



Dr. Jack Hall DC, CCST

I have back problems. I herniated the 5th lumbar disc in my low back over 30 years ago at age 19. I have herniated the 4th lumbar at some point since then. L4 and L5 are both now degenerative discs. I initially injured my back lifting weights. At first it felt more like a catch, but the pain quickly progressed. After a couple of days, the burning pain was in my left buttocks. This spread to my left leg, then calf, then foot. Within a week, my entire left leg was alternately burning, cramping, spasming, or completely numb. The pain was overwhelming and life changing. I remember wearing a leather weightlifting belt as tight as I could get it and wearing it 24 hours a day. I sat in class leaning completely over to the right with my left leg held out to the side because any other position was excruciating. I did not know what to do but I knew what not to do. I was a sophomore football player trying to make the team. I knew I could not take any drugs, and I could not be hurt. I would visit the team chiropractor while at school and my grandmother's chiropractor at home. I never missed a practice or a workout, even though the pain was intense. I kept moving; I kept getting adjusted, and over about a 3 month period the pain gradually went away. Over the next 30+ years, I have had several episodes of back pain. Some episodes have started when I pick up something, some episodes have started when I sneezed. A few episodes have started just by rolling out of bed in the morning. Some episodes have been minor, lasting only a couple of days with a low level ache. Some episodes have been major, lasting over a month with

severe pain. But through them all, I still have never taken a pain pill, had a steroid shot, or had back surgery.

Back in 1980 while I was going through this, I did not know that I was doing it exactly right, but I was. According to the best research published by the top researchers on back pain, the best way to treat this kind of problem is to keep moving even more than you think possible and to take no pain pills. As a matter of fact no one today recommends rest any more, and pain pills have proven to be the #1 reason for back pain to result in a catastrophic case.

The strategies I recommend to deal with and heal back pain come from over 30 years of personal experience with herniated discs, bulging discs, degenerative discs, over 20 years of formal education, and over 17 years of professional experience helping more that 10,000 people get well. I always treat my back pain exactly the same way that I will treat your back pain.

Let us start with a few success stories. All of these people had some of the worst back problems possible. They all had at least one extruded disc. An extruded disc is a herniated disc that some of the inner gel has been squeezed out and is beyond the border of the cartilage of the disc. All of these people had their doctors tell them there was no other way to fix this problem without having surgery, because until now, an extruded disc was almost exclusively treated with back surgery. But all of these people are out of pain and not one of them had back surgery. None of them had steroid shots. They all had the decompression therapy that we use at Hall Chiropractic & Wellness Clinic. Here are their stories complete with MRI images and reports.



Juanell Sanders' back started hurting after she helped her daughter move some furniture. Her pain was not very bad at first; she had dealt with a sore tight stiff back before. She took some Ibuprofen and waited for it to get better. It got worse. In fact, the back pain had spread down

her leg to her foot. After a couple of weeks and still no better she went to her doctor. He gave her Lortab; it did not help. After 4 more weeks and still not improving, she went back to her doctor and got an MRI. The report revealed 3 disc protrusions and 1 large extrusion. Recommendation: surgery. Instead, she wanted to try everything else before she had surgery. Juanell was literally carried into our office because she was unable to walk. After 2 days, she felt better; after 2 weeks, she was pain free most of the time. A couple of weeks later, she was well. Juanell's spine is one of the most damaged I have seen. Most people with a back problem have 2 disc's that are painful. Juanell's MRI shows 4 discs with problems ranging from protrusions to an extrusion. She only has 1 disc in her lower back that is normal. If our therapy can help heal someone this damaged, it can help you.

0.3T AIRIS2-2
Ex: 200810039
T2 FSE SAG LG
C: NO
Se: 2/5
Im: 7/11
Sag: R16.2 (COI)

Mag: 3.6x

A₊

ET: 10
TR: 3500.0
TE: 125.0
QD/FLEX Body(L)
5.0thk/1.0sp
Id:DCM / Lin:DCM / Id:ID
W:623 L:339

REGIONAL MEDICAL SUPPORT CENTER

SANDERS DORANN

1952 Nov 11 F 064945

Acc: 17772

2008 Oct 03

Acq Tm: 15:43:53.390

256 x 176

P_L

F_R

DFOV: 29.9 x 29.9cm

normal healthy disc

disc protusion

minimal disc protusion

Moderatly large disc EXTRUSION

Degenerative disc with minimal protusion



Regional Medical Support Center

2115 13th Street
 MERIDIAN, MS 39301
 Phone: (601)485-2485 Fax: (601)483-8851

Radiology Report

Re: SANDERS, DORANN	ID:064945	DOB:11/11/1952	Sex:F
Study Date: 10/03/2008	Facility: RMSC		
TODD A. CLAYTON, M.D. INTERNAL MEDICINE CLINIC PA 2113 11TH STREET MERIDIAN, MS 39301	Phone: (601)483-5322 Fax: (601)581-2317	Other Reports Sent To:	

Procedure: MRI LUMBAR W/OUT CONTRAST (72148)

HISTORY: Low back pain which extends into the right leg for two months duration.

TECHNIQUE: Multiple acquisitions were obtained including sagittal T1, T2, STIR and axial T1 and T2 scans. Scans were obtained on a 1.5 Tesla magnet with no previous exam available for comparison.

FINDINGS: The conus has a normal appearance and terminates at the level of L1. There is straightening of the lumbar spine without fracture. There are vertebral endplate changes and osteophytes consistent with degenerative disk disease. These findings are most pronounced anteriorly at L2-3. The disc spaces are as follows:

L1-2: There is no disk degeneration, disk protrusion, spinal stenosis or foraminal stenosis.

L2-3: There is no disk degeneration with minimal disk space narrowing. There is minimal diffuse posterior disk protrusion which compresses the thecal sac with posterolateral extension bilaterally. Also, there is hypertrophy of the ligamentum flavum with resultant mild spinal stenosis. Minimal degenerative changes are noted in the facet joints with minimal bilateral foraminal stenosis.

