

# 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*



[FFChiro.com](http://FFChiro.com)



# 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

### CONTENT

- 05 The Growing Back Pain Epidemic
- 06 Traditional Back Pain Solutions
  - 11 Spinal Decompression Treats
- 14 How Spinal Decompression Works
- 17 The Evidence and Results
- 19 Patients' Experiences
- 21 Doctors' Perspectives
- 22 Next Steps



"As a medical doctor, P.H.D. and physical therapy clinic owner I 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 even when everything else has failed. Spinal Decompression Therapy gives my patients a more conservative treatment option that can eliminate the need for surgery altogether"

*Dr. Aftab, Medical Doctor, P.H.D., Maryland*

MEDICAL DOCTORS FROM 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,<sup>1</sup> 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."<sup>2</sup>

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

Back pain is the second most common reason for seeing a doctor in the US<sup>2</sup> and is the third most common reason for surgery.<sup>2</sup>

### 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, AHCPR 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.



*"After 25 years of giving more than 50,000 epidural shots for neck and back pain, I decided to add spinal decompression to my pain management practice as a more permanent, longer lasting safe alternative to pills and surgery. What a difference it has made for my patients!"*

**Dr. Anil Patel M.D.**  
Licensed Anesthesiologist,  
Diplomat in Pain Management

# 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 Ibuprophen (Motrin Advil), Naproxen (Aleve), Celebrex, Aspirin (except aspirin) may cause an increased risk of heart attacks, blood clots, and strokes, which can be fatal.<sup>2</sup>

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 symptoms<sup>2</sup>

**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.<sup>3</sup>

Annually, acetaminophen toxicity kills nearly 500 people and causes 56,000 ER visits, 2,600 hospitalizations, and 100,000+ calls to Poison Control Centers.<sup>4</sup> 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.<sup>5</sup>

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

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

**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.<sup>6</sup> Hydrocodone caused 62% of accidental Acetaminophen-induced Acute Liver Failures.<sup>5,7</sup>

## 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



### "Finally, no more pain pills for me!"

"I had a herniated disc at L3 and L5, according to my MRI. My right side was in excruciating pain from my disc pushing on my sciatic nerve. I was in the E.R. every weekend. I was taking all kinds of pain pills, was in a wheelchair for 2 months and used a walker for 1 month. The pills were becoming very addictive and that made me scared. I was three days from having back surgery when I saw an ad in the newspaper. The Dr's put me on the Decompression Table and only 6 weeks later my back and leg feel wonderful. Finally, no more pain pills for me."

~ Hilma S.

#### References:

1. [http://www.fda.gov/consumer/updates/pain\\_reliefers.pdf](http://www.fda.gov/consumer/updates/pain_reliefers.pdf).
2. [http://www.fda.gov/medwatch/SAFETY/2006/Jan\\_PI/AdultNSAIDRxTemplate.pdf](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.

IN 2005 ALONE

22,400

ACCIDENTAL OVERDOSE DEATHS WITH OPIATE SUBSCRIPTIONS

VS.

17,000

HOMICIDES IN THE USA

ACETAMENOPHINE  
TOXICITY KILLS

500

PEOPLE  
ANNUALLY

RISKY  
TEMPORARY  
RELIEF

MORE THAN 90% OF PATIENTS REPORTED **COMPLETE OR SIGNIFICANT 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.<sup>1</sup>

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.**<sup>2</sup>

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.**<sup>3</sup>

### 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 surgery<sup>3</sup>

#### 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



### “Three Steroid Shots In My Back Didn’t Help.”

*“I was in excruciating pain for two years. A “Pain Management Doctor” gave me three steroid shots in my back which didn’t help. The first shot helped a little temporarily. The second shot helped even less and the third shot didn’t help at all. Then I saw an ad in the newspaper for spinal decompression. I started getting relief after one week of treatment. It gets better every time. I am now able to do the things that I have missed over the last 2 years. It works, it helped me.”*

~ Lois S.

