

15 MUST KNOWS



BEFORE

UNDERGOING **BACK SURGERY**

YOU HAVE MORE OPTIONS THAN YOU KNOW!

An Informed Patient's Guide to Understanding Your Treatment Options Before Committing to Surgery



ARE YOU FRUSTRATED WITH...

- Taking pills that only temporarily mask the pain
- Side effects from pills
- Painful injections that worked the first time but now have no effect
- Doctors who say your only option is surgery
- Previous surgery which only ended up making things worse

Help May Be On the Way!

15 MUST KNOWS

Before Undergoing Back Surgery

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INTRODUCTION

If you experience chronic back or neck pain, the Rolling Stones song title, “I Can’t Get No Satisfaction” may sound all too familiar. Throughout the world, millions of people like you suffer from back or neck pain. To make matters worse, the many back pain and neck pain sufferers never experience relief from their pain—often after multiple therapeutic attempts.

As doctors who specialize in back and neck pain, we have come to understand that patients’ unrelieved pain is a prison of sorts that prevents them from pursuing everyday activities such as gainful employment, family recreation or quality time with grandchildren. And yet, despite continued efforts, people often find no relief. Frequently, after repeated efforts to find a solution, patients become frustrated, confused and often desperate in their quest to stop or even ease their pain and return to a normal life free from pain, constraints and limitations.

The purpose of this book is to help you avoid that desperate feeling; to avoid that desperate decision that often leads to a consent to undergo spinal surgery. As you will learn through reading the book, the medical facts, findings and expert opinions collectively point to the need to exercise caution before consenting to surgery.

The good news is that clinical studies and medical specialists also support an alternative to invasive surgery that is providing long-lasting relief from back and neck pain without the complications and risks associated with surgery. We’ll discuss the alternative, Spinal Decompression Therapy and highlight the growing body of medical evidence that supports its use.

Let’s Set the Record Straight

We’ve looked at the numbers associated with back and neck pain and the relative success rates of various therapies. We find the rising incidence of unresolved pain, the growing billions of dollars spent on treatments that often don’t work and trends in the medical industry to increasingly support unsuccessful therapy to be very disturbing. We find the lack of clear information, communication and education that patients need to make treatment decisions that will lead to the best chance for relief with the fewest risks and potential complications very unsettling.

The alarming trends, the confusion and the lack of satisfaction surrounding back and neck pain prompted us to write this book and to make it available free to patients throughout the world. People suffering back and neck pain deserve relief and they deserve to get the facts that will guide their decisions. In this book, we will set the record straight about neck and back pain, explain why many people aren't benefitting from therapy and compare the success rates of alternative approaches to therapy—specifically surgery vs. spinal decompression therapy—so that you can make an informed decision and get back on the road to a comfortable lifestyle.

Why You Want to Read this Book

If you are contemplating surgery, this book may change your mind. To give you just a sample of why we encourage you to reconsider, we've listed some key facts below that we hope will motivate you to learn more.

In this Free Report, you will discover that:

Medical doctors are saying failed back surgeries are occurring at an "alarming rate."

Many failed back surgeries will need up to 3 further surgeries; even successful surgeries may need future surgeries.

Actual pain reduction from surgery is shockingly low. 70% still experienced pain post-surgery in one study.

Only 26% of patients who underwent back surgery returned to work, while 67% of patients who didn't choose back surgery went back to work.

One study showed a 41% increase in use of painkillers after surgery.

What surgeons consider success in a surgery is not the same as what patient's consider success.

Almost half of surgical patients are disappointed with the results after only 2 years.

And much, much more.....

What You Will Learn from this Book

If you learn only one thing from this book, we will feel satisfied that we have fulfilled our purpose in writing it. The major take-home lesson from this book is that surgery should be your absolute last option for treating your pain. After you take a few minutes to read the book, you will soon discover why we advocate this position. We've kept the book simple, made it straightforward and easy to comprehend. We stick to the facts in an effort to clear the air on the subject and to help you understand, the 15 Must Knows Before Undergoing Neck or Back Surgery.

The book covers 3 major areas that we have found important to cover with patients. These areas, A Primer on Back and Neck Disorders, An Objective Overview of Surgery and An Objective Overview of Spinal Decompression Therapy, will allow you to see through the confusion of misleading information, gain a better understanding of your condition, and acquire the confidence you need to make informed and safe treatment choices.

How to Read this Book

You should be able to comfortably read this book in one sitting. We wrote the book with a nonmedical reader in mind and, although we present a great deal of factual information, we cut through the medical speak to provide easily understood take home messages.

We do encourage you to have a pen and paper on hand for note taking and to jot down any questions you may want to ask your doctor (spoiler alert: after reading the section 'But My Surgeon Claims He Has a 98% Success Rate,' you will want to ask, "How do you define success?").

So let's get started and learn about the 15 Must Knows Before Undergoing Neck or Back Surgery.

A PRIMER ON BACK AND NECK PAIN

Back Pain is a Worldwide Epidemic and is More Common than You Think

Whether you look at the USA, Canada, Europe, Australia or the Middle East, it seems that back and neck pain nowadays is a universal epidemic. In the USA, "Back pain is one of the most common reasons for going to the doctor; more than 10% of visits to primary-care physicians are for this problem and amounts to about \$86 billion in health care spending annually," says senior author Bruce Landon, a professor of health care policy and medicine at Harvard Medical School. "That's a conservative estimate because it doesn't account for lost productivity," he says.

Approximately 25–60% of patients who experience low-back pain (LBP) will report recurrence of pain, many within as little time as one year (1). LBP is the most common cause of work disability in the US (2). Many patients on disability for periods in excess of six months will not return to work. That number decreases to nearly zero after two years (3). LBP is also the most expensive reason for work disability in the US (2). It has been estimated that 2% of the work force in the US will be compensated for back-related disabilities.

In Australia, chronic low back pain is increasing faster than any other disability. Five-to-seven percent of the population report their back problem as a chronic condition. Back pain disability lasting for longer than 4 weeks accounts for 50% of work loss. Chronic low back pain affects more than 1,900,000 Australian individuals and costs Australia more than 10 billion dollars each year (4).

