

Now There's Hope for Lasting Relief with Non-Surgical Spinal Decompression

Are You Suffering From Chronic Neck or Low Back Pain?

*Treat Neck Pain, Back Pain,
and Sciatica caused by:*

- ▶ **Bulging/Herniated Discs**
- ▶ **Degenerative Disc Disease**
- ▶ **Facet Syndrome**
- ▶ **Failed Back Surgery**

Without the use of:

- ✗ **Drugs**
- ✗ **Injections**
- ✗ **Surgery**

"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 Zeliger, DO, FACOS, FAOAO, FICS —
Osteopathic Physician and Orthopedic Surgeon

*Founding Dean and Provost of Touro University
College of Osteopathic Medicine; Vallejo, CA*

**Individual patient
results may vary.**

What Is Spinal Decompression Therapy?

Proven Non-Surgical Treatment for Back and Neck Pain

Non-Surgical Spinal Decompression (NSSD), also referred to as Spinal Decompression, is proven to treat back pain, neck pain, and sciatica caused by bulging, herniated, and degenerative discs or facet syndrome. Even post-surgical patients and those suffering from certain types of stenosis (a narrowing of the spinal canal) have reported significant pain relief from NSSD treatments.

Over a series of relaxing treatment sessions, patients can experience powerful pain reduction and remission of symptoms. Some patients even notice an improvement in their symptoms after the first few treatments!

Unlike Anything You've Ever Experienced

Non-Surgical Spinal Decompression, not to be confused with linear traction, slowly lengthens and decompresses the spine, creating negative pressures¹ 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,

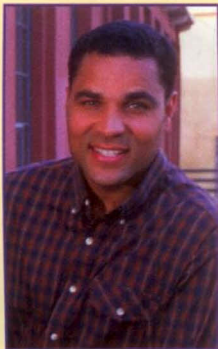
taking pressure off pinched nerves. Spinal experts believe that nutrients, oxygen, and fluids are drawn into the disc to create a revitalized environment conducive to healing.²

Experts surmise that Non-Surgical Spinal Decompression stimulates the body's repair mechanism, providing the building blocks needed to mend injured and degenerated discs. NSSD enables the body to get to work and heal itself! Now there truly is hope for lasting relief without drugs, injections, or surgery.



1. Gustavo Ramos, MD; William Martin, MD, Effects of Vertebral Axial Decompression on Intradiscal Pressure, *Journal of Neurosurgery*, 81(3), 1994.

2. Michael Schuenke, MD, PhD; Erik Shulte, MD; Udo Schumacher, MD, *Thieme Atlas of Anatomy*. Germany: Georg Thieme Verlag, 2006.



"Driving, walking, sitting, standing, and bending were all impossible to do without unbearable pain. I met with the doctor offering Non-Surgical Spinal Decompression therapy, and he felt very strongly that the therapy could be of help. By this time I was skeptical of anything claiming its ability to relieve my pain, but WOW! I can't believe the difference! I met many people at my doctor's office that had a poor outcome from their surgical procedures and am glad that I chose the route I did. I would highly recommend this therapy to anyone with a problem similar to mine." — **Christopher R.**

"I had pain in my low back



and down my right leg for years. I was having trouble even walking up the stairs. I had four epidurals, which didn't help much, and the last one was very painful. I started

my mornings off with pain medication. The more I tried to do throughout the day, the worse I felt. For the past two years, I had to sleep in a recliner with a pillow underneath my legs, and even then it was hard to sleep.

I had seen two chiropractors, a physical therapist, and a pain management specialist, but nothing helped until I underwent Non-Surgical Spinal Decompression Therapy. Now I'm sleeping really well, and I never wake up due to back pain. I can finally do the things I want to do, without pain." — **Ruthann T.**

"I injured my back while



I was kayaking. An MRI showed I had stenosis and a herniated disc which caused pain and sciatica in my left hip and leg. I tried everything from massage, chiropractic, acupuncture, exercise, and rest. I feared things would never get better, but then friends suggested Non-Surgical Spinal Decompression. After 15 treatments, my pain was gone. I had a few more treatments and was soon back to being able to work, garden, hike, kayak, and otherwise enjoy my life to the fullest without pain. Now, 18 months later, the pain has not returned. I can't say enough about how grateful I am." — **Barbara D.**

Invention Born of Necessity

How one physician's injury led to his invention of Non-Surgical Spinal Decompression.

Allan Dyer, MD, PhD, is the inventor and founder of the revolutionary technology behind Non-Surgical Spinal Decompression. As former Deputy Minister of Health in Ontario, Canada, Dr. Dyer's many contributions to health sciences include his extensive, pioneering research that contributed to the development of the heart defibrillator.

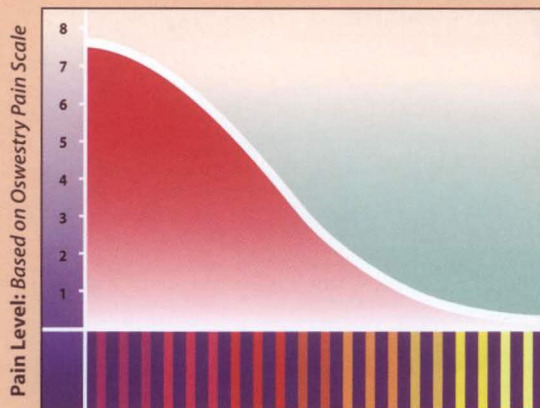
Dr. Dyer's own experience with back pain began when he was debilitated by a herniated disc. After conventional treatments failed, his creative intelligence went into high gear. He developed a method of exerting pull on the spine that is far more sophisticated than traditional traction. He discovered that by slowly increasing pull-tension on the spine, followed by a hold then partial release, and repeating these steps over a 30–45 minute time period, a vacuum could be created within injured discs. This vacuum was found to assist in repositioning extruded disc material back into place, and has been credited with creating an environment within injured discs conducive to healing.

Dr. Dyer set about designing a device to implement this method. After more than six years in research and development with a team of physicians, engineers, and technicians at major teaching hospitals, Dr. Dyer introduced the VAX-D® unit in 1991. VAX-D, short for Vertebral Axial Decompression, is the predicate device from which all Non-Surgical Spinal Decompression Therapy units are modeled.

Happily, Dr. Dyer used his invention on his own injured disc. Soon he was able to walk pain-free and has been doing so for more than 15 years. Today thousands of Spinal Decompression units operate throughout the world, treating tens of thousands of patients a day.

VAX-D® is a registered trademark of VAX-D Medical Technologies.

Four Years after Treatment: Patients Enjoy Long Term Results!



A four-year, multi-center followup study*† on the lasting effects of Vertebral Axial Decompression (VAX-D) showed remarkable levels of sustained relief in 23 back pain patients. All had undergone several types of treatment before receiving VAX-D Therapy. Before treatment, patients reported an average pain level of 7.41 out of a possible 8.

Immediately following treatment protocol:

- Average pain levels were reduced from 7.41 to 3.41 immediately after treatment.
- 71% showed more than a 50% reduction in pain.

Four years following treatment protocol:

- 91% were able to resume their normal daily activities.
- 86% showed a 50% or better pain reduction.
- Employment status increased by 40% among those previously out of work due to back pain.
- 87% were either working or were retired without having back pain as the cause for retirement.
- 52% of respondents reported a pain level of zero.
- Average pain levels were further reduced to 1.57.

Pain relief not only lasted but improved!

* R. H. Odell, MD, PhD and D. A. Boudreau, DO, in the March 2003 edition of *Anesthesiology News* (Vol. 29).

† This research was performed on a VAX-D unit, the foundational predicate device for all Non-Surgical Spinal Decompression machines having received FDA 510K clearance. VAX-D® is a registered trademark of VAX-D Medical Technologies.



“I have given close to

10,000 Non-Surgical Spinal Decompression treatments over the last three years. Knowing how many people this helps, I would never practice again without this technology.”

— **Dr. Adrian Marcus, DC** —

Doctor of Chiropractic

“My pain was so bad

that it kept me from getting out of bed. One morning, I could not pull myself up and had to crawl! My MRI showed that disc L4–L5 was herniated. I started Non-Surgical Spinal Decompression, and by my fourth session, the pain was gone! At the end of my twentieth session, my flexibility was back to such a degree that I had not experienced for almost 12 years.

One month previous to writing this letter my future looked bleak, with only invasive options to consider. I don't even want to think about what would have happened if I had not heard from a friend about Non-Surgical Spinal Decompression — **Ken L.**

What Can I Expect?

Getting Started



At your first visit, your doctor will conduct a physical exam and might recommend an X-ray or MRI to pinpoint the specific areas of damage and discomfort. Your doctor will then determine your course of therapy and whether you are a candidate for Non-Surgical Spinal Decompression (NSSD).

The Pressure Is Off!

At the beginning of each session, you will be comfortably fitted with a pelvic harness designed to achieve optimal decompression of the lumbar spine. As a session of NSSD commences, you will notice a slow lengthening in your spine as your discs are gradually decompressed and relieved of pressure.



