



EXPERIENCE RELIEF FROM YOUR BACK PAIN WITHOUT DRUGS OR SURGERY

Spinal Decompression Unveiled: Your Natural Pathway to Back Pain Relief - A Comprehensive Guide

Spinal decompression therapy has emerged as a transformative treatment for those struggling with conditions like herniated discs, sciatica, and other spinal ailments. The Newberry Clinic, a chiropractic treatment center located in Winter Haven, Florida, is proud to offer this non-surgical, drug-free solution that focuses on natural healing, pain relief, improved mobility, and enhanced quality of life.

In the pages that follow, we will explore the science behind spinal decompression therapy, including its mechanism of action, supporting studies, and the benefits it provides. We'll also address common questions and misconceptions, outline potential risks and considerations, and guide you on how to choose the right provider.

Your journey towards a healthier, more fulfilling life starts with spinal decompression.

Main Topics:

Introduction to Spinal Decompression:

- What is Spinal Decompression?
- How Does It Work?
- The Importance of Non-Surgical, Drug-Free Treatment

The Science Behind Spinal Decompression:

- Mechanism of Action
- Supporting Studies and Research

Who Can Benefit from Spinal Decompression?:

- Suitable Conditions (e.g., Herniated Discs, Sciatica)
- Case Studies or Success Stories

The Spinal Decompression Process:

- Initial Assessment
- Treatment Plan
- What to Expect During a Session
- Our Process for Spinal Decompression Therapy

Benefits of Spinal Decompression Therapy:

- Pain Relief
- Improved Mobility
- Enhanced Quality of Life
- Cost-Effectiveness Compared to Surgery

Potential Risks and Considerations:

- Side Effects
- Contraindications
- How to Minimize Risks

Choosing the Right Provider:

- Questions to Ask
- Credentials to Look For
- Our Qualifications and Experience

FAQs (Frequently Asked Questions)

Conclusion and Invitation

A photograph showing a person lying on a specialized table for spinal decompression. A healthcare professional in a white coat is positioned behind the person, with their hands placed on the person's lower back to adjust the table. The image has a teal overlay. The text "INTRODUCTION TO SPINAL DECOMPRESSION" is centered over the image in white, bold, uppercase letters.

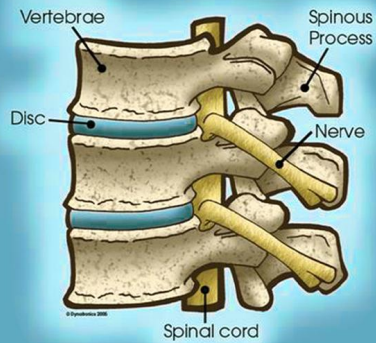
INTRODUCTION TO SPINAL DECOMPRESSION

What is Spinal Decompression?

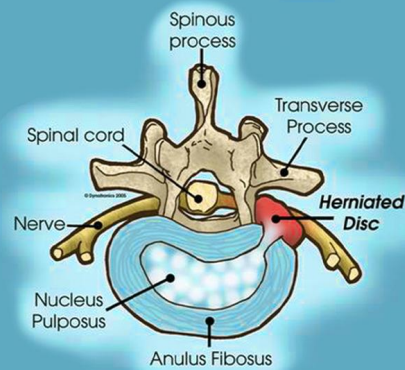
Spinal Decompression is a non-invasive treatment method aimed at relieving pressure on the spine, particularly on intervertebral discs and spinal nerves. This therapy is used to treat various conditions such as herniated discs, sciatica, and chronic lower back pain. Unlike traditional surgical procedures, spinal decompression uses a specially designed table and controlled mechanical traction to gently stretch the spine. By doing so, it allows the spinal discs to retract, promoting the movement of water, oxygen, and other nutrient-rich fluids into the discs, enabling them to heal.

Decompression Therapy has been cleared by the FDA to relieve pressure on structures that cause back pain from herniated discs, protruding discs, degenerative disc disease, posterior facet syndrome, and sciatica.