The Disc is Frequently the Major Source of Pain

Spinal discs in your neck and back act like shock absorbers for the spine in a manner similar to the shock absorbers in a car. Injury to the disc is one of the most common causes leading to low back pain and sciatica (pain shooting down the leg). It is believed that increases in disc pressures resulting from heavy lifting, lifting and twisting and postural forces and changes are important factors in the pathogenesis of low back pain.

Many factors can cause or make disc pain worse including smoking (which dries out discs), bad posture (from texting or computer work), stress, and too much weight (2/3 of Americans are now overweight).

Too much pressure on a disc or pressure in the wrong direction can cause the disc to bulge, herniate, or “slip” which then can irritate the sciatic nerve that runs all the way down your leg. This is referred to as Sciatica. This can also happen in the neck and can cause pain to shoot down the arm into the hand.

Many studies indicate that the disc can be identified as a primary cause of low back pain and Sciatica. Hirsch, for example, stimulated various lumbar tissues in conscious patients with the use of carefully placed needles (5). Stimulation of the posterior portion of the disc produced low back pain in many individuals. Smythe and Wright placed nylon threads into various low back tissues while performing low back spinal operations (6). During the postoperative period, they pulled on the threads and asked the patients to describe the location of any pain produced. The disc was the most common site of low back pain, and the compressed nerve was responsible for sciatic pain.

If the disc is a major source of low back pain, then it follows that applying specific target therapy for the treatment of the disc should improve patient outcomes. The problem may be that most therapies nowadays, including chiropractic, physical therapy, pills and massage, do not treat the disc. More on this below.

Other Therapies Do Not Specifically Treat the Disc

Conservative medical care revolves around modalities such as cold laser, ultrasound, exercises, stretching, chiropractic manipulation, anti-inflammatories, physical therapy and even highly addictive medications. However, when it comes to treating the disc itself, these modalities have extremely limited value and most simply offer little if any benefit for a disc-related issue. Physical therapy has NOT been demonstrated to be useful for treating low back pain caused by the disc (7). Anti-inflammatory drugs are useful in acute muscle strains but are ineffective in sciatica and chronic low back pain. Chiropractic manipulation may increase range of motion but is ineffective in disc herniations or bulges (8). Specific medical therapy for the disc is wanting.

Patients who fail to gain relief from therapy at the primary care level (general practitioners, internists, physical therapists, and chiropractors) are routinely referred to a neurosurgeon or orthopedic surgeon, especially if abnormalities are noticed on a CT scan or MRI. The majority of these referrals are not ideal surgical candidates and both the doctor and patient find themselves at an impasse. A rush to surgery for the poorly selected patient can result in failed back syndrome, which Kramer calls the “Worse possible scenario the spine surgeon faces” (9).

Listen to what one medical doctor had to say about the current treatments for the spinal discs. "Manipulation, acupuncture, steroid injections, anti-inflammatory agents and muscle relaxants all fall short of addressing the underlying problems associated with intervertebral disc lesions. Vertebral axial decompression (spinal decompression) should be utilized in all patients who are poor surgical candidates and before surgery is undertaken except in the emergent conditions." Dr. Gustavo Ramos, M.D., Neurosurgery, McAllen, TX.

More to come on spinal decompression in a minute.

AN OBJECTIVE OVERVIEW OF SURGERY

If All You Have in Your Tool Box is a Hammer, then Everything Looks Like a Nail

You may find it surprising, or even shocking, to discover that experts estimate that nearly 600,000 Americans opt for back operations each year. According to a study published in *Spine* several months ago, in just 15 years there has been an eight-fold jump in vertebrae fusion operations. That statistic has most chiropractors, many public health experts, and even some surgeons concerned. In fact, Dr. Charles Burton, medical director for The Center for Restorative Spine Surgery in St. Paul, MN, said that spine surgery and fusion have gone way beyond what is reasonable or necessary, citing that in some areas of the country, the rate of spine surgery is three or four times that of the national average. What's worse, according to the study, in many cases surgery can even backfire, leaving patients in more pain!

The rate of back surgery in the United States was at least 40% higher than in any other country and was more than five times those in England and Scotland. Back surgery rates increased almost linearly with the per capita supply of orthopedic and neurosurgeons in the country.

It is Dr. Johnson's opinion that, while back surgery has a place in medical practice, there are far too many surgeries being performed. "Just about any approach is better than having surgery because all the studies have shown that, if you take a surgical population and nonsurgical population, they all seem to do the same in five years," he said. "So if you can avoid surgery and the expense of surgery, obviously, you might do as well as the [patient] that gets [the surgery]."



ON AVERAGE ABOUT

53%

L5-S1 SURGERIES FAIL TO PRODUCE RELIEF OF SYMPTOMS

Radin, E.L. "Reasons for failure of L5-S1 intervertebral disc excisions." International Orthop 1987; 11:255-259.

A STUDY OF 575 PATIENTS WITH LUMBAR DISC HERNIATIONS

70%

STILL HAD BACK PAIN 4 TO 17 YEARS AFTER SURGERY

Spine 1986; 15:1418-1422.

AMONG SPINAL SURGERY PATIENTS

1 IN 4

ARE DISASTISFIED WITH THEIR RESULTS 2 YEARS POST-OP

(Surg Neuol 1998 Mar; 49(3): 263-7)

HIGHEST RISK FOR POSSIBLY ZERO RELIEF

Nobody ever thinks that it's going to happen to them but the truth is that back surgery can fail. And it may be failing at a much higher rate than previously thought. Dr. Norman Marcus M.D. said "Recent studies show that the failure rate for back surgeries is extremely high (50% in some studies), prompting a new diagnostic category for the failures: Failed Back Syndrome, the only such diagnosis in medicine."

