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A second look

With the right approach, spinal decompression can succeed with your patients and serve as a vital component of your practice.

BY TIM BURKHART, DC

N THE PAST SEVERAL YEARS, SPINAL DECOMPRESSION THERAPY (SDC) OR non-surgical axial spinal decompression treatment (NSSD) has often been misunderstood, misrepresented, or poorly implemented into the chiropractic clinical setting. This gave it a bit of a bad rap and few practitioners became truly successful with it.

As a result, some patients and doctors became dissatisfied with SDC and have sought other solutions for degenerative and disc-related conditions. It's time for a second look at SDC, to separate fact from fiction, and investigate whether it can be an integral part of your practice.

SDC research results

The need for SDC arose from unsuccessful outcomes of traditional conservative management based on rest, physical therapy, or other passivecare methods. Some studies indicated that those treatments could even promote disability. SDC has been utilized successfully with results verified in peer-reviewed studies.

In one outcome study, overall treatment was successful more than 70 percent of the time, with the original pain reduced to a level of zero or one.

The results showed further successes:

- with one herniated disc (73 percent)
- with multiple herniated discs (72 percent)
- ▶ for facet syndromes (68 percent)
- with failed back surgery (68 percent)
- with extruded herniated discs (53 percent)

In another low-back pain study, chronic cases began seeing results in just eight weeks of SDC treatment.² The majority of the patients (almost 80 percent) reported their symptoms were present for more than six months and had failed at least two non-operative interventions. Following SDC, their pain decreased and their functionality

continued to improve even 180 days after treatment ended.

In another long-term study, decompression was found an effective treatment for herniated and degenerative disc disease by creating negative intradiscal pressure.³ Decompression treatment rendered "good" to "excellent" relief for more than 85 percent of patients with herniated discs and for 75 percent of patients with facet arthrosis. Whereas traction yielded no "excellent" results in patients with herniated discs and only 50 percent of patients diagnosed with facet arthrosis reported "good" to "excellent" results.

Research also suggests that the cost of SDC care compared to outcomes outshines any other approach, making it a viable treatment protocol for disc degeneration. Low-back pain treatment initiated with a doctor of chiropractic saves 40 percent on healthcare costs, when compared with care initiated through a medical doctor.⁴

Uniquely qualified

According to the *Manga Report*, chiropractic management is superior to medical management in terms of scientific validity, safety, cost effectiveness, and patient satisfaction.⁵ The DC is uniquely qualified to offer spinalcare options such as SDC because

- ▶DCs have an excellent understanding of the biomechanics of the spine;
- manual methods, such as chiropractic adjustments, are documented for obtaining results in a conservative and effective manner; and
- SDC is a natural extension of what the DC is already doing for patients.

Regardless of whether you are an acute-care DC or wellness DC, SDC helps accomplish either goal.

What it takes

Based on the experiences of those who have built successful SDC practices,

Reducing low-back pain

A group of 296 patients with low-back pain and evidence of a degenerative or herniated disc went through an eight-week course of SDC treatment consisting of five 30-minute sessions per week for four weeks and one 30-minute session per week for four additional weeks. A numeric pain-rating scale and the Roland Morris Disability Questionnaire (RMDQ) for functionality were completed at pre-intervention, on discharge, and at 30 days and 180 days post-treatment.²

	Mean pain-index score	RMDQ score
Pre-intervention	7.3	12.6
Discharge	5.0	7.0
30 days	4.7	6.0
180 days	4.3	5.7

there are proven methods to achieve success in providing this modality, especially with patients who are experiencing disc degeneration.

To become proficient with SDC in your own practice, you will need an SDC table with multiple treatment protocols. Prices and reputations vary by manufacturer. Not all tables are created equal; you usually get what you pay for.

Learning how to use the table for the best possible outcomes requires additional training and support. When considering an SDC table purchase, investigate the customer support offered. It takes more than just a decompression table to be truly successful.



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Some vendors offer proprietary training to help you achieve success with your table with both better patient and ROI outcomes. They also may offer certification and clinical support consultation with doctors to address questions that arise on SDC techniques.

Vendors usually provide support for operational aspects of your table including software updates, hardware

and software troubleshooting, and a warranty on parts.

With an existing practice, you may already have a significant number of candidates for SDC. Most vendors offer educational and marketing materials for patients, and some have community marketing programs to provide a quicker ROI. You can also get insights and direction from other SDC practitioners.

Should you choose to conduct your own marketing efforts, however, you will likely need to subcontract and use more of your time as a marketer. Preprepared materials are usually a better investment of your time and money.

While there is no magic formula, you can achieve great results with reasonable effort. SDC offers a proven treatment methodology, chiropractors are uniquely qualified to deliver it, and with the right table and training you can experience tremendous success. Take a second look at SDC and investigate making it an integral part of your practice as an effective treatment protocol for patients with problematic disc-related conditions.

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