#### 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:



## “2 failed back surgeries and still no relief...”

*“In 2000, I still had severe pain and I was informed no further surgeries would help. I had extreme pain while standing and walking. The pain was constant and was an 8-10 on a scale of 1 to 10. An Orthopedic Surgeon indicated that there was nothing more that could be done. I tried epidurals and pain meds with no success. I decided that my last attempt at pain relief would be spinal decompression. It has been an amazing experience. Six weeks later I can walk better, am reduced to a level “3” pain while standing, have less stress and have a better outlook on life. I only wish I had known about Spinal Decompression before going under the knife because I really feel that I wouldn’t have needed the surgeries that didn’t even help.”*

~ Clifford S.

*“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.<sup>1</sup> Fewer than 5% of people with back pain are good candidates for surgery.<sup>2</sup>

## 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

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

## 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.

# 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.

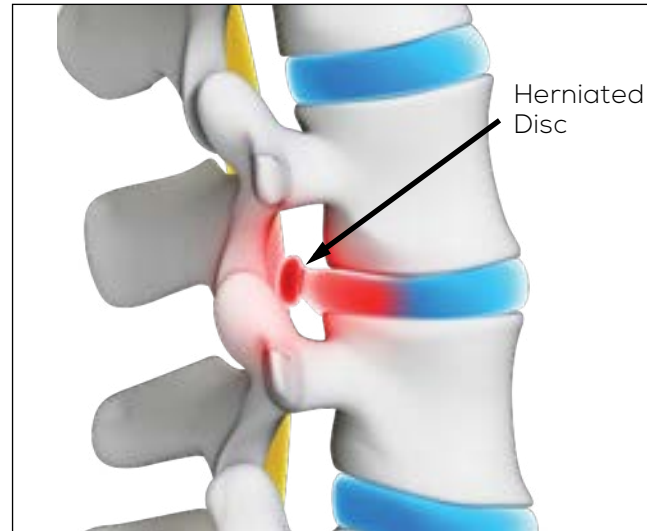
## How Does a Herniated Disc Occur?

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.



**"After 4 weeks, the pain from my disc herniation was gone!"**

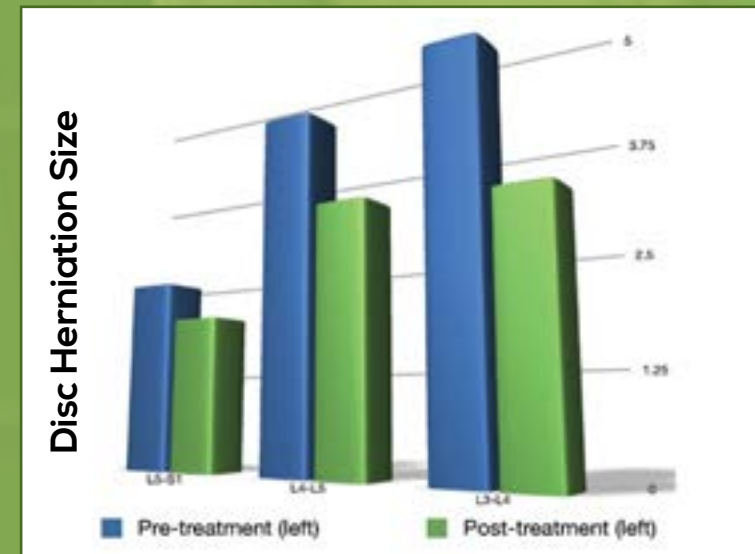
*"After experiencing excruciating pain from a work-related injury, I knew I needed an immediate solution. I found it hard to walk, stand, sit or even lie down. I even had to take an absence of leave from my job at the restaurant due to my pain. My pain level was a 10, on a scale of 1-10. After learning that I had a herniated disc at L4-L5, along with spinal stenosis, I was scared that I would be facing surgery. I had tried everything. My chiropractor referred me for spinal decompression. After 4 weeks, my pain was completely gone! Thank you for allowing me to get my life back. I am excited to be able to return to work after not having been able to work the past 6 months because of the pain."*

~ Jeff B.

