

Spinal Decompression: Highly Effective, Non-Invasive, Affordable

Discover the Affordable, Non-Surgical Solution to Chronic Back and Neck Pain with high success rates and is now found in thousands of clinics of medical doctors, physical therapists, Orthopedic Surgeon's and chiropractors worldwide.

WITHOUT THE USE OF:

- *DRUGS*
- *INJECTIONS*
- *SURGERY*



www.sthc.com.au





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!

Back & Neck Pain Relief Report

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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 Discogenic 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

THE GROWING BACK PAIN EPIDEMIC

Back Pain is Becoming a Worldwide Epidemic

With more than 85% of the US population suffering from back or neck pain at some point in their lives.¹ and "recurrence rates of 60-85% being reported in the first 2 years after an acute episode of LBP back pain may be becoming an epidemic."²

Americans spend at least \$50 billion* each year on back pain - and that's just for the more easily identified costs.⁴

Back pain is the second most common reason for seeing a doctor in the US² and is the third most common reason for surgery.²

Why Are Incidents of Back Pain Increasing Despite all the New Drugs and Surgery Options Available?

Looking at those statistics, is it possible we are not doing the right thing?

"We're putting a lot of money into this problem...but we're not seeing health status commensurate with those investments."-Brook I. Martin, Department of Orthopedics and Sports Medicine at the University of Washington.....the nation is losing its battle against back pain.

Are you one of the 85% of Americans who has suffered from back pain once in your life? Have you tried everything to alleviate your pain without success? Tried injections that worked for the first time or two but now have little or no effect? Tired of taking medications that temporarily mask the pain but aren't actually fixing the problem? Doctor told you your only option is surgery but you are scared to death of surgery because of all the horror stories you have heard? Had surgery and are still in pain? If you answered yes to some or all of these questions we want you to know you are not alone.

Even If You Have Been Told By Other Doctors They Can't Help or Surgery Is Your Only Option, Help May Still Be On the Way

Thanks to the concerted efforts of a team of top physicians and medical engineers, Spinal Decompression Therapy has helped

thousands of people in your area that were in your same situation.

Affordable, Effective, and Permanent

Many of them have found [affordable, effective, permanent relief](#) with our revolutionary non-surgical spinal decompression program. Non Surgical spinal decompression has been around for more than 10 years and is now in more than 6,000 clinics worldwide. More than 10 magazine articles have been published proving it's effectiveness. Newspaper and television stations have rushed to reveal the miraculous stories and mounting research supporting this back pain treatment.

May help even the Toughest of Cases

Spinal decompression is helping patients of all ages and in even the severest amounts of pain relieve their symptoms of back and neck pain, improving their quality of life and helping them enjoy activities that they haven't been able to do since their pain began.

Even Better, There are No Dangerous Drugs , No Invasive Procedures, And No Painful Exercises!

References

1. Orthopedic Clinics of North America, Volume 35, Issue I, Pages 1-5 S. Pai, L. Sundaram
2. Bigos S, et al. Acute Low Back Problems in Adults, Clinical Practice Guideline No.14. Rockville, MD: U.S. Public Health Service, U.S. Dept of Health and Human Services, AHCPH Pub. No. 95-0642, Dec. 1994. Eyerman, Edward MD. Journal of Neuroimaging. June 1998
3. Von Korff M, Deyo RA, Cherkin D, Barlow W. Back pain in primary care: outcomes at 1 year. Spine. Jun 1 1993;18(7):855-62.

PHARMACEUTICALS

PAIN KILLERS AND ANTI-INFLAMMATORIES

While it is common practice in the United States for a doctor to say “here, take these pills” when you see them for neck or back pain, many patients are beginning to realize oftentimes the side effects from these pills outweigh the benefits. And many times the pills don’t even help.

Here are just a few of them most commonly prescribed pharmaceuticals and their side effects.