-The BackLetter, vol.12, no. 7, pp.79 July, 2004

"The world of spinal medicine, unfortunately, is producing patients with failed back surgery syndrome at an alarming rate. Despite a steady stream of technological innovations over the past 15 years—from pedical screws to fusion cages to artificial discs—there is little evidence that patient outcomes have improved."

-Editorial, The BackLetter, pp. 84, vol. 20, No. 7, 2005

The most recent controversy was reported in the New York Times, “Spinal-fusion surgery is one of the most lucrative areas of medicine. An estimated half-million Americans had the operation this year, generating billions of dollars for hospitals and doctors. But there have been serious questions about how much the surgery actually helps patients with back pain and whether surgeons’ generous fees might motivate them to overuse the procedure. Those concerns are now heightened by a growing trend among some surgeons to profit in yet another way — by investing in companies that make screws and other hardware they install” [10].

Now, added to concerns about medicine’s low level of musculoskeletal training and these dangerous statistics, we have to wonder if the orthopedist might be motivated to install 6 of those \$1000 screws to your spine just because they are a stockholder of a lucrative medical device manufacturing company [10].

Surgery Has Risks

If you’re fighting back pain, you may want to consider ALL of your options before going through the pain and risk of surgery.

Dr. Orlando Maldonado said, “Neurologists like myself have long known that we should do everything possible to help our patients avoid back surgery. Now with Non-Surgical Spinal Decompression, we finally have a very effective way to treat back pain without surgery. The vast majority of even our worst cases experience significant, long-lasting relief if they complete the entire treatment regimen.”

A patient who has been pushed to the point of enduring surgery often feels at the end of their rope. They have put all their eggs in a single basket, hoping the operation will finally cure their symptoms. But not everyone experiences a reduction in back pain after surgery. Studies show it’s difficult for surgeons to accurately predict who will benefit and who won’t. And all surgeries carry some degree of risk.

The general risks of any back surgery can include:

- Reaction to anesthesia or other drugs
- Bleeding
- Infection
- Blood clots, for instance in the legs or lungs
- Heart attack
- Stroke

- Recurrent disc herniation
- Nerve damage, which can result in weakness, paralysis, pain, sexual dysfunction, or loss of bowel or bladder control

And even more risks include:

- 2.1% chance of a serious adverse drug reaction [11]
- 5-6% chance of acquiring a nosocomial (hospital induced) infection [12]
- 4-36% chance of a medical error or adverse drug reaction [13]
- 17% chance of a procedure error [14]

A good rule of thumb is to always try all non-invasive treatments first to make sure surgery is truly warranted. Surgery should be a LAST and FINAL resort when it comes to back pain treatment.

Spinal Medicine is Producing Patients with Failed Back Surgery at Alarming Rates

Nobody ever thinks that it's going to happen to him or her, but the truth is that back surgery can and does fail. And it may be failing at a much higher rate than previously believed. Dr. Norman Marcus M.D. said, "Recent studies show that the failure rate for back surgeries is extremely high (50% in some studies), prompting a new diagnostic category for the failures: Failed Back Syndrome, the only such diagnosis in medicine."

The rate at which back surgery fails is being called "alarming." "The world of spinal medicine, unfortunately, is producing patients with failed back surgery syndrome at an alarming rate. Despite a steady stream of technological innovations over the past 15 years—from pedical screws to fusion cages to artificial discs—there is little evidence that patient outcomes have improved" (15).

Lynn Johnson, MD, who is board certified in anesthesia and pain medicine and Director of the Center for Pain Medicine of North Carolina, said that "Failed back syndrome can occur in as many as 10 to 40 percent of patients who get some type of lumbar spine surgery. This means there is an alarming prevalence to the syndrome," he said. "There is a lot of misunderstanding about what causes back pain at the outset, prior to surgery. Moreover, once they have had surgery and don't do well there are continued problems in not only diagnosis but management of the problem."

Another study showed, “On average about 53% of L5-S1 surgeries fail to produce relief of symptoms” (16).

“Failed back surgery syndrome is a common problem with enormous costs to patients, insurers, and society. The etiology of failed back surgery can be poor patient selection, incorrect diagnosis, suboptimal selection of surgery, poor technique, failure to achieve surgical goals, and/or recurrent pathology” [17].

Many Failed Back Surgeries Will Require Further Surgeries

While many patients have had to suffer through the disappointment of one failed back surgery, others have had to suffer through multiple failures. When the first surgery failed, they may have been told that the surgeon didn't know what he was doing and to come try THIS surgery to take care of the problem. Then, after that surgery failed, they ended up in yet another surgeon's office that told them THIS is what they really need. There are patients who have been through 3 or more back or neck surgeries, with each surgery causing more and more damage, leading to more and more scar tissue, only to leave them in the exact same place they were before any surgeries: in pain, unable to do the things they love, depressed and hopeless.

Even successful surgeries may require future surgeries. If you undergo a fusion surgery they should tell you that you will need a follow up surgery 10-15 years later as the vertebral discs below and above the surgery are now forced to work harder and will eventually wear out faster.

Dr. Belanger, a skilled surgeon, recognizes that even “successful” surgeries might require follow-up surgery in the future. “Revision surgery,” as it is called, is, according to him, also “Highly likely to be ‘successful’” (18).

Actual Pain Reduction from Surgery is Shockingly Low

To contrast these results, the investigators also referred to a study of 575 patients with lumbar disc herniation. When surveyed four to 17 years after their surgery, 70% of respondents said they still had back pain (19).

“On average about 53% of L5-S1 surgeries fail to produce relief of symptoms” (20).

Surgery Patients are Less Likely to Return to Work and Daily Activities than Non-Surgery Patients

Researchers at the University of Cincinnati College of Medicine reviewed records from 1,450 patients in the Ohio Bureau of Workers' Compensation database who had diagnoses of disc degeneration, disc herniation or radiculopathy, a nerve condition that causes tingling and weakness of the limbs. Half of the patients had surgery to fuse two or more vertebrae in hopes of curing low back pain. The other half had no surgery, even though they had comparable diagnoses. After two years, just 26 percent of those who had surgery returned to work. That's compared to 67 percent of patients who didn't have surgery (21). The study's lead author, Dr. Trang Nguyen, said that the study provides clear evidence that for many patients, fusion surgeries designed to alleviate pain from degenerating discs don't work.