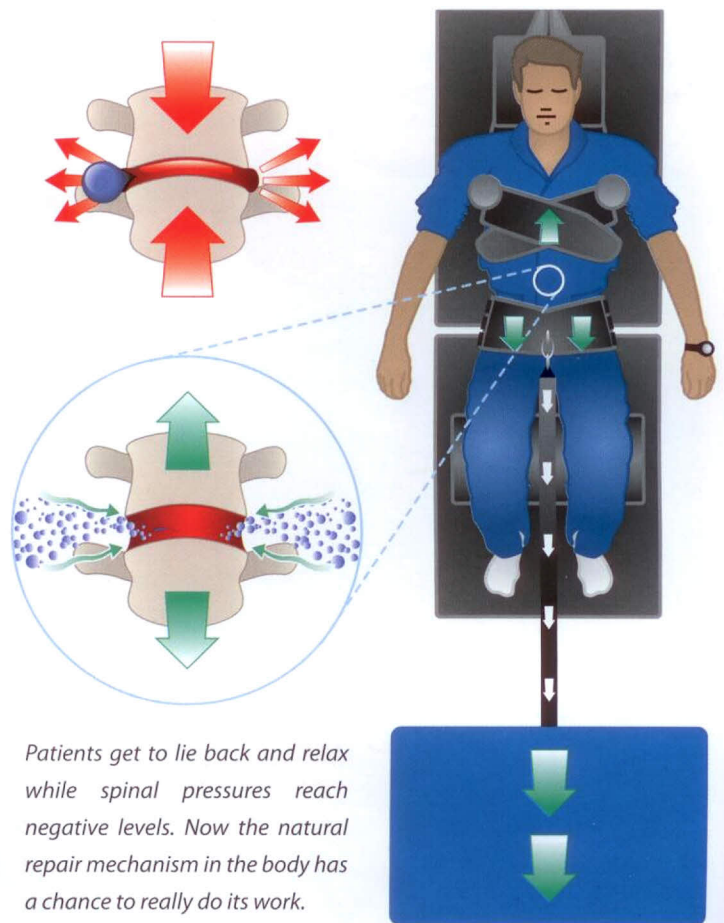
The treatment process is safe and relaxing. While some patients with extensively injured discs have reported mild discomfort during the first few treatment sessions, their discomfort subsides upon subsequent visits.

A patient safety switch, or quick-release clasps on the upper-body harness provide an extra safety feature, allowing you to stop at any point should you feel discomfort. Each treatment session lasts approximately 30–45 minutes.

Typical Treatment Regimen

A typical NSSD treatment regimen 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 NSSD program.

As a session of Spinal Decompression progresses, the discs are relieved of pressure, creating a vacuum of negative pressure within the disc. Many experts believe this decompressed state aids in pulling nutrients, oxygen, and moisture back into the discs.



Patients get to lie back and relax while spinal pressures reach negative levels. Now the natural repair mechanism in the body has a chance to really do its work.

What Is Causing My Back Pain?

While only a trained medical professional can accurately diagnose and recommend appropriate treatment, a basic understanding of common causes of back pain and how Non-Surgical Spinal Decompression works to alleviate them can help you in making a more informed decision concerning your treatment options.

Understanding How the Spine Works

Your spine is composed of 24 bones called vertebrae. In between each vertebra is a fibrous disc (annulus fibrosus) filled with a jelly-like substance (nucleus pulposus), which provides flexibility and cushioning for the spine.

The vertebrae protect the spinal cord, which runs through a tube at the back of the spine called the spinal canal. In the lower portion of the back, spi-

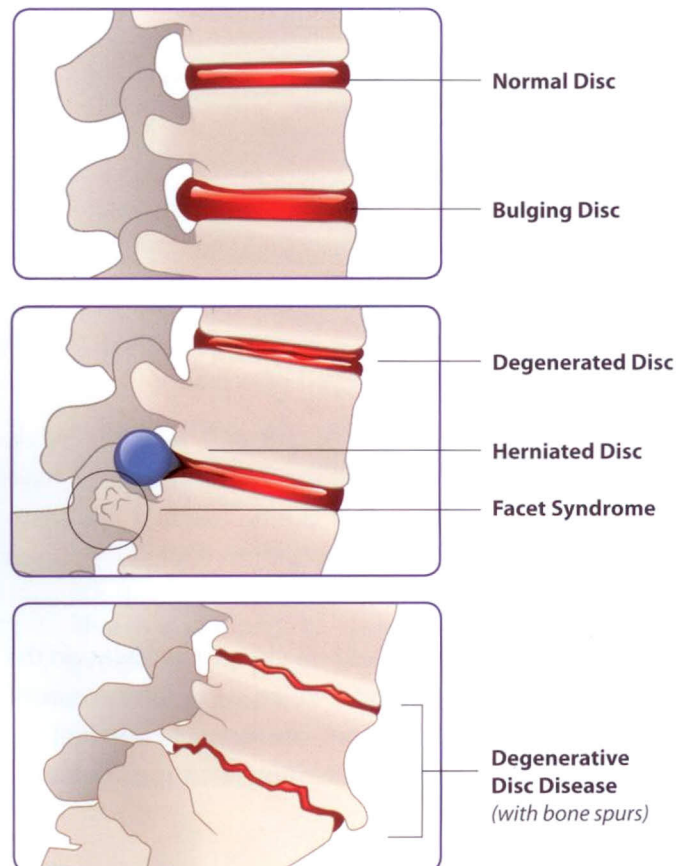
nal nerves exit the spinal canal between the vertebrae and unite as they move down through the pelvis. Some of these spinal nerves join to become the sciatic nerves, which travel down through the buttocks, along the backs and sides of the thighs and calves, and into the feet.

With such a dense network of nerves traveling throughout the back, it is easy to see how great discomfort may be caused by a slight upset in the delicate architecture of the spine. Accidents and injury may damage discs and vertebrae, putting pressure on nerves. This results in tingling, numbness, muscle weakness, or even sharp, shooting pain.

Shown in the illustration below are some of the more common diagnoses for back pain that will be covered at length in the coming pages.

Consider These Facts on Back Pain:

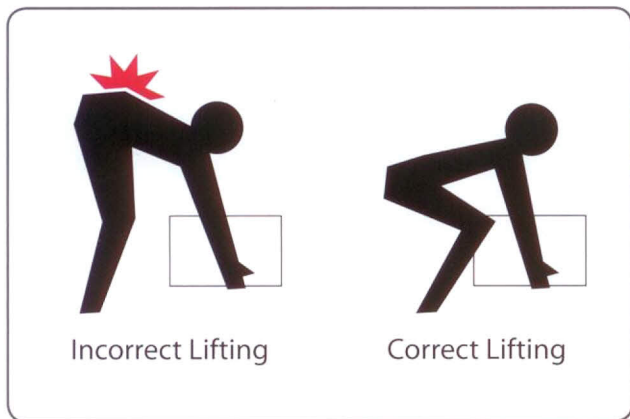
- *On any given day, 6.5 million people are in bed because of back pain.*
- *Approximately 5.4 million Americans are disabled annually due to back pain.*
- *Back pain is the #2 reason for hospitalization.*
- *Up to 85% of the U.S. population will have back pain at some time in their life.*
- *After cold and flu, back pain is the number one cause of work absence.*
- *Spine surgery is the second leading surgical procedure in America, with the total number in the U.S. approaching 500,000 per year.*
- *An estimated 93 million workdays are lost each year due to back pain.*



Lift with Your Legs, Not with Your Back!

Many bulging and herniated discs can be attributed to lifting objects incorrectly. When picking up an object from the floor, bend at the knees, keeping the spine as erect as possible. Rise using the strength of your legs, as their simple and sturdy architecture is designed for such exertions. Putting great amounts of pull or pressure on the spine when bent forward or backward can compromise its delicate alignment.

Of course, there is no right way to lift an object that is simply too heavy. Listen to your body, and if you feel any discomfort while doing heavy lifting, back off and save your back!



"For three very long years

I had severe lower back pain. Doctors tried epidurals, to no avail, and said I would have to learn to live with it. I'd been using a walker to get around and I could not stand more than five to ten minutes without excruciating pain. My activities were very limited; I was unable to sleep in a bed for three years. After reading an article on Non-Surgical Spinal Decompression Therapy, I decided to try it out.

After 12 visits, I am now sleeping in a bed, and my walker is put away as I no longer need to use it. I'm able to go shopping for over an hour without any increased pain. I'm cooking meals and cleaning without having to sit down every five minutes because of the pain.

My family cannot believe the changes. I thought I would have to live with this for the rest of my life. I am so thankful that I tried this and would encourage you to do the same!" — **Mardella S.**

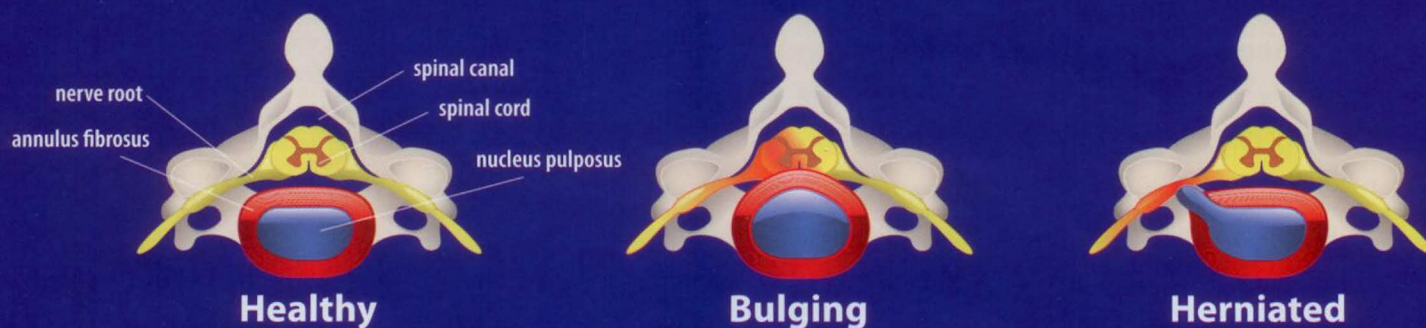
Other Common Causes of Back Pain:



Individual patient results may vary.