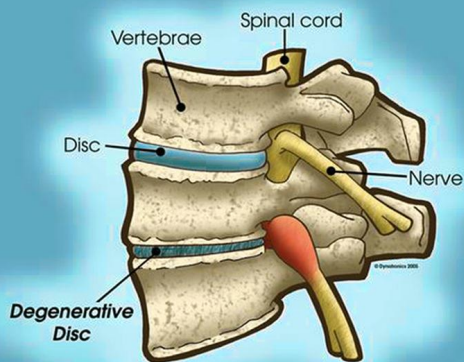
Healthy Spine



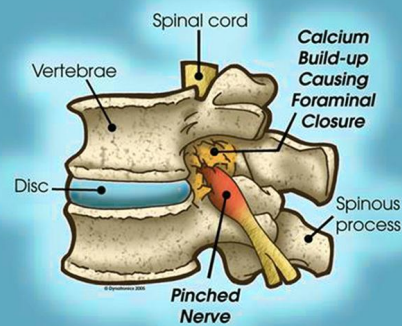
Herniated Disc



Degenerative Disc



Posterior Facet Syndrome



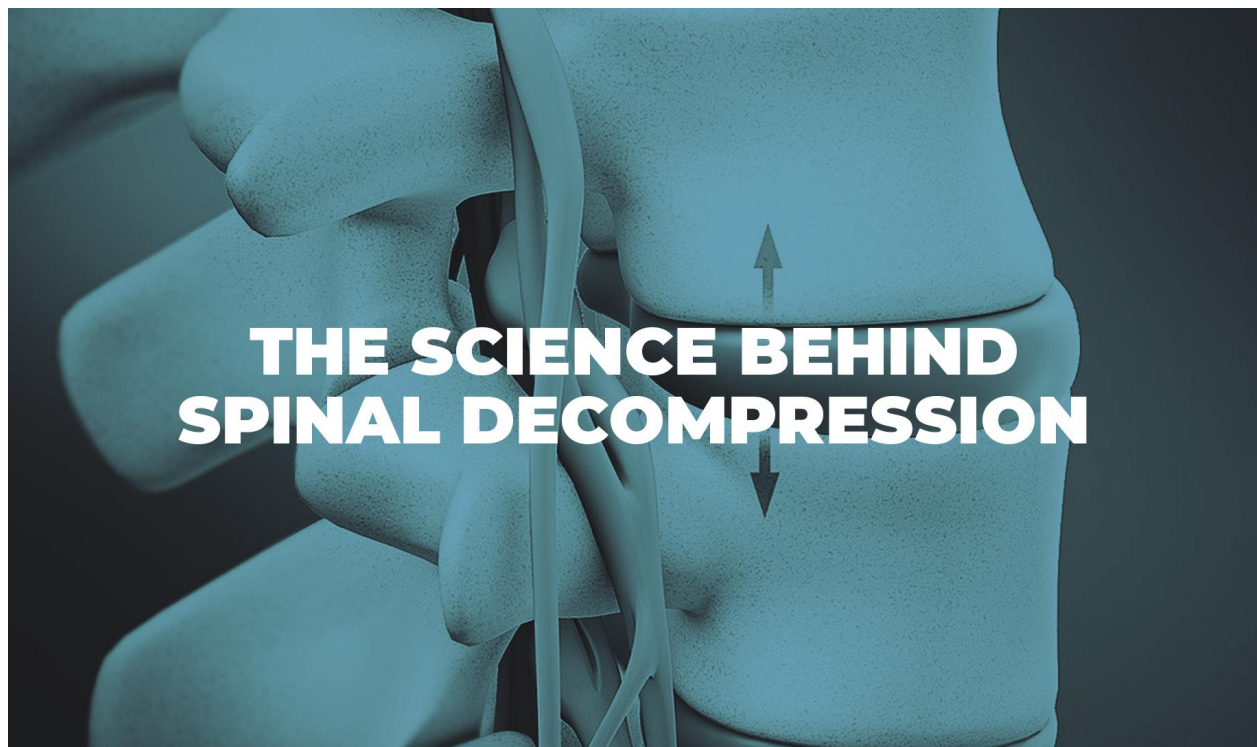
How Does It Work?

Spinal Decompression therapy is performed on a motorized traction table. The patient lies on the table, and the chiropractor or therapist fits a harness around the patient's hip area and another around the trunk. The table then pulls and releases in a controlled manner, creating a negative pressure or vacuum effect within the discs. This encourages the bulging or herniated discs to return to their normal position. Meanwhile, the cycles of decompression and partial relaxation promote the diffusion of water, oxygen, and nutrients into the discs, fostering their natural healing process. This procedure typically takes 20 sessions to achieve optimal results, with total visit time lasting around 45 minutes.

