

# Non-Operative Spinal Decompression for Low Back and Cervical Pain



**HillDT**  
DECOMPRESSION THERAPY

# Eight Candidates

## To Consider Non-Operative Spinal Decompression

- Pose a high risk for infection
- Cannot pass the anesthesia assessment
- Diabetic
- Previous surgical complications
- Chronic low back or cervical pain without any clear cause on imaging
- Wanting a conservative option to surgery for initial treatment
- Do not want surgery
- Patients without insurance or financial means to pay for surgery



# What is Non-Operative Spinal Decompression?

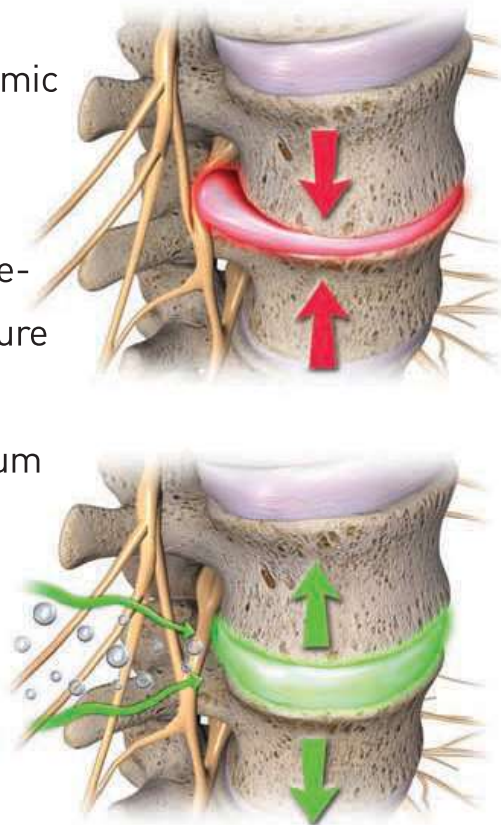
Non-Operative Spinal Decompression is an effective, conservative treatment for patients who suffer from neck and back problems. A decompression treatment slowly and gently lengthens or releases pressure in the spine through repetitive movements by a customized treatment table. The table pulls and releases, creating a pressure change within the intervertebral 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 structures creates a physiological change which assists the body's natural healing process. Patients typically experience significant improvement within 20-25 treatments. Research suggests that continued improvement is seen up to four years following decompression treatment program.



# How Non-Operative Spinal Decompression Works

## A Formula for Relief

Through the logarithmic 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.

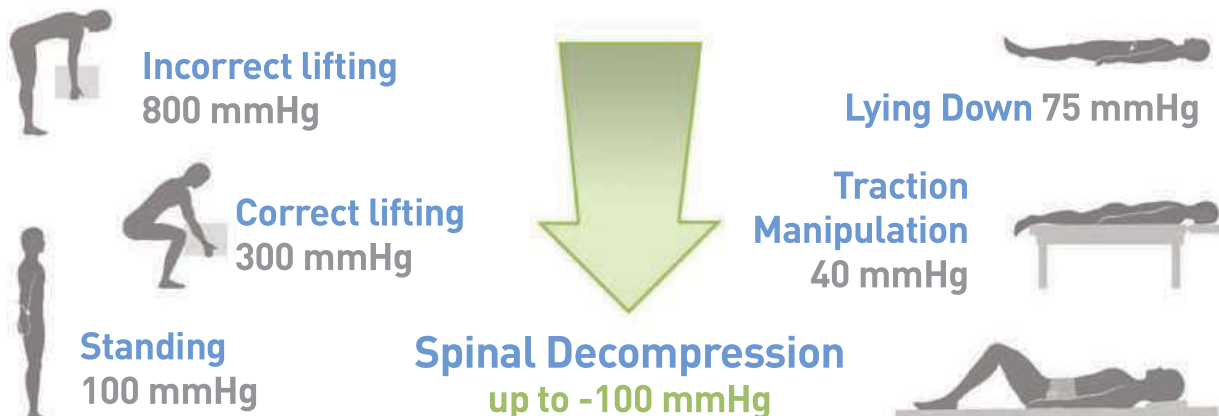


## When Negative is Positive

By reversing the effects of axial load or compression in the spine, increased circulation occurs which aids in the healing process.