# 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?

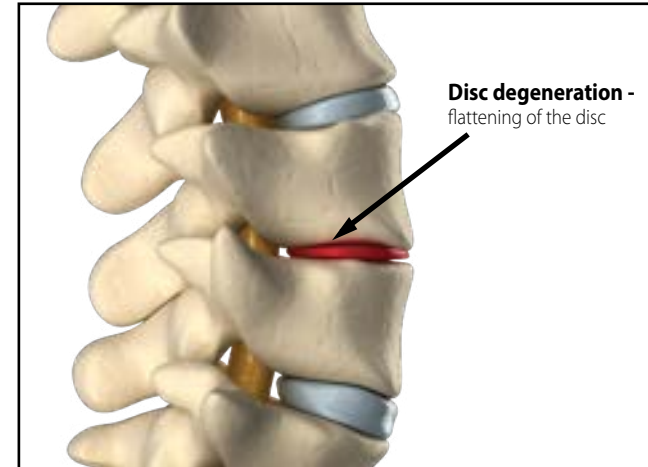
Age, smoking, obesity, previous injury and people who do heavy physical lifting are all some factors that can lead to Degenerative Disc Disease. This can lead to

- 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>.



## "Burning, stabbing pain from Degenerative Disc Disease"

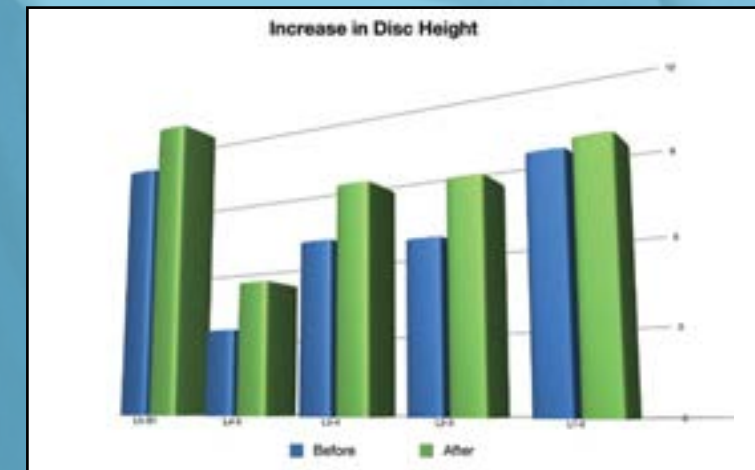
*"When I started this program, I had burning, stabbing pain down my right leg and numbness and tingling in my foot. Doctors told me I had Sciatica complicated by Degenerative Disc Disease. I tried chiropractic and physical therapy with only minimal relief. Sometimes the physical therapy actually made it worse. After beginning the spinal decompression treatments the pain is now gone. My back was always sore and stiff. Now it feels much, much better. Overall, this program worked wonders for me and I hope it will for everybody."*

~ Tim S.

# 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.<sup>1</sup>



## 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

"MY BACK WAS ALWAYS SORE AND STIFF. NOW IT FEELS MUCH, MUCH BETTER!"



# 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.

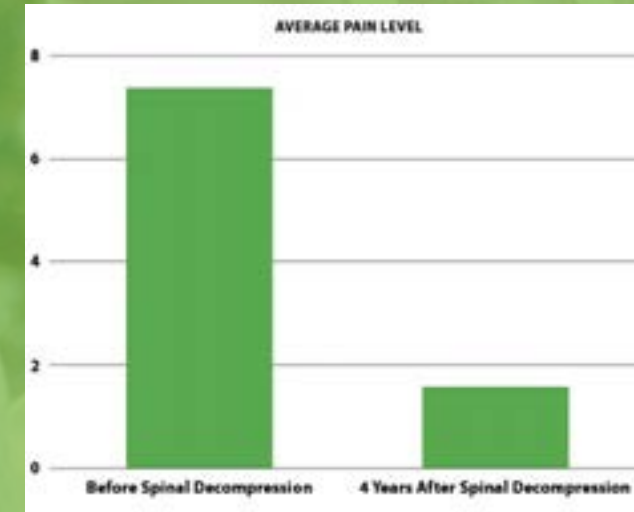
**Journal of Neurological Research:** Vertebral Axial Decompression for Pain Assoc with Herniated or Degenerated Discs or Facet Syndrome: An Outcome Study. April 1998. Vol. 20, NO.3. E. Gose, PhD; W Naguszewski, MD; R. Naguszewski, MD.

