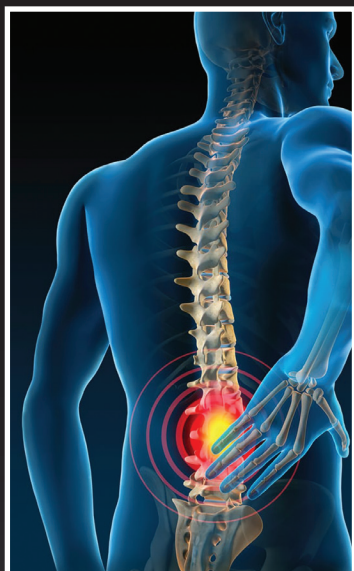




EAGLE TRACE

SPINE & SPORT

NECK · BACK · INJURY

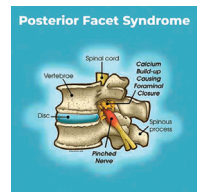
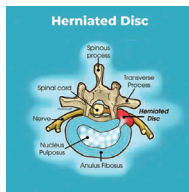


Non-Surgical Spinal Decompression Handbook

How Non-Surgical Spinal Decompression
can help you feel your best!

FIVE REASONS TO CONSIDER NON-SURGICAL SPINAL DECOMPRESSION

1. Bulging or herniated discs
2. Degenerative disc disease
3. Facet syndrome
4. Failed back surgery
5. Ongoing lower back or neck pain that is not responding to traditional spinal treatment by MD, DO, DC or PT.



WHAT IS SPINAL DECOMPRESSION?

- Non-Surgical Spinal Decompression is a non-invasive treatment for patients who suffer from neck and back problems. A decompression treatment slowly and gently lengthens or releases pressure in the spine through repetitive movements by a customized medical device. The table pulls and releases, creating a pressure change within the in vertebral disc, surrounding soft tissue, and joints. This pressure change allows the disc bulges or herniations and nutrients to be pulled back into the disc. Rehydration of the disc and surrounding tissues creates a physiological change which assists the body's natural healing process.

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HOW LONG WILL MY RESULTS LAST?

Each patient is unique and results vary. However, research suggests that continued improvement is seen up to four years following the decompression treatment program.

- Non-surgical Spinal Decompression creates a negative pressure in the disc space.
 - A vacuum effect takes place and the herniated disc that is protruded into the spinal canal is given an opportunity to retract back into its assumed anatomical position.
- Decompression is great for heavy lifters, prolonged sitters, runners, and just about anyone with a spine.
 - Due to the compressive forces of gravity, decompression can be a great option for a wide variety of patients.

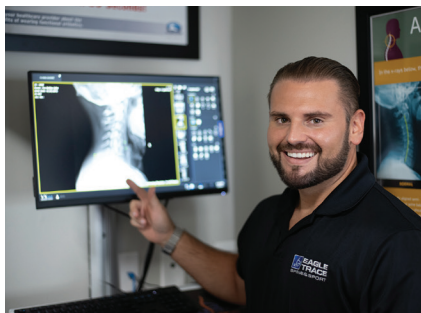
Gentle & specific care without the side effects that surgery can have!



- Everybody can benefit from Decompression as we all have gravity acting down on us all day long!

HOW SPINAL DECOMPRESSION WORKS.

- Goal: relieving pain, numbness, tingling, radiating symptoms
- Promote: optimal healing environment for bulging, degenerating, or herniated discs.
- Non-surgical Spinal Decompression is non-invasive.
- Gently stretching the spine, very specifically with direct parameters created from **your exam and x-ray findings or your MRI.**



What do your X-Rays look like?

DISC PRESSURE COMPARISON

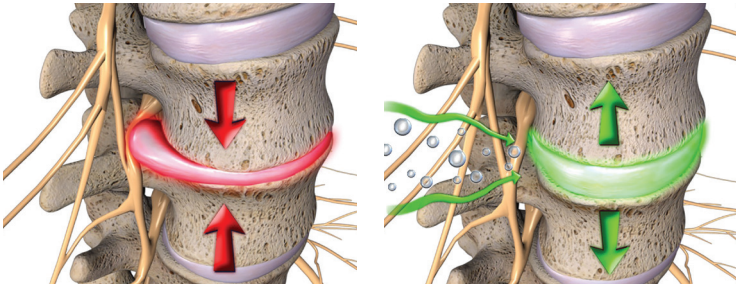


DISC PRESSURE COMPARISON Negative Pressure

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A FORMULA FOR RELIEF

- Through the stretch and release protocols of the decompression procedure, negative pressure is created in the disc over time. This vacuum effect draws any herniated disc material back into the disc.



