

NON-SURGICAL DISC DECOMPRESSION AND BACK PAIN

**...is the Kennedy
Decompression Technique
the answer for you?**



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Non-surgical Disc Decompression and Back Pain

Is this the Non-Surgical Answer for You?

With all of the unnatural positioning and loading of the human spine, there is no surprise that we often suffer from back pain. What is more common is the fact that most injured spinal discs often never fully heal due to the constant wear and tear they undergo during normal daily activities.

Nutrition in the disc depends on osmotic movement of nutrients like Proline and oxygen into the disc to help produce collagen which will ultimately renew the disc. This cycle from Proline to Collagen is very slow and takes up to 500 days even in a healthy disc! By lowering the pressure in the disc segment, we can greatly facilitate the process of Proline uptake and ultimately Collagen formation and thereby accelerate healing at the affected disc segment in far less time than 500 days. Decompression accomplishes this by means of increased diffusion of nutrients and blood through the end-plates of the vertebrae as a result of the centripetal force created by the properly applied traction force.

80% of people over the age of 30 will experience back pain at some point in their life, 30% of those will have reoccurring problems. At any given time almost 15% of any given population will be suffering from back pain!

Back pain accounts for almost one quarter of all occupational injuries and illnesses.

We believe that understanding the cause of your back pain is the very key to receiving the appropriate treatment. Because back pain is sometimes difficult to treat, a better understanding of the causes of your problem will assist you in your recovery.



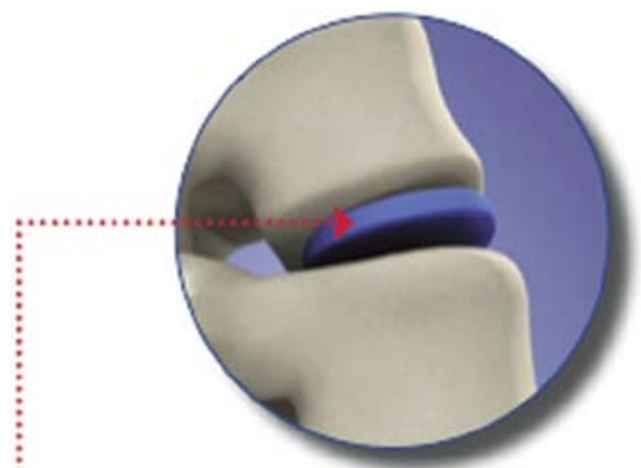
Anatomy of Your Spine

To better understand your back pain, let's first take a look at some basic anatomy.

The intervertebral discs make up one fourth of the spinal column's length. There are no discs between the Atlas (C1), Axis (C2), and Coccyx. Discs are not vascular and therefore depend on the end plates to diffuse needed nutrients. The cartilaginous layers of the end plates anchor the discs in place.

The spine is composed of 26 individual bones. The vertebrae are divided into groups as follows: 7 cervical vertebrae, 12 thoracic vertebrae, 5 lumbar vertebrae followed by the sacrum and coccyx. The vertebral column is designed to protect the spinal column and nerves. As the spinal nerves branch off the spinal column they exit the vertebrae through small holes called foramen.

Between the vertebrae are the discs that act as shock absorbers which allow movement and flexibility of the spine. The entire spine is supported by a network of ligaments, tendons and muscles that help carry the load and contribute to a strong and health back.



A healthy disc is plump and filled with a gel like substance rich in oxygen and nutrients.

Discogenic Back Pain



Herniated Disc



Degenerative Disc



Facet Syndrome

Do I have discogenic back pain?

Exactly what causes lumbar disc pain is not well understood, but what is understood is that an increase in intradiscal pressure is almost always related to an increased chance of discogenic pain. The difference that can be seen between normal lumbar discs and degenerative lumbar discs is the level of hydration. As we age, the disc dehydrates and becomes brittle and prone to injury. For some, the onset of discogenic pain is simply the beginning of endless back pain, but that doesn't have to be the case!

