

CHRONIC NECK OR BACK PAIN?

Know Your Options



PHARMACEUTICALS

PAIN KILLERS & ANTI-INFLAMMATORIES
(TEMPORARY RELIEF)



COMMON SIDE EFFECTS AND RISKS

- DROWSINESS/DIZZINESS
- EXTREME FATIGUE
- BLEEDING/BRUISING
- ADDICTION/DEPENDENCE¹
- SEIZURES
- CONSTIPATION
- DECREASED SEX DRIVE
- NAUSEA/VOMITING

INJECTIONS

CORTISONE INJECTIONS
(TEMPORARY RELIEF)



COMMON SIDE EFFECTS AND RISKS

- OSTEOPOROSIS
- CATARACTS
- ELEVATES BLOOD SUGAR
- IMMUNE SUPPRESSION
- PERMANENT JOINT BREAKDOWN
- DIMINISHED EFFECTS WITH USE
- VERY TEMPORARY RELIEF
- LIMITED TO 3X PER YEAR

SURGERY

VARIOUS BACK SURGERIES AVAILABLE
(25% TO 50% SUCCESS RATE)



COMMON SIDE EFFECTS AND RISKS

- NO RELIEF OR MADE WORSE
- SCAR TISSUE
- PAINFUL RECOVERY PERIOD
- RISK OF INFECTION
- VERY EXPENSIVE
- LIMITED MOBILITY
- MAY STILL NEED DRUGS
- 72% NEED MORE SURGERIES²

SPINAL DECOMPRESSION

NON-SURGICAL SPINAL DECOMPRESSION
(71% - 89% LONG TERM RELIEF SUCCESS RATE)



COMMON SIDE EFFECTS AND RISKS

- NO SIDE EFFECTS
- MILD, TEMPORARY SORENESS

MEDICAL DOCTORS SPEAK

“AS A LICENSED NEUROLOGIST”



“As a Licensed Neurologist, I have long known that we should do everything possible to help our patients avoid back surgery. Now with Non-Surgical Spinal Decompression, we finally have a very effective way to treat back pain without surgery. The vast majority of even our worst cases experience significant, long-lasting relief even after pills, shots, PT. and chiropractic have failed.”

~ Dr. Samir Haddad
Licensed Neurologist
New York

RESEARCH SHOWS

- HYDROCODONE - CAUSED 62% OF ACCIDENTAL APAP-INDUCED ACUTE LIVER FAILURES¹
- OXY, HYDRO, VICODINE - MORE DEATHS THAN FROM MVA'S (45-54 AGE GROUP)¹
- NSAIDS (EXCEPT ASPIRIN) - INCREASED RISK OF HEART ATTACK, CLOTS, & STROKE²
- NSAIDS - INFLAMMATION, BLEEDING, ULCERATION, & PERFORATION OF STOMACH²

1. L. PAULOZZI. CDC. TRENDS IN UNINTENTIONAL DRUG OVERDOSE DEATHS. TESTIMONY BEFORE THE US SENATE, MARCH 12, 2008
2. HTTP://WWW.FDA.GOV/MEDWATCH/SAFETY/2006/JAN_PLADULTNSAIDRXTTEMPLATE.PDF

RESEARCH SHOWS

- STATISTICALLY INSIGNIFICANT IN LEG PAIN AND DISABILITY³
- PROMOTE DETERIORATION OF SKELETAL QUALITY⁴
- INCREASED LIKELIHOOD OF FRACTURES BY 21%⁴
- DO NOT REDUCE THE RATE OF SUBSEQUENT SURGERY⁵

3. PINTO RZ, ET AL. EPIDURAL CORTICOSTEROID INJECTIONS IN THE MANAGEMENT OF SCIATICA: A SYSTEMATIC REVIEW AND META-ANALYSIS. ANN INTERN MED. 2012 NOV 13; (E-PUB AHEAD OF PRINT).
4. MANDEL S, SCHILLING J, PETERSON E, ET AL. A RETROSPECTIVE ANALYSIS OF VERTEBRAL BODY FRACTURES FOLLOWING EPIDURAL STEROID INJECTIONS. J BONE & JOINT SURG. 2013 JUN;95(11):961-964.
5. ARMON G, ARGOFF CE, SAMUELS J, BACKONJA M. ASSESSMENT: USE OF EPIDURAL STEROID INJECTIONS TO TREAT RADICULAR LUMBOSACRAL PAIN. REPORT OF THE THERAPEUTICS AND TECHNOLOGY ASSESSMENT SUBCOMMITTEE OF THE AMERICAN ACADEMY OF NEUROLOGY. NEUROLOGY. 2007;68:723-9.

RESEARCH SHOWS

- 53% OF L5-S1 SURGERIES FAIL TO PRODUCE RELIEF⁶
- UP TO 70% STILL FEEL PAIN⁷
- 1 OUT OF 4 DISSATISFIED 2 YEARS LATER⁸
- ONLY 26% OF PATIENTS RETURNED TO WORK⁹

6. RADJIN, E. L. "REASONS FOR FAILURE OF L5-S1 INTERVERTEBRAL DISC EXCISIONS." INTERNATIONAL ORTHOP 1987; 11:255-259.
7. SPINE 1988; 13:418-422
8. SURG NEUOL 1998 MAR; 49(3): 263-7
9. PAINKILLER DEATHS DOUBLE IN ONTARIO CHIROLOG BLOG -- 12-08-2009

RESEARCH SHOWS

- 71% TO 89% SUCCESS RATES¹⁰
- REDUCES HERNIATIONS SIGNIFICANTLY IN UP TO 71%¹¹
- INCREASES DISC HEIGHT¹¹
- SUCCESS 4 YEARS LATER¹²
- UP TO 9/10 PATIENT SATISFACTION¹³

10. PRACTICAL PAIN MANAGEMENT: TECHNOLOGY REVIEW: IDD THERAPY. APRIL 2005, VOL. 5, ISSUE 3. C. NORMAN SHEALY, MD, PHD.
11. 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.
12. ROBERT H. ODELL, JR., MD, PH.D., BOULDERAU D. DO. EXCERPTS / SUMMARY ANESTHESIOLOGY NEWS - VOLUME 29, NUMBER 3, MARCH 2003
13. NON-SURGICAL SPINAL DECOMPRESSION VIA MOTORIZED DISTRACTION FOR CHRONIC, DISCOGENIC LOW BACK PAIN AS PRESENTED AT THE AMERICAN ACADEMY OF PAIN MANAGEMENT SEPT 7 2006. ORLANDO FLORIDA.