

Special Report

Non-Surgical Spinal Decompression Therapy

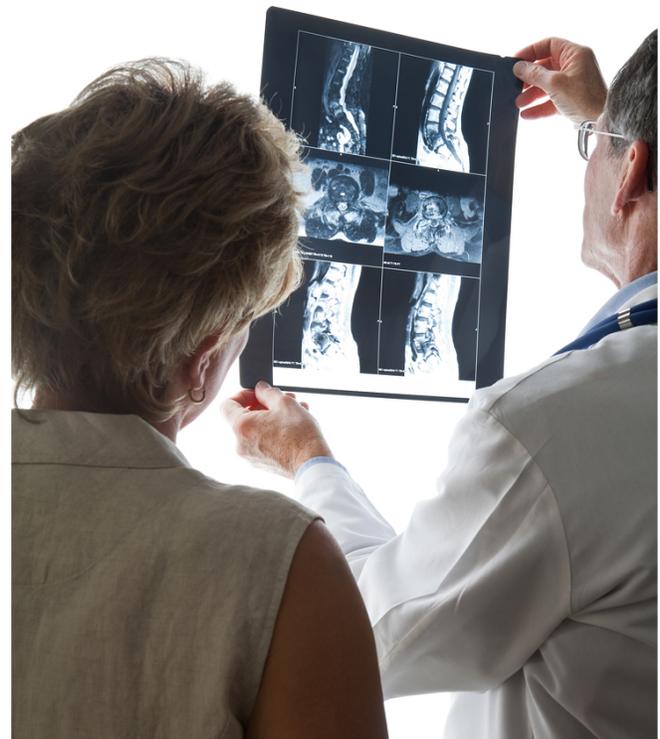
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SPECIAL REPORT

RELIEVES YOUR BACK OR NECK PAIN QUICKLY

AVOID BACK OR NECK SURGERY

... Thanks to Non-surgical spinal decompression therapy

Hello to you,

It is with great enthusiasm that I put at your disposal a copy of our "Special Report" concerning **non-surgical spinal decompression therapy!**

In this "**Special Report**" you will find a wealth of information. Some information may seem disturbing to you, but eventually, you will finally know the truth about spinal decompression.

You will get to know this new technology that has been clinically proven to help thousands of patients with severe painlike yours. You will also learn that we have state-of-the-art non-surgical spinal decompression therapy equipment and the expertise to help you!

We will also try to give you all the relevant information that will allow you to make an informed decision regarding the best type of care available, depending on your condition.

Introduction

If you are like thousands of Quebecers who suffer from a herniated disc, a bulging disc, a pinch disc, sciatica, or chronic back or neck pain, you have probably tried several different therapies that have only managed, at most, to relieve you only temporarily of your pain or symptoms.

You are now at the stage where you have heard about **non-surgical spinal decompression therapy**, and you see in this treatment a glimmer of hope. You now want to know more about this treatment and your research on the web has led you to this document that has been specially designed to answer your questions so that you can, we hope, benefit from this technology: spinal decompression, an **effective, approved, and safe** treatment.

THANK YOU AGAIN FOR DOWNLOADING OUR SPECIAL REPORT...

If you suffer from back or neck pain due to a herniated disc, sciatica, degenerative disc disease, spinal stenosis or arthrosis, you will want to read this "**Special Report**" from beginning to end. Especially if you suffer from back, leg, neck, arm or shoulder pain, regularly.

What kind of pain are we talking about?

The kind that disrupts virtually every aspect of your life... to find a position for a good night's sleep, get up in the morning, bend down to put on your stockings, sit in your car for a long time, lie on the ground to play with the kids, take a walk or play a round of golf.

... In other words, the pain always seems to be with you or always seems to hide before it bursts in and ruins another activity you've always enjoyed doing.

So, if you feel stabbing, burning, numbness or pain most of the time, and you want to get rid of that pain once and for all, read on. Chances are that this **"Special Report"** is the key to finally getting rid of these pains.

Please read this **"Special Report"** in its entirety from the first to the last page. I hope this report will give you the answers to your questions and help you better understand your condition and all your possible treatment options.

If you still have questions after reading the full report, please call our office in Terrebonne at **(450) 704 -4447** or in **Montreal** at **1 (877) 672-9060** and ask to speak to me (Sylvain Desforbes, osteopath). Yes, that's right! I will personally take the time to return your call, if I am not available during your call, to answer your questions and thus help you make the right decision.

Thank you for your time and look forward to meeting you.

Kind regards

Sylvain Desforbes, BSc, DO, ND, Doctor of Osteopathy

Fondator and president **of** TAGMED network of non-surgical spinal decompression therapy clinics
Founder of the Canadian Alliance of Alternative Medicine (ACMA Association)

Do you suffer from back pain?

In fact, statistics show that back pain is one of the most common complaints in health care centres. Thousands of people, just like you, are in constant pain, unable to do the things they love to do and just like you, they are looking for concrete answers.

Responses that do not necessarily involve the long-term use of pain medications that could potentially cause side effects. Even worse, answers that could require painful and possibly risky surgery.

Unfortunately, many people who suffer do not find an effective answer. And many, unfortunately, will live with chronic pain for the rest of their lives. But unlike them, you have found a possible and real answer... a response, which, in our own patients (thousands to date), have had a significant success rate for their chronic pains, such as hernias and bulging discs, degenerative disc disease or facet syndrome.

What will you find in this Special Report?

- ✓ *Many causes of your back or neck pain;*
- ✓ *How numbness in the legs and buttocks can be caused by sciatica, a byproduct of lower back pain, and how you can get rid of it;*
- ✓ *What is Spinal Decompression, how and why it works, and why it is a real breakthrough for the treatment of back and neck pain, even for those who have already undergone surgery.*

Low back pain is more common than we think...