**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.



### "5 Years Later And Still No Pain!"

"When I had Spinal Decompression treatments 5 years ago I was suffering from severe pain in my lower back and right leg. On a scale from 1-10, my pain was a 10. I was also experiencing some tingling and numbness associated with the pain. I just wanted the pain to go away. I tried epidurals/steroid shots, physical therapy, traditional chiropractic, massage, exercise and pain medication. I was taking about four pain pills a day. I found a Spinal Decompression Clinic on the internet and wondered if spinal decompression would work for me and if I would have to continue the treatment for the rest of my life? As a result of the spinal decompression I am able to walk, sit and stand pain free. And I am back to work with no problems. The pain in my back and my leg is completely gone. I would recommend spinal decompression to everyone."

medication. I was taking about four pain pills a day. I found a Spinal Decompression Clinic on the internet and wondered if spinal decompression would work for me and if I would have to continue the treatment for the rest of my life? As a result of the spinal decompression I am able to walk, sit and stand pain free. And I am back to work with no problems. The pain in my back and my leg is completely gone. I would recommend spinal decompression to everyone."

-- Gilbert R.

## 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
- Neurologists
- Pain Management Specialists
- Chiropractors
- Medical Doctors
- Physical Therapists

## PATIENTS IN THEIR OWN WORDS

### **"AMAZING RESULTS WITHIN A FEW DAYS"**



"As an owner of a housekeeping business, I started spinal decompression due to constant pain in my low back, with pain radiating down to my legs. After starting spinal decompression I felt amazing results within a few days. I can enjoy my days being pain-free. And I am still able to work. My kids really appreciate me being able to play with them and not be restricted or limited to activities. I would highly recommend spinal decompression as a non-surgical, medication-free, painless treatment that has great results. Within a matter of a few days I was able to stop my pain medication and since then not have to take one! Treatment is painless and actually relaxing. I really enjoyed it. Most of all no recovery needed."

~ Maria B.

### **"COMPLETELY SATISFIED WITH SPINAL DECOMPRESSION TREATMENTS"**



"I started spinal decompression because of low back pain that began 5 years ago. On a scale of 0-10 my pain was about a 7-8. I had tried epidurals/steroid shots, exercise, physical therapy, and pain medication with only mild temporary relief. As a result of my

treatment I am now able to enjoy sports, physical exercise, and most of all have more sex. I would highly recommend Spinal Decompression to anyone suffering from back pain. I was a very bad case and I am completely satisfied with spinal decompression treatments, and am glad I did not have back surgery!"

~ Ralph O.

### **"SPINAL DECOMPRESSION FIXED WHAT SURGERY COULD NOT"**



I was suffering from Herniated Discs in my lower back. The pain was the worst pain I have ever felt in my life. It was so bad that I could not sit in the chair in the front lobby waiting to meet the Doctor for the consultation. I was actually lying on the floor when we met because that was the only relief

from the constant pain. On a scale of 0 - 10, my pain was an 11! (Seriously!) The pain ran down my right leg often causing loss of feeling in my right foot affecting my walking. I have had back pain for most of my adult life including surgery in 2001 which was expensive and only helped temporarily. I had tried nearly every treatment known for backs since 2001. I tried epidurals/steroid shots, physical therapy, massage, back surgery, exercise, inversion table and pain medication. I took prescription painkillers until the prescription ran out, then about 12 - 16 Advil a day. Spinal Decompression has been the only treatment that has significantly helped. I am running again, I am back working out at the gym, I can do just about anything now. I don't feel limited anymore and I look forward to playing sports again.