NSAIDs: Drugs like Ibuprofen (Motrin Advil), Naproxen (Aleve), Celebrex, Aspirin (except aspirin) may cause an increased risk of heart attacks, blood clots, and strokes, which can be fatal.²

NSAIDs increase the risk of serious gastrointestinal (GI) adverse events including inflammation, bleeding, ulceration, perforation of the stomach or intestines, which can be fatal and most often occur without warning symptoms²

Acetaminophen: (Tylenol™, Datril™, and others) do not have anti-inflammatory effects like NSAIDs but are commonly taken for chronic pain. Used in over 600 medications.³

Annually, acetaminophen toxicity kills nearly 500 people and causes 56,000 ER visits, 2,600 hospitalizations, and 100,000+ calls to Poison Control Centers.⁴ Overdose of acetaminophen is the leading cause of Acute Liver Failure which may feel like flu symptoms over several days. Coma and death can rapidly occur in one-third of Acute Liver failures.⁵

Acute Liver failure can occur using the maximum 4 grams (gm) per day dose for five or more consecutive days (4) 10% of Acute Liver Failure victims used 2-4

daily gm.⁴ Acetaminophen causes half of all Acute Liver Failures. Of these cases, 38% had combined two or more Acetaminophen containing preparations.⁵

Alcohol used with more than 2 gm of Acetaminophen can cause Acute Liver Failure.⁵

Opioids: These powerful prescription narcotics are extremely addictive and may cause permanent physical changes in the brain. Commonly prescribed opioids are oxycodone (OxyContin), hydrocodone (well-known brands Vicodin and Lortab contain acetaminophen), and methadone.

The #1 selling U.S. drug is hydrocodone. With 135 million prescriptions, the U.S. uses 99% of the world’s hydrocodone.⁶ Hydrocodone caused 62% of accidental Acetaminophen-induced Acute Liver Failures.^{5,7}

Pills vs. Spinal Decompression

PHARMACEUTICALS/PILLS:

- Temporarily mask the pain
- Doesn't address the underlying problem(s)
- Serious side effects, such as kidney and liver damage
- Risk of further injury
- Risk of addiction with opioids

SPINAL DECOMPRESSION:

- Successful long term pain relief
- Addresses the actual underlying problem
- No side effects
- Little risk of further injury

References:

1. http://www.fda.gov/consumer/updates/pain_reliefers.pdf.
2. http://www.fda.gov/medwatch/SAFETY/2006/Jan_PI/AdultNSAIDRxTemplate.pdf.
3. <http://www.fda.gov/cder/consumerinfo/acetaminophen.pdf>.
4. W. Lee. Acetaminophen Toxicity: Changing Perceptions on a Social/Medical Issue. Hepatology. 2007; 46(4).
5. A. Larsen et al. Unintentional Acetaminophen Induced Acute Liver Failure in U.S. Gastroenterol. 2006; 131:963-971.
6. Drug Enforcement Administration: Diversion Control Program. 2008. <http://www.thci.org/Opioid/mar08docs/Gallagher.pdf>
7. L. Paulozzi. CDC, Trends in Unintentional Drug Overdose Deaths. Testimony before U.S. Senate. March 12, 2008.

HYDROCODONE
CAUSES

62%

OF ACCIDENTAL ACETAMENOPHINE-
INDUCED ACUTE LIVER FAILURES.

ACETAMENOPHINE
TOXICITY KILLS

500

PEOPLE
ANNUALLY

IN 2005 ALONE

22,400

ACCIDENTAL OVERDOSE DEATHS WITH OPIATE SUBSCRIPTIONS

VS.

17,000

HOMICIDES IN THE USA

RISKY
TEMPORARY
RELIEF

MORE THAN 90% OF PATIENTS
REPORTED **COMPLETE OR SIG-
NIFICANT PAIN RELIEF** UTILIZING
SPINAL DECOMPRESSION.*



*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. Patients utilized the Atalgic Trak spinal decompression table.

