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# DECOMPRESSION 101

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## Introduction

Welcome to the world of Non-Surgical Spinal Decompression. It is our goal to provide success and not just philosophy. Many companies just provide you with equipment; you need to look carefully at what you are receiving. Research and marketing are germane in the world of Spinal Decompression. Our goal is to update you with success modules and Branding, to differentiate yourself from the competition. Why? Because at Disc Centers of America we believe we are selling success not just equipment.

Marketing is what happens when you're being good to your patients. In this book you're going to learn how to determine the value of a satisfied patient. How? By knowing that you'll have a competitive advantage, on all other medical practices in your area. By knowing the value of a satisfied patient you'll be able to see how much money you can spend on practice promotion or advertising and still be ahead of the game.

This booklet will also help you reactivate inactive patients. You'll learn that you're inactive patients are really inactive for just one particular reason and that is an attitude of indifference on your part. In fact, studies have shown that 68% of the patients that leave a practice leave because of an attitude of indifference on the part of either the doctor or the staff.



Non-Surgical Spinal Decompression is a conservative approach to disc restoration, maintenance, and support. As a natural health-care method, chiropractic, by choice, does not utilize drugs or surgical procedures. This is why Non-surgical decompression is a natural fit for any office. While a drug may be helpful in alleviating symptoms, it does not necessarily address the cause of those symptoms. While Disc Centers of America and TDC Therapy recognizes that drugs and surgery may be necessary at times, it also understands their limitations and risks. Therefore, wellness approaches illness from a non-invasive viewpoint. Discforce offers an alternative to drugs and surgery in the treatment of disc herniation's and DDD.

Doctors today from all fields are looking to provide preventative care from every walk of life' from infants to senior citizens; from office workers to factory workers; Disc Centers of America and TDC Therapy assist the patient to enjoy a better quality life and a higher level of physical performance.

You are entering a brave new world, a world of decompression. If done properly professionally, it is a lucrative world. For demonstration purposes let's just say each case fee, is \$100 per visit, which is 50% the average.





**THE VALUE OF A SATISFIED DECOMPRESSION PATIENT**

A.	Average fee	\$ 100.00	_____
B.	Average visits per year	20	_____
C.	Average annual fees per year (A x B)	\$2000.00	_____
D.	Satisfied patient refers 1 new patient per year (same as C)	\$2000.00	_____
E.	Average Maintenance fee	\$1200.00	_____
F.	Average number of year's patient stays with Doctor	5 Years	_____
G.	Total value of satisfied patient  (C + D + E x F)	\$26,000.00	_____

Now if that one satisfied patient, referred one patient over the year, that would equate to 5, over five years, the life of a patient. Each decompression patient is thus worth, \$26,000. The key is understanding that decompression is about more than money, it is about patients, about results. At Disc Centers of America we strive for excellence in our doctors in our clinics. Our doctors look to be leaders in decompression while changing the world one disc at a time.

Doctors of medicine (where applicable) provide the medical component to reduce symptomology. Now with the Decompression & TDC Therapy doctors from all disciplines are being offered a safe and effective alternative. The purpose of this book is to let you market your practice and this new technology more effectively.



The materials are low cost but highly effective. Combine these interior marketing programs with Disc Centers of America media blast and you are on your way.

IN regard to spinal decompression one good referral source is the medical profession. Often people go to their MD first with Low back pain. So you need to educate the doctors as well as the patients. You do this by providing research. You can go to our web site [www.disccentersofamerica.com](http://www.disccentersofamerica.com)



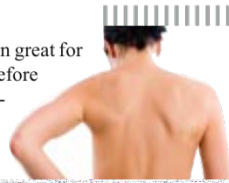
DECOMPRESSION

# DECOMPRESSION IS MORE THAN TRACTION

by Eric Kaplan, D.C., F.I.A.M.A.

As I travel around the country, the great debate continues. Is it traction or is it decompression? There is a large dynamic in tables made and the cost of these tables. Tables range from \$12,000 to \$150,000, yet some sales people try to tell the consumer they are the same. Hopefully my article will let you decide, allow you to make the decision.

Decompression, first and foremost, has been great for our profession. Never, and I mean never, before have patients in droves come to chiropractors offices and paid cash in advance. This technology is so accepted now, hundreds of MD's are buying decompression tables and



DVR, or navigation systems in their cars? What about these same patients ten years ago, twenty years ago? Technology has changed our environment. Patients today demand the newest and the best. Decompression has been great for our profession, now we must not cheapen it.