WHEN NEGATIVE IS POSITIVE

- By relieving pressure in the spine, increased circulation also occurs in the disc which is a vital aid in the healing process.

BREAK THROUGH TECHNOLOGY: THE HISTORY OF NON-SURGICAL SPINAL DECOMPRESSION

Adapted from an article by Dr. Eric Kaplan

It all began in Ontario in 1987 with Canada's former minister of health Dr. Allan Dyer. Already recognized as a pioneer in the development of the external cardiac defibrillator, Dr. Dyer designed and developed this new technology to be distinctly different from conventional traction tables. Although traction has been around for centuries, research into its effectiveness remains inconclusive. Dr. Dyer took the concept of traction and made critical engineering improvements to yield a treatment of unprecedented efficacy.

His theory was based upon the “pumping mechanics of disc hydration”. He thought that if he could develop a technology that could mimic the normal pumping action of a vertebral disc, it could restore hydration to discs and the negative pressure created within the disc could draw herniated and bulging discs back into their normal physiological position.

He called his invention Vax-D, (Vertebral Axial Decompression). While Vax-D did manage to overcome many of the limitations imposed by conventional traction, it still had a number of drawbacks. The rigid horizontal table made it difficult for some patients to use, and it was not designed to provide decompression for the neck.

Although Vax-D could treat the lumbar spine, patients were only able to lie on the table in the prone position. Today Vax-D technology has been reengineered to put the patient in the supine position (face down). The people who attack Vax-D would doubtless have attacked Henry Ford when he altered the Model T. Technology has advanced at a rapid pace, from our computers to our televisions. Old-schoolers never want to change; they fail to see that change is the only constant thing in life.

Numerous studies have been carried out on spinal decompression. One of the first and largest available studies on the efficacy of non-surgical disc decompression was the data compiled by Gose, Naguszewski and Naguszewski and published in Volume 20 of the journal Neurological Research. The data presented the outcomes of 778 patients from 22 medical centers. These patients had pain for an average of 40 months. Thirty-one of them had previously undergone low back surgery. The treatment consisted of 10 to 20 treatment sessions. Six patients were excluded from the study because they improved before 10 treatments. 34 patients had extruded discs.

195 had multiple disc herniations.

382 had single disc herniations.

147 had degenerative discs without herniations.

19 had facet (joint) pain.

31 of these 778 patients had previous low back surgery.

The Results Were Extraordinary

1% reported increased pain. 7% reported no change. 92% reported improvement. Of these, 5% improved by 25- 50%; 17% improved by 50-75%; 70% improved by 75-100%. Before treatment, on a pain scale of 0-5, the average pain for all subjects was 4.1. After treatment it was 1.2—a difference of 71%. 71% reported that their pain reduced to 0-1 on the 0-5 pain scale.

Extruded disc patients reported an average 56% reduction in pain and 53% reported that pain reduced to 0—Multiple herniated disc patients reported a 71% reduction in pain and 72% reported that pain reduced to 0-1.

Single herniated disc patients reported a 71% reduction in pain and 73% reported that pain reduced to 0-1. Degenerative disc disease patients reported a 70% reduction in pain and 72% reported that pain reduced to 0-1.

Facet syndrome patients reported a 72% reduction in pain and 68% reported that pain reduced to 0-1. Of patients who had reported decreased spinal mobility before treatment, 77% reported improved spinal mobility.

Of patients who had reported limited activities before treatment, 78% reported improved activities.

On a scale of 0-3, the average level of satisfaction with treatment was 2.4, in other words, “very satisfied” to “completely satisfied” with their treatment.

This prestigious study paved the way for the use of spinal decompression.

Although research was and has been positive, many insurance companies concluded that these statistics were misleading and inconclusive. Study after study has showed the efficacy of spinal decompression but whenever these positive studies appeared, there was always a naysayer on hand to find fault.

At our Roseville Spinal Decompression Clinic we see these kind of results on a daily basis. Pre and post MRIs which some of our patients have chosen to do confirm the subjective findings – disc bulges and herniations are reduced without surgery!

The history of spinal decompression spans centuries, evolving from ancient traction techniques to modern surgical and non-surgical approaches. Early spinal decompression was primarily focused on surgical decompression of nerve elements, with laminectomy being a key technique. However, the development of non-surgical spinal decompression therapies emerged in the late 20th century, most notably with Vax-D in 1991.