Do you suffer from lower back pain? You are not alone. Far from it. Just look at the following statistics:

- ✓ 80-90% of all adults suffer from lower back pain at some point in their lives¹
- ✓ Lower back pain is the leading cause of disability for people under 45²
- ✓ Lower back pain is the second leading cause of visits to doctors' offices³
- ✓ Lower back pain is the third main reason for hospital admissions⁴
- ✓ Annual costs for back pain are **\$678 million** in Quebec⁵
- ✓ Studies indicate that 15-20% of the population has lower back pain of all ages.⁶

One of the biggest "accepted" myths about back pain is that it will go away on its own, without treatment and most doctors believe that 90% of all episodes of lower back pain will resolve itself, within 1 month. But a study published in May 1998 in the *British Medical Journal* that tracked the progression of a sample of pain patients for

¹ Bigos S. et al. *Acute Low Back Problems in Adults*, Clinical Practice Guideline No. 14. Rockville, MD: U.S. Public Health Service, Dept. of Health and Human Services. AHCPH pub. No. 95-0642, Dec. 1994.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Journal de Montréal, February 19, 2013, p.31

⁶ Bigos S. et al. *Acute Low Back Problems in Adults*, Clinical Practice Guideline No. 14. Rockville, MD: U.S. Public Health Service, Dept. of Health and Human Services. AHCPH pub. No. 95-0642, Dec. 1994.

more than 12 months after their first medical consultation, proves that only one in four patients (25%) saw their pain resolve on its own. Unfortunately, three of the four (75%) patients continued to suffer. The study goes further and established that after 12 months, 25% of patients did not feel pain and had no disability, 25% suffered from continuous pain or disability, and 50% still suffered from pain and disability.⁷

Where do you stand in this range?

If you're like many of the patients we've seen over the years, you've probably tried several types of care to help relieve your chronic pain. It can be bed rest, medication, chiropractic, osteopathy, physiotherapy, acupuncture, massage or injections. Like so many others, you become frustrated and have come to the realization that you just have to learn to live with pain. (Even your family doctor may have told you these exact words.) After many attempts and failures with everything else, perhaps you have considered surgery as the last attempt to end your suffering. Unfortunately for you, even surgery is no longer an option for you since in Quebec, we operate almost exclusively for back problems requiring emergency surgery: if you start to paralyze, for example. In other words, if you walk, your condition is not yet serious enough to require surgery.

Why do we have back pain?

The most important thing to remember is that low back pain is usually the result of a structural problem, and until the structure of your spine is treated, the pain will persist. Your spine is made up of several bones called vertebrae and between each vertebra there is an internal structure called the disc. Each disc has a pulpy inner center, called the pulposus nucleus, and a fibrous outer ring called the fibrous ring. This structure gives us flexibility and serves as a cushioning for the spine. It also creates a space between the vertebrae so that delicate nerves can pass through openings called conjugation holes to reach their target destination. If the discs are damaged in any way, the cycle of pain will gradually set in.

How do we damage our discs?

Overall, the discs are very strong and resistant, but they are very vulnerable to injury due to repetitive activity or lifting a weight that is too heavy, especially with twisting. For example, when you lift incorrectly or sit in the same position for long periods of time, the fibers in the disc begin to weaken. Take for example a paper clip: if you put weight on the paperclip for a while, it will not break, but do it time and time again and it will break in two. The fibers of the outer part of your discs, in this case the fibrous ring, behave in the same way. When stresses on the disc are repeated (such as repetitive movements or even sitting in the same position for long periods of time) the fibers break. This creates small cracks in the discs and the inner core slowly escapes to the outside of the disc. This is how disc bulging or disc herniated discs are born.

What is a herniated disc or bulge?

Remember that the contour of the disc is made of strong fibers called the fibrous ring and the inside, the core, is soft like jelly. When your disc is injured or torn, the gelatinous substance inside may escape. When this happens, we call it a herniated disc. If the disc ring is not torn, it can however bulge without causing a hernia. It's like stepping on a balloon but it doesn't break: it's a disc bulge. When there is bulging or hernia, it causes major back pain. It can also pinch the delicate nerves that pass between the vertebrae or put pressure on the spinal cord: This is also what can cause radiating pain. In other words, a bulge or herniated disc could make you suffer from pain, tingling and you could also feel numbness that goes down in your legs or arms and possibly in your toes or fingers!

This radiating pain is often referred to as sciatica, for the leg and cervicobrachialgia for the arm.

⁷ Croft, Peter, and Iy. Outcome of Low Back Pain in General Practice: A Prospective Study. *British Medical Journal* 1998: 316: 1356-1359 (2 May).

As we explained earlier, the outer part of the disc weakens, the pressure on the discs causes a migration of the inner core through the small cracks that have been created by the tearing of the disc ring. This pressure exerted by the hernia varies according to your daily activities or if you incorrectly lift a load that is too heavy (this can considerably increase the pressure inside the disc). When the pressure in the disc increases, the core is pushed even further outwards and if there are small cracks or tears in the outer fibers of the disc, it can literally come out of it.

Often, people are surprised by the sudden appearance of back pain, and they cannot remember what they did to injure themselves. The reason for this is that only the outer third of the disk is sensitive. Therefore, you may not feel pain until one day you do an activity or movement that causes pressure just big enough on the disc to push the core into the sensitive area of the disc, resulting in inflammation and pain. These episodes are usually the ones that send you to the emergency room or force you to stay in bed. If the pressure is high enough, the nucleus of the disc can be pushed completely (herniated disc) and cause pressure on the spinal nerves and/or spinal cord, leading to a burning sensation or numbness in the legs or arms.

Even though this is your first episode of back or neck pain, unfortunately, it's just the beginning of a long process of recurring pain episode... To this end, research shows that if someone suffers from an episode of back pain, they have an 84% chance of suffering from it again in their lifetime.

Intervertebral discs are not supplied with blood, apart from their outer contour, so they need a constant supply of oxygen and nutrients to keep them healthy. They are obtained when there is normal joint mobility of the segment in question of the spine. This mechanism works well as long as the discs are not damaged, and the biomechanics of the spine is normal. But once a disc is damaged, it has difficulty maintaining its hydration, becomes dry and degenerates, leading to chronic problems.