## Traction vs. Decompression

**Traction** has been in use for many years as a physical therapy modality. CPT offers a code for this as 97012. A variety of devices have been utilized to apply traction forces in novel ways, with basic electronic motors with winch and cable mounted

on the table or in a separate column, bed traction with weights, split/floating tables, tilt tables, gravity inversion devices etc.

There is a big difference between traction and decompression. Traction has

**TRACTION** fails, in many cases, because it causes muscular stretch receptors to fire, which then causes para-spinal muscles to contract

Have you ever wondered if  
**Emotions** were causing  
 your patients to lose  
 their Adjustments?



"Moving thots (sic) produce disease - malice, revenge, grief, worry spite, etc."

"The determining causes of Disease are Traumatism, Poison, & Autosuggestion."

DD Palmer - Founder of Chiropractic

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1. A continuous pull is exerted on the area concerned and held (called *the rack* and used for back treatment as well as torture in medieval days)
2. An on-off procedure of pull and release called *intermittent traction*.

**Spinal Decompression**, meanwhile, uses a computerized program with specific parameters, angles and weight of pull customized and retained in the software for each individual. The higher end decompression tables can document and store data by patient, by visit, and provide a printout. This is an important component for research and reimbursement not provided by the less expensive traction tables. True Decompression tables utilize a computerized program with specific times and weights used for each individual. This highly specialized computer modulates the application of distraction forces in order to achieve the ideal effect. The system uses a gentle, curved angle pull which yields far greater treatment results than a less comfortable, sharp angle pull. Distraction must be offset by cycles of partial relaxation.

The system continuously monitors spinal resistance and adjusts distraction forces accordingly. A specific cervical or lumbar segment can be targeted for treatment by changing the angle of distraction. This patented technique of decompression may prevent muscle spasm and patient guarding. Constant activity monitoring takes place at a rate of 10,000 times per second, making adjustments not perceived by the eye as many as twenty times per second via its fractional metering and monitoring system.

Genuine decompression also involves the use of a special pelvic harness that supports the lumbar spine during therapy. Negative pressure within the disc is maintained throughout the treatment session. With genuine decompression, the pressure within the disc space can actually be lowered to about -150 mmHg. As a result, the damaged disc will be rehydrated with nutrients and oxygen.

Some experts have called this procedure *ramping*, which slowly introduces the traction effect to the spine, then holds the segment and gradually increases the weight and pressure. In this manner the procedure can override the body's natural segment at a specific angle to gain the event known as *decompression*. The key to this ramping effect is to offset the body's natural defense mechanism of tightening the muscles in response to the external pulling. This causes a wider spacing of the vertebral discs which, in turn, creates a negative pressure (decompression) on this area. Bulging disc material can actually be pulled back underneath the vertebra and off the spinal cord or nerves they are irritating. Degenerative discs that have lost their height can be opened up to near normal heights, creating increased movement and decreased nerve pressure.

Application must be segment specific, with proper isolation of the segment. In decompression, one size does not fit all.

Should a patient with multiple herniations be treated the same as the patient with a single herniation? Then which herniation should you treat first? Decompression is a science as well as a technique that must be respected.

**The problems** with many of the earlier and less expensive tables were numerous:

- non-specific for disc levels with its straight-line traction
- required patients to hold on with their hands, causing severe shoulder/arm problems
- inherent muscular resistance failed to achieve direct or



specific decompression of the spinal column and the prone position was very uncomfortable for most patients, especially to women.

Now the engineers of many of the high end companies have solved these problems and improved the outcomes greatly:

- patients are placed supine wearing two harnesses to avoid holding on with their hands and, thus, avoiding the muscular resistance found in other tables.
- the amount of decompression can be targeted to the specific disc level by varying the angle of traction
- computers automatically gauge the amount of decompression for each patient.

**True decompression tables**, as stated, utilize a procedure called *ramping*, which is slowly documented and graphed by computer, and graduates the traction effect to the spine on a gradual and specific plane. By allowing this slow transition and by isolating the specific segment, the doctor is capable of creating the “Vacuum Effect”

of decompression. The gradual ramping procedure allows the override of the body’s natural defense mechanism of tightening the muscles in response to the external pulling provided by simple traction of many less expensive table options. Yes, the age old adage is true: “YOU GET WHAT YOU PAY FOR.”

