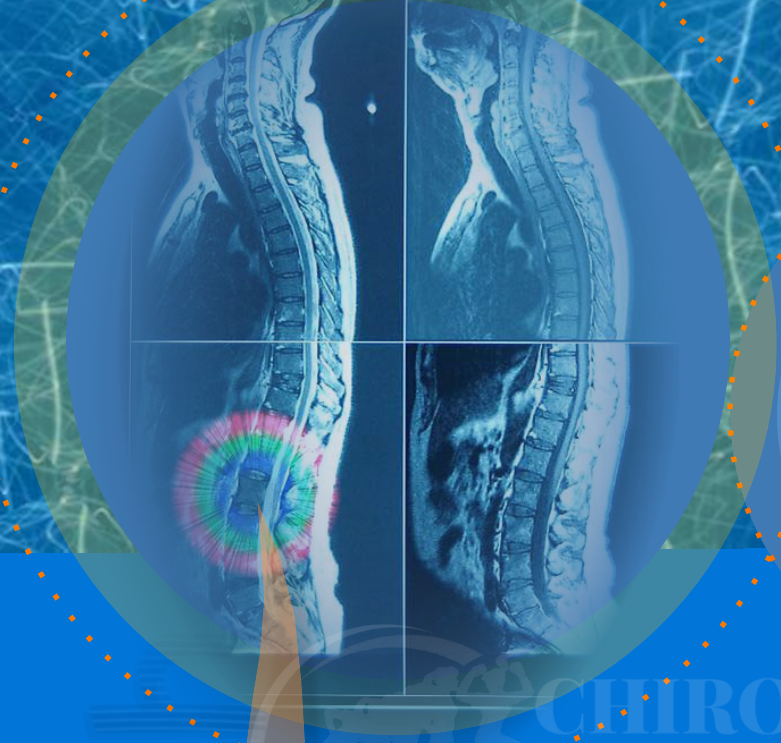


Measured Success, Evaluating the Effectiveness of Spinal Decompression Therapy [1]

Background

Over 31 million Americans suffer from back pain, and 80% of all Americans will live with it in their lifetime (Forer, 2012). Surgical options for low-back pain often presents postoperative complications (Street et al., 2011). Chiropractic care often uses a non-invasive approach for spinal decompression therapy. Researchers (Gionis and Groteke, 2012) found that 86% of patients completing decompression therapy reported resolution of their symptoms. The outcome of a decompression study (Blumke, 2014) completed by a Davenport University health information management intern was found to be highly successful with little to no post-treatment complications.

Decompression therapy evaluation

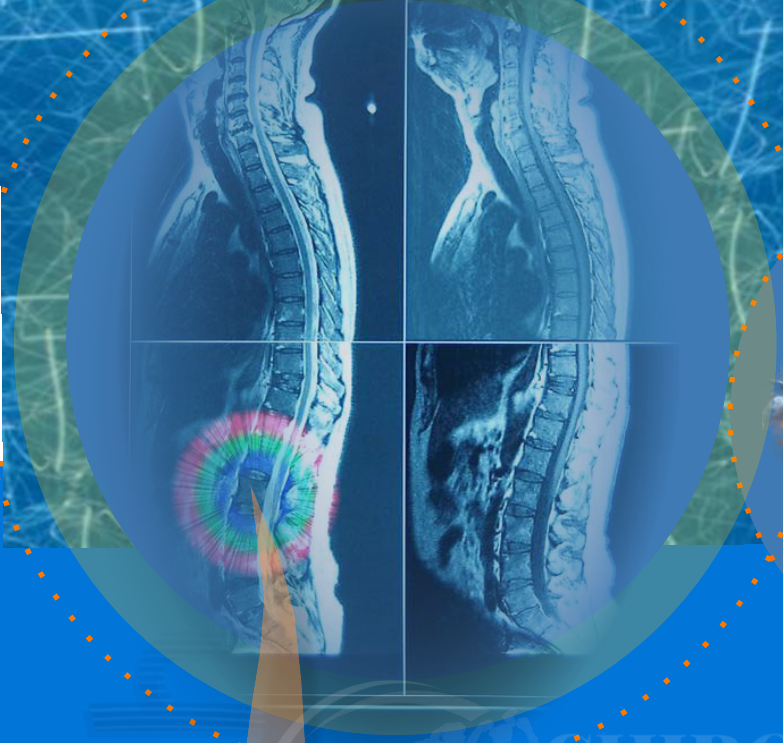
In health information organizations, students participate in real-life activities to apply their acquired knowledge. In this case, the student project documented review, data collection, and analysis under the supervision of a doctor of chiropractic. The intern had access to patient records from 2011 to 2014.