Most people return to their normal lives without making a case after recovering from a serious episode of back pain and this could be a serious mistake! Why? Remember how we explained that the outer third of the disc is the only part that is sensitive to pain? After the inflammation has decreased, the outer fibers are no longer irritated, and this gives you a false sense of security: your discs are literally a time bomb: waiting for you to make a bad move and then ... BANG! You find yourself in pain. Often, the pain is worse than the previous time because the discs are even more damaged than before. And what often happens is that the pain begins to move. Now, instead of just being in the lower back or neck, she is now in the hip, groin or legs, shoulders, or arms. So now, not only is your back involved, but you also have sciatica or cervicobrachial (pain that starts from the neck and goes down into the arm).

What is sciatica?

Sciatica is defined as a sensation of pain, numbness, and tingling in the back, buttocks and/or legs produced by irritation of the sciatic nerve. The sciatic nerve is made up of several nerves that come out of the spinal cord in the lower back. The sciatic nerve also extends through the buttocks and to the back of each leg, on the foot and ankle. The most common causes of sciatica are hernia, bulging discs or disc degeneration (osteoarthritis), which causes pressure and irritation of the sciatic nerve. Other causes may include small bone growths on the spine and compression or pinching of the nerve by the muscles of the buttocks or legs. In some cases, sciatica can be caused by tumors, pregnancy, and spinal stenosis.

Common diseases and conditions of the spine that can cause chronic back pain

Disc bulging

Because discs act as shock absorbers to the vertebrae, they experience enormous stress. Any trauma, such as a fall, injury at work, or pregnancy, can lead to a bulge disc or tear the fibrous tissue that holds it in place, causing inflammation and pressure on the nerve.

Disc degeneration

Disc degeneration is characterized by the reduction of the thickness of the disc caused by its drying out. Age, poor diet, smoking and injury can cause dehydration of the discs, which weakens the fibrous tissues of the disc ring. It is for this reason that the disc will eventually crack, tear and exert pressure on the surrounding nerves.

Slipped disc

The discs are formed of a gelatinous material and a fibrous material. When the wall of the disc tears due to the weakening of the outer fibers or due to traumatic pressure, the gelatinous nucleus oozes outside the disc. This can cause painful pressure on the spinal cord or spinal nerves.

Disc degeneration with the formation of osteophytes

Disc degeneration has the consequence of bringing the vertebrae closer together by reducing the disc space, which results in progressive wear of the bone. From this wear, calcifications or osteophytes can form and press on the nerve roots.

Facet syndrome

The facets are located above and below each vertebra. At the point where the two facets meet, small cartilages function as a padding tissue. But veneers are not designed to support weight like vertebrae and discs are, and therefore, if the discs become thin or crack, the veneers get closer and begin to carry all the weight, which causes inflammation, damages cartilage and irritates pain-sensitive nerves inside the joint.

An innovative solution for patients who do not respond to conventional therapies and do not have access to surgery!

If you are a patient who suffers from chronic back pain and you have tried all kinds of treatments (medications, chiropractic, osteopathy, physiotherapy, acupuncture, massage, exercise, etc.) to try to remedy it, but none have managed to relieve you; it may be time to consider non-surgical spinal decompression therapy.

The only other effective alternative for this type of condition, in this case surgery, is now only offered in emergency cases, when there is atrophy or paralysis.

Spinal decompression, (i.e., non-surgical spinal decompression therapy), at the cutting edge of technology

Spinal decompression⁸ offers hope where there is none for those who suffer from acute or chronic back or neck pain caused by a bulging disc, a herniated disc or disc degeneration, and who unfortunately have not achieved lasting results using traditional methods such as medication, physiotherapy, chiropractic, osteopathy, massage, or acupuncture.

What is spinal decompression?

Non-surgical spinal decompression therapy, also known as spinal **decompression**, is a treatment without **computer-controlled traction** surgery that stretches the spine beyond muscle resistance and safely to create negative pressure inside the damaged intervertebral disc (osteoarthritis or herniated disc). This negative pressure allows the disc to rehydrate and repair itself. Therefore, decompression reduces the pressure that accumulates on the discs and nerves through mechanical decompression of the disc by suction resulting in resorption of the hernia. Pain relief therefore occurs because of this resorption of the disc: that is to say, the disc returns to its original shape when the bulging or bulging of the disc disappears and the pressure exerted on the spinal nerves or spinal cord is consequently eliminated.

The Truth About Non-surgical spinal decompression therapy

First, you need to know that I am convinced that Non-surgical spinal decompression therapy can help a very large percentage of patients who suffer from a herniated disc, **bulging disc disease**, **disc disease** caused by degeneration due to **osteoarthritis** (premature wear of the disc or thinning of the disc) and many other conditions responsible for chronic pain in the **pelvis**, the back and neck.

Some clinics offer treatments for so-called spinal decompression when this is not the case.

I was recently surprised to see that several clinics in Quebec offer non-surgical spinal decompression therapy care when in reality, they are flexion-distraction treatments. The "Cox" technique of flexion-distraction is very common in chiropractic and is performed thanks to a very different equipment than that used in non-surgical spinal decompression therapy.

But before getting to the heart of the matter, you need to know that I have more than 30 years of experience in practice and that I have a university education in both non-surgical spinal decompression therapy and Cox technique. In addition, I have been using the Cox technique for years in the clinic since we have several of these flexion-distraction tables. I have also been using several non-surgical spinal decompression therapy tables for over 15 years. So, I know exactly what it's all about and I have no reason to favor one treatment over another. But I hate false claims.

⁸ The Office Quebecer of the French language asked us for permission to use our definition of spinal decompression on their website:
<http://www.inventerm.com/terme.aspx?Id=907866&Desc=Décompression>



Fig.1: Our bending-distraction table

The definition of non-surgical spinal decompression therapy (computerized)

Non-surgical spinal decompression therapy is a recent technology that is used to treat herniated discs without surgery, applying a complex series of pull-ups controlled by a sophisticated computer program. Conventional traction and flexion-distraction (Cox technique) offers good relief in most cases since they provide some traction of the spine but, at some point of traction, the paravertebral muscles could contract (a natural self-defense mechanism of the body necessary to protect the spinal cord) and it is then more difficult to have a direct effect on the discs intervertebral, if this phenomenon occurs. I always use the Cox technique before decompression in cases where the patient is in great pain to minimize the risk of further irritating the diseased disc and unnecessarily increasing the inflammation already present.