Decompression, when instituted properly, causes a wider spacing of the vertebral discs which, in turn, creates a negative

pressure, thus the “vacuum effect” we call *decompression*. There are numerous reports and articles written showing that bulging disc material can actually be pulled back underneath the vertebra and off the spinal cord or nerves they are irritating. Degenerative discs that have lost their height can be opened up to near normal heights, creating increased movement and decreased nerve pressure. As you do your homework and do your research, you will find that most of the research studies have been provided by the higher end, TRUE DECOMPRESSION equipment.

Decompression is created by a progressive event—a combination of specific vertebral restraint, specific angle position by level of bulge or herniation, and equipment engineering. One can experience traction without decompression, but not decompression without traction. Traction can be a machine, or just weights attached to your feet hanging over a bed as done in the past at hospitals. Decompression is a progressive event that is obtained by utilizing negative pressure, by vertebrae, on a

specific angle, to achieve the “Vacuum Effect” or the event known as *decompression*.

**Decompression is an FDA Cleared technology** that relieves pain by enlarging the space between the discs. The vertebrae are gently and slowly separated methodically by software attached to the spinal decompression table. As the vertebrae are separated, pressure is slowly reduced within

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**One can experience traction without decompression, but not decompression without traction.**

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the disc (intradiscal pressure) until a vacuum is created within the disc. This vacuum effect literally “pulls” or “sucks” the gelatinous center of the disc back into the disc, thereby reducing the disc bulge, or disc herniation, we call this the “Vacuum Effect.” Thus, disc bulge reduction removes pressure off the spinal nerves and treats the cause of the problem. This suction or “vacuum effect” allows much needed oxygen, nutrients and fluid into injured and degenerated discs, enabling the healing of the disc to begin.

Genuine spinal decompression is achieved by specific software and equipment that provides ongoing, monitored, gradual and calculated increases in distractive forces to spinal vertebrae, utilizing various degrees of distractive forces and calculated angles for the correct spinal segment. Decompression creates a slow “vacuum effect” within the disc that brings the necessary nutrients and oxygen to enter the disc, allowing the disc to heal. Traction does NOT create a “vacuum effect,” which is what allows the disc to re-hydrate and heal and, ultimately, leads to pain relief.

How do you know what your or any table does provide? First, you must look to the FDA documents. If your equipment is approved for traction, it is not appropriate in the eyes of many boards to market for decompression. All machines must file a 510K with the FDA. In this document, they must also provide what the table is being utilized for. You will find the word traction, and *traction* alone, on many of the inexpensive

tables. Others utilize decompression. CPT now offers a code for decompression. This code is different than traction. CPT and the FDA recognize the difference. Once again, the difference is in the equipment and the software.

**So, where do you begin?** In my opinion, follow the FDA; that is their job. Make sure that, if you are marketing decompression, your equipment is FDA Cleared with the language of decompression in the FDA documents.

Many companies will try to persuade you and say all 510K’s are the same. They are not. The language in the 510K must be specific, which is why each table manufacturer must provide detailed documents. The FDA does not simply approve because one table says it is similar to another. Each company must provide specific documents and then answer questions from the FDA. This is not a simple process. Do your homework, make your own decision. But, remember, if you want a Rolls Royce practice, you need Rolls Royce technology.

|||||

**Decompression creates a slow “vacuum effect” within the disc that brings the necessary nutrients and oxygen to enter the disc, allowing the disc to heal.**

*Dr. Eric S. Kaplan, is CEO of Multidisciplinary Business Applications, Inc. (MBA), a comprehensive coaching firm with a successful, documented history of creating profitable multidisciplinary practices nationwide. Dr. Kaplan is the best selling Author of DYING TO BE YOUNG, www.dyingtobeyoung.net, and co-developer and President of Discforce the next Generation on Spinal decompression. For more information, call 1-561-626-3004 or visit www.discforce.com. TAC*



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Author: *Functional Soft Tissue Examination and Treatment by Manual Methods*

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## Chapter 1

### THE BACK PAIN EPIDEMIC

If you're reading this book, you are aware of the millions of Americans who have suffered or know someone suffering from back pain. Back Pain has reached epidemic proportions. Now to understand how severe this epidemic is consider that Low back pain is the second most common symptom related reason for seeing a physician in the United States, or approximately 19 million physician visits annually. It is estimated that 85% of the US population will experience an episode of LBP in their lifetime.