EPIDURALS (SHOTS)

TEMPORARY RELIEF FROM CORTISONE INJECTIONS

RISKS

- Bleeding
- Nerve damage
- Transient decrease in immunity
- High blood sugar
- Stomach ulcers
- Cataracts
- Increased risk of fracture. "Promote deterioration of skeletal quality"

In a recent meta-analysis of 23 randomized trials involving more than 2,000 patients in which epidural steroid injections were compared with placebo for sciatica, **epidural steroid injections produced small, statistically insignificant short-term improvements in leg pain and disability (but not less back pain) compared to placebo.** This improvement also was only over a short period of time – two weeks to three months. Beyond 12 months, there was no significant difference between groups.¹

This last complication is certainly not emphasized in clinical circles. Therapeutic steroids may reduce pain, however the use of **steroid injections seem to promote deterioration of skeletal quality,** which is not surprising since other forms of steroid medication have long been associated with osteoporosis.

When incidence of vertebral fractures was assessed, researchers discovered that an increasing number of injections was associated with an increasing likelihood of fractures, and **each successive injection increased the risk of spinal fracture by 21 percent.**²

Based on this evidence, LESIs clearly exacerbate skeletal fragility. **They promote deterioration of skeletal quality** similar to the use of exogenous steroids, which is the leading cause of secondary osteoporosis. In fact, the rate of vertebral fracture following epidural steroid injections may be underestimated

Both European and American guidelines, based on systemic reviews, conclude that epidural corticosteroid injections may offer temporary relief of sciatica, but **do not reduce the rate of subsequent surgery.**³

Injections vs. Spinal Decompression

CORTISONE INJECTIONS:

- Temporary relief
- Possible side effects: osteoporosis, cataracts, elevated blood sugar levels
- Can increase the destruction of the joint
- Diminishing effectiveness - multiple injections have lower levels of effectiveness
- Does not reduce the the rate of subsequent surgery³

SPINAL DECOMPRESSION:

- Successful long term pain relief
- No side effects
- No increase in damage to joints
- No limit to the number of treatments (as you need them)
- No painful injections
- Successful in up to 89% of patients

References:

1. Pinto RZ, et al. Epidural corticosteroid injections in the management of sciatica: a systematic review and meta-analysis. *Ann Intern Med*, 2012 Nov 13; [e-pub ahead of print].
2. Mandel S, Schilling J, Peterson E, et al. A retrospective analysis of vertebral body fractures following epidural steroid injections. *J Bone & Joint Surg*, 2013 Jun;95(11):961-964.
3. Armon C, Argoff CE, Samuels J, Backonja M. Assessment: use of epidural steroid injections to treat radicular lumbosacral pain. Report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. *Neurology*, 2007;68:723-9.

SURGERY

KNOW YOUR OPTIONS BEFORE YOU GET BACK SURGERY

“Try Everything Non-invasive First”

While it is true that sometimes back surgery may be the only solution, many medical professionals and surgeons themselves feel strongly that every noninvasive option should be explored before turning to surgery.

Although advances in surgery have made many procedures less invasive and more effective, surgery does come with inherent risks. With high costs, lengthy recovery time, and possible infection, one should consider all options before making a decision about surgery.

Failed Back Surgery Syndrome

Failed back surgery syndrome is a real term used when a patient continues to suffer from pain and loss of mobility long after surgery. According to the American Academy of Orthopedic Surgeons, there are approximately 200,000 laminectomies performed every year with an estimated 20-30% of these operations reported to be unsuccessful.

Failed back surgery syndrome is seen in 10-40% of patients who undergo back surgery. It is characterized by intractable pain and varying degrees of functional incapacitation occurring after spine surgery.

How many horrible stories have you heard about someone who had spinal surgery?

Anthony DePalma M.D. and Richard Rothman M.D., Professors of Orthopedic Surgery, had this to say about back surgery:

“Many of these patients are subjected to numerous operations and after each operation the patient is worse.”