In addition, non-surgical spinal decompression therapy manages to thwart this muscle contraction thanks to its sophisticated computer system, which allows a deep traction creating a sucking effect between two vertebrae. This negative pressure created inside the disc makes the bulging of the disc (or herniated disc) attracted inwards by this negative pressure or sucking effect. We are therefore witnessing the resorption of the bulge or hernia.

The history of computerized non-surgical spinal decompression therapy

The Non-surgical spinal decompression therapy table was invented by a Canadian physician, Dr. **Allan Dyer** in 1985 and the first decompression table appeared on the market in 1991 as VAX-D, an acronym for Vertebral **Axial** Decompression.

At that time, Dr. Dyer, the inventor of the cardiac defibrillator and then Premier of Health of Ontario, faced a crisis. Back pain costs were rising astronomically and there was no solution in sight. In an quest to find an alternative to expensive and often unsuccessful surgical procedures, Dr. Dyer began extensive research to see if a non-invasive mechanism could be developed to decompress discs to address the problem associated with many types of chronic back pain.

There he works with a famous neurosurgeon and a team of engineers: they have combined medically proven principles with the latest computer technologies. The result, a system they called: a "vertebral axial **decompression**". After developing and testing the computer-controlled and evaluated equipment, by fluoroscopic images to measure the real changes including the pressure on the discs, the science of non-surgical spinal decompression therapy was born.

Since then, a dozen companies have been manufacturing decompression tables. Be aware that a true non-surgical spinal decompression therapy table must have certain specific⁹ characteristics:

- Aims to recreate the intervertebral physiological space
- The distraction force is applied cyclically or according to a logarithmic curve
- Strength and distraction cycles are controlled by a computer system
- The device must have an internal feedback system that counteracts the protective muscle reaction
- Includes a mechanism to target and isolate the distraction force primarily to a vertebral segment
- Be approved by Health Canada.



Fig 4: Our computerized non-surgical spinal decompression therapy DOC table

Traction or bending distraction vs. decompression

Since **Non-surgical spinal decompression therapy** is very popular because of its effectiveness, some groups are trying to use this name to refer to other types of treatment that have nothing to do with this technology:

- The term **vertebral decompression** is used to refer to the result of a treatment through which pressure can be relieved on one or more pinched nerves of the spine, regardless of the treatment.
- There are two categories of spinal decompression treatments: **surgical and non-surgical**.
- **Computerized spinal decompression** is a type of non-surgical decompression treatment, just like conventional spinal **traction**, traction through a reversal **table**, or **bending-distraction** treatment.
- **Pull-up** and **bend-distraction** tables have been around for years, but don't quite have the same effect on discs as the **computerized spinal decompression table**, as their design and mechanism are different.
- **The computerized spinal decompression table** is the culmination of several years of research and the marriage of computer technology and traction. It is therefore a traction, bending and distraction table controlled by a computer system capable of effective spinal **decompression**.¹⁰
- It would also be impossible to manually apply a sixty-pound pull for several minutes and vary that pull precisely when the back muscles are relaxing. All this is possible with a **non-surgical spinal decompression therapy table**.
- To claim that a **traction** or **flexion-distraction** treatment is equivalent to or superior to the **Non-surgical spinal decompression therapy** treatment is inaccurate since the technology used is not the same.

⁹ According to the Professional Council for the Standardization of Neurovertebral Decompression Clinics (CPSCD), March 2013

¹⁰ To see The Appendix I: Spinal Decompression - An Effective Treatment, According to Scientific Research : The outcome of a clinical study evaluating the effect of nonsurgical intervention on symptoms of spine patients with herniated and degenerative disc disease is presented. By Thomas A. Gionis, MD, JD, MBA, MHA, FICS, FRCS, and Eric Groteke, DC, CCIC, Orthopedic Technology Review, Vol. 5-6, Nov-Dec 2003.

- The much higher price of non-surgical spinal decompression therapy tables and the special training required to use them effectively and safely justify the higher fees for non-surgical spinal decompression therapy treatment compared to traction or flexion-distraction.

Why does non-surgical spinal decompression therapy work?

Through the application of the patented technology of the decompression mechanism, the effects of compression on the disc and gravity are removed. This means that all the pressure on your spine and discs is eliminated. Even better, and this is the key, a negative pressure inside the disk is created. This negative pressure sucks the nucleus into the disc, allowing the disc to rehydrate and regenerate.

The effects of non-surgical spinal decompression therapy:

- ✓ Increased space between disks
- ✓ Reduction of hernias
- ✓ Strengthening of external ligaments
- ✓ Reverse intra disc pressure

Simply, non-surgical spinal decompression therapy relieves pain quickly by "repairing" damaged discs. In addition, the treatment is gentle, safe and fast. According to a study published in the American Journal of Pain **Management**, the decompression method provides good to excellent results for 86% of patients with herniated discs or ruptured discs and 75% for patients with facet osteoarthritis.

Non-surgical spinal decompression therapy has been successful for the treatment of:

- ✓ Back pain
- ✓ Neck pain
- ✓ Arm pain
- ✓ Sciatica
- ✓ Herniated disc and /or bulging disc (single or multiple)
- ✓ Degenerative disc disease
- ✓ Relapse or failure after spinal surgery
- ✓ Facet syndrome

Studies in Non-surgical spinal decompression therapy

Clinical studies have shown that non-surgical spinal decompression therapy is extremely effective for the treatment of back pain. In a recent study, published in the *Orthopedic Technology Review*, Non-surgical spinal decompression therapy demonstrated that the treatment of degenerative hernias and discs is effective in 86% of cases. Not only that, but another study published in the *"Anesthesiology News"* showed that even after 4 years more than 91% remained painless.