L3-4: There is disk degeneration with posterior and anterior annular fissure. There is minimal diffuse posterior disk protrusion which contacts the thecal sac. There is hypertrophy of the ligamentum flavum with borderline spinal stenosis. Degenerative changes are present in the facet joints with minimal foraminal stenosis.

L4-5: There is disk degeneration with a moderately large right paracentral disk extrusion which compresses the thecal sac and the L5 nerve roots, especially the right. The extruded disc measures approximately 7 x 14 x 18 mm with minimal right posterolateral extension. Degenerative changes are present in the facet joints with minimal bilateral foraminal stenosis. There is associated hypertrophy of the ligamentum flavum with resultant spinal stenosis.

L5-S1: There is disk degeneration with posterior annular fissure. There is very minimal diffuse disk protrusion which no significant spinal stenosis or foraminal stenosis. Degenerative changes are present in the facet joints.

Regional Medical Support Center

2115 13th Street
MERIDIAN, MS 39301
Phone: (601)485-2485 Fax: (601)483-8851

Radiology Report

Re: SANDERS, DORANN	ID:064945	DOB:11/11/1952	Sex:F
Study Date:10/03/2008	Facility: RMSC		

IMPRESSION:
 STRAIGHTENING OF THE LUMBAR SPINE. NO FRACTURE IS IDENTIFIED. MULTILEVEL DEGENERATIVE DISK DISEASE WHICH IS MOST PRONOUNCED AT L4-5 WHERE THERE IS A MODERATELY LARGE RIGHT PARACENTRAL DISC EXTRUSION WHICH COMPRESSES THE THECAL SAC AND THE BUDDING RIGHT L5 NERVE ROOTS. ESPECIALLY THE RIGHT. THERE IS SOME HYPERTROPHY OF THE LIGAMENTUM FLAVUM WITH ASSOCIATED SPINAL STENOSIS. THERE IS LESS PRONOUNCED DISK PROTRUSION AT L2-3, L3-4 AND L5-S1 WITH ADDITIONAL FINDINGS AS ABOVE NOTED.

Radiologist : Mary Ann Cowart, M.D.

Tech: KWARD

Tran: AHARRIS

Tran Date and Time: 10/6/2008 10:33:26AM

Page 2 of 2



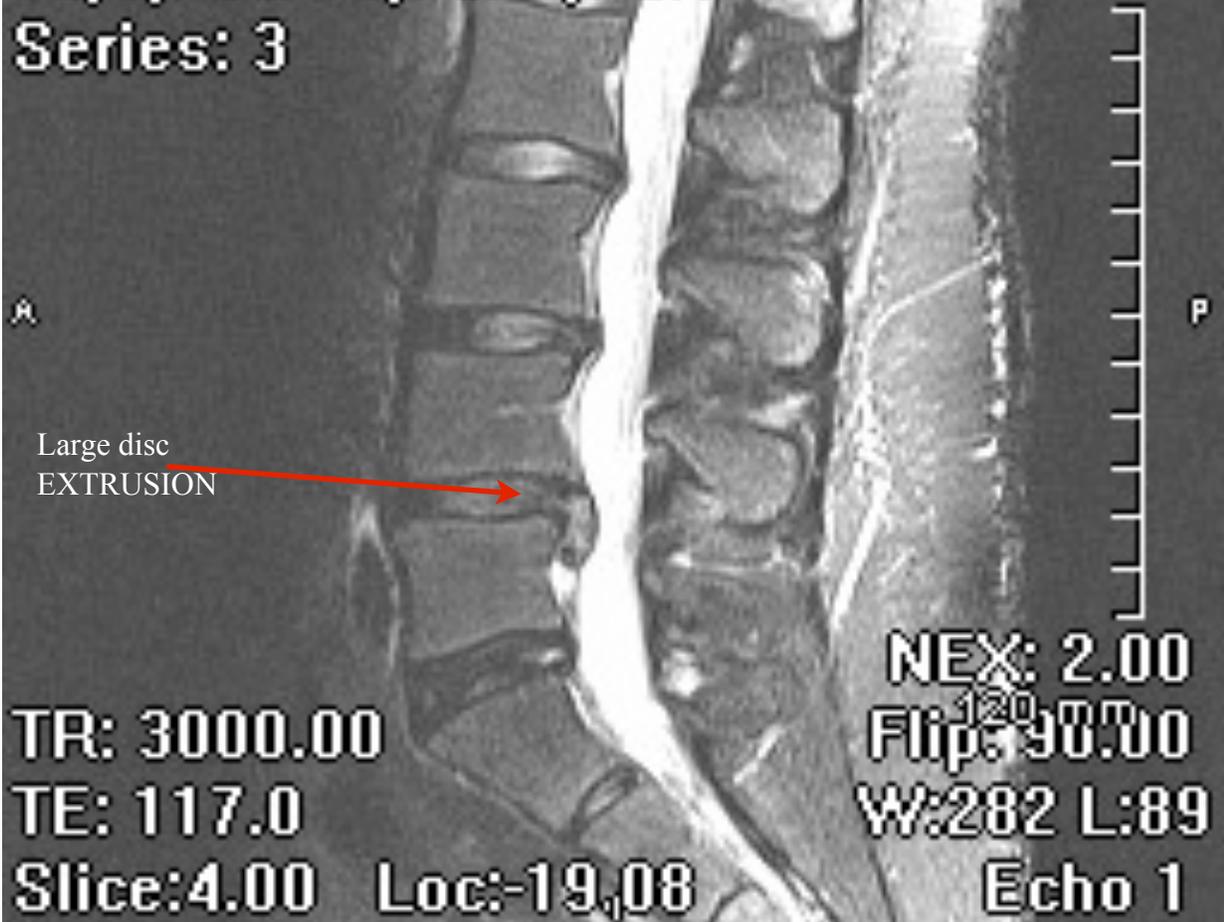
Lisa Britt, single mother of two, was working hard at Little Caesars Pizza to make ends meet. She woke up with severe back and leg

pain, but worse,

her leg would not move; she could not walk. After 2 rounds of pills from the Emergency room with no relief, she borrowed enough money to get an MRI of her back. The MRI shows a bulging disc, a herniated disc, and a large extruded disc. Recommendation: back surgery. Since Lisa can not afford health insurance, she sure can not afford a back surgery. Lisa's employer suggested she try our office. Her improvement was slow at first, but she is out of pain and back at work. Lisa had to take no pain pills, she had no steroid shots, and she did not have surgery.