Risks include infection, nerve damage, deterioration of health and post operative complications.¹ Fewer than 5% of people with back pain are good candidates for surgery.²

Surgery vs. Spinal Decompression

SURGERY:

- Risks include: infection, down time, scars
- Success rate: 40% to 60%
- Expensive: Costs between \$4,000 to \$18,000
- Recovery can be very painful
- Failed back surgery syndrome = no relief or worse
- 72% may need further surgery (*April 8, 2002 New Yorker Online*)
- 41% increase in the use of painkillers in those who had surgery. (*U. of Cincinnati College of Medicine*)

SPINAL DECOMPRESSION:

- Successful long term pain relief
- Almost no risks, and no side effects
- Affordable
- No painful injections, recovery time, or scars
- Successful in up to 89% of patients

References:

- 1) In Project Briefs: Back Pain Patient Outcomes Assessment Team (BOAT). In MEDTEP Update, Vol. 1 Issue 1, Agency for Health Care Policy and Research, Rockville, MD, Summer 1994.
- 2) John P. Kostuik, MD, and Simeon Margolis, MD, Ph.D. Low Back Pain and Osteoporosis. The John Hopkins White Paper on Low Back Pain and Osteoporosis, 2002.

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 1988, 13:1418-1422.

**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."

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

SPINAL DECOMPRESSION TREATS SYMPTOMS OF: DISC HERNIATIONS AND SCIATICA

The spinal disc is a soft cushion that sits between each vertebrae of the spine. The spinal discs are composed of a tough ring of cartilage with a squishy center. Like a shock absorber for a car, the disc is the shock absorber for the spine. When too much pressure is placed on the disc, it bulges or herniates. Think of it like a jelly doughnut. Squeeze it too hard and the jelly comes out. That is called a Herniated Disc (Slipped Disc, Bulging Disc). When a herniated disc irritates the Sciatic nerve and shoots pain down the leg it is referred to as Sciatica.

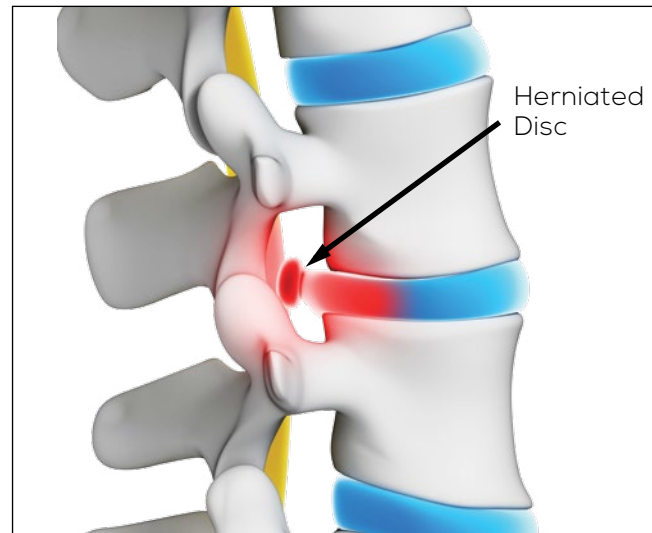
How Does a Herniated Disc Occur?

The discs cushion the spine from compressive forces, but are weak to pressure applied during bending and rotational movements. This is why a majority of disc herniations occur when a person is bending forward and twisting as if to pick something up. This can overload the disc causing the jelly to herniate or push out.

What are the symptoms of a herniated disc?

Common symptoms of a herniated disc include:

- Electric, Stabbing, Shooting or Burning Pain down the arms or legs. If pain goes down the leg this is referred to as Sciatica.
- Tingling, Numbness or Pins and Needles feeling.
- Muscle Weakness