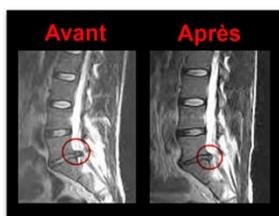


Fig. 5 MRI of a patient before and after treatment demonstrates significant resorption of the herniated disc.

Here are some other studies that show how effective a non-surgical spinal decompression therapy is...

In the Journal of *Neurological Research* VOL 20, NO 4, in 1998, the researchers stated: "We consider non-surgical spinal decompression therapy to be a primary treatment for lower back pain associated with a herniated disc at one or more levels, degenerative disc disease, facet osteoarthritis and decreased spinal mobility. We believe that post-surgical patients with persistent pain should not be considered candidates for surgery until another non-surgical spinal decompression therapy trial has been tried."

In the Journal of *Neurological Research* VOL 23, NO 7, October 2001, the researchers stated: "non-surgical spinal decompression therapy, addresses both primary and secondary causes of lower back and leg pain. We therefore suggest that non-surgical spinal decompression therapy should be considered before the patient undergoes surgery which permanently alters the anatomy and function of the spine. »

In the same Journal of *Neurological Research*, the University of Sydney's senior lecturer in orthopedics said: "The reduction of intradiscal pressure with non-surgical spinal decompression therapy represents a technological

advance in the treatment of the lumbar spine and is likely to affect both the biomechanics and biochemical causes of disc pain.

How does the non-surgical spinal decompression therapy treatment work?

You will lie on your back, we will tie you up with comfortable straps that help stabilize both your hips and pelvis. We will adjust the non-surgical spinal decompression therapy computer system to target the specific disc that is causing your pain and their symptoms. Finally, we will adjust the appropriate tension (according to your weight) for your treatment.

This pulling force uses a logarithmic curve to avoid muscle spasms. In addition, it reduces friction and allows for gentle separation of the vertebrae, which minimizes the effect of gravity.

All you have to do is relax, while the computer, once programmed specifically for your treatment, allows a safe decompression of your vertebrae. It is not uncommon for our patients to fall asleep during treatment. They describe the treatment as gentle, intermittent back traction. And it can be very relaxing.

How is non-surgical spinal decompression therapy different from traction devices?

The traction device has been around for a very long time. However, the results obtained, using this type of device to treat patients with backpain, were minimal. The big problem with these traction devices is that they pull both the muscles and the spine at the same time, which often triggers painful muscle spasms (proprioception reflex).

Non-surgical spinal decompression therapy specifically applies logarithmic force to decrease intra disc pressure and improve fluid exchange inside the disc. MRI studies comparing regular traction devices to non-surgical spinal decompression therapy have shown that regular traction does not restore the nucleus of a hernia of the disc to resorb, while Non-surgical spinal decompression therapy allows it.

Patients also say that non-surgical spinal decompression therapy is extremely comfortable... even relaxing... while the traction can be very uncomfortable.

How much does a spinal decompression treatment cost?

In Quebec, the fees charged to patients for spinal decompression treatment vary from one clinic to another and can range from \$120 to \$200 per visit. The price charged for this treatment is proportional to its investment since it requires special high-tech equipment and postgraduate training. However, these fees are very reasonable for me in the circumstances and are comparable to what is done elsewhere in North America.

In our clinics, fees for each non-surgical spinal decompression therapy treatment range from \$100 to \$140.

How long do the treatments take and how much do you need?

Patients typically need 20 to 25 spinal decompression treatments. Each treatment lasts only about 30 minutes. This, of course, depends on your case and will be determined by a thorough evaluation.

It is important to note that many patients get immediate relief after just a few treatments. You'll also be happy to know that this is not something you'll have to do for the rest of your life. Studies show that once cured, patients remain painless long after they have completed their treatments.

Is spinal decompression an experimental treatment?

No. Spinal decompression is not an experimental treatment since this therapy, originally developed and taught by Dr. Allan Dyer PhD MD in 1985 in the United States, has been marketed ¹¹ and approved by the FDA for¹² 18 years (the first decompression table was marketed in 1991). In addition, hundreds of clinical studies have been published since then, as to its effectiveness and thousands of doctors across North America use this device. [See one of the searches in Appendix I](#)

Is spinal decompression a recognized treatment?

Yes. L'Ordre des chiropraticiens du Québec ¹³ and ACMA association confirm that spinal decompression is in fact a form of **traction** treatment and that traction is one of the complementary therapies that are recognized in the Manual **des Actes and Services Chiropractiques** ¹⁴ of the Association **des chiropraticiens du Québec** ¹⁵ and **the ACMA (Canadian Alliance of Alternative Medicine)**.

Is there any special training required to administer spinal decompression care?

Yes. In this regard, ACMA and the Ordre des **chiropraticiens du Québec** expect its members to use only techniques that are recognized and taught in accredited educational institutions. According to the "Code of ethics of chiropractors" and that¹⁶ of osteopaths: "The *chiropractor must practice his profession according to principles recognized by chiropractic science*" and "The osteopath must exercise his profession according to principles recognized by osteopathic science". In addition, there are currently only two accredited courses, including the ¹⁷ **Logan College of Chiropractic**, the **Kennedy Technical Decompression** ¹⁸ and the Southern **California University of Health Science**. ¹⁹

Do you need to have specific skills to be able to administer spinal decompression treatments safely for the patient?

Yes. Since vertebral decompression is mainly used for the treatment of herniated **discs** in particular and degenerative diseases of the intervertebral discs in general, and the treatment of these conditions carries certain risks, it is absolutely essential that it be done under the close supervision of a health professional authorized to differential **diagnosis** as is the case of the Doctor of Medicine, in chiropractic or osteopathy (who is also a doctor or chiropractor). This type of treatment requires a complete examination of the patient including health history, X-rays of the spine and an MRI. An accurate diagnosis is therefore essential before undertaking a vertebral decompression treatment safely. [See the list of controls in Annex II](#)

¹¹ Wikipedia: http://en.wikipedia.org/wiki/Spinal_decompression

¹² FDA in its April 10, 1996 reply to the VAX D request (Dr. Dyer, PhD, M.D.) that any reference to decompression be defined as "decompression of the intervertebral disc and facet joints, that is, unloading, due to distraction and positioning"

¹³ The Ordre des chiropraticiens du Québec: <http://www.ordredeschiropraticiens.qc.ca/>

¹⁴ Manual of Chiropractors: Chiropractic Acts and Services and Pricing, Laurent Boisvert, Association des chiropraticiens du Québec, 1990. xvii, 380 p.

