Spinal Decompression: Highly Effective, Non-Invasive, Affordable

Discover the Affordable, Non-Surgical Solution to Chronic Back and Neck Pain with high success rates.

WITHOUT THE USE OF:

- DRUGS
- INJECTIONS
- SURGERY
Back Pain is Becoming a Worldwide Epidemic

With more than 85% of the US population suffering from back or neck pain at some point in their lives, and “recurrence rates of 60-85% being reported in the first 2 years after an acute episode of LBP back pain may be becoming an epidemic.”

Americans spend at least $50 billion each year on back pain—and that’s just for the more easily identified costs.

Back pain is the second most common reason for seeing a doctor in the US and is the third most common reason for surgery.

Why Are Incidents of Back Pain Increasing Despite all the New Drugs and Surgery Options Available?

Looking at those statistics, is it possible we are not doing the right thing?

“We’re putting a lot of money into this problem...but we’re not seeing health status commensurate with those investments.” - Brook I. Martin, Department of Orthopedics and Sports Medicine at the University of Washington....the nation is losing its battle against back pain.

Are you one of the 85% of Americans who has suffered from back pain once in your life? Have you tried everything to alleviate your pain without success? Tried injections that worked for the first time or two but now have little or no effect? Tired of taking medications that temporarily mask the pain but aren’t actually fixing the problem? Doctor told you your only option is surgery but you are scared to death of surgery because of all the horror stories you have heard? Had surgery and are still in pain? If you answered yes to some or all of these questions we want you to know you are not alone.

Even If You Have Been Told By Other Doctors They Can’t Help or Surgery Is Your Only Option, Help May Still Be On The Way

Thanks to the concerted efforts of a team of top physicians and medical engineers, Spinal Decompression Therapy has helped thousands of people in your area that were in your same situation.

Affordable, Effective, and Permanent

Many of them have found affordable, effective, permanent relief with our revolutionary non-surgical spinal decompression program. Non Surgical spinal decompression has been around for more than 10 years and is now in more than 6,000 clinics worldwide. More than 10 magazine articles have been published proving it’s effectiveness. Newspaper and television stations have rushed to reveal the miraculous stories and mounting research supporting this back pain treatment.

May help even the Toughest of Cases

Spinal decompression is helping patients of all ages and in even the severest amounts of pain relieve their symptoms of back and neck pain, improving their quality of life and helping them enjoy activities that they haven’t been able to do since their pain began.

References

“After 25 years of giving more than 50,000 epidural shots for neck and back pain, I decided to add spinal decompression to my pain management practice as a more permanent, longer lasting alternative. It has made a difference for my patients!”

Dr. Anil Patel M.D., Licensed Anesthesiologist, Diplomat in Pain Management

“As a medical doctor, P.H.D. and physical therapy clinic owner I have long known that we should do everything possible to help our patients avoid back surgery. Now with Non-Surgical Spinal Decompression, we finally have a very effective way to treat back pain without surgery. The vast majority of even our worst cases experience significant, long lasting relief even when everything else has failed. Spinal Decompression Therapy gives my patients a more conservative treatment option that can eliminate the need for surgery altogether.”

Dr. Aftab, Medical Doctor, P.H.D.
Pain Killers and Anti-Inflammatories

While it is common practice in the United States for a doctor to say “here, take these pills” when you see them for neck or back pain, many patients are beginning to realize oftentimes the side effects from these pills outweigh the benefits. And many times the pills don’t even help.

Here are just a few of them most commonly prescribed pharmaceuticals and their side effects.

**NSAIDs:** Drugs like Ibuprophén (Motrin Advil), Naproxen (Aleve), Celebrex, Aspirin (except aspirin) may cause an increased risk of heart attacks, blood clots, and strokes, which can be fatal.2

NSAIDs increase the risk of serious gastrointestinal (GI) adverse events including inflammation, bleeding, ulceration, perforation of the stomach or intestines, which can be fatal and most often occur without warning symptoms2

**Acetaminophen:** (Tylenol™, Datril™, and others) do not have anti-inflammatory effects like NSAIDs but are commonly taken for chronic pain. Used in over 600 medications.3