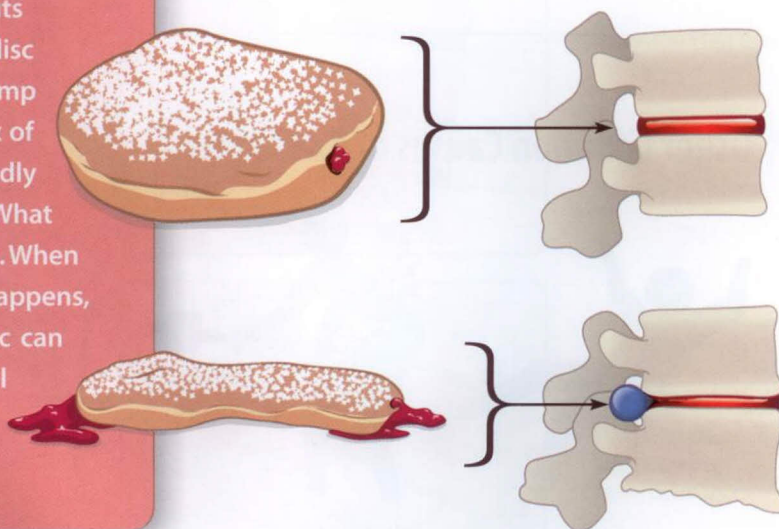
Bulging and Herniated Discs

Discs are located between each vertebra and provide flexibility and shock absorption for the spine. The thick, fibrous outer disc wall, known as the annulus fibrosus, surrounds a jelly-like center, called the nucleus pulposus. Discs undergo tremendous amounts of stress, which can sometimes lead to a bulging disc, which is when the disc wall becomes weakened enough to allow the disc to bulge out and press painfully on surrounding nerves. A herniated disc occurs when the pressure within a disc is so great that a tear occurs in the disc wall (annulus fibrosus), allowing a portion of the nucleus pulposus to protrude. The escaped nucleus pulposus may then impinge painfully on nerve roots, leading also to numbness, tingling, and/or muscle weakness associated with the condition of sciatic pain. The illustration below gives a bird's eye view of what exactly is going on when a disc bulges or herniates.



The Jelly Donut Analogy

Comparing the discs in your back to jelly donuts gives you a good idea of what happens when a disc herniates. Picture in your mind a jelly donut, plump with strawberry filling. Have you ever set a box of donuts on your office chair, only to absentmindedly plop down on them a few moments later? What happens? The jelly oozes out under the pressure. When a disc ruptures or herniates, the same thing happens, except, unlike the jelly donut, a herniated disc can be repaired! That's where Non-Surgical Spinal Decompression comes in.

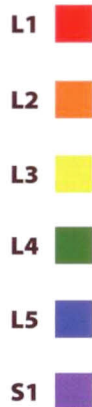


Sciatica, Spinal Stenosis

What Is Sciatica?

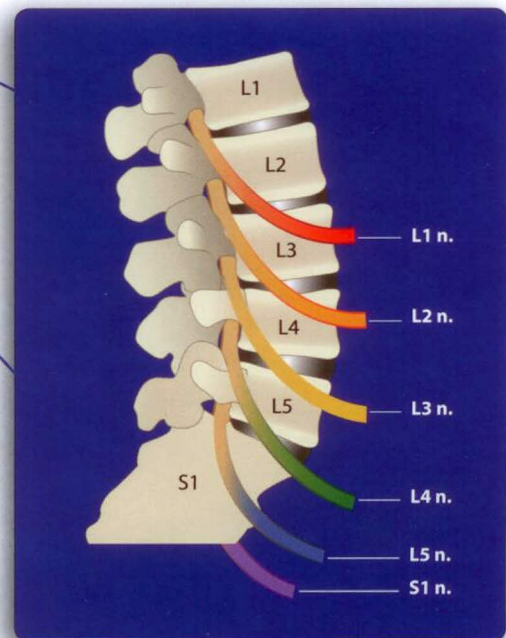
Sciatica is the sensation of pain, tingling, or numbness in the buttocks and/or legs produced by an irritation of the sciatic nerve. Multiple nerve roots extend from the spinal cord between the vertebrae and join to form the sciatic nerve, which branches as it descends into the buttocks and down each leg to the ankles and feet. The primary causes of sciatica are herniated, bulging, or degenerated discs, which induce pressure on the spinal nerve roots.

Other causes include small, bony growths on the spine (bone spurs) or compression of the nerves through injury. In rare cases, the sciatic nerve may be irritated by conditions such as tumors, pregnancy, or piriformis syndrome.



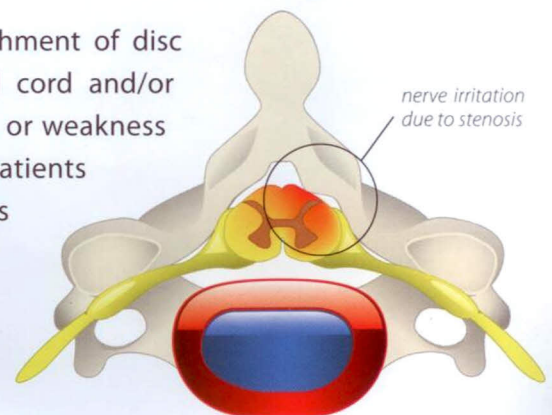
Where Does It Hurt?

In the illustration below, the letters L1–L5 refer to the lumbar (lower) portion of the spine and S1 refers to the first segment of the sacral vertebrae. Over 90% of herniated discs occur in the lowest two levels of the lumbar spine, between L4–L5 and L5–S1. The colors reflect the regions of the lower body potentially affected by compression of each given lumbar and sacral nerve root. Do you experience pain, tingling, or numbness in any of these regions?



What Is Spinal Stenosis?

Stenosis is a narrowing of the spinal canal due to the encroachment of disc material or bony growths that squeeze and irritate the spinal cord and/or extending nerve roots. This can lead to pain, numbness, tingling, or weakness in the legs, feet, or buttocks. The benefits that many stenosis patients derive from Non-Surgical Spinal Decompression may be due to its positive repositioning and rejuvenating effect on the herniated and degenerative discs that often accompany stenosis. Spinal stenosis, which may be found in conjunction with other spinal conditions, is commonly a contributing cause for sciatic symptoms.



Degenerative Disc Disease

What Is Degenerative Disc Disease?

Degenerative disc disease is not technically a disease, but rather a state of disc dehydration and deterioration due to a combination of cumulative trauma, poor dietary and exercise habits, and aging. As discs degenerate they become more prone to failure from physical stress, which may tear disc fibers and result in more complications, such as osteoarthritis, disc bulging, disc herniation, and stenosis.

Many spine experts conclude that the vacuum of negative pressure created within the disc by Non-Surgical Spinal Decompression helps the disc to attract moisture from surrounding tissue, rehydrating and revitalizing thinning and torn degenerated discs.

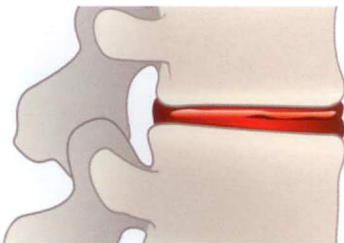
If You Don't Use It, You'll Lose It

Traumatic spinal injuries may cause patients to avoid their normal daily activities. Without treatment, pain will progressively worsen, resulting in decreased physical activity and gradual weakening of the supportive spinal muscles, leading to accelerated disc degeneration.

Going, Going ... and Finally Gone

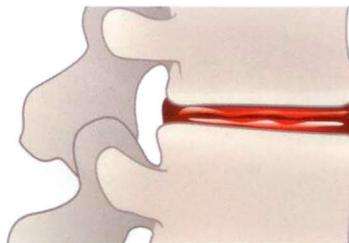
Phase I: Dysfunctional

Phase I of degenerative disc disease is categorized by tears around the outer surface of the annulus. Further damage to the disc and surrounding tissue is exacerbated by the less effective disc.



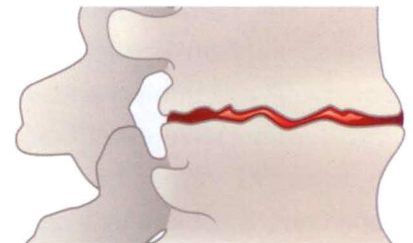
Phase II: Unstable

In Phase II, the joint progressively loses strength. Disc changes include further tearing along the horizontal axis of the disc, greater loss of disc height, and cartilage degeneration.



Phase III: Stabilization

Further loss of disc height, disc space narrowing, moderate to severe endplate damage, disc fibrosis, and the formation of osteophytes can eventually cause surrounding vertebrae to fuse together.



"I'm eighty-nine years old

and I have had low back pain off and on for years. For the past eight months I had terrible back pain every single day. Amazingly, after only six treatments of Non-Surgical Spinal Decompression, I no longer needed pain medications or the use of a cane to get around my home or garden."