Lisa was another difficult case for 2 reasons. She had a very large extruded disc. So much of the fluid squeezed out that it traveled almost half of the way down the adjacent vertebrae. Also, Lisa waited so long to seek treatment, that the nerve root being compressed by the extrusion was completely unable to transmit electrical signals to the leg muscles. Lisa waited so long because money is tight. We were able to make workable financial arrangements to fit her needs. If our therapy can help someone who has a serious problem and has waited too long to get it healed, it can help you!

#7 Nov-22-2011 Rush Medical Clinic
Britt, Lisa Infinion 1.5T za158_ws
ID: 000093940 0 256 224 0
T2/S/FSE 16/FSAT/PSAT
Series: 3





Patient Name: Britt, Lisa S
DOB: December-08-1978
ID: 000093940(RFH)
Study Date: November-22-2011 15:30

Final Report
MR MRI LUMBAR SPINE W/O CONTRAST

Point of Service- BUSH

MRI of the lumbar spine without contrast.

Indication- Back pain.

No prior studies are available for comparison.

There is mild straightening of the normal curvature of the lumbar spine. Appropriate alignment is seen throughout. The bone marrow signal is normal. The conus is normally located.

At L1-L2, no abnormality is seen.

At L2-L3, there is a broad-based central posterior disc protrusion superimposed on mild circumferential disc bulging. There is thecal sac effacement.

At L3-L4, there is disc desiccation and circumferential disc bulging. There is a broad-based central posterior disc protrusion with associated annular tear. There is thecal sac effacement and bilateral neural foraminal narrowing.

At L4-L5, there is disc desiccation and loss of disc space height. There is circumferential disc bulging. There is a large left paracentral disc extrusion with extruded component measuring 10 mm. There is thecal sac effacement and left lateral recess narrowing. There is narrowing of both neural foramina.

At L5-S1, there is disc desiccation. There is a small left paracentral disc retraction an associated annular tear. There is prominent facet arthropathy.

Impression- Multilevel lumbar spondylosis with disc protrusions at L2-L3, L3-L4 and L5-S1. At L4-L5, there is a large left paracentral disc extrusion which may be causing the patient's left-sided symptoms.

Transcriptionist- PSORIEE
Reading Radiologist- RACHEL CHARD M.D.
Releasing Radiologist- RACHEL CHARD M.D.
Released Date TIME- 11/22/11 16:28

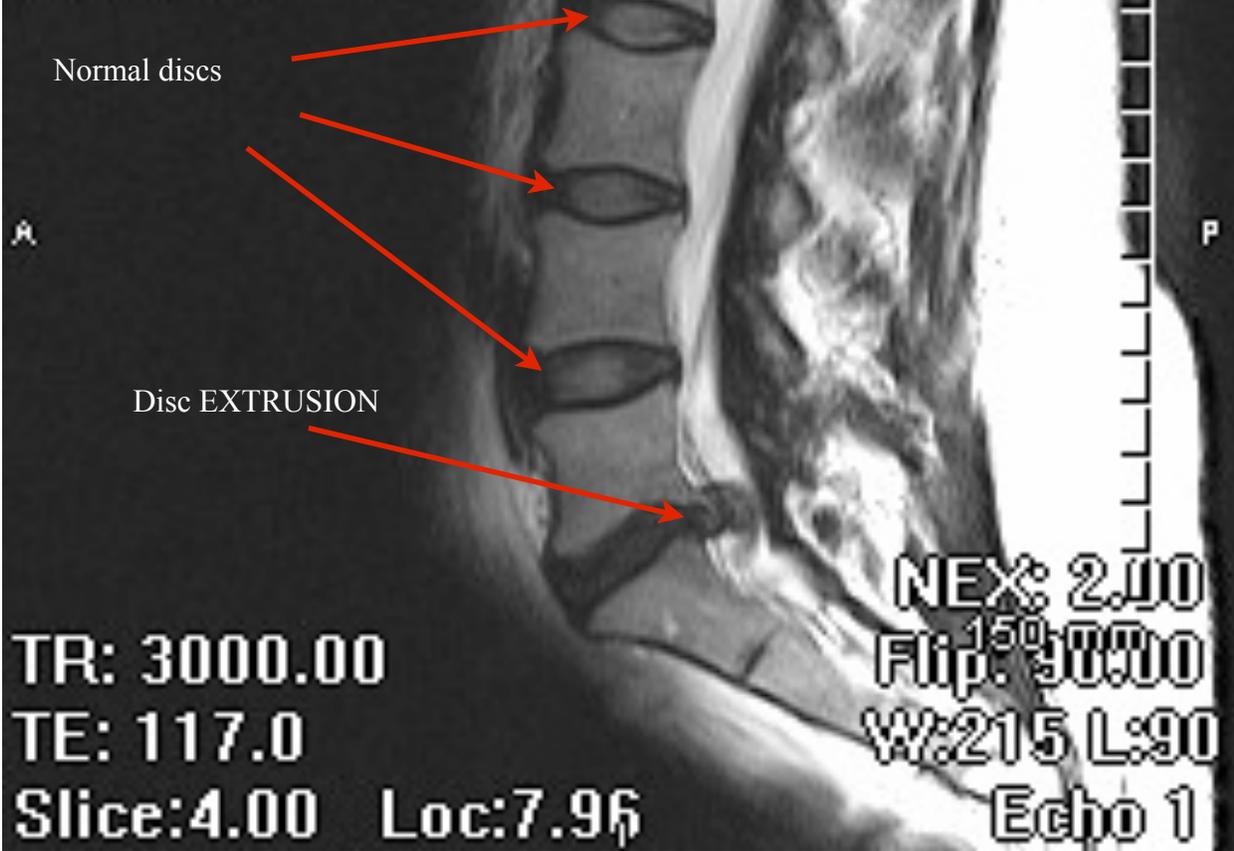
Signed by: Auto, Generated Signed on: November-22-2011 16:24



Mary Triplett had a back ache that just would not get much better. Some days the pain was mild but other days it was very bad. One morning she woke up and her right leg was totally numb. Mary finally went to her doctor, and he prescribed some pain pills.