41% Increased Use of Painkillers after Surgery

Researchers at the University of Cincinnati College of Medicine reviewed records from 1,450 patients in the Ohio Bureau of Workers' Compensation database who had diagnoses of disc degeneration, disc herniation or radiculopathy. Half of the patients had surgery to fuse two or more vertebrae in hopes of curing low back pain. The other half had no surgery, even though they had comparable diagnoses. In another troubling finding, the researchers determined that there was a 41 percent increase in the use of painkillers, particularly opiates, in those who had the surgery. This is an alarming statistic, given the fact that last year we reported that deaths from addictive painkillers have doubled in the last 10 years [22].

But My Surgeon Claims He Has a 98% Success Rate

You may be asking yourself, if the research shows that up to 50% of back surgeries fail or almost 50% of patients do not have significant pain relief after their surgery, then why are surgeons telling everyone that their success rates are 90-98%? Answers for this question vary widely because surgeons report success as whether or not the spine fuses (for fusion surgeries) or whether the correct portion of disc was removed (for discectomy surgeries). By definition, surgeons report very high success rates.

Patients, on the other hand, report success as relief from pain. The success of pain reduction is shockingly low. For instance, spine surgeons often quote a 98% success rate for fusion surgery. This percentage refers to the fusion process, not the

reduction of pain. For single level fusions, the percentage of patients obtaining significant relief is approximately 40%. With three levels this drops to 15% (23).

Neurosurgeons give microdiscectomy a 95-98% success rate; however, when success is defined as returning to their previous occupations without pain medications, the overall success rate plummets to 29%. Among spinal surgery patients, one out of every four patients is dissatisfied with their surgery two years post-op (23).

So be careful when a surgeon tells you he has a 90-98% success rate. This does not mean that 90-98% of his patients are happy with their results or have had dramatic relief from their pain. Chances are the success rates reported by the patients themselves may be significantly less.

STUDIES FROM MEDICAL DOCTORS AT STANFORD AND JOHN HOPKINS UNIVERSITY SHOW PATIENTS RATE SPINAL DECOMPRESSION

**8.98 OUT OF 10 IN SATISFACTION
AND 100% WOULD RECOMMEND
SPINAL DECOMPRESSION**



Non-Surgical Spinal Decompression Via Motorized Distraction for Chronic Dis-
cogenic Low Back Pain Alex Macario, MD, MBA, Stanford University; Sunil J.
Panchal, MD, COPE Foundation, Florida Pain Management; Charlotte Richmond,
PhD, Nema Research, Biomedical Research & Education Foundation; Joseph V.
Pergolizzi, Jr., MD, Johns Hopkins University & Nema Research

AN OBJECTIVE OVERVIEW OF SPINAL DECOMPRESSION

What is Spinal Decompression?

Spinal decompression is a revolutionary, computer-aided technology that helps treat the symptoms of low back and neck pain from herniated, bulging, degenerated and slipped discs. Spinal decompression is FDA-cleared and has been around for more than ten years.

There have been more than 10 successful research studies conducted with spinal decompression and there are currently more than 7,000 clinics in the U.S. and Canada that are performing spinal decompression treatments. Every day more and more clinics are adding spinal decompression as an alternative to surgery for patients suffering from herniated, bulging, degenerated, and slipped discs. Even when physical therapy, chiropractic, acupuncture, pain pills and shots have failed, most patients still receive dramatic pain relief after 4 to 6 weeks of spinal decompression.

What Does Spinal Decompression Treat?

FDA cleared Spinal Decompression technology treats symptoms of back pain due to:

- Herniated Discs
- Bulging Discs
- Pinched Nerves
- Sciatica (leg pain)
- Degenerative Discs
- Spinal Stenosis
- Post-Surgical Pain and more...

How Does Spinal Decompression Work?

Decompression is achieved by using a specific combination of force of pull, angle in degree of pull and varying time in order to create a negative pressure inside the discs within the spinal cord. This reversal of pressure creates a vacuum inside the disc that helps to draw in bulging discs and extruded disc material back into place, taking pressure off pinched or irritated nerves.

Spinal experts believe that nutrients, oxygen, and fluids are drawn into the disc to create a revitalized environment conducive to healing for both herniated and degenerated discs. Based on the patient's body weight, tolerance, level of severity and duration of symptoms, a spinal decompression specialist will determine a specific treatment plan based on individual needs. This will help to ensure the best, most long-lasting results.

What are the Treatments Like?

At the beginning of each session, you will be comfortably fitted with a harness designed to achieve optimal decompression of the low back or neck. During a spinal decompression session, you will notice a slow lengthening of your spine as your discs are gradually decompressed and relieved of pressure. The treatment process is safe and relaxing. While some patients with extensively injured discs have reported mild discomfort during the first few treatment sessions, their discomfort generally subsides upon subsequent visits. A patient safety switch provides an extra safety feature, allowing you to stop at any point should you feel discomfort. Each treatment session lasts approximately 8-15 minutes.

What is the Typical Treatment Protocol?

A typical spinal decompression treatment protocol consists of about 12–20 sessions over four to six weeks. Some conditions require fewer visits; some require more. Many patients report relief from their pain and other symptoms during the first few treatment sessions, and most experience dramatic pain relief after completion of their prescribed treatment program.

Success of Spinal Decompression

Does spinal decompression really work? Most research articles as well as practicing spinal decompression doctors report spinal decompression success rates to be between 71% and 89%. This success rate is defined as taking an average patient from a 6-10 (out of 10 on a pain scale, with 10 representing the highest pain measure) down to a 0-3 at the end of the treatment protocol.

Listed below are results of successful clinical trials with spinal decompression therapy.