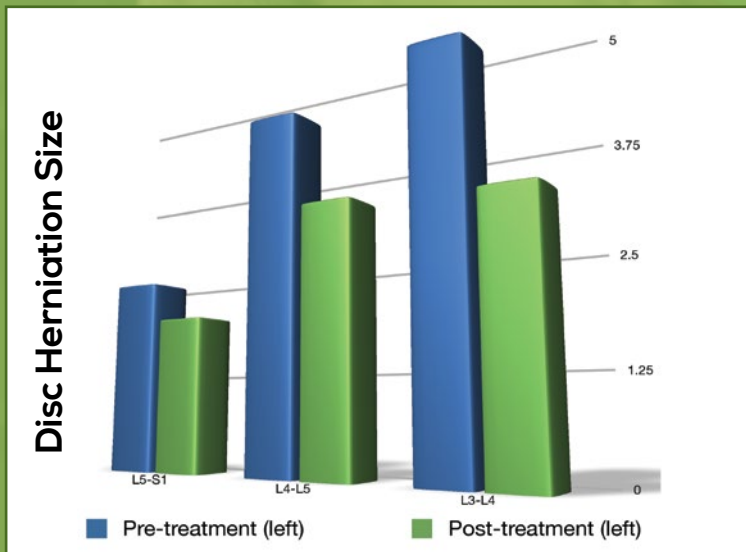
How Spinal Decompression Treats Symptoms of a Herniated Disc

Non-surgical Spinal Decompression is state of the art equipment that slowly lengthens and decompresses the spine, creating negative pressures within the discs. This reversal of pressure creates an intradiscal vacuum that helps to reposition bulging discs and pull extruded disc material back into place, taking pressure off pinched nerves. Spinal experts believe that nutrients, oxygen, and fluids are drawn into the disc to create a revitalized environment conducive to healing.

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

"I NOW ENJOY DAILY EXERCISE, TIME WITH FAMILY AND CAN FINALLY SLEEP SOUNDLY AT NIGHT!"

SPINAL DECOMPRESSION TREATS SYMPTOMS OF: DEGENERATED DISCS

What is Degenerative Disc Disease?

Spinal discs are soft, compressible discs that separate the bones (vertebrae) that make up the spine. The discs act as shock absorbers for the spine, allowing it to flex, bend, and twist. Degenerative disc disease is a term used to describe dehydration and breaking down of the spinal discs leading to bone spurs, cysts, and pinching of nerves.

What causes Degenerative Disc Disease?

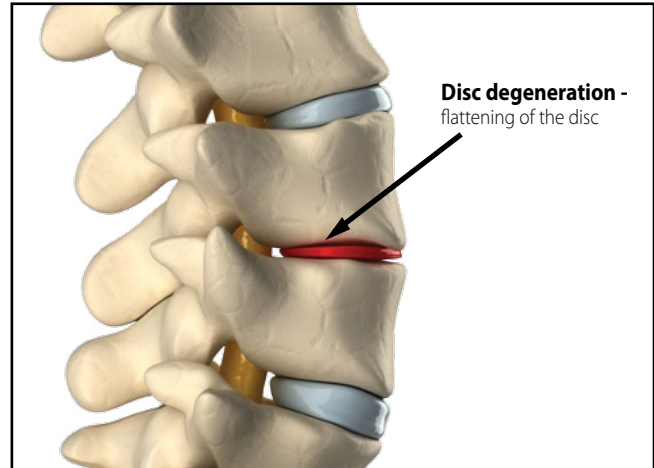
Age, smoking, obesity, previous injury and people who do heavy physical lifting are all some factors that can lead to Degenerative Disc Disease. This can lead to

- A loss of fluid in your discs, reducing the ability of the discs to act as shock absorbers and makes them less flexible. Loss of fluid also makes the disc thinner and narrows the distance between the vertebrae.
- Tiny tears or cracks in the outer layer of the disc allowing the jelly-like material inside the disc to be forced out through the tears or cracks in the capsule, which causes the disc to bulge or herniate.

As the space between the vertebrae gets smaller, there is less padding between them, and the spine becomes less stable. This can also lead to less space where the nerves come out leading to pinching and irritation of those nerves.

What are the Symptoms?

