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

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Non-Surgical Spinal Decompression
Via Motorized Distraction for Chronic Discogenic Low Back Pain

Objectives
Conduct retrospective chart audit to assess outcomes of a random sample of outpatients treated with motorized spinal decompression via the DRX9000 for chronic low back pain lasting more than 12 weeks.

Methods
- Data from charts of 100 adults cared for in 2004-2006 at four clinics, one hospital-based and three free-standing, were abstracted using a standardized data collection form.
- Protected health information was accessed in accordance with the HIPAA privacy rule. Workman’s compensation patients were excluded.
- DRX sessions (2-30 mins each) were for 8 weeks (mean) with 4-5 sessions in the first week tapering to one session/week (mean treatments = 25).
- Treatment protocol included instruction on lumbar stretching exercises and ice or muscle stimulation after DRX sessions.
- Pain, analgesic use, and activities of daily living were assessed pre and post treatment.
- Subjects (62% female, 94% male, mean age 55, 53% employed) had mean pain score 5.99 on a 0 to 10 scale (0 = no pain, 10 = worst pain) at time of initial presentation that decreased to 0.87 after last DRX treatment. NSAIDs (41% of patients) and opioids (24% of patients) use decreased (5%) after treatment (Fig. 1-10).
- Patients reported a mean 90% improvement in back pain, and better function as measured by activities of daily living. On a 0 to 10 scale (0 = Not satisfied; 10 = Very satisfied) patients rated the DRX9000 an 8.9 (Fig. 11).
- No patient required more invasive therapies (e.g., surgery)
- Mean satisfaction with DRX (0-10 scale) 8.98

<table>
<thead>
<tr>
<th>Analgesic Use</th>
<th>Pre-DRX9000</th>
<th>Post-DRX9000</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Meds</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>NSAIDs</td>
<td>43%</td>
<td>0%</td>
</tr>
<tr>
<td>Opioids</td>
<td>23%</td>
<td>0%</td>
</tr>
<tr>
<td>Muscle Relax</td>
<td>12%</td>
<td>1%</td>
</tr>
<tr>
<td>Steroids</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>0%</td>
<td>59%</td>
</tr>
</tbody>
</table>

Conclusions
- Improvements in LBP provided by DRX 90%
- Recommend DRX to someone else 100%
- Chronic LBP improves after treatment
- Require fewer analgesics after treatment

Average Satisfaction with the DRX on a Scale of 0-10

Level of Pain

Week 1

Week 8
SUMMARY OF STUDY

Subjects’ Conditions
- Herniated Discs
- Degenerated Discs

Prior to Treatment
- Average Pain Score 5.99 out of 10
- Pain lasting greater than 12 weeks

Treatment Protocol
- 23 DRX sessions Over 8 Weeks
- Lumbar stretching exercises and ice or muscle stimulation

Post Treatment
- Pain decreased from Average 5.99 to .87 out of 10
- NSAID and Opioid use went from 65% of patients to <5%
- Patients reported a mean 90% improvement in back pain
- Better function as measured by activities of daily living.
- Patients rated the DRX9000 an 8.98 out of 10 in Satisfaction
- No patient required more invasive therapies (e.g. surgery)
- 100% Would recommend DRX to someone else

Average Satisfaction with the DRX on a Scale of 0-10
8.98

Individual results may vary. These statements have not been evaluated by the FDA. All spinal decompression devices currently registered with the FDA have received their 510k clearance by claiming their device is substantially similar to predicate traction devices.