STUDY:

John Leslie M.D. and the Mayo Clinic 18th Annual Meeting American Academy of Pain Management, Tampa FL Sept. 5 2007. Multi-center, phase II, non-randomized pilot study utilizing spinal decompression. Designed to evaluate the effectiveness and safety of spinal decompression in the treatment of chronic lower back pain.

OUTCOME:

Patients enrolled - average of ten years of chronic back pain. After two weeks of treatments of spinal decompression- 50% reduction in pain scores. Upon completion of the entire six week protocol success rate of 88.9% was documented.

STUDY:

Norman Shealy CN, Koladia N, Wesemann, M. American Journal of Pain Management. Long-term effect analysis of IDD therapy in low back pain: a retrospective clinical pilot study. July 2005;75,(3).

OUTCOME:

Of 24 study participants, each reported consistent pain relief and continual improvement of symptoms one year later. Improvement in pain continued after the treatment sessions were completed.

STUDY:

Shealy, CN. Practical pain management: technology review. IDD Therapy. April 2005;5(3).

OUTCOME:

The treatment leads to satisfactory pain relief and improved quality of life in up to 88% of patients, many of whom have failed other "conventional" approaches. Based on the author's review of recent study results, IDD Therapy "appears to be the current optimal recommendation for most lumbar pain syndromes.

STUDY:

Eyerman E. MRI evidence of nonsurgical, mechanical reduction, rehydration and repair of the herniated lumbar disc. Journal of Neuroimaging. April 1998;8(2).

OUTCOME:

All but 3 of 20 patients reported significant pain relief and complete relief of weakness and immobility, when present. This study also shows a correlation between the improvement on the MRI and the reported improvement in pain.

STUDY:

Gose, et al. Vertebral axial decompression therapy for pain associated with herniated discs, degenerated discs, or facet syndrome. Journal of Neurological Research. April 1998.

OUTCOME:

778 cases

Average time between the initial onset of symptoms and beginning of treatment was 40 months

Data was collected from 22 medical centers in the USA

Pain was rated on a scale from 0-5 with severe pain being 5

Average was 4.2; Success was considered 0-1

Overall the treatment was successful 71% of the time

STUDY:

Gionis T, Groteke E.D. Orthopedic Technology Review. Decompression using DRX 9000. November 2003.

OUTCOME:

219 patients with herniated discs and degenerative disc disease

86% showed improvement and resolution of their symptoms

92 % showed improvement overall

2 % relapsed within 90 days

Spinal Decompression is Long Lasting

The success rates of spinal decompression sound pretty impressive. But you may ask, "Will the results last or do I need to keep coming back every week for the rest of my life?"

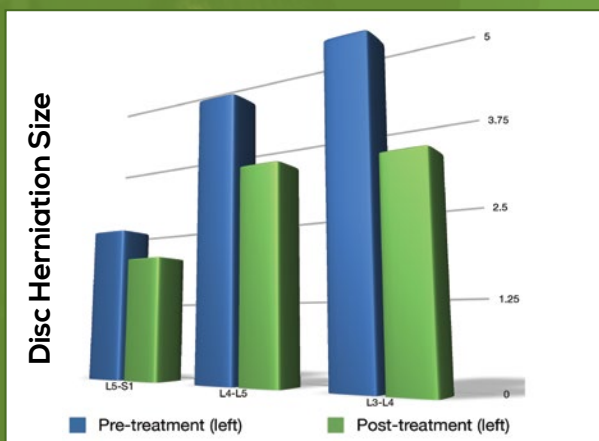
Several research articles have demonstrated the long-lasting success of spinal decompression.

In the article, "The Treatment of 100 Cases With Articulating Traction Decompression & Specific Patient Posturing Including 12 Month Follow-up" performed by Ryan M. Rosenthal, DC, and Igor Russo, DC, 95% of the total group reported complete and/or significant pain relief. Thus, the overwhelming majority of patients benefited from this treatment. And only 2% went on to need back surgery.

RESEARCH SHOWS

DISC HERNIATION RELIEF

Research Shows Spinal Decompression Reduces Disc Herniation Size Up To 90% In A Majority of Patients, While Decreasing Pain By 90%.



KEY FACTS

Patient's Condition

- Herniated and degenerated discs
- Torn Annulus

Prior to Treatment

- Pain in back and down the leg
- Numbness in legs
- Weakness
- 5-Week protocol

20 Treatments

- Force of Pull = 1/2 body weight plus 10 lbs
- Force altered with 30 seconds of relaxation to 50 lbs

Post Treatment

- Over 90% reduction in the nucleus herniation in 71% of patients
- Torn Annulus repair is seen in all
- Virtually all subjects have sufficient relief of pain to return to work
- 71% had significant pain relief and complete relief of weakness
- 90%+ had numbness in the leg disappear
- 86% had "good" to "excellent" relief of Sciatic and back pain
- 28% had rapid relief in as few as three (3) treatments
- 85% improved clinically
- Only a 6% recurrence rate at one (1) year

But what was most impressive is that when these patients were contacted 1 year later, as revealed in the one-year post treatment follow-up data, the majority of the patients surveyed maintained significant relief of their spinal condition. Eighty percent (80%) of those surveyed maintained a visual analog pain score between 0-3 out of 10. The satisfaction level revealed that the majority (86%) of the patients were “satisfied” with their treatment.

In another study on the long-term effectiveness of spinal decompression called “Long-term effect analysis of IDD therapy® in low back pain,” C. Norman Shealy, MD, PhD, Nirman Koladia, MD, and Merrill M. Wesemann, MD reported a 76% success rate even a full year later. And the average pain dropped from 6.88 out of 10 to a 1.65 after 1 year.

So it looks like 1 year after treatments patients were still doing pretty well. But what about 4 years after treatments?

In the research article, “Decompression reduces chronic back pain: a four year study,” Dr. Odell M.D., and Dr. Boudreau D.O. reported the following in Anesthesiology News, March 2003:

ABSTRACT: Excellent 4 year study results have been reported in a small series of patients with chronic discogenic low back pain with a spinal decompression device. Of the 23 patients who responded, 52% had a pain level of zero, 91% were able to resume their normal daily activities, and 87% were working or retired without having back pain as the cause of retirement.