— Margaret S. —

"After two years of dealing

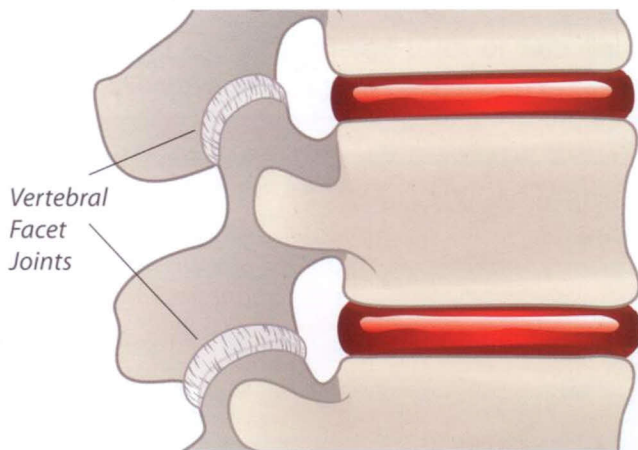
with the pain, and, at times, hardly being able to walk with even a cane, I am so grateful to say that I am finally pain free. Non-Surgical Spinal Decompression was truly an answer to my prayers. Thank you so much for fixing my back.

— Earlene O. —

Facet Syndrome

What Is Facet Syndrome?

Facets are the bony, wing-like protrusions extending from the back of the vertebrae that align with facets on the vertebrae above and below, and give the spine a more diverse range of motion. Facets function as guides for the spine and are not designed for bearing weight like vertebrae and discs. Joining adjacent facets are small ligaments called facet joints. Facet syndrome involves inflammation of the facet joints. It is one of the lesser-known but surprisingly common causes of back pain.



Bearing the Brunt of Unhealthy Discs

When a person is standing upright, the facet joints bear about 16% of the normal compressive forces of the spine.¹ With disc height loss of 1–3 mm, the compressive load can be five times the normal amount on the facet joints.² Bearing the brunt of all that weight can lead to tearing or degeneration of the ligaments, as well as inflammation of surrounding tissues. Adhesions over the joint surface can form over time, leading to loss of mobility and breakdown of facet cartilage. An indicative symptom is a deep ache in the lower back that may extend to the buttocks, hip, and even below the knee. Facet syndrome is often associated with degenerative disc disease and soft tissue damage in the lumbar spine.

Contributing Factors to Spinal Injury and Disease



Age:

As we grow older, discs may dry and crack, losing flexibility and the ability to cushion the vertebrae. Good diet, plenty of exercise, and water intake can help slow the process.



Exercise:

Exercise keeps the muscles surrounding the spine strong, decreasing injury susceptibility. Exercise also helps to maintain healthy blood flow to discs and surrounding tissues.



Diet:

A healthy diet with appropriate supplementation will help ensure that your bones and tissues are receiving proper nutrients.



Activities:

Maintain an awareness of what your body can handle. Falls or reckless exertions on the body, such as lifting heavy objects, can lead to severe spinal injuries. Be smart!

1. M.A. Adams, W.C. Hutton The effect of posture on the role of the apophysial joints in resisting intervertebral forces. *Journal Bone Joint Surgery Br.* 1980; 62:3858–62.

2. Dunlop RB, Adams MA, Hutton WC. Disc space narrowing and the lumbar facet joints. *J Bone Joint Surg Br.* 1984; 66:706–10.

Cervical Decompression for Neck Pain

Non-Surgical Cervical Decompression

Non-Surgical Cervical Decompression works on the same principles as spinal decompression for the low back. Pressure within a damaged disc can be reversed, drawing in fluid as well as the herniated disc material. This removes pressure from nerve roots and relieves pain.



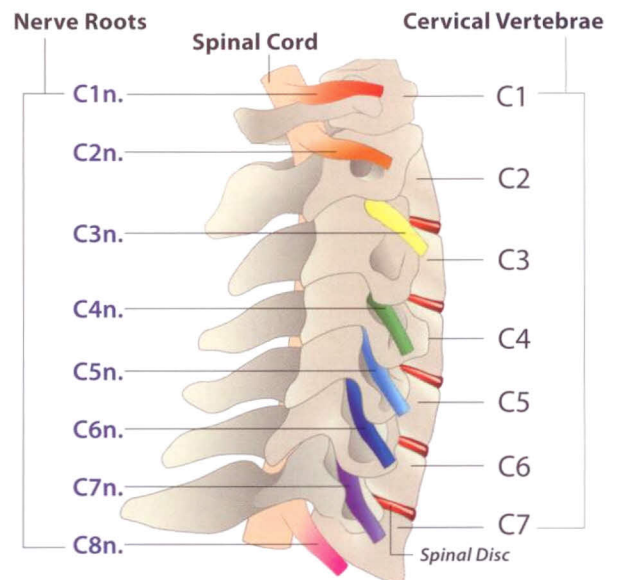
The Architecture of Your Neck

The cervical spine contains and protects the spinal cord in the neck while providing support and mobility for the head. The illustration (at right) shows the seven cervical vertebrae, labeled C1–C7. The skull is supported by C1. Cervical vertebrae are smaller in size compared to other vertebrae, giving the neck a more diverse range of motion and flexibility.

The cervical nerve roots, labeled C1n.–C8n., join together and extend from the spinal cord into the supporting muscles, tendons, and ligaments of the neck. The nerves originating in the neck extend down into the shoulders, arms, hands, and fingers, providing muscular control and sensations to the upper extremities.

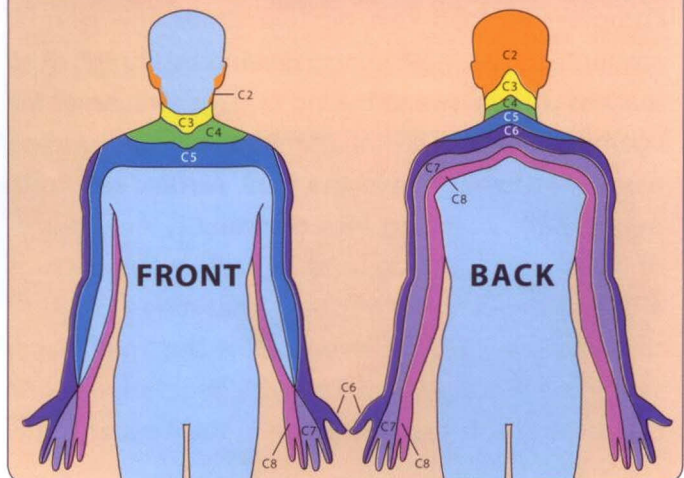
Cervical Radiculopathy

Nerve damage caused by severe pressure to the cervical nerve roots is known as Cervical Radiculopathy (ra-dik-u-lop'-a-thee). Common causes include disc bulging or herniation, degenerative disc disease, spinal stenosis, osteoarthritis, and facet syndrome. Symptoms are pain, numbness, tingling, and/or muscle weakness in the regions of the shoulders, arms, hands, or fingers. While an X-ray or MRI can help to rule out a serious injury, a detailed medical history and physical exam can help your doctor correctly determine the precise cause of the symptoms.



Cervical Dermatome Map: A dermatome is a region of skin supplied by nerve fibers originating from a single spinal nerve root. Compression of the nerve root affects sensation in the corresponding dermatome. The most common nerve root injuries caused by herniated discs are at the levels of C5n.–C7n. (*Maps vary*).

- C1n:** No sensory dermatome. Upper neck muscle movement.
- C2n:** Back of head, upper to mid neck.
- C3n:** Upper back of neck, mid to lower front of neck. C3n.–C5n. supply diaphragm for breathing.
- C4n:** Lower neck to collar bone.
- C5n:** Shoulders, biceps, and forearms.
- C6n:** Biceps, lateral forearms, index fingers, and thumbs. Wrist extension.
- C7n:** Middle, index fingers, center of palm. Wrist and flexion.
- C8n:** Ring and little fingers. Sensation and flexing.



Whiplash Injuries and Neck Pain

Whiplash in the United States

Annually, over three million whiplash injuries occur from motor vehicle collisions,¹ with the most damaging being a rear end collision. Sports injuries, falls, and sudden stops on theme park rides can also cause whiplash injuries. The extreme motions occurring during whiplash can injure practically every tissue and structure in the neck.²

Even low velocity auto accidents can cause extensive damage to the spine. Most whiplash injuries occur at speeds under 15 mph.³

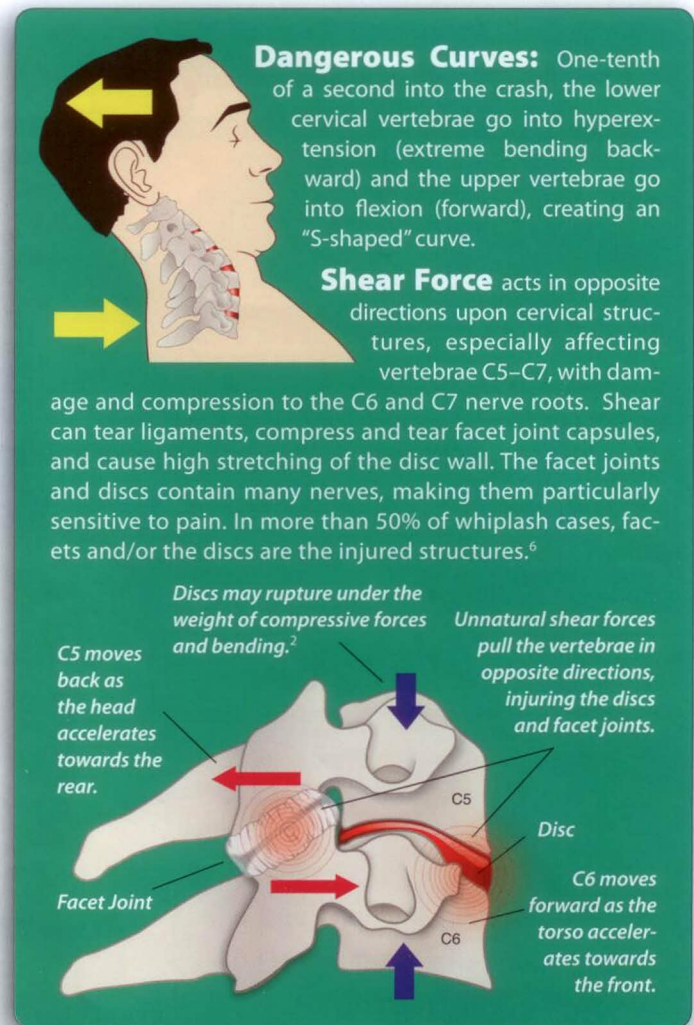
In a rear end collision, a large truck or SUV going 5 mph can do more damage to the front car occupant than a small car going 20 mph.³ Even in very low speed collisions (5 mph), G forces generated by the impact can turn the weight of a 10-pound head into the equivalent of a 150-pound load on the cervical spine. As the head and body are thrown in various directions, tremendous compressive and shear forces are exerted on the spine.³