Annually, acetaminophen toxicity kills nearly 500 people and causes 56,000 ER visits, 2,600 hospitalizations, and 100,000+ calls to Poison Control Centers.4 Overdose of acetaminophen is the leading cause of Acute Liver Failure which may feel like flu symptoms over several days. Coma and death can rapidly occur in one-third of Acute Liver failures.5

Acute Liver failure can occur using the maximum 4 grams (gm) per day dose for five or more consecutive days (4) 10% of Acute Liver Failure victims used 2-4 daily gm.4 Acetaminophen causes half of all Acute Liver Failures. Of these cases, 38% had combined two or more Acetaminophen containing preparations.5

Alcohol used with more than 2 gm of Acetaminophen can cause Acute Liver Failure.5

**Opioids:** These powerful prescription narcotics are extremely addictive and may cause permanent physical changes in the brain. Commonly prescribed opioids are oxycodone (OxyContin), hydrocodone (well-known brands Vicodin and Lortab contain acetaminophen), and methadone.

The #1 selling U.S. drug is hydrocodone. With 135 million prescriptions, the U.S. uses 99% of the world’s hydrocodone.9 Hydrocodone caused 62% of accidental Acetaminophen-induced Acute Liver Failures.5,7

Prescription Opioid related deaths exceed the total deaths involving heroin and cocaine.7 There were 22,400 accidental overdose deaths with opiate prescriptions vs. 17,000 homicides in 2005 in the U.S.

References:
5. A. Larsen et al. Unintentional Acetaminophen Induced Acute Liver Failure in U.S. Gastroenterol. 2006; 131:963-971.
EPIODURALS (SHOTS)
TEMPORARY RELIEF FROM CORTISONE INJECTIONS

RISKS
- Bleeding
- Nerve damage
- Transient decrease in immunity
- High blood sugar
- Stomach ulcers
- Cataracts
- Increased risk of fracture

In a recent meta-analysis of 23 randomized trials involving more than 2,000 patients in which epidural steroid injections were compared with placebo for sciatica, epidural steroid injections produced small, statistically insignificant short-term improvements in leg pain and disability (but not less back pain) compared to placebo. This improvement also was only over a short period of time – two weeks to three months. Beyond 12 months, there was no significant difference between groups.1

This last complication is certainly not emphasized in clinical circles. Therapeutic steroids may reduce pain, however the use of steroid injections seem to promote deterioration of skeletal quality, which is not surprising since other forms of steroid medication have long been associated with osteoporosis.

When incidence of vertebral fractures was assessed, researchers discovered that an increasing number of injections was associated with an increasing likelihood of fractures, and each successive injection increased the risk of spinal fracture by 21 percent.2

Based on this evidence, LESIs clearly exacerbate skeletal fragility. They promote deterioration of skeletal quality similar to the use of exogenous steroids, which is the leading cause of secondary osteoporosis. In fact, the rate of vertebral fracture following epidural steroid injections may be underestimated.

Both European and American guidelines, based on systemic reviews, conclude that epidural corticosteroid injections may offer temporary relief of sciatica, but do not reduce the rate of subsequent surgery.3

References:
“Try Everything Non-invasive First”
While it is true that sometimes back surgery may be the only solution, many medical professionals and surgeons themselves feel strongly that every noninvasive option should be explored before turning to surgery.

Although advances in surgery have made many procedures less invasive and more effective, surgery does come with inherent risks. With high costs, lengthy recovery time, and possible infection, one should consider all options before making a decision about surgery.

Failed Back Surgery Syndrome
Failed back surgery syndrome is a real term used when a patient continues to suffer from pain and loss of mobility long after surgery. According to the American Academy of Orthopedic Surgeons, there are approximately 200,000 laminectomies performed every year with an estimated 20-30% of these operations reported to be unsuccessful.

Failed back surgery syndrome is seen in 10-40% of patients who undergo back surgery. It is characterized by intractable pain and varying degrees of functional incapacitation occurring after spine surgery.

How many horrible stories have you heard about someone who had spinal surgery?

Anthony DePalma M.D. and Richard Rothman M.D., Professors of Orthopedic Surgery, had this to say about back surgery:

“Many of these patients are subjected to numerous operations and after each operation the patient is worse.”