¹⁵ The Association des chiropraticiens du Québec: <http://www.chiropratique.com/>

¹⁶ The Code of Ethics of Chiropractors is a document published by "Publications Québec":

http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=//C_16/C16R2.htm

¹⁷ Logan College of chiropractic: <http://www.logan.edu/>

¹⁸ Kennedy Decompression Technique: <http://www.kennedytechnique.com/>

¹⁹ Southern California University of Health Science : <http://www.scuhs.edu/>

According to the ACMA, a technician can perform the spinal decompression treatment as long as the doctor follows up at each of the **visits** (notes of the patient's progress written in the file by the doctor) and that he is physically present at the clinic during the treatment, in case there are side effects or complications during the treatment.

Is spinal decompression more effective than other treatments?

Yes. Spinal decompression is particularly effective in cases of herniated **disc** and chronic **back pain** precisely where "other" types of care often provide only temporary relief. In fact, most of the patients who come to our clinics have already wasted several years of their lives taking medication or trying various treatments without lasting results.

In this regard, many **therapists** claim to be able to solve the problems related to the herniated disc, while they have neither the competence nor the necessary equipment to make a diagnosis, propose an effective treatment protocol and predict the prognosis; ce which is very dangerous for the public and potentially very expensive for insurance companies, since anyone can improvise specialist in herniated disc or chronic back pain and offers inappropriate care.

Non-surgical spinal decompression therapy is effective:

- ✓ Decreased pain
- ✓ Increased disc volume (Rehydration, regeneration)
- ✓ Decreased neurological symptoms
- ✓ Decreased medication intake

Non-surgical spinal decompression therapy is painless:

- ✓ So pleasant that most patients fall asleep during treatment.

Non-surgical spinal decompression therapy is safe:

- ✓ Invasive
- ✓ Non-surgical

Non-surgical spinal decompression therapy is approved:

- ✓ Invented by Dr. Allan Dyer, a Canadian physician
- ✓ Proven by clinical research
- ✓ Approved by fda and Health Canada

Conclusion

If you suffer from a herniated disc or chronic back pain, we may be able to help. We advocate for a safe, evidence-based approach: in this regard, we offer non-surgical spinal decompression therapy care administered by health professionals with a university certification in spinal decompression. In addition, we use decompression tables homologated by Health Canada.

You can call us at any time for more information. We make it a point to return all our calls and take the time to answer all your questions.

New technology relieves the most suffering back or neck pain

Who else wants to get rid of their sciatic pain, bulging disc, herniated disc, or leg pain, once and for all?

Suffering from back pain and leg pain can make you feel like you are a disabled person.

You might no longer be able to play golf, work, or even sit in the car for a 30-minute walk. It's almost impossible for those around you to understand how you feel. You don't remember the last time you got a good night's sleep.

Do you suffer from the following?

- ✓ Sharp pain in the back of the leg
- ✓ Lower back pain
- ✓ Hernia or bulging disc
- ✓ Numbness
- ✓ Pain in your thighs or hips
- ✓ Spasms

If you suffer from any of these troublesome conditions, you could have *"sciatica."*

Sciatica is a compression of the sciatic nerve, usually by a herniated disc at the level of L4 or L5. As you know, sciatica can be a very painful problem, even paralyzing at times.

Nothing is worse than feeling good mentally, but physically unable to enjoy life because your back makes you suffer too much, and the pain just doesn't want to go away anymore!

Fortunately, there is an effective and safe solution: even if you suffer from one of these problems, they can be relieved or even eliminated by non-surgical spinal decompression therapy.

"The chances of it working for me?"

A medical study demonstrated that patients went from a moderately painful condition to almost painless after decompression treatments. Those who took painkillers only experienced an improvement of less than 5%. – *Am Society of Anesthesiologist, 2006 Chicago, IL*

A second study published by the American Academy of Pain Management in 2007 demonstrated that...

"Patients reported an average improvement of **88.9%** in their back pain as well as better functioning... No patient required invasive treatments (epidural injections, surgery, etc.). »

Here's the highlight of all these studies: non-surgical spinal decompression therapy is effective for conditions such as herniated discs, sciatica, and back pain.

This means that in just a few weeks, you could be on the golf course, enjoy your love life, or travel again.

The Best Solution to Eliminate Your Sciatica and Lower Back Pain

Now it's time for you to find out if spinal decompression will be your solution to your pain. We invite you to come and consult us so that we can determine if Non-surgical spinal decompression therapy could be **"THE SOLUTION"** to your problem

Here's what will happen during this consultation...

- ✓ An in-depth consultation regarding your health and well-being, during which I will listen to you ... really listen... all the details of your health history.
- ✓ An orthopedic and neurological examination.
- ✓ An analysis of your X-rays to determine if a spinal problem is contributing to your pain or symptoms...
- ✓ A thorough analysis of your examination, X-ray, and MRI results so that we can begin to develop your treatment plan that will eliminate your pain.
- ✓ You will be informed throughout this consultation and will be able to know on the spot if this extraordinary treatment will be the solution to relieve your pain, as has been the case for so many other patients.
- ✓ I will also answer all your questions in detail.

This visit to our clinic will only take a few minutes and you won't have to wait part of the day in the waiting room.

And the most wonderful thing is that...

No medication, invasive examination, or anything painful will be imposed on you. Non-surgical spinal decompression therapy treatments are very gentle. In fact, it happens very often that our patients fall asleep during their treatment.

You will simply lie on your back, and then a specialized belt will be gently put around your waist. We'll tune the device to target your problem – and the decompression computer system will do the rest.

Call anytime between 09:00 and 19:00 Monday to Friday. Tell our assistant that you want an appointment for the decompression assessment.