KEY MILESTONES IN SPINAL DECOMPRESSION HISTORY:

- **Ancient Times:** Spinal traction, a form of decompression, was used for millennia.
- **19th Century:** Laminectomy, the surgical removal of part of the vertebra to relieve pressure, became the primary surgical approach for spinal decompression, though limited to conditions like tumor, trauma, and infection. The first lumbar laminectomy was performed in 1814 by Henry Cline, though initially unsuccessful.
- **Early 20th Century:** The indications for laminectomy expanded to include degenerative spinal disease. The early 1900s saw further advancements in invasive spine surgery.
- **Mid-20th Century:** Microsurgery and the use of microscopes for spinal procedures became more prominent.
- **1970s-1980s:** Partial removal of damaged discs through the skin (discectomy) was developed, and chemical nerve blocks were explored as alternatives to disc surgery. Techniques for decompression in the cervical spine began to evolve, leading to procedures like open-door laminoplasty in 1977.
- **1980s-1990s:** The concept of non-surgical spinal decompression emerged. Dr. Allan Dyer developed the Vax-D (Vertebral Axial Decompression) system in 1987, introducing the first non-surgical spinal decompression table in 1991, aimed at replicating the pumping action of discs and drawing herniated material back into place.
- **Late 20th and 21st Century:** Advances in minimally invasive spine surgery (MISS) techniques, including microendoscopic foraminotomy and unilateral MEDS approaches, have become more common for treating conditions like lumbar stenosis, with improved outcomes and reduced invasiveness compared to open procedures. Non-surgical spinal decompression tables also continued to be refined with enhanced technology, such as the Vax-D G2 in 2004.

COMMON CONDITIONS

- Headaches
- Migraines
- Neck pain
- Upper back pain
- Mid back pain
- Low back pain
- Hip pain
- Shoulder pain
- Weakness
- Tingling
- Numbness
- Herniated/bulging discs
- Arm/Hand pain
- Chronic pain
- Radiating pain
- Leg/Foot pain
- Knee pain
- Whiplash
- Rib pain
- Nerve pain
- Burning
- Stiffness

PATIENTS ALSO REPORT RELIEF FROM THESE CONDITIONS AS WELL

- Chronic sickness
- Poor sleep
- Fatigue
- Fertility issues
- Groin pain
- Erectile dysfunction
- Ear aches
- Troubles latching
- Restless leg syndrome
- Digestive issues
- Constipation
- Heartburn
- ADHD
- Bed wetting
- Jaw pain
- IBS
- Vertigo
- Breathing troubles
- Blood pressure
- Ear ringing



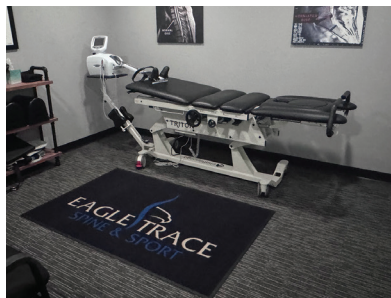
Decompression - a vital addition that turbocharges Dr. Plaster's weekly chiropractic adjustment to maintain the highest quality of care while he works on hundreds of patients a week for years to come!

WHY DECOMPRESSION CARE IS SO GREAT!

1. We are able to correct conditions without surgery.
2. We are able to get people off drugs they may have had to take for many years.
3. We can get people back to work when they may not have been able to otherwise.
4. Decompression in addition to Chiropractic helps people earn more. Feel better = do better!
5. We treat many hospital cases for an office visit fee.
6. We have simple fees that are incredibly low compared to the benefit and safety of the care!

DOES DECOMPRESSION HURT OR FEEL GOOD?

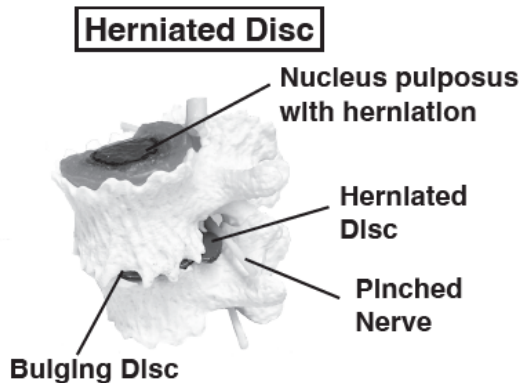
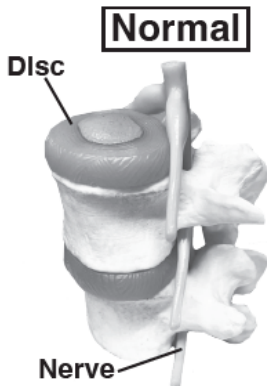
- Typically, if you weren't in pain prior to the decompression therapy, you won't be after.
- Some Chiropractic & Decompression patients do experience some mild soreness or minor aches after a visit
- You may feel pops and cracks, but you should not feel intense pain.



Gentle and effective, sure beats surgery!