The Importance of Non-Surgical, Drug-Free Treatment

The non-surgical and drug-free nature of spinal decompression therapy offers several significant advantages. Firstly, it avoids the potential risks and complications associated with surgical interventions, such as infections, prolonged recovery periods, and scarring. Secondly, it offers an alternative to chronic medication use, which can lead to unwanted side effects or dependency. By focusing on treating the root cause of the problem rather than merely managing symptoms, spinal decompression supports the body's natural healing capacity. This makes it an attractive option for those seeking a more holistic and less intrusive path to relief from chronic back pain. Furthermore, the non-surgical approach generally costs less than surgery and allows for quicker return to daily activities.

In summary, spinal decompression is a scientifically backed, non-invasive treatment option that offers a targeted approach to alleviate back pain. By emphasizing natural healing and avoiding drugs or surgery, it aligns with a growing preference for treatments that support overall wellness and minimize risk. Its focus on addressing the underlying causes of pain rather than merely masking symptoms makes it a valuable tool in the modern healthcare landscape.



Mechanism of Action

Spinal decompression works through a precisely controlled mechanical traction that gently stretches the spine. This controlled stretching creates a negative intradiscal pressure,

essentially forming a vacuum effect inside the discs. This vacuum effect helps to pull the herniated or bulging disc material back into place and stimulates the intake of water, oxygen, and nutrient-rich fluids. This influx of healing substances allows the torn and degenerated disc fibers to begin healing. Over a series of treatments, this leads to the alleviation of pressure on the nerves and surrounding tissue, reducing pain and improving overall spinal function.

Supporting Studies and Research

The effectiveness of spinal decompression has been the subject of various scientific studies and research efforts. Clinical trials have shown that spinal decompression therapy can lead to substantial improvement in pain relief and mobility for many patients with chronic back conditions, including herniated or bulging discs. For example, a study published in the journal "Archives of Physical Medicine and Rehabilitation" demonstrated significant improvements in pain scores and functionality among patients who underwent spinal decompression therapy. Further studies have reinforced these findings, revealing that spinal decompression is a viable alternative to surgery for selected patients, providing symptomatic relief with minimal risks or side effects.

Researchers have also explored the physiological effects of spinal decompression on intervertebral discs, providing insights into how the treatment supports natural healing processes. Studies have found evidence of increased disc height and hydration following a series of spinal decompression sessions, validating the underlying mechanisms described.

In summary, the science behind spinal decompression lies in its ability to create a controlled negative pressure within the affected spinal discs, promoting natural healing by drawing essential nutrients into the damaged areas. This approach has been validated through various clinical studies and research, establishing spinal decompression as a credible and effective treatment for specific chronic spinal conditions. The emphasis on evidence-based practice underpins its growing acceptance within the medical community as a non-surgical, non-pharmacological intervention for back pain.

The following information is an article of "Spinal Decompression" written and published by Thomas A. Gionis, MD, JD, MBA, MHA, FICS, FRCS, and Eric Groteke, DC, CCIC

"In the Orthopedic Technology Review, Vol. 5-6, Nov-Dec 2003, it is stated that 'The outcome of a clinical study evaluating the effect of nonsurgical intervention on symptoms of spine patients with herniated and degenerative disc disease is presented.'

This clinical outcomes study was conducted to evaluate the effect of spinal decompression on symptoms and physical findings of patients with herniated and degenerative disc disease. According to the results, '86% of the 219 patients who completed the therapy reported immediate resolution of symptoms,' and '84% remained pain-free 90 days post-treatment.' The physical examination findings indicated 'improvement in 92% of the 219 patients,' and 'remained

intact in 89% of these patients 90 days after treatment.' This study demonstrates that 'disc disease—the most common cause of back pain, which costs the American health care system more than \$50 billion annually—can be cost-effectively treated using spinal decompression.' The cost for 'successful non-surgical therapy is less than a tenth of that for surgery.' These results show that 'biotechnological advances of spinal decompression reveal promising results for the future of effective management of patients with disc herniation and degenerative disc diseases.' However, it is noted that 'long-term outcome studies are needed to determine if non-surgical treatment prevents later surgery, or merely delays it.'