Increased Risks for Chronic Neck Pain

- ▶ Previous neck injury
- ▶ Older age
- ▶ Head turned at time of impact
- ▶ Being unprepared for impact, so neck muscles cannot tense to immobilize the spine
- ▶ Females: double the risk due to smaller musculature⁴
- ▶ Immediate pain and/or intense pain or numbness

Recovery Prognosis: Roughly $\frac{1}{3}$ of whiplash patients recover within three months, another $\frac{1}{3}$ will have persisting lower levels of pain and disability, and $\frac{1}{3}$ will have high levels of persisting pain and disability.⁵

Although symptoms usually appear within 24 to 72 hours after injury, they may not manifest for three months or longer. Intervention within two weeks of the accident helps prevent chronic neck pain and disability.⁵



Nearly 40% of whiplash injuries develop into degenerative disc disease within 5 to 10 years.³ Chronic pain from whiplash is commonly due to facet and/or disc damage.⁶ Many spinal care experts are finding Non-Surgical Cervical Decompression to be a safe and effective treatment for whiplash symptoms that may include:

- ▶ Neck pain and stiffness
- ▶ Headache
- ▶ Low back pain
- ▶ Upper extremity pain, weakness, and numbness
- ▶ Thoracic outlet syndrome
- ▶ Carpal tunnel syndrome

1. <http://www.srisd.com>. The Spine Research Institute of San Diego is an organization that disseminates information relating to injuries from motor vehicle trauma.

2. M. Adams, N. Bogduk, et al. *The Biomechanics of Back Pain*. Churchill. New York. 2006.

3. M. Melton. *Medical Evidence of Whiplash*. James Publishing, Costa Mesa, CA. 2008.

4. The Insurance Institute for Highway Safety (www.iihs.org).

5. G. Jull, et al. *Whiplash, Headache, and Neck Pain*. Churchill, Livingstone, Elsevier. New York. 2008.

6. J. Schofferman, N. Bogduk, P. Slosar. Chronic Whiplash and Whiplash-Assoc Disorders: An Evidence-Based Approach. *Journal of the Amer Acad of Orthopaedic Surgeons*, 15(10): 596–606. 2007.

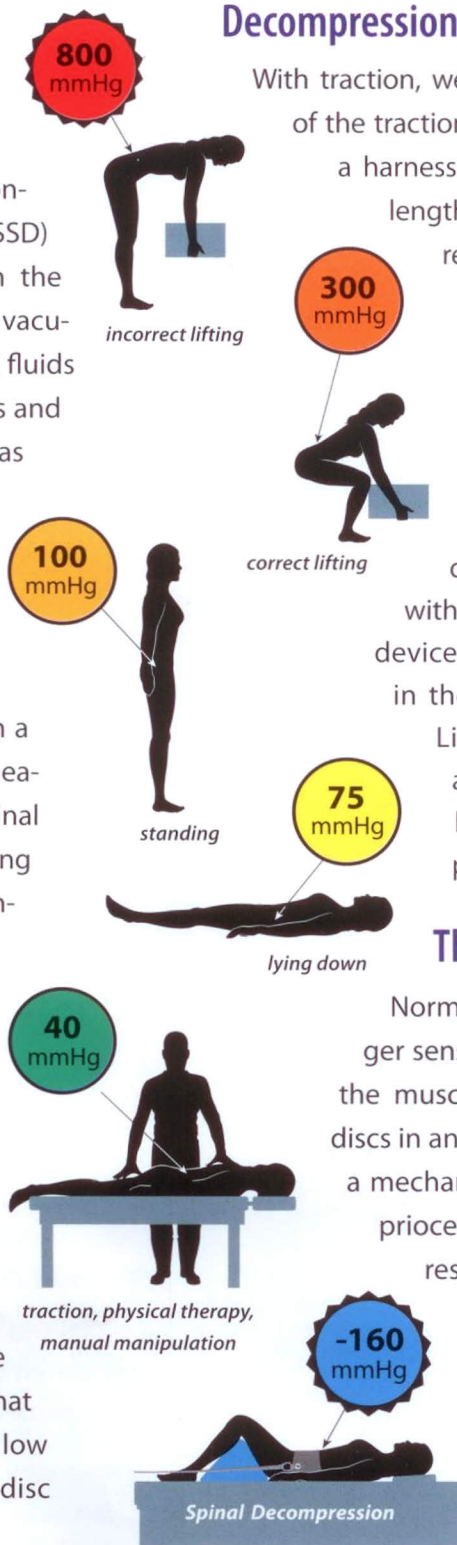
How Spinal Decompression Works

High intradiscal pressures cause discs to bulge out and press painfully on nerve roots. They also make for a compressed, anaerobic environment unsuitable for healing. Non-Surgical Spinal Decompression (NSSD) produces negative pressures within the disc, which experts believe create a vacuum effect that draws in nutrients and fluids to promote the repair of injured discs and surrounding tissues. This vacuum has also been shown to aid in the retraction of escaped cushioning gel from herniated discs.

When Negative Is a Positive

Much like gauging the air pressure in a car tire, scientists can use sensors to measure the various pressures put on spinal discs while lifting, standing, sitting, lying down¹, undergoing traction², and undergoing NSSD. Like other pressures found in the body such as blood pressure, intradiscal pressure is measured in millimeters of mercury (mm Hg).

While traction, physical therapy, and manipulation may reduce disc pressures to as low as 40 mm Hg, only NSSD has been shown to achieve negative pressures within the spine. It has been clinically proven that NSSD creates negative pressures as low as -160 mm Hg³ within the injured disc during the treatment session!



Decompression Goes Beyond Normal Traction

With traction, weights are steadily added to the end of the traction bed, which, in turn, adds tension to a harness secured around the patient's pelvis, lengthening the spine. The intention is to relieve pressure, but the linear force can instead produce spasm, which may lead to greater injury.

A 1997 study⁴ compared a traditional mechanical linear traction device to a Non-Surgical Spinal Decompression device. The traction device yielded no positive results with herniated discs, while the NSSD device yielded "good" to "excellent" results in the vast majority of patients treated. Like traction, NSSD also lengthens and exerts tension upon the spine, but the approach is far different, and produces vastly superior results.

The Logarithmic Difference

Normally, pulls exerted on the spine trigger sensory receptors in the back to tighten the muscles surrounding the vertebrae and discs in an effort to protect them from injury—a mechanism in the body known as the proprioceptor response. NSSD bypasses this response by slowly pulling on the spine and relaxing the back over an extended period of time, allowing the spine to be repositioned without tension and without setting off the "lock down" proprioceptor response.

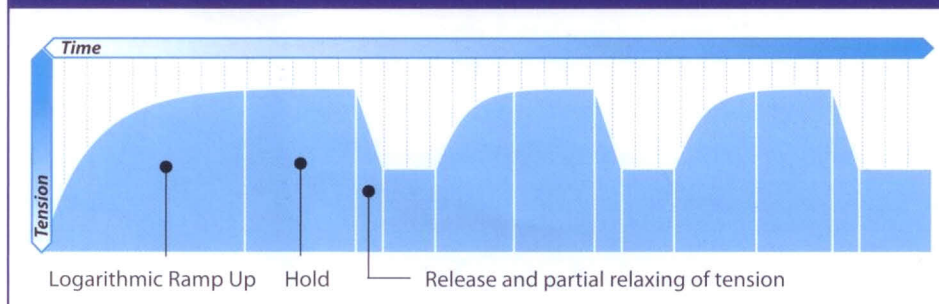
1. Alf Nachemson, MD, PhD, The Load on Lumbar Discs in Different Positions of the Body. *Clinical Orthopaedics*. 45, 107-122, 1966.
 2. G.B. Andersson, A.B. Schultz, Alf Nachemson, MD PhD, Intervertebral Disc Pressures During Traction, *Scandinavian Journal of Rehabilitation Medicine*, Supplement 9: 88-91, 1983.
 3. Gustavo Ramos, MD; William Martin, MD, Effects of Vertebral Axial Decompression on Intradiscal Pressure, *Journal of Neurosurgery*, 81(3), 1994. This research was performed on a VAX-D unit.
 4. C. Norman Shealy, MD, PhD; Vera Borgmeyer, RN, MA. Decompression, Reduction, and Stabilization of the Lumbar Spine: A Cost Effective Treatment for Lumbosacral Pain. *American Journal of Pain Management*. Vol. 7, No. 2. April 1997. (See page 21 for more details).