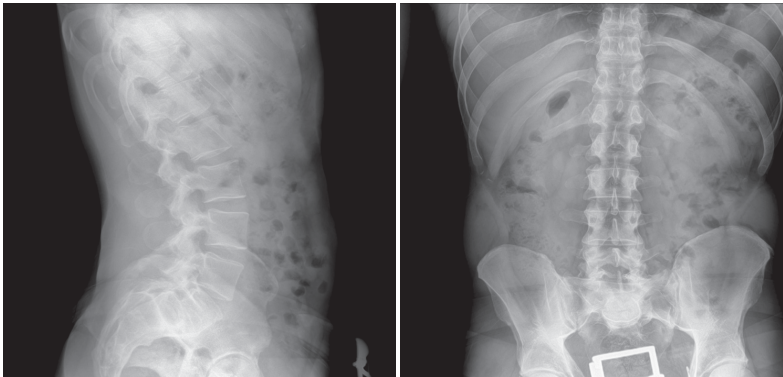
TYPES OF HERNIATIONS

- All types have success with Non-Surgical Spinal Decompression
- Depending on the study the NIH has shown that 22-51% of the population has a bulging or herniated disc and they do not know it.
- That is why it is imperative that we check every spine in our community
- The disc pads that separate your vertebrae are the only things protecting your spine, ask anybody with a back injury and they will tell you how debilitating it is.
- Wanna know why Grandma is 6 inches shorter since last time you saw her? Her pads (discs) are getting thinner, reducing her overall height



AS DR. PLASTER DESCRIBES IT:

- There are two factors that strain on the Nerve.
 - The Disc and the Vertebrae (from rotation)
- Chiropractic will address the rotation of the vertebrae
- **Decompression** will address the **disc** issue
- If we are only addressing one of those components, we may not be addressing the entire issue leaving you not fully healed and your problem partially solved.



Birth defect that caused no pain symptoms, only would have been painful once it hit the point of no return. Luckily, because of our digital X-ray, we were able to catch it and address it before that ever happens

WHY X-RAY AN ASYMPTOMATIC (PAIN FREE) INDIVIDUAL?

- Above is an x-ray of a 35-year-old male
- He was unaware that his spine was malformed from birth
 - Making him more likely to develop symptoms
 - Requiring him to seek care for the rest of his life
 - Degenerating his discs at a higher rate than a typical person
 - Increasing his likelihood to develop further Degenerative Joint Disease over his lifetime without proper treatment

IN THIS CASE: No amount of pills, stretches, or exercises will keep this from getting worse. Chiropractic and Non-Surgical Decompression will allow him to live a relatively normal life without the detrimental effects this would typically produce.

WHAT HAPPENS IF WE DO NOTHING?

Thankfully with digital x-ray on-site we can see how his spine is developing & to help prevent him from worsening over his lifetime Preventing many issues and saving him from spending thousands extra in the future on surgery, medications, and hospital bills.

WHAT DO YOUR X-RAYS LOOK LIKE?

- If bad, what's your current plan to prevent from getting worse?

NORMAL ▷ PHASE 1 ▷ PHASE 2 ▷ PHASE 3 ▷ PHASE 4

PROGRESSIVE LUMBAR DEGENERATION



NORMAL SPINE

INCIDENCE
- Lifetime
ONSET
- Starts at birth - After corrective chiropractic care
HISTOPATHOLOGY AND X-RAY
- There are no vertebral subluxations - Edges and margins of vertebrae are smooth and regular - Joint surfaces are not roughened and evenly spaced - Spine exhibits normal lordotic curve - Disc spaces are healthy - There is no tissue damage
MOST COMMON SYMPTOMS
- None
CORRECTIVE TIME
- None required
% OF RECOVERY
- Not applicable



PHASE I

INCIDENCE
- Birth to 20 years
ONSET
- Usually a traumatic incident producing vertebral subluxations that remain uncorrected - Vertebral subluxation produced as an adaptation to a pelvic malalignment
HISTOPATHOLOGY AND X-RAY
- Vertebral subluxations and disc stress are evident - Nerve root pressure resulting in rupture of nerve roots - Tissue production and absorption into surrounding tissues as the subluxations affecting other nerve systems - Normal nerve function is hampered - Normal spine curve is altered - Minimal soft tissue damage at this point
MOST COMMON SYMPTOMS
- Some stiffness - Occasional twinges of pain which seem to go away - Tightness in lower back area - Some numbness in toes and calves - Cramping in legs thought to be "growing pains" - Occasional gas, bloating, and digestive difficulties - Severe menstrual pains - Abdominal cramps - Fatigue when standing
CORRECTIVE TIME
- 6-18 months
% OF RECOVERY
- 100% dependent on patient compliance