We will be able to start your evaluation as soon as there is availability in our schedule.

I look forward to helping you get rid of your pain, which will then allow you to start living a healthier and more joyful life.

Sincerely

Sylvain Desforges, BSc, DO, ND, Doctor of Osteopathy

P.S. The only real question to ask is ...

How will you feel in a month?

One of the biggest myths about pain is that it will go away on its own, without any treatment. In this regard, a study published in the "British Medical Journal", in May 1998, proved that this myth is false, demonstrating that 75% of people who suffer from back pain and have done nothing to fix it will suffer either pain or disability 12 months later.

Let us not deceive ourselves, if the pain has not dissipated so far, it is a safe bet that it will not go away on its own. Life is too short to live in pain like this.

Call today and soon I'll give you the green light so you can have fun again.

Our clinics

Head office

TAGMED Clinic - Terrebonne

1150 Lévis, Suite 200
Terrebonne, QC, J6W 5S6

Phone: (450) 704-4447

Neurotherapy Montreal

1140 Beaumont
Mount Royal, QC, H3P 3E5

Phone: 1 (877) 672-9060

Appendix I: Spinal Decompression - An Effective Treatment, According to Scientific Research

The outcome of a clinical study evaluating the effect of nonsurgical intervention on symptoms of spine patients with herniated and degenerative disc disease is presented.

[By Thomas A. Gionis, MD, JD, MBA, MHA, FICS, FRCS, and Eric Groteke, DC, CCIC, Orthopedic Technology Review, Vol. 5-6, Nov-Dec 2003.](#)

This clinical outcomes study was performed to evaluate the effect of spinal decompression on symptoms and physical findings of patients with herniated and degenerative disc disease. Results showed that 86% of the 219 patients who completed the therapy reported immediate resolution of symptoms, while 84% remained pain-free 90 days post-treatment. Physical examination findings showed improvement in 92% of the 219 patients and remained intact in 89% of these patients 90 days after treatment. This study shows that disc disease—the most common cause of back pain, which costs the American health care system more than \$50 billion annually—can be cost-effectively treated using spinal decompression. The cost for successful non-surgical therapy is less than a tenth of that for surgery. These results show that biotechnological advances of spinal decompression reveal promising results for the future of effective management of patients with disc herniation and degenerative disc diseases. Long-term outcome studies are needed to determine if non-surgical treatment prevents later surgery, or merely delays it.

SUMMARY

In conclusion, nonsurgical spinal decompression provides a method for physicians to properly apply and direct the decompressive force necessary to effectively treat discogenic disease. With the biotechnological advances of spinal decompression, symptoms were restored by subjective report in 86% of patients previously thought to be surgical candidates and mechanical function was restored in 92% using objective data. Ninety days after treatment only 2% reported pain and 3% relapsed, by physical examination exhibiting motor limitations and decreased spinal range of motion. Our results indicate that in treating 219 patients with MRI-documented disc herniation and degenerative disc diseases, treatment was successful as defined by: pain reduction; reduction in use of pain medications; normalization of range of motion, reflex, and gait; and recovery of sensory or motor loss. Biotechnological advances of spinal decompression indeed reveal promising results for the future of effective management of patients with disc herniation and degenerative disc diseases. The cost for successful nonsurgical therapy is less than a tenth of that for surgery. Long-term outcome studies are needed to determine if nonsurgical treatment prevents later surgery or merely delays it.

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Eric Groteke, DC, CCIC, is a chiropractor and is certified in manipulation under anesthesia. He is also a chiropractic insurance consultant, a certified independent chiropractic examiner, and a certified chiropractic insurance consultant. Groteke maintains chiropractic centers in northeastern Pennsylvania, in Stroudsburg, Scranton, and Wilkes-Barre.

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Non-surgical spinal decompression therapy: Published Studies

1. BMC Musculoskelet Disord. 2010 Jul 8. 1471-2474-11-155.

Restoration of disk height through non-surgical spinal decompression is associated with decreased discogenic low back pain: a retrospective cohort study. Apfel CC, Cakmakkaya OS, Martin W, Richmond C, Macario A, George E, Schaefer M, Pergolizzi JV.

OUTCOME: Non-surgical spinal decompression was associated with a reduction in pain and an increase in disc height. The correlation of these variables suggests that pain reduction may be mediated, at least in part, through a restoration of disc height. A randomized controlled trial is needed to confirm these promising results.

2. Archives of Physical Medicine (Vol. 89, Issue 2, Pages 269-274, February 2008)

Outcomes after a Prone Lumbar Traction Protocol for Patients with Activity limiting Low Back Pain: A prospective Case Series Study, Archives of Physical Medicine. Paul Beattie, PhD, PT, OCS, Roger M. Nelson, PhD, PT Lori A. Michner, PhD,PT,ATC, SCS, Joseph Cammarata, DC, Jonathan Donley, DPT

OUTCOME: On the 180-day follow up, patients reported significantly improved pain after 16-24 daily VAX-D treatment sessions.

3. Journal of Medicine. September 2008

Prospective Evaluation of the Efficacy of Spinal Decompression via the DRX9000 for Chronic Low Back Pain. John B. Leslie, MD, MBA; Joseph V. Pergolizzi, MD; Alex Macario, MD, MBA; Christian C. Apfel, MD, PhD; Darren Clair, MD; Charlotte Richmond, PhD; Frank Florio, DC; Martin Auster, MD, MBA

OUTCOME: Of the patients completing the full 6-week course of spinal decompression, 16 of 18 reported improvement in pain. Patients also reported having better daily activity function as measured by the Oswestry Disability Index.