The pills did not help, and they made her feel foggy. Mary was starting nursing school in a couple of weeks so she had to be clear and focused. Mary came to our office, and we went to work. Mary's pain went away quickly, but the numbness was stubborn. Mary decided to get an MRI and see a neurosurgeon. He read the MRI report and saw a large extruded disc. Recommendation: surgery. Mary's mother told her to not have back surgery so she continued with decompression at our office and made another appointment with the neurosurgeon, just in case it did not get any better. Before the next appointment with her surgeon, she was getting better but was still not well. A couple of weeks later, she was back at work and started nursing school. No pain pills, no shots, and no surgery.

#5 Dec-12-2011 Rush Medical Clinic
Triplett, MaryInfinion 1.5T za158_ws
ID: 001005490 0 256 192 0
T2/S/FSE 16/PSAT
Series: 1



TR: 3000.00
TE: 117.0
Slice: 4.00 Loc: 7.96

NEX: 2.00
Flip: 15.00
W: 215 L: 90
Echo 1



Patient Name: Triplett, Mary Sue
DOB: November-26-1971
ID: 001005490(RFH)
Study Date: December-12-2011 14:59

Final Report MR MRI LUMBAR SPINE W/O CONTRAST

Study- MR of the lumbar spine without administration of intravenous contrast.

Indication- Low back pain/lumbago.

Comparison- None.

Technique- Multisequence multiplanar MR of the lumbar spine was performed without administration of intravenous contrast. Images obtained include sagittal T1, T2, and T2 fat sat images as well as axial T1 and T2 weighted images.

Findings-

Alignment of the lumbar vertebral bodies is unremarkable. Vertebral body heights are uniform throughout the lumbar spine. No significant signal abnormality is demonstrated within the vertebral bodies or posterior elements.

Loss of intervertebral disc space at L5-S1 is present.

The conus terminates at , T12-L1 and has a normal appearance. The transiting lumbar nerve roots demonstrate no evidence of clumping or other significant abnormality.

At L1-L2, no significant disc abnormality is demonstrated. There is no evidence of central or neuroforaminal stenosis.

At L2-L3, no significant disc abnormality , central stenosis, or neuroforaminal stenosis is demonstrated.

At L3-L4, no significant disc abnormality, central stenosis, or neuroforaminal stenosis is demonstrated.

At L4-L5, no significant disc abnormality, central stenosis, or neuroforaminal stenosis is demonstrated.

At L5-S1, focal disc protrusion/extrusion measuring approximately 6 mm on the right within the subarticular zone is present which results in no significant neuroforaminal stenosis, however moderate to severe effacement of the right lateral recess.

The intra-abdominal contents demonstrate no significant abnormality. The paravertebral soft tissues are unremarkable. The paraspinous musculature is bilaterally symmetric.

Conclusion-

1. Disc extrusion in the right subarticular zone moderately to severely effaces the right lateral recess and appears to impinge the transiting right S1 nerve rootlet.

Transcriptionist- PSCRISE
Reading Radiologist- JAMES COLEMAN II M.D.
Releasing Radiologist- JAMES COLEMAN II M.D.
Released Date Time- 12/12/11 1554

Signed by: Auto, Generated Signed on: December-12-2011 15:44



Cody Maske loves working with cows and horses; in fact he is attending Mississippi State to go the Veteranarian school. One morning Cody was halter training a calf, and he had to pull and tug on the calf to train him. The pulling and tugging injured his back.

Cody's doctor prescribed pain pills that did not help. So he saw another doctor who ordered an MRI. Cody was intending to do what ever they said, including surgery. As it happens Cody's cousin works for another chiropractor in Starkville, who is aware of the results we are getting with our therapy. Cody's cousin told him to see us before he had surgery. After a couple of treatments, Cody's back felt a lot better, and he stopped taking the pain pills. Cody then had the MRI, which showed he had a very large extruded disc and another disc that was herniated. Cody was so much improved by this time that he decided to continue his therapy here in our clinic. In about 3 weeks, Cody was pain free.

1.5T MER_MRI
Ex: 18475
Sag T2 frFSE
Se: 3/7
Im: 8/12
Sag: R17.2 (COI)

H_i

Imaging Cntr of Meridian
MASKE WILLIAM C
1992 May 05 M MER-006310
Acc: 1335372
2012 Jul 09
Acq Tm: 09:12:45