The introduction highlights the advances in biotechnology and states that 'spinal decompression has evolved into a cost-effective nonsurgical treatment for herniated and degenerative spinal disc disease.' This treatment 'significantly reduces intradiscal pressures' and addresses the issue of chronic low back pain disability, which is a major concern. It is mentioned that the 'intervertebral disc is made up of sheets of fibers' and discusses the various changes that occur due to aging and degeneration.'

The stages of spinal degeneration are outlined, from dysfunction to instability and stabilization. It is explained that 'spinal decompression has been shown to decompress the disc space,' which is different from traditional traction. The article emphasizes that 'decompression, that is, unloading due to distraction and positioning of the intervertebral discs and facet joints of the lumbar spine, has been proven an effective treatment for herniated and degenerative disc disease.'

Furthermore, 'biotechnological advances have fostered the design of Food and Drug Administration-approved ergonomic devices that decompress the intervertebral discs.' The biomechanics of these devices are discussed, and it is explained how they create a negative pressure intradiscally to promote healing.'

The clinical outcomes study 'performed to evaluate the effect of spinal decompression on symptoms of patients with herniated and degenerative disc disease' is highlighted. The study group, methods, and results are presented, showing successful treatment percentages and improvements in various aspects of patient condition. The study concludes by stating that nonsurgical spinal decompression offers a method to effectively treat discogenic disease and presents promising results for the future."

Thomas A. Gionis, MD, JD, MBA, MHA, FICS, FRCS, is chairman of the American Board of Healthcare Law and Medicine, Chicago; a diplomate professor of surgery, American Academy of Neurological and Orthopaedic Surgeons; and a fellow of the International College of Surgeons and the Royal College of Surgeons.

Eric Groteke, DC, CCIC, is a chiropractor and is certified in manipulation under anesthesia. He is also a chiropractic insurance consultant, a certified independent chiropractic examiner, and a certified chiropractic insurance consultant. Groteke maintains chiropractic centers in northeastern Pennsylvania, in Stroudsburg, Scranton, and Wilkes-Barre.

REFERENCES

1. Eyerman E. MRI evidence of mechanical reduction and repair of the torn annulus disc. *International Society of Neuroradiologists*; October 1998; Orlando.
2. Narayan P, Morris IM. A preliminary audit of the management of acute low back pain in the Kettering District. *Br J Rheumatol*. 1995;34:693-694.
3. McDevitt C. Proteoglycans of the intervertebral disc. In: Gosh, P, ed. *The Biology of the Intervertebral Disc*. Boca Raton, Fla: CRC Press; 1988:151-170.
4. Bogduk N, Twomey L. *Clinical Anatomy of the Lumbar Spine*. New York: Churchill Livingstone; 1991.
5. Cox JM. *Low Back Pain: Mechanism, Diagnosis, and Treatment*. 5th ed. Baltimore: Williams & Wilkins; 1990:69-70, 144.
6. Cyriax JH. *Textbook of Orthopaedic Medicine: Diagnosis of Soft Tissue Lesions*. Vol 1. 8th ed. London: Balliere Tindall; 1982.
7. Nachemson AL. The lumbar spine, an orthopaedic challenge. *Spine*. 1976;1(1):59-69.
8. Ramos G, Martin W. Effects of vertebral axial decompression on intradiscal pressure. *J Neurosurgery*. 1994;81:350-353.
9. Shealy CN, Leroy P. New concepts in back pain management: decompression, reduction, and stabilization. In: Weiner R, ed. *Pain Management: A Practical Guide for Clinicians*. Boca Raton, Fla: St Lucie Press; 1998:239-257.
10. Pal B, Mangion P, Hossain MA, et al. A controlled trial of continuous lumbar traction in back pain and sciatica. *Br J Rheumatol*. 1986;25:181-183.
11. Weber H. Traction therapy in sciatica due to disc prolapse. *J Oslo City Hosp*. 1973;23(10):167-176.
12. Yong-Hing K, Kirkaldy-Willis WH. The pathophysiology of degenerative disease of the lumbar spine. *Orthop Clin North Am*. 1983;14:501-503.
13. Matthews J. The effects of spinal traction. *Physiotherapy*. 1972;58:64-66.
14. Goldfish G. Lumbar traction. In: Tollison CD, Kriegel M, eds. *Inter-*
15. *disciplinary Rehabilitation of Low Back Pain*. Baltimore: Williams & Wilkins; 1989.
16. Onel D, Tuzlaci M, Sari H, Demir K. Computed tomographic investigation of the effect of traction on lumbar disc herniations. *Spine*. 1989; 14(1):82-90.