The Key to Spinal Decompression

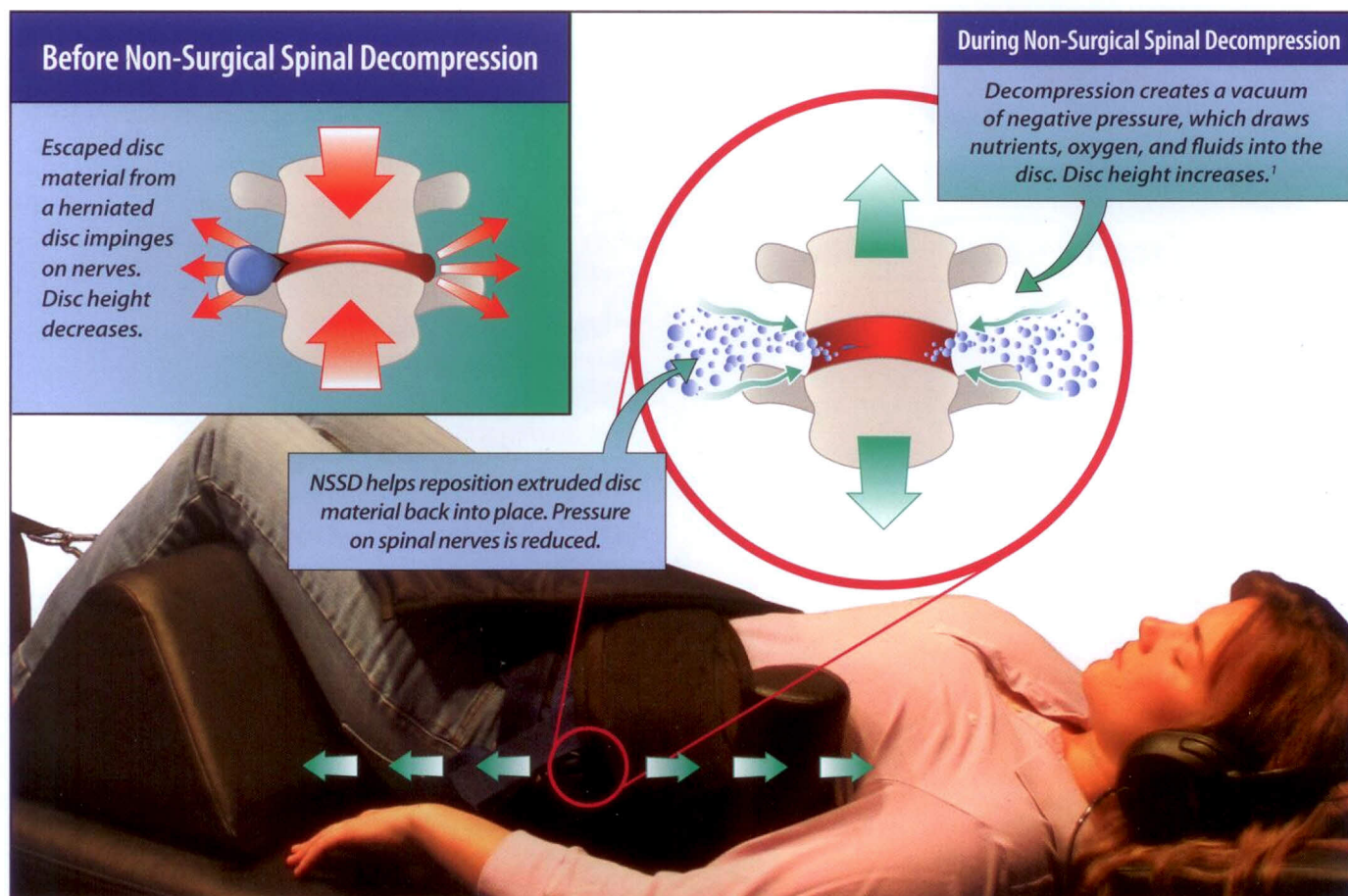
Formula for Relief

Each automated session of Non-Surgical Spinal Decompression (NSSD) cycles the patient through a series of slow pulls, holds, and releases. Super-smooth transitions between each phase can make for an experience so relaxing that patients often fall asleep.

Example of a Logarithmic Curve for Spinal Decompression



During NSSD, tension slowly mounts, lengthening the spine. Up to one-half of the patient's body weight, plus as much as 25 pounds of tension, can be exerted directly on injured discs—all without triggering the "guarding" proprioceptor response. This is where spinal pressures drop and decompression actually occurs. After a holding period, tension is slowly decreased and the spine is gradually retracted. This cycle is repeated several times throughout a treatment session. Similar to the image shown above, the differing amounts of tension delivered over the course of a session can be graphed on a chart to produce a logarithmic curve.



1. Michael Schuenke, MD, PhD; Erik Shulte, MD; Udo Schumacher, MD, Thieme Atlas of Anatomy. Germany: Georg Thieme Verlag, 2006.

Is Spinal Decompression Right for Me?

You Are a Candidate for NSSD If:

- ▶ You have chronic or severe back pain caused by bulging or herniated discs, degenerative disc disease, sciatica, and/or facet syndrome.
- ▶ You have failed back surgery syndrome.
- ▶ You have been told to consider surgery.

You Are *Not* a Candidate for NSSD If:

- ▶ You have any retained surgical hardware (titanium rods or fusion cages).
- ▶ You have been diagnosed with a clinically unstable back (spondylolisthesis).
- ▶ You have rare conditions such as certain spinal infections, or pelvic or abdominal cancer.
- ▶ You have sustained a recent vertebral fracture.
- ▶ You suffer from severe osteoporosis (DEXA T-Score of -2.5 or lower).
- ▶ You have ankylosing spondylitis.
- ▶ You have an abdominal aortic aneurysm.
- ▶ You are pregnant.

When Can I Expect Results?

Many patients report a reduction in pain after their first few NSSD treatment sessions and happily feel they have had all the treatments they need. This is a wonderful sign that NSSD is working, but the scientific reality is that the healing process is not finished! Quitting the treatment regimen early usually results in a relapse of symptoms, as well as wasted time and money.

On the other hand, it may take several sessions before patients experience a noticeable remission of symptoms.



Why is this? Bulging and herniated discs may need several sessions to fully reposition themselves depending on your physiology. You can be sure that your spine is responding to NSSD's vacuum effect, but results are not always immediate. Using time-tested protocols, NSSD can be tremendously effective at eliminating back pain!

NSSD Works, Given the Chance

Some patients report an immediate pain reduction after their first treatment! With herniated and degenerated discs, the escaped nucleus pulposus may be partially or completely retracted back into the disc after just the first session (though it normally takes longer), relieving a great deal of pain.

However, pain reduction does not indicate full recovery, and a full recovery is essential to preventing reinjury. This may mean completing as many as 20 to 25 treatment sessions. Older or more severe injuries may require even more sessions. This may seem like a lot of treatments, but NSSD is working with your back as it heals, and that is a process that cannot be rushed. Why is this?

Follow Through for Best Results

As with all wounds, tears in the disc wall need time to heal. The absence of pain does not mean the tears have had time to seal up, which is crucial to preventing the newly retracted nucleus pulposus from escaping and putting pressure back on the nerves.

Completing Your Course of Therapy

Completing your course of Non-Surgical Spinal Decompression (NSSD), as determined by your doctor, requires a commitment to feeling good again. The time needed to complete a treatment course varies according to the severity of your condition. Each session prescribed is needed to maintain a fully hydrated and oxygen-rich environment for the damaged disc. The same principles apply for those with degenerative disc disease.

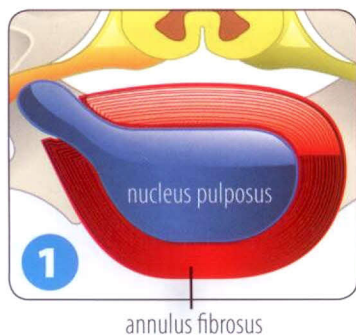
Visible Progress!

After as little as nine treatments, the injured disc wall may have almost completely healed. However, a small fissure remains. This fissure still requires more sessions of NSSD in order to properly mend itself. Continuing on with the NSSD protocol will allow for an enriched disc environment to speed the body's natural healing mechanism. The last remaining NSSD sessions will enable the disc to heal completely.

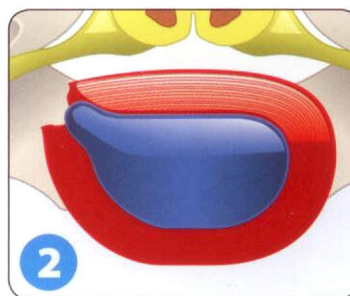
"I have tried many remedies

in an effort to find relief from back pain that plagued me for two years. The pain from my sciatic nerve would be so bad at times I was in tears. Oftentimes I couldn't find a comfortable position even while lying down. When I thought I was going to have to learn to live with the pain, I discovered Non-Surgical Spinal Decompression Therapy and, at last, relief! I've had 16 treatments and I'm finally feeling improvement! Before the treatments, I could only stand for ten minutes without pain. Now I can stand without pain, and everyday activities are easier."

