

**Non-Surgical Spinal Decompression Therapy**

# **Patients Information Kit**

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# Frequently asked Questions By Patients

## WHAT IS THE DRS/SPINA SYSTEM IDD?

The Spina System IDD (Internal Disc Decompression) is a mechanized, high tech pain reduction and healing system that was developed after many years of research and development by team of physicians including a renowned neurosurgeon. The DRS/Spina System offers an advanced technique to doctors for non-surgical treatment of the lumbar spine. The Spinal System is manufactured with ultrafine components to achieve decompression.

## HOW DOES IT WORK?

Patients are fitted with unique chest and lumbar harnesses. They then step on to the loading platform where they are reclined to the supine position. The harnesses are connected to both the end of the table and Omnitower respectively. A lumbar support and a lumbar belt is inflated creating a fulcrum thus focusing treatment to the L1 to L5 region. The lower pelvic belt is attached to the Omnitower, which is elevated 10 to 25 degrees above the patient. The combination of angle of pull and air bladder create a fulcrum pinpointing treatment to the L1 to L5 region. The system is quickly programmed for intervals of 60 seconds decompression followed by 30 seconds of partial relaxation. The entire procedure with set up time is approximately 25 minutes.

## WHAT ARE THE INDICATED USES?

Patients with acute and chronic low back pain can benefit from the DRS/Spina System. Specifically, the system provides a program of treatments for relief from pain for those patients suffering with low back pain. Each treatment consists of a physician prescribed treatment on the DRS/Spina System and is designed to provide static, intermittent, and cycling distraction forces to relieve pressure on the structure that may be causing low back pain. It relieves pain associated with herniated discs, protruding discs, degenerative disc disease, spinal stenosis, posterior facet syndrome, sciatica, and other low back conditions. It achieves these effects through decompression of intervertebral disc, which is unloading due to distraction and positioning. Studies have concluded that at some time 80% of all Americans suffer from low back pain making the DRS/Spina System a much needed component in the treatment of low **back** pain.

## **WHAT IS THE DIFERENECE BETWEEN DRS/SPINA SYSTEM AND TRACTION?**

Traction disperses the energy of weights between the majorities of spinal segments, thus reducing the actual amount of pull necessary or creates negative pressure. The DRS/Spina System isolates L1 through L5 its unique air bladder system and angle of pull. Traction does not create high negative intradiscal pressure like the DRS/Spina System. Distraction is done on a logarithmic rate eliminating a proprioceptor response commonly found in traction. The DRS/Spina System focuses on overcoming intrinsic muscle responses of the spine by relaxing the patient.

## **WHAT RESULTS CAN I EXPECT?**

Most patients are scheduled for 25 minute treatments over a 4 week period and see relief as fast as the first 5 to 8 treatments. Pre and post treatment MRI have shown 50 % reduction in the size and extent of herniations after 4 weeks of treatments. In initial clinical studies, a full 86% of patients with disk problems reported relief with the DRS/Spinal System.

## **WHAT CLINICAL STUDIES HAVE BEEN CONDUCTED ON THE DRS/SPINA SYSTEM?**

Two studies have been conducted and published on the *DRS/Spina* System. They are: *New Concepts in Back Management and Emerging Technologies*. If you would like copies, please ask. Additional studies have been conducted and are awaiting publication.

## **DOES THE DRS/SPINA SYSTEM HAVE 510(K) NOTIFICATION?**

Yes, the DRS/Spina System has received 510(K) Notification (pre-market approval).

## **WHAT MEDICAL PRACTITIONERS APPLY THIS TREATMENT?**

Chiropractors, neurologists, internists, family practitioners, and multidisciplinary practices all use our treatment. The DRS/Spina System treatment is applied throughout the world.

## **HOW DOES IT RELIEVE PAIN?**

Changes in intervertebral disc and facetjoints of the lumbar spine exert pressures on vital structures resulting in pain, muscle spasm and inflammation. The DRS/Spina System relieves pressure and factors causing pain through precise, computer-controlled adjustment along the natural anatomical lines of spinal column. It does so without applying undesirable twisting or rotational movements.

## **IS THE SPINA SYSTEM TREATMENT USED AFTER SPINAL SURGERY OR CONTRAINDICATED?**

The application of the DRS/Spina System at some point following spinal surgery is NOT contraindicated. It has been used as a follow-up therapy for patients that continue to complaint of post-surgical low back pain. This “dual approach” seems to offer an advantage especially in those patients that have more than one level of herniation in which only major segment was excised.