WHO CAN BENEFIT FROM SPINAL DECOMPRESSION?

Suitable Conditions (e.g., Herniated Discs, Sciatica)

Spinal decompression therapy is specifically tailored to individuals with certain spinal conditions, offering relief and healing without the need for invasive procedures or medication. The therapy is especially effective for those with:

- **Herniated Discs:** Spinal decompression can draw the protruding disc material back into the disc, reducing pressure on adjacent nerves.
- **Sciatica:** By alleviating pressure on the sciatic nerve, spinal decompression can provide relief from the sharp, radiating pain of sciatica.
- **Degenerative Disc Disease:** Through promoting hydration and nourishment of discs, this therapy can halt or reverse the degeneration process.
- **Spinal Stenosis:** Decompressing the spine can create space around narrowed spinal channels, easing discomfort.
- **Chronic Lower Back and Neck Pain:** Patients suffering from unexplained chronic back or neck pain may also find relief through spinal decompression, as it helps realign the spine and improve overall spinal health.

It's important to note that not everyone is a candidate for spinal decompression. Conditions such as fractures, tumors, or advanced osteoporosis may rule out this therapy, underscoring the importance of a thorough examination and consultation with a qualified healthcare provider.

Case Studies or Success Stories

Case studies and success stories further demonstrate the efficacy of spinal decompression therapy. Several published studies include detailed patient histories, treatment protocols, and outcomes, reinforcing the therapy's credibility. Many chiropractic practices and therapy centers also provide anecdotal success stories from individuals who have undergone spinal decompression. These stories often include personal accounts of significant pain reduction, increased mobility, and improved quality of life after completing a series of treatments.

For example, some success stories highlight patients who were considering surgery but chose spinal decompression as an alternative and found considerable relief. Others focus on long-term sufferers of chronic back pain who regained the ability to engage in daily activities without discomfort after undergoing spinal decompression therapy.

In summary, spinal decompression is a targeted and effective treatment option for specific spinal conditions like herniated discs, sciatica, and degenerative disc disease. Its success is documented both in scientific case studies and personal success stories, reflecting substantial benefits for a range of patients seeking non-invasive and non-pharmacological treatment options. These real-world examples strengthen the case for spinal decompression as a legitimate and valuable approach to spinal care.

The following information is an additional article “CLINICAL OUTCOMES FOR SPINAL DECOMPRESSION”

INTRODUCTION

The most prevalent cause of low back pain and disc disruption is an alteration of normal kinetic function. As a person utilizes various ranges of motion, the discs deform as a result of pressure changes within the disc space. This disc deformation causes nuclear migration and elongation of annular fibers. The intervertebral disc is a mechanical structure, devoid of vascular and nerve supply, which acts in a purely mechanical manner. Sheets of fibers form a fibrocartilagenous structure, creating a strong supporting outer wall and a mucopolysaccharide gel inner nucleus of the disc. Together they act hydrodynamically because of intrinsic pressure, creating a fluid enveloped within a semi rigid container (1).

Over the years, Nachemson (2) has conducted extensive research on the intradiscal pressure changes that accompany daily activities. This change in pressure is vital to maintaining homeostasis, both in and around the spinal disc. Discogenic injury is usually complicated by physical displacement, tissue edema, and muscle spasm, which combine to raise intradiscal pressures and restrict fluid migration (3). Based on this research, an abundance of ergonomic devices and exercise programs have been designed for prevention and treatment of lower back injury.

New advances in technology, focused on spinal decompression, have evolved into effective non-surgical treatment for herniated and degenerative disc disease. Injured discs can be treated by non-surgically decompressing the affected spinal segment, which significantly reduces intradiscal pressures for healing and recovery (4). The purpose of this study was to investigate the clinical outcomes of spinal decompression therapy for patients suffering from herniated and degenerative disc disease.