Mag: 1.2x

512 x 224

normal discs

disc protusion

large disc EXTRUSION

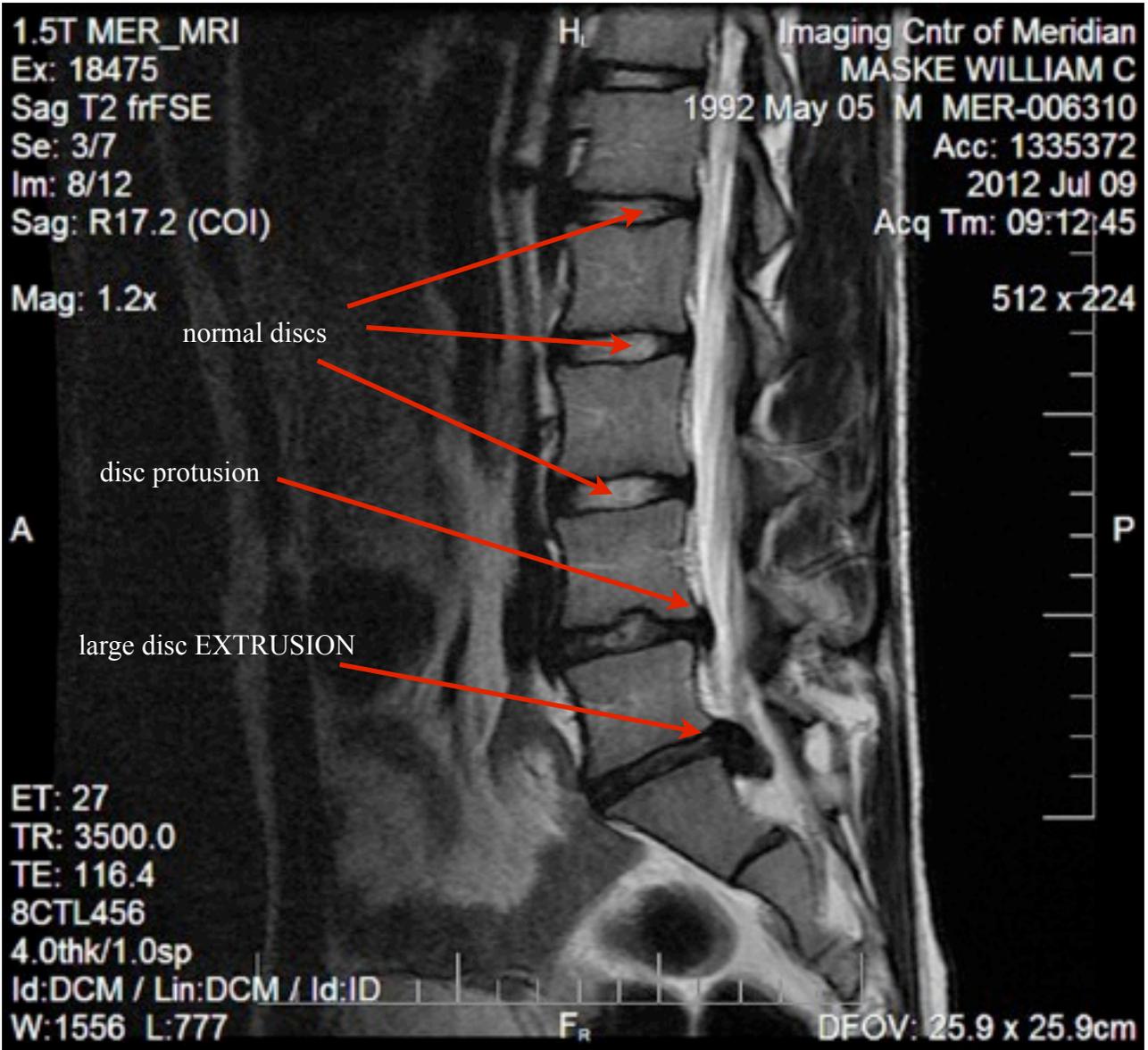
A

P

ET: 27
TR: 3500.0
TE: 116.4
8CTL456
4.0thk/1.0sp
Id:DCM / Lin:DCM / Id:ID
W:1556 L:777

F_R

DFOV: 25.9 x 25.9cm



Imaging Center of Meridian

2021 24th Avenue
Suite 8
Meridian, MS 39301
Phone: 601-483-4339
Fax: 601-483-4516

Accredited by the American College of Radiology

Report Provided For DAVID A POMIERSKI, MD 1800 12TH STREET MERIDIAN, MS 39301 Fax: 601-703-6794	Patient Name: WILLIAM C MASKE MRN #: MER-006310 Phone: 601-683-6389 DOB: 05/05/1992 Gender: Male Exam Start: 7/9/2012 9:02:33AM
--	--

MRI LUMBAR SPINE WITHOUT CONTRAST:

DATED: 07/09/2012

CLINICAL INFORMATION: Pain and numbness in the right leg.

COMPARISON: No previous exams are available for comparison.

TECHNIQUE: Axial and sagittal T1 and T2 and sagittal STIR sequences of the lumbar spine were performed without the administration of intravenous contrast material on a 1.5 Tesla magnet at the Imaging Center of Meridian on 07/09/2012.

FINDINGS:

Alignment of the lumbar vertebrae is normal. The vertebral bodies are grossly normal in height and marrow signal pattern.

At the level of L1-2, there is no evidence of focal disc protrusion or canal or neural foraminal stenosis.

At the level of L2-3, there is no evidence of focal disc protrusion or canal or neural foraminal stenosis.

At the level of L3-4, there is no evidence of focal disc protrusion or canal or neural foraminal stenosis.

At the level of L4-5, there is disc degeneration and bulging with a shallow component of superimposed central disc protrusion mildly indenting the anterior margin of the thecal sac. This also appears to mildly contact the root sleeve of the arising L5 roots, slightly more so to the right without significant displacement of these roots or overall canal stenosis. The neural foramina are patent.

At the level of L5-S1, the disc is desiccated and narrowed. There is disc bulging and a large, superimposed component of disc herniation in the right paracentral location. This disc material is extruded extending downward below the margin of the disc space for a distance of approximately 8 mm. The disc protrusion measures 8-9 mm in transverse dimension by approximately 7-8 mm in anterior posterior extent beyond the vertebral body margin. There is compression and posterior displacement of the arising right S1 root. There is no canal stenosis. The neural foramina are mildly narrowed due to disc bulging, but adequate fat remains present surrounding the exiting L5 roots. The upper sacrum is grossly normal in signal. No abnormality is seen in the immediate paraspinal soft tissues.

The conus is normal in position and signal intensity. The upper sacrum is grossly unremarkable.

IMPRESSION:

1. LARGE RIGHT PARACENTRAL DISC EXTRUSION AT L5-S1 CAUSING COMPRESSION OF POSTERIOR DISPLACEMENT OF AND POSTERIOR DISPLACEMENT OF THE ARISING RIGHT S1 ROOT.

MASKE, WILLIAM C (Exam 1335372)

MRN #: MER-006310

2. SHALLOW CENTRAL DISC PROTRUSION AT L4-5 MILDLY CONTACTS THE ROOT SLEEVE OF THE ARISING L5 ROOTS, SLIGHTLY MORE SO TO THE RIGHT WITHOUT SIGNIFICANT DISPLACEMENT OF THESE ROOTS, HOWEVER.

Interpreting Radiologist



Kathryn Nutter, M.D.

Electronically Signed: 7/9/12 10:55 am

Thank you for referring WILLIAM MASKE to Imaging Center of Meridian.