~ Daniel M.

### **"SPINAL DECOMPRESSION IS WAY BETTER THAN TAKING PILLS"**



"I had an annoying pain in my neck for several months. I was starting to get pain, numbness and tingling in my arm and hand. Eventually my entire arm and hand became numb and I couldn't move it and I couldn't even work at my computer. A friend recommended spinal decompression. 3 treatments later I am 90% improved. Nothing short of miraculous in my opinion. And it's way better than taking pills with side effects or getting shots that are only temporary."

~ Michael C.



## DOCTORS' SPEAK

### WHAT DOCTORS ARE SAYING ABOUT NON-SURGICAL SPINAL DECOMPRESSION

"As the success rate is so high, physicians should have an ethical obligation to try decompression therapy with their patients prior to even contemplating surgery."

*Dr. Thomas D. Meck, M.D. Neurosurgeon, Odessa, Texas*

"I had deteriorated discs at L4-L5 and L5-S1 in my lower back. I had excruciating pain in my lower back and all the way down to my left foot. I saw a program about decompression therapy on TV and decided to call. After 15 sessions I had only a slight twinge of pain on occasion. Since that day on, I am completely pain free. I jog the same as I used to, as I did last evening. I am back without any pain at all and I've got to say that spinal decompression was the thing that did it for me."

*Robert Channey M.D. - former Assistant Surgeon General of the United States.*

"As a surgeon, I only want to do surgery when I absolutely have to. Non-Surgical Spinal Decompression Therapy gives my patients a more conservative treatment option that can eliminate the need for surgery altogether, and that's a very good thing."

*Dr. Bernard Zelig, DO, FACOS, FAOAO, FICS - Osteopathic Physician and Orthopedic Surgeon Founding Dean and Provost of Touro University College of Osteopathic Medicine; Vallejo, CA*



"As a licensed neurologist I have seen some of the toughest cases of neck and back pain around. Often times patients come to me after everything else has failed. The RenuvaDsic spinal decompression table is one of those therapies

that I know that even when everything else has failed gets unbelievable results time and time again. Every day I am constantly surprised at the miraculous results my patients are seeing for their herniated, bulging, and degenerated discs."

*Dr. Samir Haddad, Licensed Neurologist, New York*

"In more than 15 years of practice Spinal Decompression has been by far, the best modality I have ever used in my office. It has allowed me to treat patients, who I would not normally accept because of the severity of their problems and confidently look them in the eye when I tell them I can help them. I have seen so many amazing "miracles" month after month. We have patients who drive over 100 miles each way for this treatment. One of our most successful patients who got amazing results works for a local back surgeon. After her great results she referred her mom who drove 5 hours and through 3 states EACH WAY who also got amazing results. SPINAL DECOMPRESSION WORKS!!"

*Dr. Travis Broughton, Seattle Washington*



"Spinal Decompression is the most significant, life changing neck and back pain solution in the last 100 years. It dramatically changes the lives of most patients with chronic neck and back pain even when everything else has failed.

It's amazing to watch this incredible therapy spread worldwide as other countries are now seeing how truly effective this therapy is without the use of pills, shots or surgery."

*Brian Self, Chiropractor, Arizona*

## 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



## Put Down Your Pain Pills and Call Today!

800 HWY 290 West Bldg. F, Suite 500  
Dripping Springs, TX 78620

(512) 858-WELL  
FFChiro.com



### **"My back used to hurt all day, everyday"**

*"Doctors told me I have Degenerative Disc Disease. That's when I saw an ad for Spinal Decompression. After my second treatment, I could get out of bed in the morning with no pain. 3 weeks later I am pain-free! Thank you for making my life better.*

**~ Bess K**