METHODS

SUBJECTS

Over 500 potential patients were screened for the following inclusion criteria: pain due to herniated and bulging lumbar discs that is more than four weeks old, recurrent pain from a failed back surgery that is more than six months old, persistent pain from degenerated discs not responding to four weeks of therapy, patients available for four weeks of treatment protocol, and patients at least eighteen years of age. The symptomatology of selected patients included both low back pain and radiating neuritis into the lower extremities. MRI documentation obtained six months or less from the initiating event was required. Only patients diagnosed with herniated and degenerative discs with at least a four-week onset were eligible.

Thirty-seven patients claimed their current injury was their first experience with low back and leg pain. Excluded were patients with prior surgical procedures, those with only disc degeneration documented by MRI, and patients exhibiting no radiation of pain. All patients selected have been continuously undergoing various therapies without resolution. Seventy-three patients had previously tried one to three epidural injections, prior to this episode. Twenty-two of those patients had epidurals for their current condition. Most patients reported use of pain medication to avoid surgery.

For the purpose of this study a revised Oswestry questionnaire was incorporated to quantify information related to a measurement of functional status. Ten categories of questions, about everyday activities, were asked prior to the first session. Thirty days following the last treatment, a patient consultation allowed the investigator to re-examine symptom status and document answers according to a point value system, of which the investigator had no prior knowledge. The numerical point value was assigned only to compare before and after levels of perceived disability and not intended to give a disability level.

To standardize result analysis, MRI documentation was used to confirm diagnosis and specific disc level of injury. Objective categorization was used to regulate the findings of physical examination. Each category was determined either grossly present or not present. The same investigator would determine if reflexes were sluggish, normal, or absent. Straight leg raise that caused radiating pain into the lower back and leg was categorized as positive, but if pain remained isolated in the lower back it was considered negative. The investigator determined if an abnormal gait and kyphosis were present due to discopathy. Lumbar range of motion was checked with a goniometer. Limitations ranging from normal to over 15 degrees in flexion and over 10 degrees in rotation and extension were positive findings. The investigator used pin prick and soft touch to determine gross sensory comparison of both lower extremities, measuring sensory deficit. Patient findings were consistently recorded during each stage of treatment.

PROCEDURES

The patient protocol provided for twenty treatments over a six-week course of therapy. Each session consisted of a forty-five minute treatment on the DRX9000, which creates decompression in the disc space. The treatment was followed by fifteen minutes of the modalities of ice and interferential frequency therapy to consolidate the lumbar paravertebral muscles. Patients reported some increased soreness directly from treatment, which was immediately relieved with the use of these modalities. Patient regimen included two weeks of daily treatment, followed by three sessions per week for two weeks, concluding with two sessions per week for the remaining two weeks of therapy. The formula for determining the proper amount of pressure applied was 10 lbs less than half patient's body weight on the first day of treatment, half patient's body weight on the second day of treatment, and finally 10 lbs above half patient's body weight through the duration of their sessions. The angle of treatment was set by manufacturer's protocol.

During the initial two weeks of treatment, the patients were instructed to wear lumbar support belts, limit activities, and placed on light duty at work. In addition, they were prescribed Naprosyn 375 mg, to be taken one hour before therapy and at bedtime during the first two weeks of treatment. After the second week of treatment, medication was decreased and moderate activity permitted. Patients who had improved by 50% were instructed on different lumbar stretching exercises to be performed in conjunction with treatment.