Dear Low Back or Neck Pain Sufferer:

It is with great excitement that I can make available to you this copy of our Special Report.

In this Special Report you will find a lot of information. Some information may seem different to what you have thought, but you are going to hear what 30 years of research, personal and professional experience has taught me about our problem. I say OUR problem because I have the same problem as you, and I have to deal with it as well. I do not want to have a damaged back, but I do, and it is what it is. Sure, I wish something as simple as taking a pill or a shot would fix my problem for good, but it will not. I had to come to terms with that. Now I am helping thousands of you also make this problem an issue of your past.

You will learn about a NEW technology that has helped thousands of others with significant pain just like yourself. You will also learn how the Hall Chiropractic & Wellness Clinic in Meridian, MS has the equipment and expertise to help you!

I hope this report will give you answers to your questions and help you better understand our condition and ALL of your treatment options.

After you have read the report, if you have any questions, please call our office at 601-483-2500 and ask to speak to me. I'll talk to you personally in order to help you make the right decision.

Sincerely,

Dr. Jack Hall DC, CCST

In this report you will learn: 5 KEY POINTS

“What is the most common cause of your pain?”

Trauma and gravity generating more pressure on spinal discs than they were designed to bear, until they swell, bulge, herniate, and irritate nerve roots.

“What is a fast, safe, effective, and affordable way to stop this problem?”

Remove the pressure from the spinal discs.

“What common strategies do not work and can actually cause you to heal slower?”

Any attempt to treat pain without removing the pressure from the discs.

“What can you do to prevent this problem from coming back?”

Create better delivery of water, oxygen, nutrients to the disc and strengthen all of the supporting structures, which includes: muscle, ligaments, tendons, and cartilage.

“What makes Dr. Hall a back pain specialist?”

Dr. Hall herniated the lowest disc, Lumbar #5, when he was 19. He has lived with this problem for over 30 years. He has had several bouts of back and leg pain but has never taken a pain pill, had a steroid shot, or had back surgery. He has a Bachelor's degree in psychology which enables him to better understand the suffering aspect of this problem. He has studied spinal biomechanics for over 20 years, including a 4 year chiropractic degree and a 1 year certification in spinal trauma. He has practiced healing spinal problems for over 17 years in one of the largest clinics in the south. He has delivered hundreds of thousands of adjustments and successfully treated over 10,000 people.

**Here is the SPECIAL REPORT:
Bulging, Herniated, Extruded Disc Treatment that is Safe,
Effective and Affordable.**

“You may be able to avoid pain pills, steroid shots, and spinal surgery with spinal decompression therapy”

If you or a loved one is suffering from bulging, herniated, extruded, or degenerative discs, or other painful back or neck problems...

There is a very good chance that non-surgical spinal decompression therapy will be music to your ears.

This treatment has helped thousands of back pain sufferers, even after prescription drugs, injections, and surgery have not worked.

How powerless is it to hear ***"We've done all we can do for you, you're just gonna have to live with the pain."*** ?

Guess what? You may not have to live with the pain ANYMORE!

Non-surgical spinal decompression is making pills, shots, spinal surgery, and other back pain treatments much less popular.

And why not? Who wants surgery when there is a non-invasive alternative? Surgery is an invasive process regardless of what instrument does the cutting, even a laser.

Furthermore, back surgery presents significant risks including worse pain compared to pre-surgery and even severe adverse complications.

On the other hand, Spinal Decompression Therapy does not utilize drugs, shots, or surgery, and has had very impressive results.

Won't the Pain Go Away on its Own?

There are 7 simple words that threaten to drastically affect the rest of your life. Those words are, "**It will go away all by itself**"

If those words have crossed your mind, here are some facts that you need to consider:

1. 80-90% of all adults will suffer with low back pain at some time in their life.⁵
2. Lower back pain is the leading cause of disability for people under 45 years of age. ⁵
3. Lower back pain is the second leading cause of visits to doctors' offices.⁵
4. Lower back pain is the third leading reason for hospital admissions. ⁵
5. Annual costs of back pain in the U.S. range from \$20-\$75 billion and as much as \$100 billion worldwide. ⁵
6. A typical back pain case can range in costs from \$80,000 to \$150,000
7. Statistics indicate that 15-20% of the population have lower back pain in any given year, which makes ...approximately 32 million cases. ¹¹

And when it comes to the pain just going away by itself, a study in the British Medical Journal proved this myth to be false. Here are the eye opening results regarding patients 12 months after initial medical consultation:

No pain & No Disability..... 25%

Pain OR Disability 25%

Pain AND Disability.....50%

The authors of the study concluded:

"This takes account of two consistent observations about lower back pain: firstly, a previous episode of lower back pain is the strongest risk factor for a new episode, and secondly, by age 30 years almost half the population will have experienced a substantive episode of lower back pain. These figures simply do not fit with claims that 90% of episodes of low back pain end in complete recovery." ¹²

Our conclusion: 75% of back pain sufferers will have either pain or disability or pain AND disability one year after their initial consultation to a medical doctor, and it is clear that back pain does **NOT** usually get better without **CORRECTIVE** treatment, not just **PAIN** treatment.

Most Common Disc Problems



Normal disc.

A healthy disc has a cartilage outer shell with gel like inner. Which is very much like a jelly donut. Normal discs manage pressure well. What happens if you bite down hard on a jelly donut?



Cut-away of Normal disc.



Bulging disc: Damage caused by trauma will weaken discs ability to manage pressure. When a disc bulges, the gel moves toward the outer layer of cartilage. Bulging discs will swell and cause pain.



If the disc touches the nearby nerve root it will cause pain, numbness, and/or tingling in the buttocks and back of the leg. Decompression reduces the pressure and helps the disc unswell. The pumping action will help heal the disc faster and stronger. Commonly takes 6-20 visits.



If the pressure increases, the gel will eventually push through the cartilage. When the gel moves to the outside of the disc it is called a **herniated** or **ruptured disc**.

The gel comes in contact with and damages the surrounding nerve commonly the Sciatic nerve. This can cause pain, numbness, tingling, as well as muscular problems like spasms and inability to move. As you can see a herniation can be small, medium, and large. A very large one is called an **extruded disc**.