Degenerative disc disease may result in back or neck pain, but this varies from person to person. Many people have no pain, while others with the same amount of disc damage have severe pain. With symptomatic degenerative disc disease, chronic low back pain sometimes radiates to the hips, or there is pain in the buttocks or thighs while walking; sporadic tingling or weakness through the knees may also be evident.



Where the pain occurs depends on the location of the affected disc. An affected disc in the neck area may result in neck or arm pain, while an affected disc in the lower back may result in pain in the back, buttocks, or leg. The pain often gets worse with movements such as bending over, reaching up, or twisting.

How does Spinal Decompression help

With Degenerating Discs?

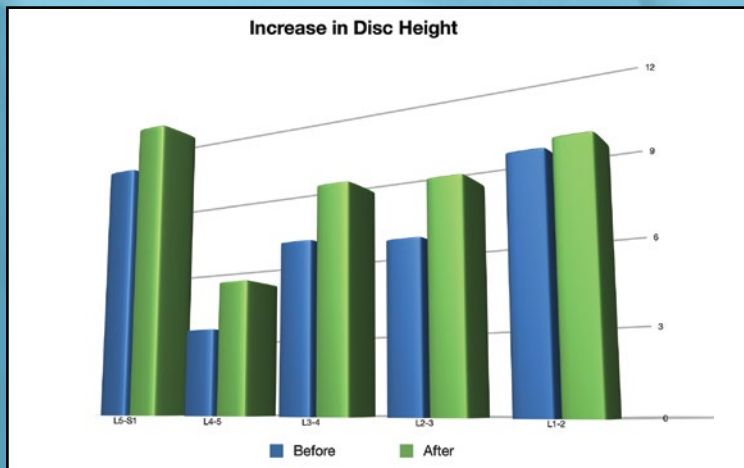
While lying comfortably on the spinal decompression table, gentle specialized traction forces are applied until decompression is achieved. Decompression produces a negative pressure inside the discs that act like a vacuum. This negative pressure produces an influx of fluid and minerals which helps the discs to heal. Then with the addition of specific nutrients and minerals through supplements, the influx helps the discs to re-hydrate and repair themselves. As disc bulges or herniations are drawn in, or as the discs begin to repair themselves, pressure is taken off of the nerves and surrounding structures relieving the patient of pain and leading to decreased inflammation.

<http://www.webmd.com/back-pain/tc/degenerative-disc-disease-topic-overview>.

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 Koladia, 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.

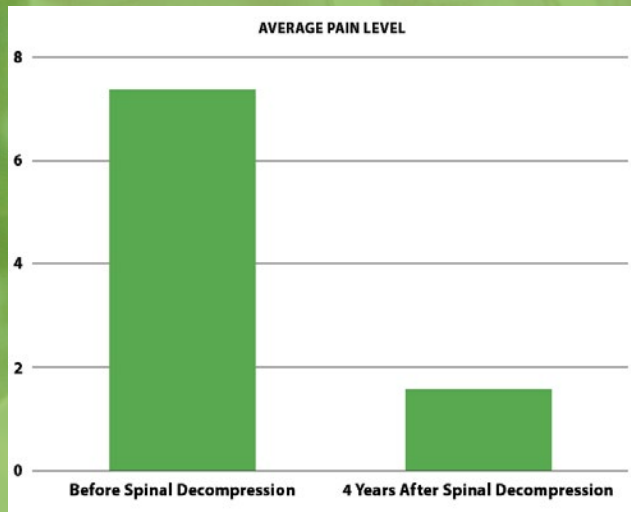
Journal of Neurological Research: Vertebral Axial Decompression for Pain Assoc with Herniated or Degenerated Discs or Facet Syndrome: An Outcome Study. April 1998. Vol. 20, NO.3. E. Gose, PhD; W Naguszewski, MD; R. Naguszewski, MD.

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:

- Has been around for more than 10 years
- Available in more than 7,000 clinics and growing
- In more than 20 countries
- More than 10 research articles showing its 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

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Put Down Your Pain Pills and Call Today!