What did they find? What does this mean? This means that 86% of patients treated showed a 50% or better pain reduction at 4 years. “After 4 years 52% showed a pain level of zero. Thus pain relief not only improved but lasted,” reported R. Odell M.D.

Should Decompression be Tried Before Surgery?

You may be asking yourself, “Should I try decompression before I try surgery?” Let’s listen to what these experts have to say.

“Vertebral axial decompression is a more effective treatment than surgery, is safer treatment than surgery, has fewer side effects than surgery and may have beneficial side effects.”

Dr. David Duncan, M.D., Anesthesiology, Tulsa, OK.

"I have been very impressed with the effectiveness of vertebral axial decompression. Patients should strongly consider vertebral axial decompression treatment prior to undergoing any aggressive surgical procedure."

Dr. Alan Halperin, M.D., internist, Jacksonville, FL.

"The addition of vertebral axial decompression to my practice has been a most impressive and rewarding experience. . . treats the underlying etiology of common causes of acute/chronic low back pain, and not just the symptoms. . . should be tried prior to undergoing surgery in all chronic low back pain patients who meet the inclusion/exclusion criteria."

Dr. Gerald Weiss, M.D., neurologist, Norwalk, CT.

"I've never found anything to work so well for back pain patients in my 39 years in medicine. Vertebral Axial Decompression changes people's lives and frees them from the misery of chronic low back conditions. It repairs damaged discs that cause excruciating back pain and sciatica. It is able to fix the post-surgical train wrecks that no one else could repair. Vertebral Axial Decompression should be used before surgery. Vertebral Axial Decompression has lowered patients' needs for pain medicines-and that is a good thing."

E. Michael Gutmann, M.D. Orlando, Florida

In the *Journal of Neurological Research* VOL 23, NO 7, October 2001 the researchers stated, "We thus submit that Decompression therapy should be considered first, before the patient undergoes a surgical procedure which permanently alters the anatomy and function of the affected lumbar spine segment."

How Medical Doctors Treat Their Own Back Pain

Surely medical doctors have just as much back pain as the rest of us. What do THEY do for their back pain?" Many medical doctors are turning to spinal decompression for their own back pain as well as the pain of their family members and friends.

"I was amazed at the results. I was astounded. I have now treated hundreds of patients including myself and am continually impressed with the results."

Dr. Donald Bailey, M.D., Pain Management, Savannah, GA

"For the last 7 years I have been burdened with increasing back pain. Before we had limited options for treating acute and chronic back pain--all of which basically treat the symptoms, not the underlying problems. I did the full treatments and I am virtually pain-free. This procedure works. I believe in it so much that I'm now the medical director here."

Dr. Jack Dodge, M.D., Orthopedist, Mitchell, South Dakota

"When patients have injuries, you want to make them feel better as quickly as possible, and that is what Spinal Decompression Therapy is capable of doing for many patients," Dr. Harvey Kleinberg said. "Dr. Kleinberg knows firsthand how unbearable back pain can be--he suffered from herniated discs three years ago. "I Was a Pain Doctor In Pain! I had undergone three laminectomies, but continued to suffer from severe sciatica one year after the third surgery. Due to the severity of my problem, it took 29 treatments for a total elimination of pain. It's been three years now, and I'm still pain-free!"

"As occupational medicine specialists, we see many people who suffer from chronic back and neck pain. Like many other physicians, we have been frustrated by those who do not respond to traditional approaches. With Non-Surgical Spinal Decompression, we have a noninvasive therapy that works to correct the underlying causes of the pain, providing relief in the vast majority of people. This treatment can often help even the most difficult cases, including post-surgical patients, resume active lives. With tens of thousands of patients successfully treated without surgery, you've got to wonder about those who call this treatment 'experimental.' You can't have a state-of-the-art-back pain program without this technology."

Dr. Ronald Klein, MD Medical Director, Dr. E. Robert Wanat II, DO Osteopathic Physician

"We have treated thousands of patients who have experienced long-term, pain-free healing because of decompression therapy. With Non-Surgical Spinal Decompression we offer real modification of the patient's disc disease processes and rehabilitation of the neuropathic and mechanical symptoms, rather than just offering palliative care. I use it for myself, and it is worth its weight in gold."

Dr. Phil Fisher, DO, PhD Osteopathic Physician

CONCLUSION

By now, hopefully, you have drawn a simple conclusion. When considering treatments for back and neck pain, you have a choice. Armed with the objective information disclosed in this book concerning the cause of most back and neck pain and the relative success and risks associated with surgery and spinal decompression, you can weigh the risks and rewards of each and draw a your own conclusion about what is best for your or for a loved one.

An examination of the evidence reveals concerns that surgery is overused, does not live up to the promises of “success” and may not be the best choice for everyone, at least not until other approaches such as spinal decompression, therapy that treats the cause of pain, is explored. As Herbert M. Shelton, a Doctor of Neuropathy, health educator and author of over 40 books put it, “Surgeons can cut out everything except cause.”

Is there a time or a place for neck or back surgery? Absolutely! There are always going to be a small percentage of patients who will respond to surgery and nothing else. A good rule of thumb is always trying all non-invasive treatments first to make sure surgery is truly warranted. Surgery should be a LAST and FINAL resort when it comes to back pain treatment.