Decompression will reduce the pressure and help move the gel off of the nerve. When the gel moves off the nerve the pain will diminish. **To fully heal this problem, it is important to keep the pressure down and pump more water, oxygen, and nutrients into the cartilage to make a stronger, faster heal.** The pain may ease up in a couple of weeks, but it takes months to heal damaged cartilage.



If the pressure continues to increase and/or addition trauma is experienced, the outer cartilage can crack. This is called an **annular tear**. This tear can allow the gel to move outside the disc. Our therapy keeps the pressure lower while the cartilage heals. This can take months to properly heal.



Degenerative Disc: Once a disc herniates and loses some gel, it breaks down faster than an undamaged disc. The disc will get thinner, bone spurs will develop, and painful episodes will be more frequent. To avoid this problem, heal damaged discs more completely.

Hall Chiropractic & Wellness 601-483-2500 www.calldrhall.com

The Disc and How They Cause Pain

Your spine is similar to 24 blocks stacked on top of each other. Between each set of blocks is a disc.

Discs are similar to Jelly Donuts. The outside of the disc is made up of tough fibers of cartilage, and the inside has a soft jelly like substance, the nucleus pulposus.

When your disc cartilage is injured or torn, the jelly-like substance on the inside can protrude or get squeezed out. This is called a herniated disc. This substance is highly irritating to the surrounding anatomy: muscles, ligaments, tendons, and especially nerves, and is a source of pain.

If the outer material is not torn, discs can swell and bulge - without herniating. This is similar to stepping on a balloon when it does not pop. The balloon bulges out to one side or the other without the rubber breaking.

As you probably know, bulging or herniated discs are a very highly correlated with back, leg, neck, and arm symptoms. Symptoms may include pain, numbness, tingling, weakness, and other sensations. These conditions can also cause nerves to be pinched that can cause pain or loss of sensation in your extremities including legs, arms, toes, etc.

What is Spinal Decompression Therapy?

Spinal Decompression Therapy is derived from a law in physics called Boyle's Law. Boyle's Law says that if you increase the volume (space) of a system, you will decrease the pressure. Now combine this concept with research produced by the President of Biomechanics at Yale University which says trauma and gravity

combine to eventually increase the pressure on the spinal disc. This pressure will increase until it overcomes the capacity of the cartilage in the disc. The pressure will then cause splitting or cracking in the cartilage and the jelly like fluid will be pushed outward. If a depressurizing or decompressing force is applied, the pressure is reduced, the pain will go away, and the cartilage will heal. This kind of therapy has a very high success rate for pain associated with herniated or bulging discs, even after failed surgery.

During this procedure, by cycling through distraction and relaxation phases, moving the injured disc through ranges of motion and by proper positioning, a spinal disc in the neck or low back 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 boundaries of the disc can be pulled back within the disc by the vacuum created within the disc.

Also, the vacuum within the disc stimulates growth of blood supply, and pumps water, oxygen, and nutrients into the injured disc secondarily stimulating a healing response. This results in pain reduction and faster, more proper healing at the injured site.

What decompression system is used for this purpose?

After a significant amount of research, the Hall Chiropractic & Wellness Clinic chose what we believe to be the most effective combination of therapies possible. We perform 3 kinds of

decompression. I know of no other office that does this more thoroughly. The 3 kinds of decompression we use are static, dynamic, and 3-D decompression. Static is a pull and hold decompressing force. This kind of therapy is effective at pulling the pressure off of the injured disc. However, it is limited because it will not pump water, oxygen, and nutrients into the disc which speeds healing. We also do dynamic decompression. This is a cycling, pull and release force that pulls the pressure off and then releases. This is effective at pumping the water, oxygen, and nutrients into the injured disc. 3-D decompression is a decompressing force applied while the disc is moved through the normal ranges of motion. This is the most effective type of decompression available.

How is Spinal Decompression Therapy different from regular traction?

The key difference is the pumping action which speeds the healing. A damaged disc that is under more pressure than normal will dehydrate, like a sponge that is squeezed. This loss of water will weaken the disc increasing the likely hood of cracking or splitting and then herniation. If we pump more water, oxygen, and nutrients into the damaged disc we can prevent this cracking or splitting.

Who can benefit from Spinal Decompression Therapy?

Anyone who has 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:

bulging discs

protruding discs

herniated or ruptured disc

extruded discs

degenerative discs

spinal stenosis

facet syndrome

Are there medical studies that document the effectiveness of Spinal Decompression Therapy?

Most certainly! One study ¹³ documented by MRI shows up to 90% reduction of disc herniations in 10 of 14 cases!

Other studies ¹⁴ have reported that the majority of ruptured disc patients achieved "good" (50-89% improvement) to "excellent" (90-100% improvement) results after spinal decompression therapy!

Are there conditions where Spinal Decompression Therapy is not indicated?

Spinal decompression therapy is not recommended for pregnant women, patients who have severe osteoporosis, severe obesity or severe nerve damage. Spinal surgery with

instrumentation (screws, metal plates or “cages”) is also contraindicated.

However, spinal decompression therapy after bone fusion or non-fusion surgery, can still be performed.

Are the sessions painful?

In almost all cases, the treatments are completely painless. In fact, some patients fall asleep during the spinal decompression session.

How many sessions will be needed and what is the cost?

We will determine your specific treatment plan after your examination. The average back pain case treated medically can cost around \$6000 estimated by an article published in The Journal of the American Medical Association in 2005. That \$6,000 is probably over \$10,000 in 2012. The average case fee for spinal decompression therapy is only about \$1,600. Some cases are a little more; if we catch it early, it can cost a lot less. Here is some great news, many insurance companies cover most of the cost! We make payment arrangements for your financial responsibility if necessary.

Do most patients receive therapy and rehabilitative exercises in addition to Spinal Decompression Therapy?

Yes. To reduce inflammation and assist the healing process, supporting structures are treated with passive therapies (ice/heat/muscle stimulation), chiropractic adjustments (as indicated) and/or active rehabilitation in order to strengthen the spinal musculature.

