Spinal Decompression Therapy

Do you suffer with low back pain, neck pain and carpal tunnel?

Have you been told you need neck or back surgery?

Decompression Therapy is an effective treatment for these conditions.
It is very affordable and less expensive than surgery.

Decompression Therapy is the hottest new therapeutic device for
treatment of painful nerve compression and disc herniation syndromes!

The Decompression-Reduction
-Stabilization therapy is an effective treatment for:

- Herniated disc
- Degenerative disc
- Facet syndrome
- Sciatica
- Post-surgical patients
- Spinal Stenosis

Do you have a herniated disc, multiple herniated discs, degenerative
disc disease, facet syndrome, or any other type of spinal problem? Is
your doctor suggesting surgery, Pain Management, or Physical Therapy?
Have you tried Chiropractic and just could not get enough relief? Come
to Arizona Chiropractic Center and try out the Decompression Traction
System (Triton DTS).

Research indicates the disc is responsible for a significant number of
Lumbar/Leg pain and neck/arm pain syndromes. Compression increases
intradiscal pressure leading to annular compromise and possible

extrusion of nuclear material.

Since the disc is an avascular structure, it doesn't receive fresh blood and oxygen with every beat of the heart. It requires "diffusion" created by motion and 'decompression' to restore nutrients and enhance healing.

Decompression is defined as reduction in pressure (intradiscal). Recumbent positions (both prone and supine) decrease intradiscal pressures in comparison to standing and sitting. However focused, axial mechanical+Y translation traction, (creating 'decompression' i.e. unloading due to distraction and positioning) has been shown to reduce disc pressure and enhance the healing response even further.

There is some suggestion in the literature that extruded nuclear material may be "drawn in" by the reduction of intradiscal pressures. This concept however is not uniformly accepted since the length of time the material stays 'drawn in' has not been established in controlled studies. However, a temporary reduction in intradiscal pressure can still have a profound effect on the healing process via increased contact with the blood supply and fibroblast migration (so called phasic effects). This is in addition to the pain relief created neurologically by stretching soft tissue (e.g. stretch receptors, mechanoreceptors etc.) make decompression therapy a logical and viable addition to a "passive" pain care regiment.

Clinically it is important to establish criteria both in the utilization of Decompression therapy and in defining its utility. (As with many therapies, hyperbole and overstatement are common.) Axial Decompression (both lumbar and cervical) is first and foremost a "passive" therapy and as such has definite limitations in "curing" a chronic musculoskeletal condition. Its value is most specific in

helping referral pain not solely low back or acute low back pain (symptoms for which manipulation has proven beneficial).

Loss of local muscle control, abnormal posture and alterations in spinal curves are the probable underlying source of most spinal 'compression' and degeneration. Therefore a "passive" therapy has little effect in truly fixing the underlying problem.

However, that being said, Decompression therapy (done safely within established protocols and a clear understanding of it's limitations) can often effectively enhance the healing process and render quick, effective and often amazing pain relief in a properly selected patient population (many who have previously failed other treatments). Additionally it may also be very useful in determining the overall prognosis of passive care and expediting the phase-in of rehab protocols.

Indications and Use

Any non-acute (>1 week) low back or neck pain syndrome not related to a disease process, canal stenosis or acute strain/sprain injury is theoretically treatable by decompression. Disc and facet pain can often be relieved by early intervention with decompression. The acute inflammation of injuries however should be reduced by other means, in most cases, prior to beginning Decompression. Contraindications are similar to manipulative therapy, however since mechanical stretch creates no impact, mild to moderate Osteoporosis may not be contraindicated. (This holds true overall for frail and elderly patients who could potentially be injured by manipulative thrusts. Disc fragmentation, calcification, severe arthritis and any surgical spinal appliances are all relative contraindications.

Our clinical findings suggest Decompression will create a relatively

quick initial response. Patients who will do well tend to feel a sense of relief (which can be direct pain cessation or a centralization of pain and/or reduction to an ache or stiffness) within six sessions. Full relief, if attainable through this passive treatment will usually be in 8-12 sessions. (Occasionally a 'stubborn' pain syndrome may continue to improve slowly over 15+ sessions though this is not the norm). Often patients will be treated 4-6 sessions and notice enough relief to allow active rehab to begin. Their Decompression may continue (pre or post rehab depending on the methods chosen) for 4-6 further sessions before discontinuing or reducing the frequency.

Typical frequency is 3-5 times per week. The extent and seriousness of the symptoms will determine if more than three sessions per week should be utilized. Our experience suggests Decompression is also an excellent supportive or maintenance treatment for those cases where pain relief is marked but prone to exacerbations.

The Triton DTS represents the finest Decompression Traction System available today. Cervical, lumbar, and wrist Decompression Traction can be delivered utilizing the Triton DTS in a controlled and proven method.