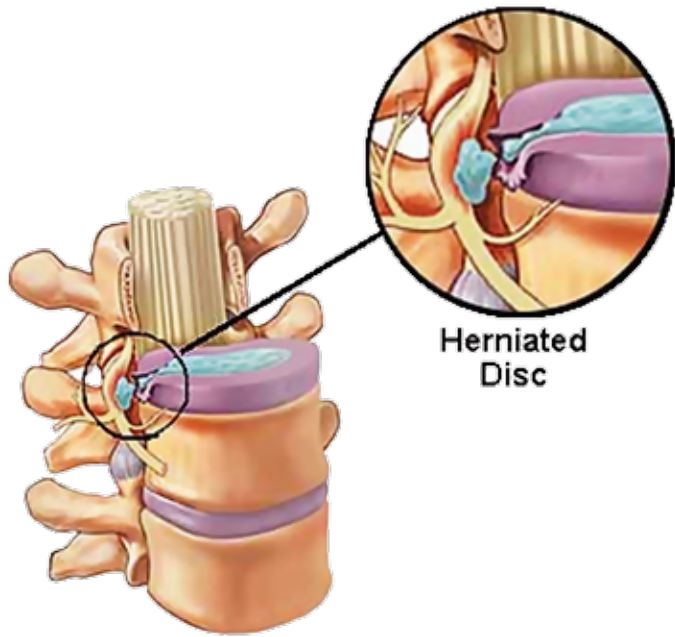


How is discogenic back pain diagnosed?

Diagnosis of discogenic back pain can be difficult. There are characteristic findings on physical examination, but these same findings are seen in patients with other types of back pain as well. Imaging studies can also be performed, such as MRI. However, because disc degeneration is part of normal aging, MRIs show abnormalities in patients with no symptoms as well. Therefore, it is important to seek professional help and see a doctor who specialises in this sort of injury.



Herniated Lumbar Disc



abnormal sensations, commonly experienced as electric type pains. When the compression occurs in the neck, the pain is referred down your arms, when the compression is in the low back, the pain is referred down your legs (usually one or the other).

Numbness & Tingling: Patients often have abnormal sensations such as tingling, numbness, or pins and needles. These symptoms may be experienced in the same region as painful electric sensations.

Muscle Weakness: Because of the nerve irritation, signals from the brain may be interrupted causing muscle weakness.

Bowel / Bladder Problems or Erectile Dysfunction: These symptoms are important because it may be a sign of a serious complication of a herniated disc and should be treated as a medical emergency. These symptoms are referred to as **Quada Equina Syndrome** and require immediate medical attention. You should see your doctor **immediately** if you have problems urinating, having bowel movements, or if you have numbness around your genitals.

All of these symptoms are due to compression of the nerve from your herniated disc. By interfering with the pathway by which signals are sent from your brain out to your body and back to the brain, you may experience a variety of these symptoms at any given time while living with a herniated disc.

How exactly does a herniated disc happen?

As the spinal discs becomes less elastic (as is the case with Discogenic pain), they can eventually tear and rupture. When the disc ruptures, a portion of the spinal disc pushes outside its normal boundary and into the spinal nerve root, this is called a herniated disc. There is normally a small space around the spinal cord and spinal nerves, but if the

When left untreated Discogenic Back Pain can progress until it becomes a Herniated Disc. Herniated discs usually occur in the neck and the lower back.

Do I have a Ruptured or Herniated lumbar disc?

A ruptured intervertebral disc, also called a herniated disc, is a common cause of back pain. How to treat the back pain from a herniated disc depends on the particular individual and their situation. For a true ruptured disc, often surgery is your only option.

When the spinal cord or spinal nerves become compressed, they don't work properly. This means that abnormal signals may get passed from the compressed nerves, or signals may not get passed at all!

Common symptoms of a herniated disc include:

Lower back pain: Sometimes it may be possible that you experience no low back pain at all, but more often than not there will be moderate to severe low back pain/ache that accompanies a herniated lumbar disc.

Electrical pain: Pressure on the nerve can cause

herniated disc is large enough, it may fill this space and compress these nerve structures.

A herniated disc may occur suddenly in an event such as a fall or an accident, or may occur gradually with repetitive straining or even just normal use of the spine. Often people who experience a herniated disc have already experienced some level of discogenic pain and may have ignored it or not sought proper treatment.

How is the diagnosis of a herniated disc made?

Most often, your doctor can make the diagnosis of a herniated disc by physical-examination. By testing sensation, muscle strength, and reflexes, your doctor can often establish the diagnosis of a herniated disc.

An MRI is commonly used to aid in making the diagnosis of a herniated disc and is especially useful when used in conjunction with examination findings. It is normal for an MRI of the lumbar spine to reveal abnormalities in people who have no pain at all because a certain amount of normal wear and tear is expected, especially as people age. Patients in their 20s may begin to have signs of disc wear, and this type of wear would be expected to be seen on MRIs of patients in their 40s and 50s. This is the reason that your doctor may not be concerned with some MRI findings noted by the radiologist.

Making the diagnosis of a herniated disc, and coming up with a treatment plan depends on the symptoms experienced by the patient, the physical examination findings as well as the X-Ray and MRI results. Only once

this information is put together can a reasonable treatment plan be considered.

Although Discogenic Back Pain and a Herniated Lumbar Disc are serious complications of our modern life, they can be treated successfully. What is more, there is more and more research being conducted these days making the treatment more specific and therefore more successful.