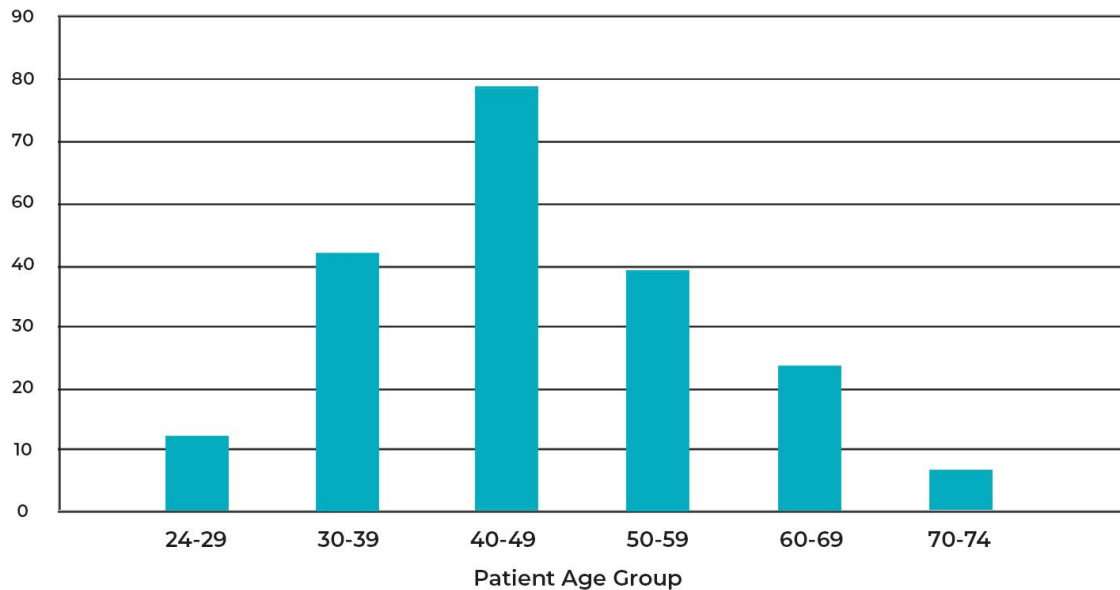
A typical session would begin with the patient being fitted with a customized lower and upper harness to fit their specific body frame. The patient would step onto a platform located at the base of the DRX9000, which simultaneously calculated body weight and determined proper treatment pressure. The patient was then lowered into the supine position, where the investigator would align the split of table with top of patient's iliac crest. A pneumatic air pump was used to automatically increase lordosis of the lumbar spine for patient comfort. The patient's chest harness was attached and tightened to the table. An automatic shoulder support system tightened and affixed patient's upper body. A knee pillow was placed to maintain slight flexion of the knees. Using the previously calculated treatment pressure, the patient undergoes spinal decompression. After treatment, the patient received interferential frequency (80-120Hz) therapy and cold packs to consolidate paravertebral muscles.

DATA ANALYSIS

Data was collected from 219 patients treated during this clinical study. Study demographics consisted of 79 female patients and 140 male patients. The patients treated ranged from 24 to 74 years of age. Fourteen patients dropped out of treatment, due to various causes ranging from scheduling conflicts to discomfort. Their results were not included during computation of data. Only patients, who were diagnosed by MRI with herniated disc and degenerative disc, receiving at least 10 treatment sessions, were included in this study.

The data collected contained detailed diagnostic studies and each patient's individual assessment of their pain and mobility. According to the Oswestry Pain Scale, patients reported their symptoms ranging from no pain [0] to severe pain. [5]. All relevant patient data was recorded daily prior to treatment.

Table 1
Patient Demographic Chart



The data was divided in six groups:

- 1) The first group contained 67 cases, including all patients with a single lateral herniation.*
- 2) The second group contained 22 cases, including all patients with a single central herniation.*
- 3) The third group contained 24 cases, including all patients with a single herniation with disc degeneration.*
- 4. The fourth group contained 17 cases, including all patients with multiple herniations (two or more) with disc degeneration.*
- 10) The fifth group contained 57 cases, including all patients with multiple herniations. (two or more) without disc degeneration.*
- 11) The sixth group contained 32 cases, including all patients with a single lateral herniation with disc degeneration.*

RESULTS

Treatment was successful in 86% of the 219 patients included in this study. Treatment success was defined by a reduction in pain to [0] or [1] on the pain scale. The perception of pain was

none [0] to occasional [1] without any further need for medication or treatment in 188 patients. These patients reported complete resolution of pain, lumbar range of motion was normalized, and there was recovery of any sensory or motor loss. The remaining 34 patients reported significant pain and disability, despite some improvement in their overall pain and disability score.