To track satisfactory rates for the spinal decompression treatment provided in the facility, the electronic health records of 163 random patients were examined to record date of treatments, gender, chief complaint, and diagnosis. A section for comments was included from each patient to record medical history, nature of the onset, exacerbating factors, and pain indices throughout the treatment plan.

The patient profile was fairly uniform, with a slight majority of women (54%) over men (46%). Over 50% complaied of lower back pain. The remainder of complaints were neck, shoulder, hip, leg, and foot pain.

The clinical evaluation acheived success above 90%, with success being "satisfied" or "very satisfied." Of the 163 patient charts examined, 14 were "not satisfied" or having deemed the therapy unsuccessful. Four of those patients discontinued their care to seek a surgical option to minimalize pain that was not responding to nonsurgical spinal decompression.

1 BURKHART T, BLUMKE Z, DALEY K, SORENSEN L, HUNT T. Chiropractic Economics (Vol.61, No. 4, March 13, 2015)



The majority of the patients reported looking forward to receiving care because of the positive results of their treatment, and many were able to avoid surgery. After treatment, patients reported feeling better with minimal pain and overall felt optimistic about receiving chiropractic care.

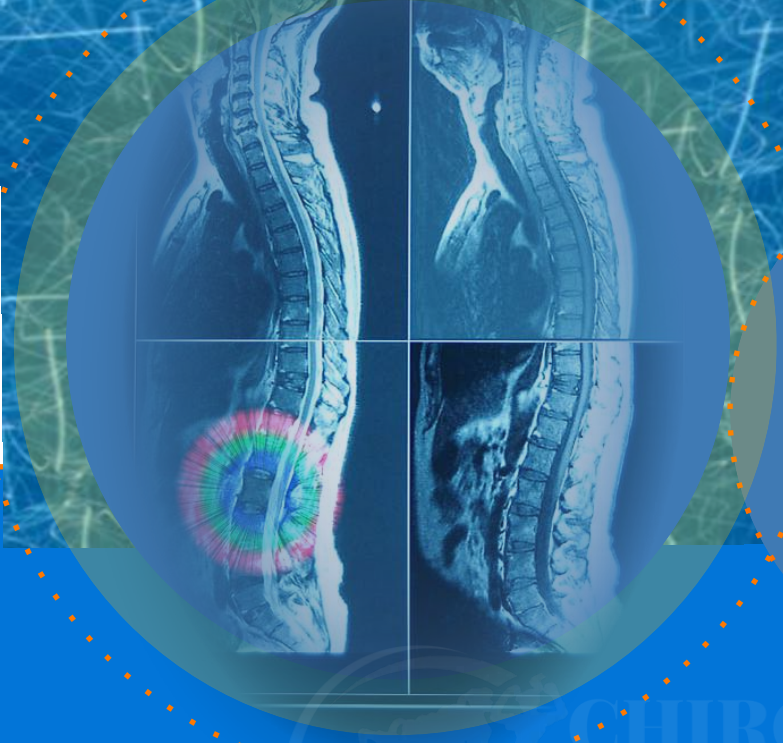
The results of this evaluation exceed the expected outcomes for chiropractic care. Statistical evidence shows that throughout the U.S., more than 75% of patients are satisfied with the end result of their chiropractic care (Blumke, 2014). In this evaluation, 91% of patients who complained of pain in their back or neck were pleased with their nonsurgical spinal decompression outcome. [2]

Summary and recommendations

This clinical evaluation of the efficacy of spinal decompression treatment (Blumke, 2014) revealed some notable outcomes and data. An overall successful outcome of 91 percent was seen in cases that had undergone a nonoperative axial spinal decom- pression treatment plan.

Previous studies have suggested the success rate for spinal decompression treatment to be between 53 and 86% (Beattie, 2008; Gose, 1998; Odell, 2003). The practice integrated the five elements of spinal decompression therapy described in this report. These five elements, if applied consistently, can provide patients with successful outcomes.