The cost for the treatment of low back pain is staggering. Back pain is a billion dollar industry. According to Newsweek magazine in an article THE PRICE OF PAIN, by Karen Springer, that in the year 2005 American spent \$85.9 billion looking for relief from back and neck pain through surgery doctor's visits, X-rays, MRI scans and medication, up from \$52.1 billion in 1997, according to a study in the Feb 13 issue of the Journal of the American Medical Association (JAMA).



She went on to report “Not only are more people seeking treatment for back pain, but the price of treatment per person is also up. In the JAMA study, researchers at the University of Washington and Oregon Health & Science University compared national data from 3,179 adult patients who reported spine problems in 1997 to 3,187 who reported them in 2005—and found that inflation-adjusted annual medical costs increased from \$4,695 per person to \$6,096.

Spinal patient costs were also significantly higher than for nonspinal patients. "People with back problems cost 76 percent more on average, than people without back problems each year," says study co-author Brook Martin, a research scientist at the University of Washington. “

In a research study, by Binod Prasad Shaw MD of Albert Einstein Medical College and Michele K Shaufele of Emory University they go on to state that “ in recognition of the extreme burden and impact that musculoskeletal disorders have on society, the United Nations and the World Health Organization (WHO) have designated 2000-2010 as the bone and joint decade.” They go on to report that 10 million Americans are currently disabled due to back pain.

So we know the costs are staggering but where do we go from here. We are at war with back pain an epidemic that is sweeping the nation and harbors more visits than McDonalds. Is there a better way, a cheaper way? Ms. Springer states in her Newsweek article “Educating doctors about alternative treatments—even when a patient may be clamoring for high-tech intervention—may be another key to reducing costs and relieving pain. "They [patients] can't order drugs and tests for themselves. Somebody has to be offering them," says Dr. Michael Haak, a spine specialist and orthopedic surgeon at Northwestern University's Feinberg School of Medicine. "You need to encourage [doctors and patients] to be aware of all the alternatives."





Well this is where we fit in and spinal decompression is the answer for many people suffering with back pain. Disc Centers of America is helping patients one disc at a time throughout the country utilizing spinal decompression.

So where do we begin? In order to treat back pain we must first understand it. Now back pain comes in many sizes shapes and forms. As we are different in our physical make up often back pain comes in many different forms and many different names.

The back is made up of four primary components, we call tissues; bone which we call vertebrae, muscle, discs(which act as shock absorbers) and nerves. Now there are 24 vertebral segments which are freely moveable in a healthy spine. These vertebrae protect the spinal cord. Exiting each of these vertebrae are nerves which come from the spinal cord. The cord is protected by a bony canal that runs the length of the spine through the vertebrae. This serves as the main pathway for sending messages to and from the brain to all parts of the body. Most back pain are usually found when there is a problem in any of these areas.

“There are many types of causes of back pain. It’s important to know the specific cause of back pain in order to determine the proper treatment.

*Sprain Strain Injury.* The most common cause of back pain is injury to the muscle and ligaments that surround and connect the bones and disks. It can be due to over-exertion, heavy lifting, sudden movements, or falls or blows to the body.

*Slipped Disk.* More of a layman’s term than a medical term, this happens when one of the soft disks between the vertebrae extends out over the edge. In some cases, the nerve is pressed right up against bone. This is called a pinched nerve.



*Arthritis.* Arthritis, comes in many shapes and forms. Advanced forms of arthritis cause the disks to lose the ability to absorb shock. This causes the bones to rub together causing pain. That friction can cause the bones to grow extensions called bone spurs. These spurs may cause even more pain.

*Osteoporosis.* More common in women, then men, osteoporosis is a loss of bone mass that causes the bones to become brittle. In people with osteoporosis, small breaks or collapse can occur in the weakened bone. These are called compression fractures, and can be very painful.

*Sciatica.* Recognized for its size, the largest nerve in the lower extremity. Sciatica occurs when a pinched nerve in the back causes a sharp pain radiating down the legs. A pinched nerve in the neck can cause sharp pain in the arms.

*Fibromyalgia.* More common in middle age patient and older, fibromyalgia a muscular skeletal condition that causes pain in many areas of the body, including the back.

*Referred Pain.* Sometimes pain you feel in the back may originate in another part of the body. For example, a kidney infection, called pyelonephritis, or even kidney stones can cause severe pain low back or groin. Gallbladder disease can cause shoulder pain.