## **WHAT ARE THE CONTRAINDICATIONS OF THIS TREATMENT?**

The DRS/Spina System is an inherently safe procedure that can be used, without complication, for a wide variety of anatomical dysfunctions of the lumbar spine, which are commonly associated with low back pain and sciatica. The contraindications are pathological lesions or congenital deformities of the vertebra column that disrupts the integrity of the vertebral and ligament structures, such as fractures, neoplasm, gross osteoporosis or spinal bifida: and progressive pathological or inflammatory processes of the spinal joints muscles.

## **FOLLOW-UP THERAPY: HOW OFTEN IS IT REQUIRED AND HOW BENEFICIAL IS IT?**

Experience has shown that the vast majority of patients who recover en The DRS/Spina System generally remain in remission. However ,some individuals whose lifestyle or work environment tend to expose them to higher risk factors, have found that a maintenance program consisting of a Spina treatment session every one or two weeks, offers a measure of protection against disabling exacerbations of their low back pain syndrome. Patients in this category usually develop their own rhythm of maintenance visits that keeps them free of problems.

## **DURING AND AFTER TREATMENTS, IS ATTITUDE AN IMPORTANT FACTOR?**

Absolutely! In fact, an interesting phenomenon has been observed in relation to a patient’s attitude toward back problems the reassurance gained from the knowledge that they can readily be helped, along with their decreased fear of being incapacitated, reduces most individual’s anxiety about their low back pain.

**HERNIATED DISK:** Herniated discs are often referred to as “slipped discs”, however nothing actually slips. The annulus loses some of its strength before its nucleus has a chance to lose a percentage of water content. The balance is now disrupted. The annulus then ruptures, oozing out a portion of the nucleus. If this portion of nucleus meets up with a nerve root the pain can be excruciating. Sometimes there is not pain, but numbness.

**BULGING DISC:** Much like herniated discs, the annulus loses strength before its nucleus has a chance to lose a percentage of its water. However, the annulus does not rupture, and instead, the pressure causes the annulus to bulge. A bulging disc usually does not interfere with a nerve root’s functioning. Instead, it tends to irritate the nerve. Nevertheless, an irritated root can cause pain, numbness, and tingling sensation.

**FACET JOINT PROBLEM:** Problems are usually a result of trauma, over use or pre-existing degeneration of the facet. Once a disc’s nucleus begins to lose some of its water percentage, less pressure is on the annulus. However this may increase stress on the facet joints. Since there is now less height to the disc, the neighboring vertebrae are closer together. Now that they are closer, they may nib against each other when they move. This may cause symptoms of neck or back pain which are usually not severe and are vague as to their origin.

**OSTEOARTHRITIS:** As vertebrae age, they can develop osteophytes, which are growths of extra bone formed at the edges *of* the joints. These osteophytes (also called bone spurs or upping) may even break off into fragments and collect in a joint. Osteophytes limit mobility which actually reduces some back pain by stabilizing the discs or joints.

**SPINAL STENOSIS:** The two most common types of Spinal Stenosis are Central Spinal Stenosis and Lateral Spinal Stenosis. Central Spinal Stenosis is the narrowing of the central part of the canal, pressing on the spinal cord. Sometimes, this type of Spinal Stenosis is congenital. Lateral Spinal Stenosis is generally the cause of osteophytes, which form around the edges of the vertebra. Now, narrower than usual, the vertebra is pressing against the nerve roots.

**COMPARATIVE TREATMENTS/COSTS**

TREATMENT	NON- INVASIVE	SAFE	COST	SUCCESS RATE	PAINLESS
DRS/Spina System	Yes	Yes	\$5000- \$9000	Excellent	Yes
Laminectomy (Surgical Excision of Herniated Disc)	No	Standard Surgical Risks	\$40,000 to \$60,000	Depends on Severity of Condition	No
Discectomy (Surgical Removal of Diseased Disc)	No	Standard Surgical Risks	\$30,000	Depends on Severity of Condition	No
IDET (Intradiscal Electrothermal Treatment)	No	Standard Surgical Risks	\$20,000 to \$30,000	Depends on Severity of Condition	No
Percutaneous Laser Disc Decompression	No	Minimal Surgical Risks	\$7,500 to \$11,000+	Excellent	Mild