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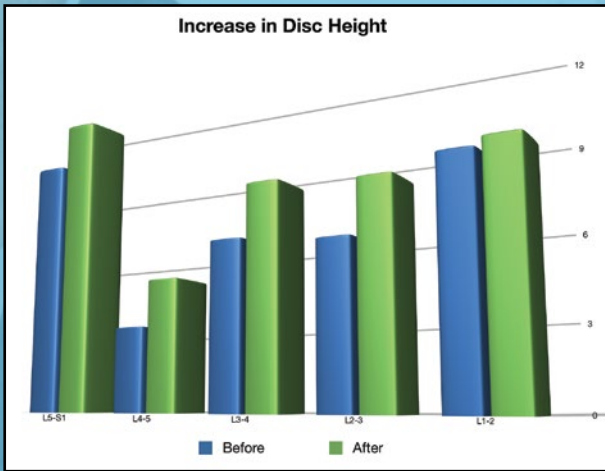
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RESEARCH SHOWS

DISC HEIGHT IMPROVEMENT

Research Shows Spinal Decompression Can Lead To An Increase in Disc Height And An Up To 90% Reduction In Pain Associated With Degenerative Discs.¹



KEY FACTS

Patient's Condition

- MRI Showed: Disc protrusions at all lumbar levels
- Degenerative changes throughout the lumbar spine
- Decreased disc space

Prior to Treatment

- Radiating pain into buttocks and legs
- Burning sensation down both legs into the feet and the right inguinal area
- Made worse by walking or standing for more than 15 minutes
- Disrupted sleep
- Difficulty moving from a sitting to a standing position

7 Week Protocol

- 22 Treatments

Post Treatment

- Pain went from a 10 (on a scale of 1-10) to a 1
- No longer felt burning sensation in the buttocks or legs
- Decrease in the frequency of burning in the right inguinal region
- Improvement in muscular strength
- Updated MRI revealed: Decreased herniation size
- Increased disc height at multiple lumbar levels

SPINAL DECOMPRESSION: THE EVIDENCE AND RESULTS

A Negative Pressure is Created

Journal of Neurosurgery: Effects of Vertebral Axial Decompression' on Intradiscal Pressure. September 1994. Vol. 87, NO.3. Gustavo Ramos, MD; William Martin, MD.

Outcome: VAX-D creates a negative intradiscal pressure force up to -160 mm Hg.

American Journal of Pain Management: Decompression, Reduction, and Stabilization of the Lumbar Spine: A Cost Effective Treatment for Lumbosacral Pain. April 1997. Vol. 7, NO.2. C. Norman Shealy, MD, PhD; Vera Borgmeyer, RN, MA.

Outcome: The authors compared the pain-relieving results of traditional mechanical traction (74 patients) with a decompression device (25 patients). The decompression system gave "good" to "excellent" relief in 86% of patients with ruptured discs and 75% of those with facet arthrosis. The traction yielded no "good" to "excellent" results with ruptured discs and only 50% "good" to "excellent" results in patients with facet arthrosis.

Increase in Disc Height/Decrease Herniation

Researchers of a case report published in Volume 2 Issue 1 of the European Musculoskeletal Review State titled Management of Low Back Pain with a Non-surgical Decompression System Case Report reveals the pre and post treatment MRI findings of a 69 year old male with low back pain. Prior to treatment the patient reported experiencing low back pain radiating into both legs. When asked to describe his pain intensity on a scale of 0-10 the patient **rated his pain a 10**. The patient underwent 22 treatments over a seven week period. Utilizing the same pain intensity scale the patient reported a **pain level of 1 post treatment**. Four months after the initial treatment a **follow up MRI revealed decreased herniation size and increased disc height at multiple lumbar levels**.

John Leslie M.D., and the Mayo Clinic 18th Annual Meeting American Academy of Pain Management, Tampa Fl, Sept 5, 2007

- Multi-center, phase II, non-randomized pilot study utilizing spinal decompression.
- Designed to evaluate the effectiveness and safety of spinal decompression in the treatment of chronic lower back pain.

- Patients enrolled - average of ten years of chronic back pain.
- After two weeks of treatments of spinal decompression- 50% reduction in pain scores
- Upon completion of the entire six week protocol **success rate of 88.9% was documented**.

American Journal of Pain Management: Long-term Effect Analysis of Decompression therapy in Low Back Pain: A Retrospective Clinical Pilot Study. July 2005. Vol. 75, NO.3. C. Norman Shealy, MD, PhD; Nirman Koldia, MD; Merrill M. Wesemann, MD.

Outcome: Of 24 study participants, each reported consistent pain relief and continual improvement of symptoms one year later. Improvement in pain continued after the treatment sessions were completed.

Practical Pain Management: Technology Review: 100 THERAPY. April 2005. Vol. 5, Issue 3. C. Norman Shealy, MD, PhD.

Outcome: The treatment leads to satisfactory pain relief and improved quality of life in up to 88% of patients-many of whom have failed other "conventional" approaches. Based on the author's review of recent study results, Decompression Therapy "appears to be the current optimal recommendation for most lumbar pain syndromes."

Journal of Neuroimaging: MRI Evidence of Nonsurgical, Mechanical Reduction, Rehydration and Repair of the Herniated Lumbar Disc. April 1998. Vol. 8, NO.2. Edward L. Eyerman, MD.

Outcome: 17 of 20 patients reported significant pain relief and complete relief of weakness and immobility, when present. This study also shows a correlation between the improvement on the MRI and the reported improvement in pain.

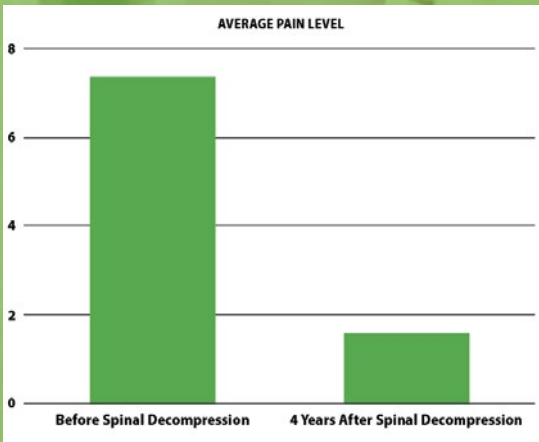
Journal of Neurological Research: Vertebral Axial Decompression for Pain Assoc with Herniated or Degenerated Discs or Facet Syndrome: An Outcome Study. April 1998. Vol. 20, NO.3. E. Gose, PhD; W Naguszewski, MD; R. Naguszewski, MD.