Risks include infection, nerve damage, deterioration of health and post operative complications.¹ Fewer than 5% of people with back pain are good candidates for surgery.²

References:

Surgery vs. Spinal Decompression

<table>
<thead>
<tr>
<th>SURGERY:</th>
<th>SPINAL DECOMPRESSION:</th>
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</thead>
<tbody>
<tr>
<td>• Risks include: infection, down time, scars</td>
<td>• Successful long term pain relief</td>
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<tr>
<td>• Success rate: 40% to 60%</td>
<td>• Almost no risks, and no side effects</td>
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<tr>
<td>• Expensive: Costs between $4,000 to $18,000</td>
<td>• Affordable</td>
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<tr>
<td>• Recovery can be very painful</td>
<td>• No painful injections, recovery time, or scars</td>
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<tr>
<td>• Failed back surgery syndrome = no relief or worse</td>
<td>• Successful in up to 89% of patients</td>
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A STUDY OF 575 PATIENTS WITH LUMBAR DISC HERNIATIONS

70% STILL HAD BACK PAIN 4 TO 17 YEARS AFTER SURGERY

The spinal disc is a soft cushion that sits between each vertabrae of the spine. The spinal discs are composed of a toughring of cartilage with a squishy center. Like a shock absorber for a car, the disc is the shock absorber for the spine. When too much pressure is placed on the disc, it bulges or herniates. Think of it like a jelly doughnut. Squeeze it too hard and the jelly comes out. That is called a Herniated Disc (Slipped Disc, Bulging Disc). When a herniated disc irritates the Sciatic nerve and shoots pain down the leg it is referred to as Sciatica.

How Does a Herniated Disc Occur?
The discs cushion the spine from compressive forces, but are weak to pressure applied during bending and rotational movements. This is why a majority of disc herniations occur when a person is bending forward and twisting as if to pick something up. This can overload the disc causing the jelly to herniate or push out.

What are the symptoms of a herniated disc?
Common symptoms of a herniated disc include:

- Electric, Stabbing, Shooting or Burning Pain down the arms or legs. If pain goes down the leg this is referred to as Sciatica.
- Tingling, Numbness or Pins and Needles feeling.
- Muscle Weakness

How Spinal Decompression Treats Symptoms of a Herniated Disc
Non-surgical Spinal Decompression is state of the art equipment that slowly lengthens and decompresses the spine, creating negative pressures within the discs. This reversal of pressure creates an intradiscal vacuum that helps to reposition bulging discs and pull extruded disc material back into place, taking pressure off pinched nerves. Spinal experts believe that nutrients, oxygen, and fluids are drawn into the disc to create a revitalized environment conducive to healing.
What is Degenerative Disc Disease?

Spinal discs are soft, compressible discs that separate the bones (vertebrae) that make up the spine. The discs act as shock absorbers for the spine, allowing it to flex, bend, and twist. Degenerative disc disease is a term used to describe dehydration and breaking down of the spinal discs leading to bone spurs, cysts, and pinching of nerves.

What causes Degenerative Disc Disease?

Age, smoking, obesity, previous injury and people who do heavy physical lifting are all some factors that can lead to Degenerative Disc Disease. This can lead to:

- A loss of fluid in your discs, reducing the ability of the discs to act as shock absorbers and makes them less flexible. Loss of fluid also makes the disc thinner and narrows the distance between the vertebrae.

- Tiny tears or cracks in the outer layer of the disc allowing the jelly-like material inside the disc to be forced out through the tears or cracks in the capsule, which causes the disc to bulge or herniate.

As the space between the vertebrae gets smaller, there is less padding between them, and the spine becomes less stable. This can also lead to less space where the nerves come out leading to pinching and irritation of those nerves.

What are the Symptoms?

Degenerative disc disease may result in back or neck pain, but this varies from person to person. Many people have no pain, while others with the same amount of disc damage have severe pain. With symptomatic degenerative disc disease, chronic low back pain sometimes radiates to the hips, or there is pain in the buttocks or thighs while walking; sporadic tingling or weakness through the knees may also be evident.

How does Spinal Decompression help With Degenerating Discs?