PHASE II

INCIDENCE
- Most often 20-40 years
ONSET
- Phase 1, a vertebral subluxation which was not corrected
HISTOPATHOLOGY AND X-RAY
- Vertebral subluxations increase in severity - Vertebral margins roughened - Joint surfaces become rough and irregular - Abnormal calcium production - Bone spurs are evident at edges of vertebrae - Discs narrow and show signs of degeneration, decay and dehydration - Normal nerve function and transmission is not possible, muscular atrophy and wasting has begun
MOST COMMON SYMPTOMS
- Increasing stiffness, usually in the mornings - Numbness and tingling into legs and toes - Low back pain radiating into legs - Grain pains - Abdominal bloating and gas - Constipation (or diarrhea), bowel problems - Cindiness - Reduction of normal reflexes - "The back that always goes out" syndrome - Tired feeling in the back when standing
CORRECTIVE TIME
- 18-30 months
% OF RECOVERY
- Dependent on severity and patient compliance



PHASE III

INCIDENCE
- Most often 40-60 years
ONSET
- Phase 2, a vertebral subluxation which remained uncorrected
HISTOPATHOLOGY AND X-RAY
- Beginning of bone fusion evident - Advanced spur and arthritis formation - Abnormal calcium production, soft tissue decay very evident, vertebral deformity started - Disc function is lost and discs are degenerated - Poor nerve function, and neurological transmission is seriously impaired, nerve failure has started - Muscular atrophy and wasting of pelvic and lower limb muscles
MOST COMMON SYMPTOMS
- Constant episodes of low back pain (comes and goes), narrowing back and pelvic problems - Greatly reduced motor, overall stiffness - Leg weakness and fatigue - Leg and foot pain and/or swelling - Poor circulation, numbness in feet and toes - Some incoordination when walking - Pain for "no apparent reason" - Urinary and digestive difficulties - Varicose veins
CORRECTIVE TIME
- Usually 30-60 months, however a degree of permanency may remain
% OF RECOVERY
- Dependent on severity and patient compliance



PHASE IV

INCIDENCE
- Most often after 65 years
ONSET
- Phase 3, a vertebral subluxation which remained uncorrected
HISTOPATHOLOGY AND X-RAY
- Most vertebrae have lost their form and function - Fusion is complete, bone deformation - Spinal form is destroyed - Discs have completely degenerated - Muscular atrophy and infiltration with calcium - Calcification of most spinal ligaments - Nerve system failure, nerve transection lost - A terminal condition has been created - Nerve death and atrophy
MOST COMMON SYMPTOMS
- Little movement - Chronic oversteering pain in most areas - Difficulty in walking - Wasting of most leg muscles - Severe fatigue - Chronic bowel and bladder malfunction - Poor circulation - Pain for "no apparent reason" - Failure of all organ systems is evident - Urinary death
CORRECTIVE TIME
- None possible, care at this point is given for relief and comfort only
% OF RECOVERY
- None

1. Read RD, Disc Degeneration: Reversibility Is Possible In Spinal Disorders, ICA Inc., March/April 1992. 2. Read RD, Vertebral Subluxation Correlated with Sensory, Motor and Visceral Complaints: An Analysis of 100 Children Under Chiropractic Care, J. Vertebral Subluxation Soc. October 18, 2004

IS NON-SURGICAL SPINAL DECOMPRESSION RIGHT FOR YOU?

CASE STUDY

A 64 year old male patient involved in a work related injury from repetitive lifting. The patient presented with severe mid to lower back pain and pain down the left leg.

- MRI confirmed a significant disc herniation at L2/L3 and was recommended surgery. However, the patient declined to do the spinal surgery and sought spinal decompression therapy as their first option. Pain reduced from an 8 out of 10 to a 4 out of 10 in 12 visits. After 24 visits the patient returned to work with an average pain level of 1-2. After 36 decompression treatments and several months between MRI studies a second MRI was obtained and revealed a complete regression of the previously diagnosed disc herniation at L2/L3. The patient returned to work pain free and required no surgery or further follow-up.



WHY DOES MY INSURANCE NOT COVER IT?

- In our opinion, we feel that insurance would rather you take other steps instead
 - Cortisone shots
 - Surgical fusion
 - Epidurals
 - Physical therapy
- We refuse to accept that as the only option and understand that insurance does not typically have your best interest in mind.

Neck MRI of a before and after of a cervical disc herniation reduction!



Before



After

I HAVE AN INVERSION TABLE AT HOME, WHAT'S THE DIFFERENCE?