4. American Society of Anesthesiologists. October 2006

Motorized Spinal Decompression for Chronic Discogenic Low Back Pain: Chart review of 100 patients. Alex Macario, MD, MBA; Sunil J. Panchal, MD; Charlotte Richmond, PhD; Joseph V. Pergolizzi, Jr., MD

OUTCOME: Patients reported a mean 90% improvement in back pain and better function as measured by activities of daily living. On a 0 to 10 scale (0=Not satisfied 10=Very satisfied)

5. Journal of Orthopedic & Sports Physical Therapy (Vol. 35.No. 1 January 2005)

Short and Long-term Outcomes following Treatment with the VAX-D Protocol for Patients with Chronic, Activity- Limiting Low Back Pain P.F. Beattie, PT,PhD, OCS; R. Nelson MS, PhD; L. Michener, PT, PhD; J. Cammarata, BS, DC; J. Donnelly.

OUTCOME: Significant improvements were reported in a sample of 118 patients with unfavorable prognosis due to chronic low back pain.

6. Journal of Neurological Research (Vol. 26, April 2004)

Efficacy of Vertebral Axial Decompression on Chronic Low Back Pain: Study of Dosage Regimen. Dr. Gustava Ramos, MD.

OUTCOME: This 142 patient study showed 76% achieved remission of pain with 18 treatment sessions, versus 43% remission with 9 treatments. Except in emergent conditions, VAX-D should be utilized before surgery is undertaken. Success correlates with number of sessions administered.

7. Orthopedic Technology Review. 2003; 6 (5)

Spinal Decompression. By Thomas A. Gionis, MD, JD, MBA, MHA, FICS, FRCS, and Eric Groteke, DC, CCIC

OUTCOME: Results showed that 86% of the 219 patients who completed the therapy reported immediate resolution of symptoms, while 84% remained pain-free 90 days post-treatment. Physical examination findings showed improvement in 92% of the 219 patients, and remained intact in 89% of these patients 90 days after treatment.

8. Anesthesiology News, (Vol. 29, No. 3 March 2003)

VAX-D reduces Chronic Discogenic Low Back Pain. Robert H. Odell, MD, PhD., Daniel Boudreau, D.O.

OUTCOME: Four years after VAX-D, Patients show a sustained 86% reduction in pain; 91% of patients resumed their normal activities.

9. Journal of Neurological Research (Vol. 23, No. 7 October 2001)

Dermatome Somatosensory Evoked Potential Demonstration of Nerve Root Decompression after VAX-D Therapy. William Naguszewski, MD; Earl Gose, PhD.

OUTCOME: Of the study group, 77% reported pain reduction with successful decompression of the nerve roots at multiple Levels.

10. Neurological Research Journal (Vol. 23, pp. 780-784, October 2001)

A prospective randomized Controlled Study of VAX-D and TENS for the treatment of Chronic Low Back Pain. Eugene Sherry, MD, FRACS; Peter Kitchener, MD, FRANZCR; Russell Smart, MB, ChB

OUTCOME: VAX-D Treatment obtained a statistically significant reduction in pain and improvement in functional outcome in patients with disc-related chronic low back pain. TENS treatment recorded 0% improvement, while VAX-D treatment yielded a success rate of 68.4%.

11. Canadian Journal of Clinical Medicine (Vol. 6, No. 1 January 1999)

An Overview of Vertebral Axial Decompression. Frank Tilaro, M.D.

OUTCOME: Average pain reduction in patients after VAX-D treatment was 77%.

12. Canadian Journal of Clinical Medicine (Vol. 5, No. 1, January 1998)

The Effects of VAX-D on Sensory Nerve Dysfunction in patients with Low Back pain and Radiculopathy. Frank Tilaro, MD; Dennis Miscovich, MD.

OUTCOME: VAX-D is significantly capable of influencing sensory nerve Dysfunction associated with compressive radiculopathy. Complete remission was achieved by 64% of the study group.

13. Journal of Neuroimaging. April 1998, volume 8 / number 2

MRI Evidence of Non-Surgical Mechanical Reduction, Rehydration, and Repair of the Herniated Lumbar Disc.

OUTCOME: Serial MRI of 20 patients treated with the decompression table shows in our study up to 90% reduction of subligamentous nucleus herniation in 10 of 14. Some re-hydration occurs detected by T2 and proton density signal increase. Torn annulus repair is seen in all.

14. Journal of Neurological research (Vol. 20, No. 3 April 1998)

Vertebral Axial Decompression Therapy of pain associated with Herniated or Degenerative Discs or Facet Syndrome: An outcome Study. Earl Gose, PhD; William Naguszewski, MD.

OUTCOME: in 778 cases, VAX-D achieved a success rate of 71%. The authors consider VAX_D to be a primary modality for low back pain for lumbar herniations, degenerative discs, facet arthropathy, and decreased spinal mobility.

15. American Journal of Pain Management Vol. 7 No. 2 April 1997

Decompression, Reduction, and Stabilization of the Lumbar Spine: A Cost-Effective Treatment for Lumbosacral Pain. C. Norman Shealy, MD, PhD, and Vera Borgmeyer, RN, MA.

OUTCOME: Eighty-six percent of ruptured intervertebral disc (RID) patients achieved 'good' (50-89% improvement) to 'excellent' (90-100% improvement) results with decompression. Sciatica and back pain were relieved. Of the facet arthrosis patients, 75% obtained 'good' to 'excellent' results with decompression.

16. Journal of Neurosurgery (Vol. 81: No. 3, 1994)

Effects of Vertebral Axial Decompression on Intradiscal Pressure. Gustavo Ramos, MD; William Martin, MD.

OUTCOME: VAX-D creates a negative pressure force as low as -160 mmHg.

Annex II: Non-exhaustive list of contraindications to non-surgical spinal decompression therapy

1. Osteomalacia or severe osteoporosis
2. Fracture of a vertebra
3. Spondylolisthesis (Grade 2 or higher) or Spondylolysis
4. A postsurgical condition
5. Any surgical hardware: e.g. Metal plate, screws, etc.
6. Tumour or infection of the spine: e.g. Pagets' disease, tuberculosis, etc.
7. Acute inflammatory disease: e.g. Rheumatoid arthritis, ankylosing spondylosis, etc.
8. Dislocations, tears or ligament ruptures
9. Instability of the spine with peripheral signs in flexion and extension
10. Neurological conditions: e.g. Cauda Equina, lesions, neurological deficits, etc.
11. Pregnancy