While lying comfortably on the spinal decompression table, gentle specialized traction forces are applied until decompression is achieved. Decompression produces a negative pressure inside the discs that act like a vacuum. This negative pressure produces an influx of fluid and minerals which helps the discs to heal. Then with the addition of specific nutrients and minerals through supplements, the influx helps the discs to re-hydrate and repair themselves. As disc bulges or herniations are drawn in, or as the discs begin to repair themselves, pressure is taken off of the nerves and surrounding structures relieving the patient of pain and leading to decreased inflammation.


SPINAL DECOMPRESSION TREATS SYMPTOMS OF:

DEGENERATED DISCS

"When I started this program, I had burning, stabbing pain down my right leg and numbness and tingling in my foot. Doctors told me I had Sciatica complicated by Degenerative Disc Disease. I tried chiropractic and physical therapy with only minimal relief. Sometimes the physical therapy actually made it worse. After beginning the spinal decompression treatments the pain is now gone. My back was always sore and stiff. Now it feels much, much better. Overall, this program worked wonders for me and I hope it will for everybody."

~ Tim S.
A Negative Pressure is Created


Outcome: VAX-D creates a negative intradiscal pressure force up to -160 mm Hg.


Outcome: The authors compared the pain-relieving results of traditional mechanical traction (74 patients) with a decompression device (25 patients). The decompression system gave “good” to “excellent” relief in 86% of patients with ruptured discs and 75% of those with facet arthrosis. The traction yielded no “good” to “excellent” results with ruptured discs and only 50% “good” to “excellent” results in patients with facet arthrosis.

Increase in Disc Height/Decrease Herniation

Researchers of a case report published in Volume 2 Issue 1 of the European Musculoskeletal Review State titled Management of Low Back Pain with a Non-surgical Decompression System Case Report reveals the pre and post treatment MRI findings of a 69 year old male with low back pain. Prior to treatment the patient reported experiencing low back pain radiating into both legs. When asked to describe his pain intensity on a scale of 0-10 the patient rated his pain a 10. The patient underwent 22 treatments over a seven week period. Utilizing the same pain intensity scale the patient reported a pain level of 1 post treatment. Four months after the initial treatment a follow up MRI revealed decreased herniation size and increased disc height at multiple lumbar levels.


• Multi-center, phase II, non-randomized pilot study utilizing spinal decompression.
• Designed to evaluate the effectiveness and safety of spinal decompression in the treatment of chronic lower back pain.
• Patients enrolled - average of ten years of chronic back pain.

• After two weeks of treatments of spinal decompression - 50% reduction in pain scores
• Upon completion of the entire six week protocol success rate of 88.9% was documented.


Outcome: Of 24 study participants, each reported consistent pain relief and continual improvement of symptoms one year later. Improvement in pain continued after the treatment sessions were completed.


Outcome: The treatment leads to satisfactory pain relief and improved quality of life in up to 88% of patients-many of whom have failed other “conventional” approaches. Based on the author’s review of recent study results, Decompression Therapy “appears to be the current optimal recommendation for most lumbar pain syndromes.”


Outcome: 17 of 20 patients reported significant pain relief and complete relief of weakness and immobility, when present. This study also shows a correlation between the improvement on the MRI and the reported improvement in pain.

Journal of Neurological Research: Vertebral Axial Decompression for Pain Associated with Herniated or Degenerated Discs or Facet Syndrome: An Outcome Study. April 1998. Vol. 20, NO.3. E. Gose, PhD; W Naguszewski, MD; R. Naguszewski, MD.

Outcome: Pain, activity and mobility scores greatly improved for 71% of the 778 patients studied. The authors consider VAX-D’” to be a primary modality for low back pain due to lumbar herniations, degenerative disc disease, and facet arthropathy. The authors concluded that post-surgical patients with persistent pain or “Failed Back Syndrome” should try VAX-D before further medical doctors from stanford and john hopkins university show patients rate spinal decompression 8.98 out of 10 in satisfaction and 100% would recommend spinal decompression

Non-Surgical Spinal Decompression Via Motorized Distraction for Chronic Discogenic Low Back Pain
Alex Macario, MD, MBA, Standford University; Sunil J. Panchal, MD, COPE Foundation, Florida Pain Management; Charlotte Richmond, PhD, Nema Research; Biomedical Research & Education Foundation, Joseph V. Pergolizzi, Jr., MD, Johns Hopkins University & Nema Research
PATIENTS IN THEIR OWN WORDS

