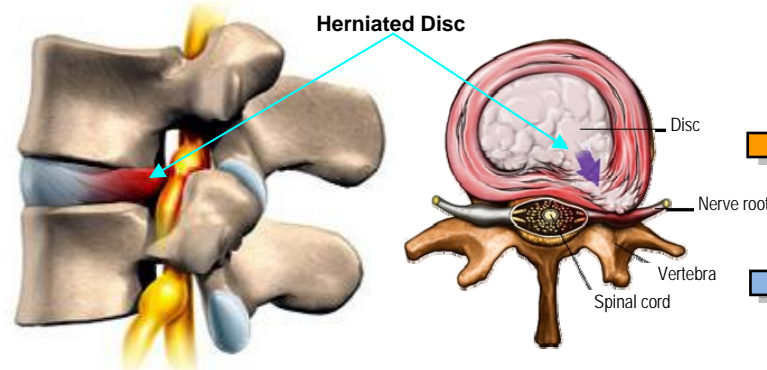


SPINAL DECOMPRESSION

Finally a therapy that can rehabilitate the disc without surgery

Are you a candidate for decompression?

We can make the determination by analyzing your spine using a group of basic testing procedures. Typical testing includes: Orthopedic, Neurological, Physical, Chiropractic, Acupuncture, X-ray, MRI or CAT scan tests.



If decompression is not appropriate we'll recommend and suggest other options.

If decompression is appropriate, we'll recommend and prepare a program for you.

Typical 6-week 20-session Progression Chart

Week One				Week Two				Week Three			Week Four			Week Five			Week Six		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

During week one, spinal muscles, tendons and ligaments become acclimated and accustomed to the therapy.

Acclimation stimulates the first group of **physiologic** changes to the tissues. These changes begin the process of recovery. They jump-start the healing cycle.

Physiologic changes include:
 1. Improving tissue elasticity
 2. Improving joint flexibility
 3. Improving circulation
 4. Improving vertebral spacing
 5. Improving **disc hydration**: *Hydration is the process that restores disc fluids. It is essential for long term disc healing and occurs with decompression.*

- By the end of week two:
1. Pain is reducing
 2. Muscle spasm is reduced
 3. Spinal flexibility is improving
 4. Circulation is improving
 5. Vertebral separation is improving
 6. Adhesions are breaking up
 7. Scar tissue is being stretched
 8. Nerve pressure is reducing
 9. Disc vacuum pressures are improving
 10. Extruded disc cartilage is retracting
 11. Disc hydration is improving

These changes are similar to the physiologic changes that occur with exercise (with the exception of the vertebral separation).

Ongoing sessions serve to improve and enhance these changes.

Repetition of treatment helps develop treatment momentum.

During weeks three and four, the formation of Type IV collagen cells (another **physiologic** change) begins to take place within the disc. These cells have the ability to form fibroblasts and chondroblasts (baby cartilage cells) which help heal the disc. Type IV collagen production varies between patients.

The negative inner disc pressures (or vacuum pressures) created by the decompression help draw these new cells into the cracks and tears of the injured disc. Once inside, they improve the strength, height and healing by reconnecting the damaged fibers.

- Symptoms are resolving or may be gone at this stage.

Note:

1. **Decompression** is a unique form of traction. However, the terms traction, elongation and distraction are interchangeably used to describe it. But don't be confused, there is only one pull-release pattern that is classified as decompression. Everything else is a variation of traction.
2. **Treatment Momentum**: Treatment momentum can only be developed by having uninterrupted closely scheduled sessions. Without momentum, we cannot develop the physiologic changes that ultimately begin the healing process.

As your program concludes, it is essential to maintain maximum vertebral spacing and hydration until the healing is complete. Remember, the discs lack circulation and have a tendency to dry out. They are slow to heal. This is why we continue to decompress your spine from your first session to your last.

Numerous studies have concluded that a series of closely scheduled sessions over a 6 to 10 week period works best. Therefore it is logical to follow the program your doctor recommends.

Missing sessions disrupts treatment momentum and delays healing.