Decompression therapy is very affordable and cheaper than surgery. Spinal Traction is highly recommended by Neurological Research. It was found that out of 778 cases of patients receiving spinal decompression 92% said that they showed improvement (Neurological Research; Volume 20, Number 3, April 1998).

Spinal Disc Decompression, utilizing Decompression-Reduction-Stabilization, is a unique, non-surgical therapy developed for the treatment of chronic lower back pain, herniated discs and degenerative disc diseases.

The Decompression-Reduction-Stabilization therapy is an effective treatment for:

- Herniated disc
- Degenerative disc
- Facet syndrome
- Sciatica
- Post-surgical patients
- Spinal stenosis

The Spinal Decompression Table in conjunction with additional modalities effectively relieves the pain and disability resulting from disc injury and degeneration, by repairing damaged discs and reversing dystrophic changes in nerves. Spinal Disc Decompression addresses the functional and mechanical aspects of discogenic pain and disease through non-surgical decompression of lumbar intervertebral discs. Studies verify the significant reduction of intradiscal pressures into the negative range, to approximately minus 150 mm/HG, which result in the non-surgical decompression of the disc and nerve root. Conventional traction has never demonstrated a reduction of intradiscal pressure to negative ranges; on the contrary - many traction devices actually increased intradiscal pressure, most likely due to reflex muscle spasm. The Decompression Table is designed to apply distraction tension to the patient's lumbar spine without eliciting reflex paravertebral muscle contractions.

By significantly reducing intradiscal pressure, Spinal Disc Decompression promotes retraction of the herniation into the disc and facilitates influx of oxygen, proline and other substrates. The promotion of fibro elastic activity stimulates repair and inhibits leakage of irritant sulphates and carboxylates from the nucleus. The most recent trial sought to correlate clinical success with MRI

evidence of disc repair in the annulus, nucleus, facetjoint and foramina as a result of treatment and found that reduction of disc herniation ranged between 10% and 90% depending on the number of sessions performed, while annulus patching and healing was evident in all cases.

The most recent clinical study of 778 patients has showed that Disc Decompression Therapy was more than 70% successful in the treatment of herniated discs, degenerative disc disease, facet syndrome, and sciatica. In this same study, 92% of patients had a reduction in their pain of at least one point on the 0 to 5 scale.

Frequently Asked Questions

What is Spinal Decompression Therapy?

Spinal decompression therapy is a non-surgical, comfortable traction therapy for the relief of back and leg pain or neck and arm pain. During this procedure, by cycling through distraction and relaxation phases and by proper positioning, a spinal disc can be isolated and placed under negative pressure, causing a vacuum effect within it.

What can this vacuum effect do?

The vacuum effect accomplishes two things. From a mechanical standpoint, disc material that has protruded or herniated outside the normal confines of the disc can be pulled back within the disc by the vacuum created within the disc. Also, the vacuum within the disc stimulates in growth of blood supply, secondarily stimulating a healing response. This results in pain reduction and proper healing at the injured site.

What machine is used for this purpose?

There are a number of spinal decompression machines presently used in the United States. After significant research, Arizona Chiropractic Center has chosen to use the Triton DTS machine manufactured by Chattanooga, Inc., the premier manufacturer of physical therapy machines.

Who can benefit from Spinal Decompression Therapy?

Spinal decompression therapy is designed to unload the spinal disc. Any back pain or neck pain caused in whole or in part by a damaged disc may be helped by spinal decompression therapy. These conditions include herniated, protruding or bulging discs, spinal stenosis, sciatica or radiculopathy (pinched nerves).

Are there conditions where Spinal Decompression is not indicated?

Spinal decompression therapy is usually not recommended for pregnant women, or patients who have severe osteoporosis, severe obesity or severe nerve damage. It is not recommended for patients over 70. However, every patient is evaluated on an individual basis. Spinal surgery with instrumentation (screws and metal plates or "cages") is also contraindicated. Surgery to the discs without fusion or fusion using bony replacement is not contraindicated.

How often do I take treatment sessions? How long does each session last?

Sessions include decompression therapy and, depending on which phase of treatment you are in, you will also receive spinal stabilization exercises and possibly a specific spinal adjustment. The sessions may take anywhere from 25 minutes to an hour. Spinal decompression is usually performed 3-5 times a week for 15-20 sessions.

What are the results of Spinal Decompression Therapy?

Over 70% of patients have good pain relief. This success rate is similar to surgical results.

I have had spinal surgery, but continue to have pain. Can I try Spinal Decompression Therapy?

Spinal decompression therapy can help people with back pain after failed spinal surgery. It can be performed in most patients who have not been left with an unstable spine after surgery.

How can I be scheduled for Spinal Decompression Therapy?

Simply call our office at 623.512.4040 and tell the receptionist that you are interested in decompression therapy. An initial consultation can usually be scheduled within 24 hours.