“AMAZING RESULTS WITHIN A FEW DAYS”

“As an owner of a housekeeping business, I started spinal decompression due to constant pain in my low back, with pain radiating down to my legs. After starting spinal decompression I felt amazing results within a few days. I can enjoy my days being pain-free. And I am still able to work. My kids really appreciate me being able to play with them and not be restricted or limited to activities. I would highly recommend spinal decompression as a non-surgical, medication-free, painless treatment that has great results. Within a matter of a few days I was able to stop my pain medication and since then not have to take one! Treatment is painless and actually relaxing. I really enjoyed it. Most of all no recovery needed.”

– Maria B.

“COMPLETELY SATISFIED WITH SPINAL DECOMPRESSION TREATMENTS”

“I started spinal decompression because of low back pain that began 5 years ago. On a scale of 0-10 my pain was about a 7-8. I had tried epidurals/steroid shots, exercise, physical therapy, and pain medication with only mild temporary relief. As a result of my treatment I am now able to enjoy sports, physical exercise, and most of all have more sex. I would highly recommend Spinal Decompression to anyone suffering from back pain. I was a very bad case and I am completely satisfied with spinal decompression treatments, and am glad I did not have back surgery!”

– Daniel M.

“SPINAL DECOMPRESSION FIXED WHAT SURGERY COULD NOT”

“I was suffering from Herniated Discs in my lower back. The pain was the worst pain I have ever felt in my life. It was so bad that I could not sit in the chair in the front lobby waiting to meet the Doctor for the consultation. I was actually lying on the floor when we met because that was the only relief from the constant pain. On a scale of 0 – 10, my pain was an 11! (Seriously!) The pain ran down my right leg often causing loss of feeling in my right foot affecting my walking. I have had back pain for most of my adult life including surgery in 2001 which was expensive and only helped temporarily. I had tried nearly every treatment known for backs since 2001. I tried epidurals/steroid shots, physical therapy, massage, back surgery, exercise, inversion table and pain medication. I took prescription painkillers until the prescription ran out, then about 12 – 16 Advil a day. Spinal Decompression has been the only treatment that has significantly helped. I am running again, I am back working out at the gym, I can do just about anything now. I don’t feel limited anymore and I look forward to playing sports again.

– Ralph O.

“SPINAL DECOMPRESSION IS WAY BETTER THAN TAKING-pills”

“I had an annoying pain in my neck for several months. I was starting to get pain, numbness and tingling in my arm and hand. Eventually my entire arm and hand became numb and I couldn’t move it and I couldn’t even work at my computer. A friend recommended spinal decompression. 3 treatments later I am 90% improved. Nothing short of miraculous in my opinion. And it’s way better than taking pills with side effects or getting shots that are only temporary.”

– Michael C.
"As the success rate is so high, physicians should have an ethical obligation to try decompression therapy with their patients prior to even contemplating surgery."

Dr. Thomas D. Meck, M.D. Neurosurgeon, Odessa, Texas

“I had deteriorated discs at L4-L5 and L5-S1 in my lower back. I had excruciating pain in my lower back and all the way down to my left foot. I saw a program about decompression therapy on TV and decided to call. After 15 sessions I had only a slight twinge of pain on occasion. Since that day on, I am completely pain free. I jog the same as I used to, as I did last evening. I am back without any pain at all and I’ve got to say that spinal decompression was the thing that did it for me.”

Robert Channey M.D. - former Assistant Surgeon General of the United States.

“As a surgeon, I only want to do surgery when I absolutely have to. Non-Surgical Spinal Decompression Therapy gives my patients a more conservative treatment option that can eliminate the need for surgery altogether, and that’s a very good thing.”

Dr. Bernard Zeliger, DO, FACOS, FAOAO, FICS - Osteopathic Physician and Orthopedic Surgeon Founding Dean and Provost of Touro University College of Osteopathic Medicine; Vallejo, CA

“Spinal Decompression is the most significant, life changing neck and back pain solution in the last 100 years. It dramatically changes the lives of most patients with chronic neck and back pain even when everything else has failed. It’s amazing to watch this incredible therapy spread worldwide as other countries are now seeing how truly effective this therapy is without the use of pills, shots or surgery.”