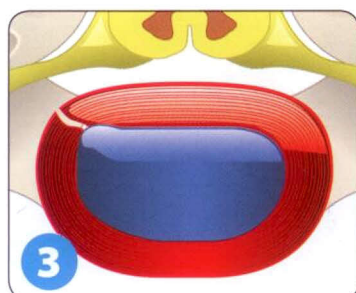
— MaryJane B. —



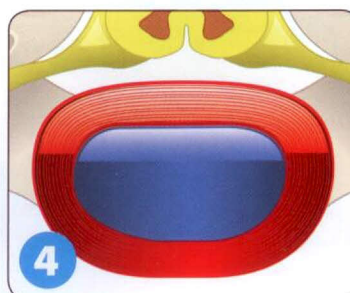
Before NSSD: *The annulus has torn under pressure, and the escaped nucleus pulposus presses painfully on the sciatic nerve. Symptoms include numbness, tingling, and pain.*



First Signs of Relief: *In as little as one or two treatment sessions, the nucleus pulposus may be retracted into the disc, taking pressure off nerves, thus dramatically reducing pain.*



It's Working! *The nucleus pulposus may be completely repositioned within three to five treatments. Blood, oxygen, and nutrients flow into the disc, aiding in the healing of the torn annulus.*



Finished! *With the newly revitalized disc wall, and a repositioned nucleus pulposus, patients can return to a normal, healthy, and active lifestyle!*

Note: These artistic renderings offer simplistic explanations of complex physiological processes.

Before Surgery, Consider This!

While back surgery may sometimes 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. A laminectomy removes bone and thickened tissue that is narrowing the spinal canal and squeezing the spinal cord and nerve roots.

Great News for Post-Surgical Patients!

If you still suffer from pain after surgery, we have great news for you! Post-surgical patients have experienced fantastic therapeutic results from Non-Surgical Spinal Decompression (NSSD). While those with surgical hardware¹, such as brackets, plates, and screws, are not candidates for NSSD, many post-operative patients are. If you have had surgery with unsatisfactory results or have suffered a relapse, consult your doctor about the possible benefits of NSSD.

Individual patient results may vary.

“There is a place for surgery

but it is definitely not at the front line. Non-Surgical Spinal Decompression Therapy should be a front line treatment for chronic back pain patients suffering from bulging, herniated, or degenerative disc disease and facet syndrome. As a surgeon, I only want to do surgery when I absolutely have to. 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.



Non-Surgical Spinal Decompression Therapy also gives me a treatment option for those patients who have had surgery and relapse or experience a return of pain following surgery. It allows me to offer patients a key, non-surgical weapon in the war on back pain.”

— **Dr. Bernard Zeliger, DO** —
FACOS, FAOAO, FICS

Osteopathic Physician and Orthopedic Surgeon
Founding Dean and Provost of Touro University
College of Osteopathic Medicine; Vallejo, CA

1. Although surgical hardware is a contraindication for Non-Surgical Spinal Decompression, post-surgical patients with low back hardware may qualify for cervical treatment, and patients that have had surgery with hardware in the cervical area may qualify for lumbar treatment. This is to be determined on an individual basis.

Dramatic Results Without Surgery

Case Study: Severe Herniated Disc

Two years ago, Terence M. ruptured a disc while lifting a heavy object. As a result, he lost the use of his right leg and suffered relentless, excruciating pain. Desperate for relief, he went to see Harvey Kleinberg, DO, an Osteopathic Physician and Physical Medicine and Rehabilitation Specialist for over 35 years. Dr. Kleinberg used Non-Surgical Spinal Decompression Therapy to alleviate Terence's pain and restore his lost function.

"When patients have injuries, you want to make them feel better as quickly as possible, and that is what Spinal Decompression Therapy is capable of doing for many patients," Dr. Kleinberg said.

Dr. Kleinberg prescribed a treatment plan of three 30-minute sessions a week, which eventually tapered off as the pain began to subside. Patients usually undergo about 20 to 25 treatments, and easy maintenance can keep people from ever having a repeat injury again.

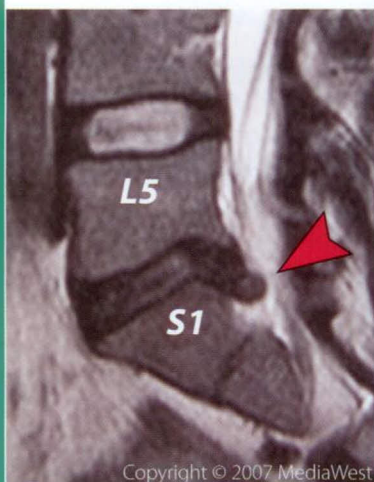
"My pain was excruciatingly horrible," Terence said. "I thought I'd never be able to be up and about again. My pain was gone in two weeks. I was feeling so good, I couldn't wait to go back to work."

"I Was a Pain Doctor In Pain!"

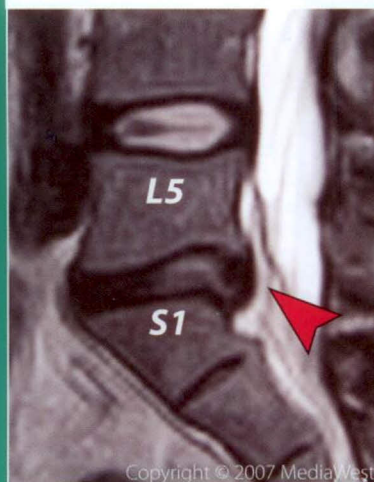
Dr. Kleinberg knows first-hand how unbearable back pain can be—he suffered from herniated discs three years ago. "I had undergone three laminectomies, but continued to suffer from severe sciatica one year after the third surgery. Due to the severity of my problem, it took 29 treatments for a total elimination of pain. It's been three years now, and I'm still pain-free!" Because Spinal Decompression Therapy alleviated his back pain, he is determined to inform people about this non-surgical treatment for herniated or degenerative discs.

"No one should have to suffer from pain for the rest of their lives if there is a treatment outside of surgery that can offer them relief with no risk involved," Dr. Kleinberg said.

Pre-Treatment MRI: Non Weight-bearing



Post-Treatment MRI: Weight-bearing



Pre- and Post-MRIs: *Spinal Decompression in Action!*

Shown in this box are pre- and post-MRIs of a Non-Surgical Spinal Decompression Therapy patient who had a herniated disc much like that of Dr. Kleinberg's patient, Terence. The red arrows point to the injured disc, before and after treatment. Before treatment, the disc protrudes into the spinal canal, impinging painfully on sensitive nerves. After treatment, the once-extruded disc material has been literally "sucked" back into place! The result was a return to normal functioning.

CAUTION

Pain Medications—Special Advisory Warning: *It may be time to reconsider how you manage your pain medication intake. In the U.S., 60 million adults take Over-The-Counter*

(OTC) pain relievers every day or for several days per week.¹ Ongoing use can lead to serious health risks or even death.

OTC pain drugs should be taken at the lowest effective dose for no more than 10 days.²

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs):

This class of drug is the most commonly used medication in the world. OTC NSAIDs include **ibuprofen** (Advil™ and Motrin™), **naproxen** (Aleve™), and **aspirin**. NSAIDs are used primarily to treat inflammation, pain, and fever, by blocking prostaglandin production. However, prostaglandins are needed to create mucosal protection for the lining of the stomach, and, if blocked, serious damage can occur. NSAIDs also inhibit platelets that help with blood coagulation and homeostasis, and can interfere with kidney function. **There is no risk-free NSAID dose (includes low-dose aspirin).**

BLACK BOX WARNINGS

The FDA's most serious warning must now appear on all PRESCRIPTION and OTC NSAID packaging.³ This marks the first time ever that an OTC drug has been required to have a Black Box Warning.⁴ High doses of OTC brands can be just as dangerous as prescription formulations.

■ NSAIDs (except aspirin) may cause an increased risk of heart attack, blood clots, and stroke, which can be fatal. Risks may increase with duration of use. Cardiovascular conditions such as high blood pressure may also increase the risk.³

■ NSAIDs increase the risk of serious gastrointestinal (GI) adverse events including inflammation, bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal and most often occur without warning symptoms.³

NSAID-Induced PUBs, known together as **Perforations** (erosions of the stomach and small intestinal lining), **Ulcers**, and **GI Bleeds**, cause over 100,000 hospitalizations annually.⁵ Chronic NSAID use (90+ days) showed serious damage to the small intestine in 70% of the subjects.⁶ Patients over 60 with perforations have a 30% chance of dying.⁷

Compared to non-users, NSAID users' risk for PUBs increases by:

2.5 times when taking low-dose aspirin.⁴

3 times when taking OTC ibuprofen or naproxen.⁴

10 times when taken with alcohol.⁸

12 times when combined with anti-depressants (SSRIs).⁹

13 times with previous Peptic Ulcer Disease or GI Bleed.¹

13 times when used with anticoagulants (bloodthinners).¹

15 times when used with Corticosteroids.¹⁰

25–30 times when two NSAIDs are used together.^{1,7}

Acetaminophen (APAP): Tylenol™, Datril™, and others do not have anti-inflammatory effects like NSAIDs but are commonly taken for chronic pain. Used in over 600 medications.¹¹

- ▶ Annually, acetaminophen (APAP) toxicity kills nearly 500 people and causes 56,000 ER visits, 2,600 hospitalizations, and 100,000+ calls to Poison Control Centers.¹²
- ▶ Overdose of acetaminophen is the leading cause of **Acute Liver Failure (ALF)**. ALF may feel like flu symptoms over several days.¹¹ Coma and death can rapidly occur in one-third of ALF cases.¹³
- ▶ ALF can occur using the maximum 4 grams (gm) per day dose for five or more consecutive days.¹² 10% of ALF victims used 2–4 daily gm.¹²
- ▶ APAP causes half of all ALFs. Of these cases, 38% had combined two or more APAP-containing preparations.¹³
- ▶ Alcohol used with more than 2 gm of APAP can cause ALF.¹³

Bigger Doses Don't Mean Better Relief

The analgesic ceiling effect of a drug refers to the dose beyond which there is no additional pain relief. Taking higher than the recommended dose does not yield additional pain relief, but may increase side effects. The ceiling per dose for the following meds are Ibuprofen, 400 mg; Acetaminophen, 1000 mg; Naproxen, 500 mg; Pure Opioids, no ceiling; Combination Opioids with APAP (less than 4 gm/24 hours to avoid ALF).^{14,15}

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.¹⁶
- ▶ Hydrocodone caused 62% of accidental APAP-induced ALFs.^{13,17}
- ▶ Prescription opioid-related deaths exceed the total deaths involving heroin and cocaine.¹⁷
- ▶ There were 22,400 accidental overdose deaths with opiate prescriptions vs. 17,000 homicides in 2005 in the U.S.¹⁷
- ▶ More people in the 45–54 age group die of unintentional opioid drug overdose than from motor vehicle accidents.¹⁷

Clinical Studies & Publications*

American Journal of Pain Management: *Long-term Effect Analysis of IDD THERAPY® ** in Low Back Pain: A Retrospective Clinical Pilot Study.* July 2005. Vol. 15, 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: IDD 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, IDD 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: All but 3 of 20 patients reported significant pain relief and complete relief of weakness and immobility, when present. This study also shows a correlation between the improvement on the MRI and the reported improvement in pain.

