches of the pudendal nerve which derives its fibers from the ventral rami of the second, third, and fourth sacral nerves (S2, S3, S4).

A total of 119 patients' data (108 female, mean ages 59.7 ± 11.6 years) with UI from our chiropractic clinic were reviewed. Lumbosacral disc pathology with radiculopathy diagnosis was confirmed with complete chiropractic and neurologic evaluation, MRI of the lumbosacral region, and EMG/NCS of the lower limbs. The patients had a 2-month to 12-year history of UI and associated muscle dysfunction and low back and/or pelvic and leg pain. The primary outcome measure for this analysis was the frequency of nocturia and instances of leakage reported by the patients during each office visit.

Chiropractic manipulative therapy involved high-velocity, low-amplitude manipulation and flexion distraction manipulation. After