Brian Self, Chiropractor, Arizona

“Spinal Decompression is the most significant, life changing neck and back pain solution in the last 100 years. It dramatically changes the lives of most patients with chronic neck and back pain even when everything else has failed.”

Dr. Travis Broughton, Seattle Washington

“Spinal Decompression is the most significant, life changing neck and back pain solution in the last 100 years. It dramatically changes the lives of most patients with chronic neck and back pain even when everything else has failed.”

Dr. Samir Haddad, Licensed Neurologist, New York

“Spinal Decompression is the most significant, life changing neck and back pain solution in the last 100 years. It dramatically changes the lives of most patients with chronic neck and back pain even when everything else has failed.”

Dr. Travis Broughton, Seattle Washington
FDA cleared Spinal Decompression technology for the treatment of back pain symptoms due to:

- Herniated Discs
- Bulging Discs
- Pinched Nerve
- Sciatica (leg pain)
- Degenerative Disc Disease (DDD)
- Spinal Stenosis
- Post-Surgical Pain

Facts About Spinal Decompression:
- Has been around for more than 10 years
- Available in more than 7,000 clinics and growing
- In more than 20 countries
- More than 10 research articles showing its effectiveness

What are the Treatments Like?
At the beginning of each session, you will be comfortably fitted with a harness designed to achieve optimal decompression of the low back or neck. During a session of spinal decompression, you will notice a slow lengthening of your spine as your discs are gradually decompressed and relieved of pressure. The treatment process is safe and relaxing. While some patients with extensively injured discs have reported mild discomfort during the first few treatment sessions, their discomfort subsides upon subsequent visits. A patient safety switch provides an extra safety feature, allowing you to stop at any point should you feel discomfort. Each treatment session lasts approximately 30 minutes. Individual patient results may vary.

What is the Typical Treatment Protocol?
A typical spinal decompression treatment protocol consists of about 20-25 sessions over four to six weeks. Some conditions require fewer visits; some require more. Many patients report relief from their pain and other symptoms during the first few treatment sessions, and most experience dramatic pain relief after completion of their prescribed treatment program.

Can Spinal Decompression be Used for Patients that Have had Spinal Surgery?
In many cases Spinal Decompression treatment is not contra-indicated for patients that have had spinal surgery. In fact many patients have found success with Spinal Decompression even after a failed back surgery. After a failed Laminectomy or Micro Discectomy patients may still respond favorably to spinal decompression. If a patient has had more than 3 laminectomies then the success rate of spinal decompression will go down. If a patient has had surgical fusion with rods or screws or any type of hardware then patients may not qualify for spinal decompression. Always consult your spinal decompression specialist to see if you qualify for spinal decompression therapy.

DO YOU QUALIFY?
Here are a few questions to see if you might qualify:

1. Do you have pain in the neck or back?
2. Has your pain restricted you physically preventing you from working, playing your favorite sport, or spending time with your loved ones?
3. Have you tried other forms of “conventional treatments” such as physical therapy, pills, or chiropractic that have failed to produce lasting results?
4. Have you been diagnosed with a herniated disc, bulging disc, degenerated disc, sciatica or chronic neck or back pain by a doctor.

IMPORTANT: You may not qualify if you have been diagnosed with any of the following:
- Have fusion or have had a surgical fusion in the area of your pain.
- Have cancer that has spread to the bones of the spine.
- Are currently pregnant.

While the majority of the patients we treat experience significant pain relief, our program is NOT for everyone! In order to determine if you qualify for our program or not we offer a complimentary consultation. We only want to treat patients that we feel confident that we can get better so we only accept a select group of patients. If we don't feel like we can help we will refer you to someone who can.
Put Down Your Pain Pills and Call Today!

198 New York Avenue
Huntington, NY 11743
Phone: (631) 470-9670
www.BalanceLongIsland.com

“My back used to hurt all day, everyday”

“Doctors told me I have Degenerative Disc Disease. That’s when I saw an ad for Spinal Decompression. After my second treatment, I could get out of bed in the morning with no pain. 3 weeks later I am pain-free! Thank you for making my life better.

-- Bess K