2 Individual results may vary. These statements have not been evaluated by the FDA.



The technology of the table as well as the method in which the care is administered are important for achieving successful outcomes for patients. The success rate of spinal decom- pression treatment as noted in this evaluation and the cited studies is especially remarkable when compared to the risk factors for surgical treatment of the same or similar conditions (Street et al., 2012). Why, then, aren't more chiropractors adding this important treatment option to their practice? Doubts regarding the effectiveness of decompression treatment should be allayed by these findings. Spinal decompression treatment is demonstrably an effective, nonsurgical method for treating patients with neck and low- back pain. [3]

References

Aimbire F, et al. Low-level laser therapy induces dose-dependent reduction of TNFalpha levels in acute inflammation. Photomed Laser Surg. 2006;24(1):33-7.

Beattie PF, Nelson RM, Michener LA, Cammarata J, Donley J. Outcomes after a prone lumbar traction protocol for patients with activity-limiting low back pain: a prospective case series study. Arch Phys Med Rehabil. 2008;89(2):269-74.

Bjordal JM, Couppé C, Chow RT, Tunér J, Ljunggren EA. A systematic review of low level laser therapy with location-specific doses for pain from chronic joint disorders. Aust J Physiother. 2003;49(2):107-16.

Blumke Z. (2014). "How Successful is Chiropractic Care?" Paper submitted to meet the requirements of Davenport University Practicum for HINT 297C.

Botnick A.I. "Why I Quit Chiropractic." Chirobase. http://www.chirobase.org/03Edu/botnick.html. Revised August 6, 2013. Accessed Feb 2, 2015.

Forbush SW, Cox T, Wilson E. Treatment of patients with degenerative cervical radiculopathy using a multimodal conservative approach in a geriatric population: a case series. J Orthop Sports Phys Ther. 2011;41(10):723-33.

Forer, B. "Neck Pain: Chiropractors, Exercise Better Than Medication, Study Says." ABC News. http://abcnews.go.com/blogs/health/ 2012/01/04/ neck-pain-chiropractors-exercise- better-than-medication-study-says. Published January 4, 2012. Accessed February 2, 2015. Gionis TA, Groteke E. (2012). "Spinal decompression: The outcome of a clinical study." [Blog post]. Pro-Care Medical Center. http://www.procaremedcenter.com/surgical-alternatives-spinal-decompression. Published May 18, 2010. Accessed Feb 2, 2015.

Gose EE, Naguszewski WK, Naguszewski RK. Vertebral axial decompression therapy for pain associated with herniated or degenerated discs or facet syndrome: an outcome study. Neurol Res. 1998;20(3):186-90.

Guehring T, et al. Disc distraction shows evidence of regenerative potential in degenerated intervertebral discs as evaluated by protein expression, magnetic resonance imaging, and messenger ribonucleic acid expression analysis.

Spine (Phila Pa 1976). 2006;31(15):1658-665. Hall H. "Top 10 Chiropractic Studies of 2013."

Science-Based Medicine. http://www.science basedmedicine.org/top-10-chiropractic-studies- of-2013. Published January 21, 2014. Accessed February 2, 2015.

Centers for Medicare and Medicaid Services. "Article for Chiropractic Services – Supplemental Instructions Article (A47385)." CMS.gov. http:// apps.ngsmedicare.com/SIA/ARTICLE_A47 385.htm. Published November 1, 2008. Updated April 1, 2010. Accessed Feb 2, 2015.

Keeney BJ, et al. Early predictors of lumbar spine surgery after occupational back injury: results from a prospective study of workers in Washington State. Spine (Phila Pa 1976). 2013;38(11):953-64.

Nelson BW, et al. Can spinal surgery be prevented by aggressive strengthening exercises? A prospective study of cervical and lumbar patients. Arch Phys Med Rehabil. 1999;80(1):20-25.

Odell R, et al. Decompression Reduces Chronic Back Pain: 4 Year Study. Anesthesiology News. 2003;29(3):14-15.

Street JT, et al. Morbidity and mortality of major adult spinal surgery. A prospective cohort analysis of 942 consecutive patients. Spine J. 2012;12(1):22-34.

3 Individual results may vary. These statements have not been evaluated by the FDA.