◀ Spinal illustrations provided by 3DRX Inc. [www.3drx.com](http://www.3drx.com)

## Disc Pressure Comparison

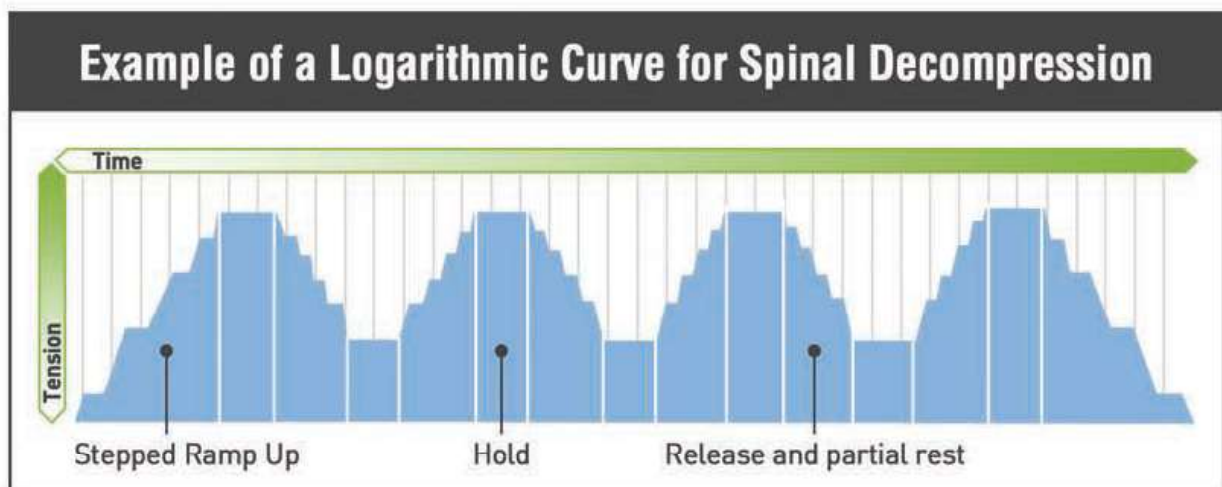




## The HillDT Difference

Decompression creates a vacual effect or negative pressure which draws nutrients, oxygen and fluids into the disc.

The Hill DT table is unique in comparison to other treatment tables. But it's more than a table, it's a comprehensive program. Seven sensors in the table continually monitor the patient to ensure proper treatment is delivered. Nutrients and oxygen rich blood are drawn back into the disc. Since these areas of the spine are poorly vascularized, this is a critical component of decompression.



# Pre and Post X-Rays

## Cervical

### Clinical outcome:

Improved ROM, resolved forward head posture by improving the cervical lordosis. Neck pain, arm pain and numbness symptoms all resolved. Surgery was considered but following the 24 visit treatment plan of decompression, surgery was not necessary.



Pre



Post

# HillDT

# Lumbar

## Clinical outcome:

Increased disc spacing, increased IVF. LBP and all leg pain resolved, no need for further treatment or lumbar surgery.



Pre



Post

“Treating patients in my Neurology practice with the HillDT spinal decompression system has improved my outcomes dramatically. Patients are consistently getting better and love the fact that the treatment is natural and drug free. Most importantly, it is the best treatment to promote healing of the disc and facets. Thank you HillDT!!!”

**Alexander Smirnoff, M.D.**



“As a conservative treatment option Non-Operative Decompression with the Hill DT has improved outcomes for procedures like epidural injections and has reduced or eliminated our patients need for oral pain medication.”

**Hsiu-Hsien (Tom) Ling, M.D.**

“The HillDT Table has been a tremendous addition to my practice. We are seeing dramatic improvement in disc herniation cases, including some that I thought would need surgery. We also see great response with headaches associated with neck pain and low back pain associated with severe arthritis.”

**David Teitelbaum, D.O.**



“Our Outcome Assessments show we are helping herniated and degenerated disc patients at an awesome success rate. The HillDT Spinal Decompression table gets results and I can’t imagine practicing without it.”

**Randy Reed, D.C., C.C.S.P.**

“Since integrating decompression into our practice, our patient results have been amazing. Our clinical outcomes consistently provide significant patient improvement. This equipment works... the patient’s results speak for themselves.”

**Timothy Burkhart, D.C., B.C.I.M., D.A.A.I.M.**



## **Scientific research proves that decompression works.**

### **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.

### **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.

### **US Musculoskeletal Review 2007**

“Magnetic Resonance Imaging Findings After Non-Surgical Spinal Decompression”, the follow up MRI showed rehydration of the discs at L3/L4, L4/L5, L5/S1 of a herniated disc patient.

### **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.

### **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 endplates. Thorsten Guehring, MD, et al; Department of Orthopedic Surgery, University of Heidelberg, Germany. SPINE (Vol. 31, Number 15, 2006)

## **Decompression Therapy has lasting results.**

### **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.

### **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.

**[www.HillDTSolutions.com](http://www.HillDTSolutions.com)**

**North American VP**

**Sherry Wood - 616-350-0122**

**[Sherry@HillDTSolutions.com](mailto:Sherry@HillDTSolutions.com)**

**President**

**Jeff VanderWal - 616-813-9370**

**[Jeff@HillDTSolutions.com](mailto:Jeff@HillDTSolutions.com)**



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