Evidence in Action: Webster Technique—Not Just for

By Rod Floyd, DC, and Jasmine Perez

SCENARIO: A 73-year-old woman had sought care for low-back pain, right leg pain and hip pain. Because of her age and history, we were looking for an intervention or management strategy that would not involve a standard high-velocity, low-amplitude adjustment. As practitioners who use Webster technique for pregnant women with similar kinds of problems, I wondered if this might also be applicable to our current patient.

Low-back pain remains one of the top reasons the public seeks chiropractic care. Research has shown a relationship between low-back pain and various factors, such as lumbosacral disc degeneration, hypertonic musculature and malformations.[1] A number of chiropractic techniques have been implemented to care for the patient with low-back pain,[2,3] including Webster technique.[4,5] Webster technique[4] is often used by chiropractors, particularly those who care for pregnant women. Some research has been conducted on the effectiveness of this technique of evaluation and treatment in pregnant populations.[5,6] I decided to consider the use of Webster technique for non-pregnant patients.

Webster technique is a specific system of analysis and treatment of sacral dysfunction and its associated soft-tissue components.[4] The goal of Webster technique is to improve the biomechanical function of the pelvis. This technique was developed by Dr. Larry Webster, founder of the International Chiropractic Pediatric Association (ICPA).[7] Dr. Webster stated that this system was useful for analyzing and treating sacral dysfunction, regardless of pregnancy status.[4]

Recently, Alcantara and colleagues[8] presented their preliminary findings on the use of the Webster technique in a non-pregnant population. The average age of the convenience sample of 207 subjects (157 females, 50 males) was 40.04 years. Almost half of the respondents (i.e., 48 percent) had low-back pain, either as the single primary complaint or in combination with other pain complaints of the spine, the extremities or together with headaches. Some 15 percent presented for "wellness care," while the remainder presented with combinatory pain complaints involving the spine and upper/lower extremities.

Eighty-four percent indicated pain durations averaging 7.02 years. Over half of the responders (N= 56 percent) sought care elsewhere prior to seeking care from their attending chiropractor. Twenty-eight percent of these responders sought medical care, while 71 percent sought the care of another alternative practitioner. Thirteen percent sought care from both conventional and allopathic care. Using the National Institutes of Health's Patient-Reported Outcome Measurement Information System (PROMIS®),[9] which measures health-related quality of life as a primary outcome, Alcantara and his colleagues[8] found chiropractic care improved the quality of life of this patient population in the domains of anxiety, depression, fatigue, pain interference, physical functioning, sleep disturbance and satisfaction and participation in social roles.

The assessment portion of the Webster technique involves placing patients in a prone position with their knees flexed and heels oriented toward the buttocks. The side of restricted knee flexion is indicated as the side of sacral misalignment. In both pregnant and non-pregnant patients, a common approach to addressing the sacral misalignment involves a sacral drop adjustment on the side of resisted knee flexion.

CONDITION HISTORY: A 73-year-old woman had continuous low-back, right-hip and leg pain. She reported pain "in the hip, then in the muscle part of the leg down to the knee" that had been felt for five days. She described the pain as "sharp, deep, shooting and gripping." She did not report any trauma that led to the onset of pain but suggested that it may have been brought on by a long walk. Activities that aggravated her low-back/leg pain included sitting, standing, walking, leaning forward, lying down in any position, standing from a sitting position, going up or down stairs and flexing her hip in order to lift her leg. Pain was alleviated when heat was applied and no movement occurred. She reported undergoing spinal surgery in 1983 for a herniated disc, for which she subsequently underwent post-surgical rehabilitation for six months. She was unable to recall which spinal level was involved. She also had right knee surgery in 1989. She further reported an incident in which she started to sit on a chair and fell directly on her "bottom." As a result of this accident, which

Rod Floyd, DC, MSPH, is a clinic faculty member at Palmer College of Chiropractic, Port Orange, Fla.

Jasmine Perez, BS, is one of Dr. Floyd's senior interns.

Pregnancy: A Case Report

occurred in 1992, she stated she sustained three compression fractures in her thoracic spine. However, she did not recall which vertebrae were involved.

She stood 68 inches tall and weighed 180 pounds. This gave her a BMI of 27.4. Her blood pressure was elevated, at 162/85. She had limited lumbosacral range of motion in all directions. Deep tendon reflexes were +1 on the right side with decreased sensation at the L5-S1 dermatome level. Kemp's test was positive where the patient reported pain in the right leg. SLR was also positive on the right at 45 degrees with pain in the lower back and leg.

DIAGNOSIS: We diagnosed her with misalignment of the sacrum as evidenced by lumbosacral pain with sciatica radiating down the right leg.

TREATMENT: A misalignment of the sacrum was noted on her right side. We used the Webster technique to adjust her, although she was obviously not pregnant. We based this use of the Webster technique on the work of Alcantara. A sacral drop adjustment was used to reset the sacral segment. Pre-treatment outcome assessment scores were Back Bournemouth 50/70 and Lower-Extremity Functional Scale 75/80. After seven chiropractic treatments, her Back Bournemouth was scored as 0/70 and Lower Extremity Functional Scale was scored at 0/80.

WHAT DOES THIS MEAN FOR YOUR PRACTICE? This paper suggests that Webster's findings, as noted in the work of Alcantara, offers an approach that doctors of chiropractic might consider for older women with specific kinds of low-back problems. ■

References

1. Yavuz U, Bayhan AI, Beng K, Emrem K, Uzun M. Low back complaints worse, but not more frequent in subjects with congenital lumbosacral malformations: a study on 5000 recruits. *Acta Orthop Belg*. 2012 Oct;78(5):668-71 (*Journal of the Belgian Society of Orthopaedics and Traumatology*).
2. Murphy D, Hurwitz E, McGovern E. Outcome of pregnancy-related lumbopelvic pain treated according to a diagnosis-based decision rule: a prospective observational cohort study. *J Manip & Physiol Ther*. 2009 Oct;32(8):616-624.
3. Sadr S, Pourkiani-Allah-Abad N, Stuber KJ. The treatment experience of patients with low back pain during pregnancy and their chiropractors: a qualitative study. *Chirop & Manip Ther*. 2012 Oct 9;20(1):32.
4. Ohm J, Alcantara J. The Webster technique: definition, application and implications. *J Pediatr Matern & Fam Health – Chiropr*. 2012;2012(2):49-53.
5. Alcantara J, Ohm J, Kunz D. The Webster technique: results from a practice-based research network study. *J Pediatr Matern & Fam Health - Chiropr*. 2012 Win;2012(1):16-21.
6. Alcantara J, Ohm J, Kunz K, Alcantara JD, Alcantara J. The characterisation and response to care of pregnant patients receiving chiropractic care within a practice-based research network. *Chiropr J Aust*. 2012;42(2):60-67.
7. The International Chiropractic Pediatric Association. *www.icpa4kids.com*.
8. Alcantara J, Ohm J, Alcantara J. The use of PROMIS® to measure the quality of life of patients presenting for care in a chiropractic practice-based research network. *The European Academy of Paediatrics 2013 Congress and Mastercourse*. Lyon, France. Sept. 19-22, 2013.
9. Patient-reported outcomes measurement information system (PROMIS®). Accessed Feb. 1, 2010 at *www.nihpromis.org/default#4*.