“How do I get started?”

We want make it easy for you to learn if you are a candidate for Spinal Decompression Therapy.

Just bring this report with you on your first visit and you will receive a complete evaluation - including consultation, history, orthopedic/neurological testing, X-rays (if indicated), and report of findings...**FOR ONLY \$97.**

Need More Information?

If you need any additional information, please call our office at 601-483-2500 and ask to speak to me.

I look forward to having the opportunity to help you. So please...call today!

Sincerely,

Jack Hall DC, CCST
Hall Chiropractic & Wellness Clinic
1801 Hwy 39 North
Meridian, Ms. 39301

TELEPHONE 601-483-2500

PS: Remember, for only \$97, you can learn if you are candidate for Spinal Decompression Therapy! Why continue to suffer when the solution might be only a phone call away?

PPS: One last thing, if I determine that you are not a candidate for Spinal Decompression Therapy, I will tell you why and work to refer to you a doctor who will be more appropriate for your problem.









REFERENCES

1. Gionis. Thomas. MD, JD, MBA, FICA, FRCS et al. *The outcome of a clinical study evaluating the effect of nonsurgical intervention on symptoms of spine patients with herniated and degenerative disc disease is presented.* Spinal Decompression, Orthopedic Technological Review. November/December 200: Volume 5. Number 6: Pages cover. 36-39.
2. Eyerman, Edward. M.D. *MRI Evidence of Nonsurgical, Mechanical Reduction, Rehydration and Repair of the Herniated Lumbar Disc.* Journal of Neuroimaging Volume 8 / Number 2 April 1998
3. Shealy. Norman C.. M.D.. Ph.D.. F.A.C.S. *New Concepts in Back Pain Management: Decompression, Reduction, and Stabilization.* Pain Management Volume 1. 1998. pgs. 259-257
4. Eyerman, Edward. M.D. *MRI Evidence of Nonsurgical, Mechanical Reduction, Rehydration and Repair of the Herniated Lumbar Disc.* Journal of Neuroimaging Volume 8 / Number 2 April 1998
5. Bigos S. et al. *Acute Low Back Problems in Adults,* Clinical Practice Guideline No. 14. Rockville, MD: U.S. Public Health Service, Dept. of Health and Human Services. AHCPH pub. No 95-0642, Dec. 1994.
6. Mushinski M. *Average hospital charges for medical and surgical treatment of back problems: United States. 1993.* Statistical Bulletin. Metropolitan Life Insurance Co., Health and Safety Division. Medical Dept., April-June 1995.

7. Bigos S. et al. *Acute Low Back Problems in Adults*, Clinical Practice Guideline No. 14. Rockville, MD: U.S. Public Health Service, Dept. of Health and Human Services. AHCPH pub. No 95-0642, Dec. 1994.
8. Croft, Peter, et al.,. *Outcome of Low Back Pain in General Practice: A Prospective Study*. British Medical Journal 1998: 316 : 1356-1359 (2 May).
9. Eyerman, Edward. *Simple Pelvic Traction Gives Inconsistent Relief to Herniated Disc Sufferers*. Journal of Neuroimaging, June 1998.
10. Shealy, C. Norman, Borgmeyer, Vera. *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.
11. Bigos S. et al. *Acute Low Back Problems in Adults*, Clinical Practice Guideline No. 14. Rockville, MD: U.S. Public Health Service, Dept. of Health and Human Services. AHCPH pub. No 95-0642, Dec. 1994.
12. Croft, Peter, et al.,. *Outcome of Low Back Pain in General Practice: A Prospective Study*. British Medical Journal 1998: 316 : 1356-1359 (2 May).
13. Eyerman, Edward. *Simple Pelvic Traction Gives Inconsistent Relief to Herniated Disc Sufferers*. Journal of Neuroimaging, June 1998.
14. Shealy, C. Norman, Borgmeyer, Vera. *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.

SPECIAL OFFER COUPON

This coupon entitles you to:

\$97 DECOMPRESSION VISIT
OR LESS IF YOU HAVE A LOWER CO/PAY
NORMALLY \$149 VALUE

Note valid for Federal programs - Medicare or Federal BC/BS

THIS SPECIAL OFFER INCLUDES:

All examinations x-rays, therapy and decompression adjustments

redeem at

Hall Chiropractic & Wellness Clinic

1801 Hwy 39 North Meridian, MS 39301

601-483-2500 www.calldrhall.com

SPECIAL OFFER COUPON

This coupon entitles you to-

**\$50 OFF ESTABLISHED PATIENT
DECOMPRESSION VISIT**



Not valid for Federal programs - Medicare or Federal BC/BS

THIS SPECIAL OFFER INCLUDES:

All examinations x-rays, therapy and decompression adjustments

redeem at

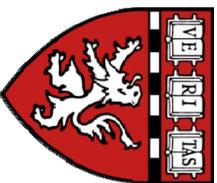
Hall Chiropractic & Wellness Clinic

1801 Hwy. 39 North Meridian, MS 39301

601-483-2500 www.calldrhall.com

The Harvard Medical School is accredited by the Accreditation Council for Continuing Medical Education
to provide continuing medical education for physicians.

THE HARVARD MEDICAL SCHOOL



certifies that

Arthur Jack Hall

has participated in the enduring material titled

**CME Online Lifestyle Medicine:
Acute Low Back Pain
September 2, 2012**

This activity was designated for 1.0 AMA PRA Category 1 Credit™.

Sanjiv Chopra, M.B.B.S., M.A.C.P.,
Faculty Dean for Continuing Education
Professor of Medicine

If you want to see a demonstration of a decompression adjustment, go to www.calldrhall.com and watch the 3 minute video.

The information published in this report is not intended to replace the services of a chiropractor or medical doctor, nor does it constitute a doctor-patient relationship. Information published in this report is for informational purposes only and is not a substitute for professional chiropractic or medical care. You should not use the information in this report for diagnosing or treating a chiropractic, medical, or other health condition. You should consult a chiropractor or physician in all matters concerning your health. Any action on your part in response to the information provided in this report is at the reader's discretion.