- An Inversion table is wonderful at non-specific stretching of the spine, while on the table, gravity is reversed, taking pressure off of the discs.
- The problem with the Inversion tables or those like it
 - That's because they are non-specific, they can be dangerous in creating stress on areas that can not handle it, while also not addressing the actual cause

- The nerves that come off of your Lumbar control everything below your belly button:
 - And we mean EVERYTHING
 - Wouldn't you want everything in that region to have full nerve flow for years to come?
 - What in that region do you want to not have full nerve flow or blood circulation?
- Therefore, when gravity is re-introduced after getting off the table, the issue will still be there.
 - So, unless you want to remain upside down for the remainder of your life, then inversion tables are not the answer.
- Triton 6M non-surgical spinal decompression tables are specific to the disc, the correct poundage (pull) needed, with the correct Neck MRI of a Before And After of a Cervical Disc Herniation Reduction! velocity to ensure that there is little to no risk in further injury while addressing the direct cause of the injury.

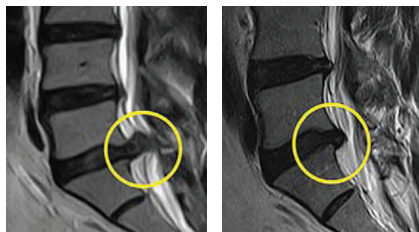
CAN I DO DECOMPRESSION WITHOUT CHIROPRACTIC CARE?

- In Life you always have options:
 - Our advice is to utilize both services simultaneously to ensure that we have the best tools to get you better, faster.
- The chiropractic adjustment is the most vital aspect in that it is removing the subluxation (the nerve interference) from the brain to every cell, tissue, organ and gland in the body
- Majority of our patients choose to utilize both options in order to address the subluxation and the disc itself through Non-Surgical Spinal Decompression

LIFE CHANGING RESULTS

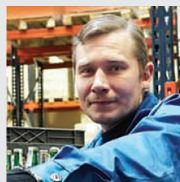
"My pain was so bad that it often kept me from getting out of bed. My MRI showed a herniated S1-L5 disc. After four sessions of Non-Surgical Spinal Decompression the pain was gone! At the end of session 20, I had flexibility I had not experienced for 12 years. Only a short while ago, I thought invasive surgery was my only option. Spinal Decompression has given me my life back."

Fred Gardener, Roanoke, VA



"As a nurse, my job involves a lot of lifting. Recently I hurt my lower back assisting a patient. Because I work in the hospital system, I went the traditional medical route. After months of treatment, including physical therapy and spinal injections, I was no better. I finally tried spinal decompression and now I am pain free!"

Gina Johnson, Westwood, CA



"I was out of work for 5 months last year with severe back pain. Nothing seemed to help me and I thought for sure I was going to need surgery. Then I found out about spinal decompression and after 24 treatments, I am no longer in pain and am back to work."

Ron Jankowski, Baltimore, MD

**I'VE HEARD THAT IF I START UTILIZING DECOMPRESSION,
I HAVE TO KEEP GOING FOREVER. IS THAT TRUE?**

- As with all good things, regular maintenance is required for optimal function, recovery, and sustainability.
- When you go to the gym, you don't stop going once you are fit.
- You keep going to maintain your fitness.
- This same principle applies with your spinal health.
 - Our vehicles get regular maintenance in order to perform at their best, your body is the same way.
 - Except your body cannot be replaced every 100K miles.

WHY DON'T ALL CHIROPRACTOR'S UTILIZE THIS TECHNOLOGY?

- Easiest answer, cost and office space.
- Luckily, we have the room in our office and the large patient base to justify owning these technologically advanced tables that other offices cannot.



If feels great to have a plan in place to get you well!!

IS DECOMPRESSION GOOD FOR SENIORS?

- Decompression is fantastic for Seniors.
- Some symptoms that have been brought into our office in the past week are:
 - Achy-ness, Reflux, Pain, Numbness, Tingling, Anxiety, Degenerative Disc Disease, Bulging discs
- Decompression is gentle and can be tailored to the individual.

Decompression care is gentle enough for the entire generational track, we love when the whole family goes to the Chiropractor!



SHOULD ATHLETES UTILIZE DECOMPRESSION?

- Why herniated discs are more common in athletes:
 - They're allowing their discs to endure more stress and trauma than they would naturally
 - Lifting weights
 - Twisting the body while swinging a golf club
 - Getting tackled
 - Jumping off the uneven bars
 - Running a marathon
 - Hours of training
- All put pressure on the spine & discs, that compression needs to be De-Compressed in order to prohibit future injury

IF YOU HAVE BEEN TOLD YOU HAVE ARTHRITIS (DEGENERATION)

- Non-surgical decompression can be the best thing for you to slow down significantly the progress of degeneration
- You most likely have been told to "watch and wait" prognosis, or "there is nothing you can do, your parent had the same thing."
 - This is false, you can absolutely slow down significantly the progress of degeneration, thats like saying if you drive your vehicle there is nothing you can do to prevent if from having an engine blow out.
 - With routine maintenance you can have that car drive hundreds of thousands of more miles without issues.
 - Except this time its your body, not a car and you only get one of those.