“The key to your success is to be under the care of a specialist in this field, follow through with your treatment plan and do your home-care exercise programme.”

Kennedy Decompression Technique (KDT)

Although there are several viable options available for treatment of injured discs, short of surgical intervention, none of them can decrease pressure in the affected disc as effectively as Non-Surgical Disc Decompression. The Kennedy Decompression Technique (KDT) has been clinically proven to consistently create decompression in the treatment area providing lasting relief of back and neck pain.

About Dr. Jay Kennedy

Dr. Jay Kennedy, is a graduate of Palmer College and has been practicing in both private and MD/DC practices in the USA for over 20 years. He is a leading authority in North America on decompression and rehabilitation procedures and has successfully treated tens of thousands of patients using his technique.

Dr. Kennedy has pioneered decompression therapy techniques since 1993 and successfully utilized the ATM2 clinical system for rehabilitation and movement disorders in his clinic for several years. His clinical assessment system provides the doctor with a clear and concise method for successfully treating even the worst cases. Over the last 5 years Dr. Kennedy has developed, tested, and taught what has proven to be a highly effective decompression traction technique.

This technique has been taught to over 1500 doctors and therapists throughout the United States and Canada since 2003. It is now available for the first time in South Africa.



Over the 20 years of practice, Dr. Kennedy has owned and operated decompression therapy equipment offered by a range of manufacturers including VAX-D, DRS, Lordex, Dynatronics and Chattanooga. This diverse experience has afforded him the unique position of having done 100's of cross-comparison treatments with these various units and has ultimately led to the development of the Chattanooga DTS system, its restraint belts, unique table innovations and treatment protocols.

"I believe it is imperative that we put the doctor into decompression therapy, and dispel the notion that the magic is in the machine. This is simply marketing hyperbole...not science." - Dr. Jay Kennedy

KDT continued...

Unlike other traction and decompression techniques, The Kennedy Decompression Technique focuses on doctor skill, doctor information and doctor awareness dispelling the nonsense that a machine is solely responsible for the clinical results. The doctor's ability to correctly classify the patient and apply the correct treatment protocol at the correct frequency is what is responsible for results. Central to this is the understanding that consistent outcomes and dramatic benefits, often not attainable with other therapies are attainable with the Kennedy Decompression Technique and equipment. In addition, we must also understand when a patient's condition is unlikely to be helped by traction. The Kennedy Decompression Technique will help give the doctor that information quickly and accurately so not to delay proper referral of the patient for surgery or further testing if necessary.

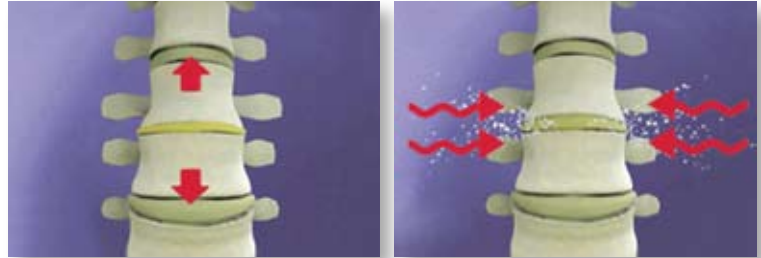
The KDT focuses on creating three major patient categories:

1. Disc compression
2. Movement disorders
3. A combination of the two

Each category has its own specific criteria, functional examination and treatment parameters.

What actually is the Kennedy Decompression Technique? Simply put, the Kennedy Decompression Technique (KDT) is a traction-based treatment for chronic neck pain, low back pain and sciatica.

Through the effects of properly applied traction, pressure is decreased in the involved disc(s) allowing an influx of blood and nutrients into the injured tissue. The normal process of collagen production which can take up to 500 days to regenerate is significantly improved dramatically speeding up your healing time.



Why is KDT so Effective?

One of the main reasons that KDT is so effective is that the practitioners who have been selected to use the KDT have been thoroughly educated in the KDT system at the world headquarters in Pittsburgh, Pennsylvania USA under the direct supervision of Dr. Jay Kennedy himself, the pioneer of decompression technique worldwide. The key to the success of KDT is in education and proper technique which focuses on proper patient selection and classification.

It is very important to remember that not everyone with back pain is a KDT candidate.

Patients find the treatment to be comfortable and relaxing. All treatments are administered with patients fully clothed. Clothing that separates at the waist and that can be loosened at the wrists and neck is most comfortable. Patients that have not responded well to other treatment choices like prescription medication, chiropractic, physiotherapy, exercise, acupuncture or surgery are ideal candidates for the KDT. If you are suffering with chronic pain, the KDT may be the answer you have been looking for. KDT has been the subject of many clinical studies to determine how effective it is and how it works. KDT has demonstrated success rates of 75% in clinical studies and at hundreds of private outpatient clinics. People that were once forced to compromise their daily activities can now live pain free lives. Don't Risk Surgery

Spinal Decompression Therapy has saved many people from spinal surgery. If you are suffering from a degenerating or herniated disc, don't rush into surgery. Try Decompression and explore the non-surgical alternative first.