Outcome: Pain, activity and mobility scores greatly improved for 71% of the 778 patients studied. The authors consider VAX-D" to be a primary modality for low back pain due to lumbar herniations, degenerative disc disease, and facet arthropathy. The authors concluded that post-surgical patients with persistent pain or "Failed Back Syndrome" should try VAX-D before further surgery.

RESULTS

LASTING RESULTS...

RESEARCH SHOWS SPINAL DECOMPRESSION'S "EXCELLENT" LONG TERM EFFECTIVENESS.



KEY FACTS

Patient's Condition

- Herniated Discs
- Degenerated Discs

Prior to Treatment

- Average pain level 7.41 out of 10

Post Treatment

- Average pain level of 3.41 out of 10

Four (4) Years Later

- 54% had a pain level of zero (0)
- 91% were able to resume their normal daily activities
- 87% were working or retired without having back pain as the cause of retirement.

SUMMARY: 71% showed more than 50% reduction in pain immediately after treatment and 86% showed a 50% or better pain reduction at four (4) years.

Source: Anesthesiology News, Volume 29, Number 3, March 2003, Robert H. Odell Jr., MD, Ph.D., Boudreau D. DO.

Individual results may vary. These statements have not been evaluated by the FDA. All spinal decompression devices currently registered with the FDA have received their 510 K clearance by claiming their device is substantially similar to predicate traction devices.

GET YOUR LIFE BACK!

BREAK FREE FROM BACK AND NECK PAIN WITH SPINAL DECOMPRESSION.



CLINICS NATIONWIDE EMBRACE SPINAL DECOMPRESSION

Spinal Decompression Tables Can Now Be Found In The Clinics of:

- Orthopedic Surgeons
- Pain Management Specialists
- Medical Doctors
- Neurologists
- Chiropractors
- Physical Therapists

SPINAL DECOMPRESSION: FREQUENTLY ASKED QUESTIONS

FDA cleared Spinal Decompression technology for the treatment of back pain symptoms due to:

- Herniated Discs
- Bulging Discs
- Pinched Nerve
- Sciatica (leg pain)
- Degenerative Disc Disease (DDD)
- Spinal Stenosis
- Post-Surgical Pain

Spinal decompression tables can now be found in the clinics of:

- Orthopedic Surgeons
- Pain Management Specialists
- Medical Doctors
- Neurologists
- Chiropractors
- Physical Therapists

Facts About Spinal Decompression:

- Been around for more than 10 years
- Available in more than 7,000 clinics and growing
- Is in more than 20 countries
- Has more than 10 research articles showing effectiveness

What are the Treatments Like?

At the beginning of each session, you will be comfortably fitted with a harness designed to achieve optimal decompression of the low back or neck. During a session of spinal decompression, you will notice a slow lengthening of your spine as your discs are gradually decompressed and relieved of pressure. The treatment process is safe and relaxing. While some patients

with extensively injured discs have reported mild discomfort during the first few treatment sessions, their discomfort subsides upon subsequent visits. A patient safety switch provides an extra safety feature, allowing you to stop at any point should you feel discomfort. Each treatment session lasts approximately 30 minutes. Individual patient results may vary.

What is the Typical Treatment Protocol?

A typical spinal decompression treatment protocol consists of about 20-25 sessions over four to six weeks. Some conditions require fewer visits; some require more. Many patients report relief from their pain and other symptoms during the first few treatment sessions, and most experience dramatic pain relief after completion of their prescribed treatment program.

Can Spinal Decompression be Used for Patients that Have had Spinal Surgery?

In many cases Spinal Decompression treatment is not contra-indicated for patients that have had spinal surgery. In fact many patients have found success with Spinal Decompression even after a failed back surgery. After a failed Laminectomy or Micro Discectomy patients may still respond favorably to spinal decompression. If a patient has had more than 3 laminectomies then the success rate of spinal decompression will go down. If a patient has had surgical fusion with rods or screws or any type of hardware then patients may not qualify for spinal decompression. Always consult your spinal decompression specialist to see if you qualify for spinal decompression therapy.



NON-SURGICAL SPINAL DECOMPRESSION

**LIVE FREE OF BACK
AND NECK PAIN.**



DO YOU QUALIFY? WHY CHOOSE US?

DO YOU QUALIFY?

Here are a few questions to see if you might qualify for our 5-step spinal decompression program

1. *Do you have pain in the neck or back?*
2. *Has your back or neck pain restricted you physically preventing you from doing your job, playing your favorite sport or spending time with your loved ones?*
3. *Have you tried other forms of "conventional treatments" such as physical therapy, pills, or chiropractic that have failed to produce lasting results?*
4. *Have you been diagnosed with a herniated disc, bulging disc, degenerated disc, sciatica or chronic neck or back pain by a doctor.*

IMPORTANT: You may not qualify if you have been diagnosed with any of the following.

- Have fusion or have had a surgical fusion in the area of your pain.
- Have cancer that has spread to the bones of the spine.
- Are currently pregnant.

While the majority of the patients we treat experience significant pain relief, our program is NOT

for everyone! In order to determine if you qualify for our program or not we offer a complimentary consultation. We only want to treat patients that we feel confident that we can get better so we only accept a select group of patients. If we don't feel like we can help we will refer you to someone who can.

WHY CHOOSE US?

We feel that we offer the most comprehensive, unique, and cost-effective back pain relief program in the state. We have spent years searching out the most advanced, most effective technologies out there to ensure that we are offering our patients the best possible care. Here are a few other ways that separate us from the competition.

- Long track record of patient success
- Unbeatable pricing
- Financing options - Finance your care over 12 or 24 months
- Only use state of the art true spinal decompression equipment
- 10% Discount to Cash Paying Patients
- Most advanced rehab protocols to ensure the longest lasting results.
- Referral Bonuses - refer a friend, get 3 free treatments



**South Terrace Health Centre
(02) 9707 4184**

10/15 South Terrace
Punchbowl, NSW 2196

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Put Down Your Pain Pills and Call Today!