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

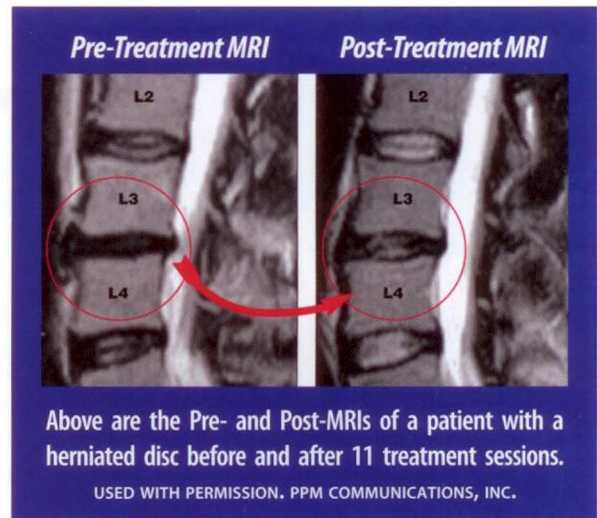
Outcome: Pain, activity and mobility scores greatly improved for 71% of the 778 patients studied. The authors consider VAX-D® to be a primary modality for low back pain due to lumbar herniations, degenerative disc disease, and facet arthropathy. The authors concluded that post-surgical patients with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

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 (14 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.

Journal of Neurosurgery: *Effects of Vertebral Axial Decompression† on Intradiscal Pressure.* September 1994. Vol. 81, No. 3. Gustavo Ramos, MD; William Martin, MD.

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



* These studies were performed on different Non-Surgical Spinal Decompression devices using various treatment protocols on different patient populations with different study criteria. They do not necessarily represent what results will be achieved with a particular spinal decompression device.

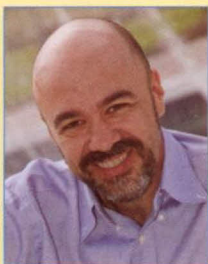
** IDD THERAPY® is a registered trademark of North American Medical Corporation (NAM) to be used only with certain certified NAM devices by professionals specifically licensed by NAM.

† Note: The key clinical research documenting the negative pressure states created within “in vivo” (living) intervertebral discs during Non-Surgical Spinal Decompression (NSSD) was performed using a VAX-D® system. VAX-D® is a registered trademark of VAX-D Medical Technologies. All NSSD devices currently registered with the FDA have received their 510K clearance by claiming their device is substantially similar to predicate traction devices.

References for Page 20:

1. C.M. Wilcox et al. Consensus Develop Conference on Use of NSAIDs, *Clin Gastroenterol and Hepatol*, 2006; 4:1082–1089.
2. http://www.fda.gov/consumer/updates/pain_reliefers.pdf.
3. http://www.fda.gov/medwatch/SAFETY/2006/Jan_PI/AdultNSAIDRxTemplate.pdf.
4. T. Gossel. OTC NSAIDs: New Considerations & Options in Treating Osteoarthritis Pain in Pharmacy Settings. Mar 2006.
5. J. Biskupiak et al. GI Complications—OTC NSAIDs. Amer College of Gastroenterol 70th Annual Scientific Mtg; Oct 2005.
6. D. Graham et al. Visible Small Intestinal Mucosal Injury of Chronic NSAID Users. *Clin Gastroenterol and Hepatol*, 2005; 3(1):55–59.
7. A. Lanis et al. A Nationwide Study of Mortality Associated with Hospital Admission Due to Severe GI Events and Those Associated with NSAID Use. *Am J Gastroenterology*, 2005; 100:1685–1693.
8. C. Neutel, W. Appel. Alcohol Abuse & the Risk of NSAID-Related GI Events. *Annals of Epidemiol*, 2000; 10(4):246–50.
9. J.C. de Jong et al. Combined Use of SSRIs/NSAIDs Increases Risk of GI Adverse Effects. *Br J Clin Pharmacol*, 2005; 59(1):118–9.
10. Am Pharm Assoc. Achieving Optimal Therapeutic Outcomes with OTC Analgesics: Assessing Benefit vs. Risk. 2008.
11. <http://www.fda.gov/cder/consumerinfo/acetaminophen.pdf>.
12. W. Lee. Acetaminophen Toxicity: Changing Perceptions on a Social/Medical Issue. *Hepatology*, 2007; 46(4).
13. A. Larson et al. Unintentional Acetaminophen Induced Acute Liver Failure in U.S. *Gastroenterol*, 2006; 131:963–971.
14. S. Motov. <http://www.medscape.com/viewarticle/574279>
15. http://www.cancer.org/downloads/PRO/Pain_Management_Pocket_Tool.pdf
16. Drug Enforcement Administration: Diversion Control Program. 2008. <http://www.thci.org/Opioid/mar08docs/Gallagher.pdf>
17. L. Paulozzi. CDC, Trends in Unintentional Drug Overdose Deaths, Testimony before U.S. Senate, March 12, 2008.

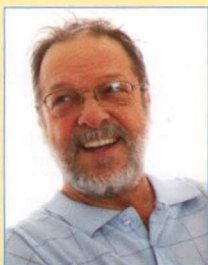
More Patients Talk



"I suffered from low back pain with numbness and tingling in my left foot and leg after a lifting injury. Medical doctors told me they could try a nerve block or I could have surgery, and that was it. I definitely didn't want to have surgery, so I looked for an alternative. After seeing a commercial for Non-Surgical Spinal Decompression, I called to make an appointment. I was very skeptical at first, but after three months of treatment, my back pain, tingling, and numbness that I've had to live with for over 10 years is gone." — **Dan M.**



"I had to use a walker to get around. An MRI showed I had spinal stenosis, and the herniated discs in my lower back were pinching the sciatic nerve. I was having excruciating pain day and night, couldn't sleep, and no amount of medication could stop the pain. I had read about Non-Surgical Spinal Decompression Therapy. After a few appointments, I was doing much better and able to walk without the walker or crutches. I only wish I had done this right away!" — **Joan G.**



"My life has completely turned around. I hurt myself at work and I had undergone two back surgeries but was still in constant pain. We were struggling to make ends meet and had to go to church for financial help. We were a charity case. We had to constantly tell our kids no to activities they wanted to do. Now, 18 months after undergoing Non-Surgical Spinal Decompression, I am still completely pain free. I can now provide for my wife and kids, and we can afford to have our kids participate in the same activities as their peers." — **David H.**



"I had been feeling miserable since 1989 with back pain and pain down my left leg. I had tried so many different treatments, including steroid shots, acupuncture, shoe inserts—nothing worked. Finally, I found something that did work! Non-Surgical Spinal Decompression has been great. I'm now almost completely pain-free and ready to go dancing!" — **Mary L.**



"I used to have constant low back pain ranging from mild to severe depending on what I did. I had sharp, shooting pain down my leg and tingling into my left foot. After only a few treatments with Non-Surgical Spinal Decompression, the leg and foot symptoms were gone and the back pain lessened. I'm now about 80% better and can do things I haven't been able to do for years without pain or with very little pain. I am very thankful for my doctor and this therapy!" — **Virginia J.**

More Doctors Talk



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

Dr. Ronald Klein, MD Medical Doctor & **Dr. E. Robert Wanat II, DO** Osteopathic Physician



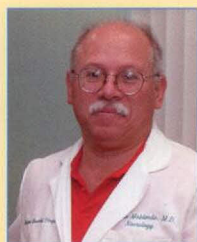
"I have been treating patients for over five years with Non-Surgical Spinal Decompression with incredible results. I have never seen another procedure that can reproduce these kinds of results. I have great success in patients with disc problems whom I would otherwise have referred out for invasive procedures. In my opinion, Non-Surgical Spinal Decompression will become the standard of care for low back pain sufferers in years to come." **Dr. Roger Roughley, DC** Doctor of Chiropractic



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



"I've always considered myself to be in the 'results business.' As a doctor of chiropractic who specializes in disc-related problems, patients seek our care with a single purpose in mind—to get better. After seeing results on real patients, whom we have determined to be good candidates for Non-Surgical Spinal Decompression, I don't simply believe this treatment is effective—I know it is. I used to recommend this treatment to patients based on the research. Now I recommend it because of the results." **Dr. Michael Rozenblum, DC** Doctor of Chiropractic



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

Dr. Orlando Maldonado, MD Medical Doctor