WHAT CAN I DO TO GET BETTER FASTER?

One of the most frequently asked questions in the office.

- The body heals at the pace it heals.
- That being said:
 - The faster we get these initial visits in, the faster your body will begin to start healing.
- Therefore, there is no magic exercise or stretch to do.
- It's a matter of removing the subluxation that has accrued over many years of compound destruction that we do to our bodies on a daily basis.
- Make your visits.
- Be seen as often as your schedule allows.

WHY DO I NOT FEEL MUCH PULL WHILE ON THE TABLE?

- That's actually a great thing!
- The computer on each table is set to create the exact pull velocity based on your exam, x-rays and MRI.
 - Once it receives feedback that your body is beginning to resist the table
 - It will back off a little, then proceed again
- Allowing you to work up slowly to the appropriate pull strength and you hardly notice the pull!

5 FACTORS OF HEALTH

1. Fuel (What we eat, macro nutrients, micro nutrients)
2. Exercise (Sedentary job, Step counter per day)
3. Rest (7-8 hours)
4. Attitude (Mental health, Positive frequency)
5. Sound Nervous System
 - The most important, how your Brain (Nervous System) is communicating with every Cell, Tissue, Organ and Gland in your body
 - Discs and vertebrae can interrupt this communication.

WHAT CAN I DO AT HOME TO HELP?

- The best thing you can do for your health is to ensure you make your visits on the schedule.
 - Thus getting your better faster
- We tell our patients, the only thing you need to do is make your appointments, we will do the rest, it's that easy!

WILL I BE SORE?

You may be a little sore after your first few visits as we begin to retrain your body after years of havoc.

Nothing you can't handle, as we continue on, you will become less and less sore.

ICE OR HEAT?

Tip: A great recommendation after your first appointment, if you need to ice afterwards you may, Dr. Plaster suggests 20 minutes of ice followed by 20 minutes of no ice. You may use that sequence as often as you like. For those wanting heat, ensure that ice is the first and last application and as much heat as you would like in between.

HOW LONG DOES IT TAKE TO GET BETTER?

- This time period for adults is right around 90 days.

IS CHIROPRACTIC WITH DECOMPRESSION REALLY LIKE DENTISTRY?

- A Dentist recommends yearly checkups to ensure proper maintenance.
- A Mechanic recommends semi-yearly tune-ups to ensure a properly running vehicle.
- Both of these have the ability to have parts replaced.
- Teeth can be replaced.
- An engine can be replaced.
- Your **Spine cannot be replaced**
- It can only be **fused** which will *reduce* range of motion, limiting your ability to work or live, or *desensitized* with drugs.
 - Essentially taking a sticky note and putting it over the warning light of your car dashboard
 - Then driving that car for miles and miles and the problem escalates to where a total engine replacements required. (surgery)



★★★★★ *Dr. Jeff does a great job of relieving my pain - headaches, lower back and hip pain. I've been in a couple of car accidents - rear-ended and a rollover. The chiropractic care I receive here helps a lot!*

- Cheryl Hamel

★★★★★ *I've had so many attempts to deal with my chronic pain- from neurologists to PT, massage, acupuncture, steroid epidural- I've tried many things. None worked as well as the amaaaazing medical massage from Moriah and the alignment and consult with the chiropractor. Both amazing. Highly recommend!! Enjoying so much relief!! And he found a fracture the many many other images supported pros (xray and MRI) had missed. Well done. And thank you to your whole amazing team.*

- Teresa Bintner

★★★★★ *Highly recommended this chiropractor! My daughter-in-law, friends and I attended here and there's never a day I am not satisfied with their services. They helped us a lot with sciatica and other pain. Now I'm free of pain in my foot and back*

- Jose Zoila Carrion

★★★★★ *This place has everything. Massage (book separately), traction tables for neck and back, and roller tables with stem that are complementary to your apt following your adjustment. Never had so many options at a chiro before. What you didn't know you needed. Ha! Highly recommend!*

- MM

★★★★★ *My experience at Eagle Trace has been nothing short of fantastic! Top notch doctors and staff who know what they're doing and go far beyond the typical experience of chiropractic clinics who, at the end of the day, just crack your back and send you on your way. I would highly recommend!!!*

- Corey Kellett

★★★★★ *Absolutely the best chiropractor ever from the way your body feels after adjustment to the amazing staff Dr. Jeff , Brandon , Fatima , Cassie everyone ! They all care so much about everyone single client and their families. I truly look forward every week to see them even if it's a quick hi and bye they are All so kind appreciate them all so very much!*

- Gabrielle Jackson

DECOMPRESSION FOR THE RESEARCH PATIENT

Scientific research proves that decompression works.