Your complete treatment plan will consist of a combination of the following:

Decompression Therapy: After a physical examination and classification has been made, a series of treatments will be scheduled.

Decompression Treatment Phase 1: The therapeutic protocol consists of a treatment plan using the KDT several times a week for two weeks. During Phase 1 your doctor may also prescribe extra lumbar support or another device to wear between treatments.

Decompression Treatment Phase 2: Phase 2 consists of two to three treatments a week for an additional two weeks. During Phase 2 your doctor will introduce the use of gentle stretching along with your home-care routine.

Decompression Treatment Phase 3: Phase 3 will largely consist of home-care, lifestyle changes along with a maintenance schedule of treatment to sustain the level of health you have now reached.

In most cases, the KDT protocol usually consists of roughly 10 treatments within a 4 week period.



Adjunctive Therapies used:

ATM2: The ATM2 treatment is the cornerstone of treating disc injuries that have resulted from movement disorders. Without the ATM2 treatment, your decompression treatment is not complete.



Spinal Manipulation (when deemed safe and necessary):

To repair abnormal biomechanical movement (movement disorders) at the affected disc(s) and restore proper nerve function.

Electro-stimulation: To reduce inflammation or irritation on the affected nerve root(s) and stimulate blood flow to the injured disc(s).

Ultrasound: To improve circulation, blood and fluid transport in and out of the affected disc(s).



Massage therapy: To reduce the resultant muscle spasm and to aid in the recovery process.

Supplementation: To avoid further decay of the disc or at the very least, slow down further degeneration.

Physical therapy: All patients are instructed on a physical rehabilitation program.



Home-Care: A suitable home-care program is the only way to truly remain risk-free and is advised that all patients follow a specific program to maintain strength and flexibility.

Referral: In those cases that cannot be managed conservatively, we will make a recommendation to seek a second opinion with a neurosurgeon and or a neurologist.

The key to any “physical medicine” program like Decompression, Chiropractic care, Physiotherapy or exercise rehabilitation is to be consistent and follow through with the entire program. The pain is only a small indicator of where you are in the process. In the medical community, pain is often described as the tip of the iceberg, with the real pathology lying somewhere below the surface. One of the most common mistakes patients make in their treatment is that as soon as the pain decreases, they stop their treatment. In most cases when patients drop out of care before the recommended time, the symptoms reoccur within 2 to 6 months and in most cases the condition will progressed to a more serious situation often resulting in surgery. You may be reading this now as a result of not sticking to a treatment plan in the past, don't make that mistake again!

Some other causes of back pain:



Muscle Strain

Muscle strains are arguably one of the most common causes of low back pain. Patients may or may not remember the initial event that triggered their muscle spasm, but the good news is that most episodes of back pain from muscle strains can be successfully treated.

Spinal Stenosis

Spinal stenosis causes back pain in the aging population. As we age, the spinal canal can become constricted, due in part to arthritis and other conditions. If the spinal canal becomes too tight, back pain can be the result of nerves becoming inflamed from constant irritation.



Arthritis

Arthritis most commonly affects joints such as the knees and fingers. However, arthritis can affect any joint in the body, including the small joints of the spine.

Spondylolisthesis

Spondylolisthesis causes back pain because adjacent vertebra become unstable and begin to “shift.” The most common cause of spondylolisthesis is due to degenerative changes causing loss of the normal stabilizing structures of the spinal column. If the spine becomes unstable enough, back pain can become a problem.



Osteoporosis

Osteoporosis can cause a number of orthopaedic problems and generalized discomfort, but back pain from osteoporosis is often related to compression fractures of the weak vertebra.

The following are general guidelines to maintain a healthy back long after your Decompression treatment is over:

- Maintaining a healthy weight.
- Stretch: Always warm up and stretch after you perform physical activity.
- Avoid bad posture: Poor posture is responsible for increased and abnormal loading of the spine and can result in increased disc pressure.
- Correct Ergonomics at work: Incorporating proper ergonomics while sitting behind your desk or while engaging in physical activity will help avoid future back injury.
- Protect yourself: If you do physical work, wear the correct protective supports.
- Maintenance therapy: Properly maintaining your health is the only true way to avoid future recurrences of your back pain.



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The material in this booklet is for information purposes only. No medical advice or opinion is intended. Only your healthcare provider can determine if non-surgical decompression is right for you. Individual results may vary.