*Pregnancy.* The back muscles compensate for the extra weight of the baby. It helps to know that most women say this pain goes away almost immediately after the baby is born. “

Dr. Paul Knoepflmacher, Internal Medicine Pain /Health Nation

Well medicine has always shown growth and change. Imagine there was a time in our country when Dentists as we know of them today, were called Dentators. Dentistry was revolutionized abroad. First, often practiced by Monks, with Barbers as their assistants.



Later the parish ruled that Monks should have no part in bloodletting, or tooth pulling, so barbers took over.

According to the American Journal of Dentistry vol 135, "When Drs. Donald Giddon and Leon Assael debated the question "Should Dentists Become 'Oral Physicians'?" in April JADA, their positions on dentistry's identity revolved around a name change. A name is a definition, a hope, an image and an advertisement. To those ends, dental name-changing has enjoyed an active, colorful history.

European dentists were once known variously as tooth-pullers, toothbreakers, operators for the teeth and even "kindharts," before they evolved into surgeon dentists and dental surgeons. Yet the modern term "dentist" is actually the oldest, dating to the 14th century, when French physician Guy de Chauliac proposed the development of a specialist surgeon to treat teeth.

De Chauliac considered calling this new specialist a "dentator," coining a term from Latin, but settled on another version, "dentista," the name that came to identify the whole profession. A semantic shift away from that ancient designation would have to address not only the new oral physicians, but the title of the profession itself.

So what changed dentistry, was it simply a just a name change?. Or did the evolution of the drill change the field of dentistry forever. Paul Revere, known for his place in history was one of the first American dentists yet he was better known for his yelling out the redcoats are coming. The reason simple, dentistry in that time was not an exact science; it was a bloody way of making a living. The primary treatment was to pull the tooth, often with no form of Novocain. So what changed dentistry?. In my opinion and of that of many dental historians, was the drill and sedation, or Novocain. No longer did the barber just have to pull the tooth; no longer did the patient have to



endure terrible pain. With this new technology came more organization and soon the ADA was formed and barbers became barbers while dentistry became an organized science to revolutionize the treatment of dental disease.

Well why the importance of dentistry in a back book. Simply, to demonstrate the growth of an industry changed by time and technology. “Tooth Pullers” became dentists as extraction was not the only way to approach the cause of the pathology. I have always been a curious fan of dentistry, my mother wanted me to become a dentist, I wanted to be a chiropractor. The similarities are vast. Both treat bone pathology, both work on the necessity of prevention. Both started abroad but were revolutionized and organized in the United States.

Patients no longer have to have their teeth pulled or their back operated on in most instances. Time reported “Having an operation to fix a back problem is costly both financially and in recovery time. But the jury is still out as to whether some of these procedures are worth it. According to a 2006 study published in JAMA, herniated disk patients who did not opt for surgery fared nearly as well after a two-year period as those who went under the knife”.

Now combine that with the McClure study, (which will be mentioned often) a noted neurosurgeon, published an article in Spine, that stated over a two year period treating 1200 patients utilizing non-surgical spinal decompression and IDD Therapy an 86% success rate in many cases. The study did pre and post-surgery cases as well, showing a 79% success rate post laminectomies.



*“Diagnosis type Reported success rate (%) Sample size (n)*

*Lumbar back pain 79 330*

*Surgical lumbar candidates 92 129*

*Cervical pain 84.7 33*

*Post-laminectomies 79 52” McClure Study*

The McClure study was not the only major study on spinal decompression and IDD Therapy, other studies recognizing VAX\_D and their logarithmic index were also noted with results once again favorable to the patients.

Soon spinal decompression became a household word, hundreds of thousands hits on Google would take place on a regular basis. The paradigm toward the treatment of back pain was changing. Non-surgical spinal decompression was leading the way, the PATIENTS CHOICE, for spinal herniation’s.

However, as Dr. Eric Kaplan, once said “chiropractors circle the wagons and then shoot at each other” that is what began to happen. Medicine went on to and continues to provide research where chiropractors are caught up in the great debate of spinal decompression. Non-Surgical spinal decompression is utilized in over 800 medical office throughout the United States, one machine produced by North American Medical now resides in the prestigious MUSEUM FOR SURGICAL SCIENCES” in Chicago ILL. Medicine has done research yet to my knowledge not one major study has been produced by any chiropractic college. We plan to change that and I hope this book helps.

As chiropractor our obligation is to provide the best back care possible. So let’s begin to serve our patients better.