Chiropractic Economics (Vol.61, No. 4, March 13, 2015)

Measured Success, Evaluating the Effectiveness of Spinal Decompression Therapy

CONCLUSION: Of 815 patients receiving spinal decompression therapy a random selection revealed a 91% success rate” Davenport University 2015.

Disc Distraction Shows Evidence of Regenerative Potential in Degenerated Intervertebral Discs, SPINE 2006

Disc repair fundamentally depends on the stage of disc degeneration

CONCLUSION: This study with respect to previous reports, confirms that disc distraction enhances hydration in the degenerated disc and may improve disc nutrition via the vertebral end plates. Thorsten Guehring, MD, et al; Department of Orthopedic Surgery, University of Heidelberg, Germany. SPINE (Vol. 31, Number 15, 2006)

Journal of Neurologic Research (Vol. 29, No. 3, March 2003)

Efficacy of Vertebral Axial Decompression on Chronic Low Back Pain

CONCLUSION: This 144 patient study showed 76% achieved remission of pain. Except in emergent conditions, Vertebral Axial Decompression should be used on all conditions before surgery is undertaken.

Orthopedic Technology Review (2003; 6 (5))

Surgical Alternatives: Spinal Decompression

CONCLUSION: 86% of the 219 patients who completed the therapy reported

immediate resolution of symptoms, while 84% remained pain-free 90 days post-treatment. Physical examination findings showed improvement in 92% of the 219 patients, and remained intact in 89% of these patients 90 days after treatment. It was shown to be effective for herniated and degenerative discs.

American Journal of Pain Management (Vol. 7, No.2, April 1997)

Decompression, Reduction, and Stabilization of the Lumbar Spine: A Cost Effective Treatment

CONCLUSION: Eighty six percent of herniated intervertebral disc patients achieved 'good' (50-89% improvement) to 'excellent' (90-100% improvement) results with decompression. Sciatica and back pain were relieved. Facet arthrosis patients, 75% obtained 'good' to 'excellent' results with decompression.

Decompression Therapy has lasting results.

Archives of Physical Medicine and Rehabilitation Medicine February 2008

Protocols for Patients with Activity – Limiting Low Back Pain

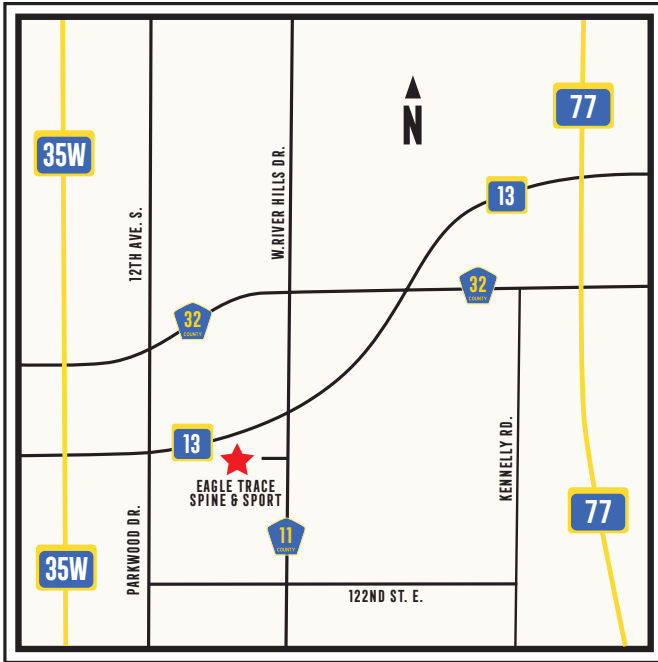
A total of 296 patients with low back pain and evidence of a degenerative and or herniated disc at 1 or more levels were in this study. 8 Week course of treatment consisting of 5, 30 minute sessions of Decompression Therapy per week for 4 weeks and 1, 30 minute session for a week for 4 additional weeks.

CONCLUSION: Patients showed continued statistical improvement in both pain scores and functional movement scores after their treatment programs were completed for 180 days post-treatment.

Anesthesiology News, (Vol. 29, No. 3, March 2003)

Vertebral Axial Decompression Reduces Chronic Discogenic Low Back Pain-4 Year Study

CONCLUSION: Four year follow-up after Decompression method shows a sustained 86% reduction in pain and that 91% of patients had resumed their normal activities and has remained pain free.



OFFICE HOURS

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TUESDAY - 2pm - 6pm

WEDNESDAY - 9am - 12:30pm | 2pm - 6pm

THURSDAY - 2pm - 6pm

FRIDAY - 9am - 2pm

SATURDAY - By Appointment

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