In this study, only patients diagnosed with herniated and degenerative discs with at least a four-week onset were eligible. Each patient's diagnosis was confirmed by MRI findings. All selected patients reported [3] to [5] on the pain scale with radiating neuritis into the lower extremities. By the second week of treatment, 77% of patients had a greater than 50% resolution of low back pain. Subsequent orthopedic examinations demonstrated that an increase in spinal range of motion directly correlated with an improvement in straight leg raises and reflex response. Table 2 shows a summary of the findings obtained during this study by category and total results. At the thirty-day follow up, only five patients were found to have relapsed from the initial treatment program.

Table 2 Decompression Therapy Study Group Categorized by MRI Findings						
Diagnosis MRI Findings	No. of Cases	Female Patients	Male Patients	Positive Result (0-1)	No Result (2-5)	% of Success
Single Herniation Lateral	67	26	41	63	4	94
Single Herniation Central	22	11	11	20	2	90
Single Herniation w/ Degeneration	24	5	19	24	0	100
Multiple Herniations w/ Degeneration	17	2	15	13	4	77
Multiple Herniations w/o Degeneration	57	21	36	39	18	68
Single Herniation Lateral w/ Degeneration	32	14	18	29	3	91
Average over 219 cases:	219	79	140	188	31	86

DISCUSSION

The aim of the present study was to explore whether there was a positive clinical outcome for the treatment of herniated and degenerative disc disease using non-surgical spinal decompression. The findings demonstrate that 86% of patients reported complete resolution of pain, lumbar range of motion was normalized, and there was recovery of any sensory or motor

loss. Spinal decompression therapy has been described in both the *Journal of Neurosurgery* (5) and the textbook *Pain Management: A Practical Guide for Clinicians* (6). Spinal decompression is distinguishable from conventional spinal traction. After reviewing the literature, one of the most significant differentiations between these two modalities, was that traditional traction has proven to be less effective and biomechanically inadequate to produce optimal therapeutic results (5,6,7,8). A study by Pal B, Mangion P, Hossain MA, et al (7), concluded any benefit derived from continuous traction devices is due to the enforced immobilization rather than actual traction. In another study, Weber (8) compared patients treated with traction to a control group that had simulated traction. The study showed no significant differences. Research confirms that traditional traction does not produce decompression.

Instead, decompression, that is, unloading due to distraction and positioning of the intervertebral discs and facet joints of the lumbar spine, has been proven an effective treatment for herniated and degenerative disc disease, by producing and sustaining negative intradiscal pressure in the disc space. Matthews (9) used epidurography to study patients thought to have lumbar disc protrusion. With applied forces of 120lb x 20 minutes, Matthews was able to demonstrate that the contrast material was drawn into the disc spaces by osmotic changes. Goldfish (10) speculates that the degenerated disc may benefit by lowering intradiscal pressure, affecting the nutritional state of the nucleus pulposus. Ramos and Martin (5) showed by precisely directed distraction forces, intradiscal pressure could dramatically drop into a negative range. A study by Onel (11) reported the positive effects of distraction on the disc with contour changes by CT scan. High intradiscal pressures associated with both herniated and degenerated discs interfere with the restoration of homeostasis and repair of injured tissue.

In conclusion, non-surgical spinal decompression provides a method for physicians to properly apply and direct the decompressive force necessary to effectively treat discogenic disease. Utilizing the DRX9000, spinal decompression was found to relieve symptoms and restore mechanical function to 86% of patients previously thought to be surgical candidates

REFERENCES

1. McDevitt C. Proteoglycans of the intervertebral disc. In: Gosh, P, eds. *The Biology of the Intervertebral Disc*. Boca Raton: CRC Press, 1988: 151-170.
2. Nachemson A. Measurement of intradiscal pressure. *Acta Orthop Scand* 1960; (Suppl 43):1.
3. Cyriax JH *Textbook of Orthopaedic Medicine: Diagnosis of soft tissue lesions* 8th ed. London: Balliere Tindall: 1982.
4. Eyerman E. MRI Evidence of Mechanical Reduction and Repair of the Torn Annulus Disc. *International Society of Neuroradiologists*, Orlando. Oct. 1998.
5. Ramos G, Martin W. Effects of vertebral axial decompression on intradiscal pressure. *J Neurosurgery* 1994; 81: 350-353.
6. Shealy CN, Leroy P. New concepts in back pain management: Decompression, reduction, and stabilization. In: Weiner, R, eds. *Pain Management: A Practical Guide for*

Clinicians. Boca Raton: St. Lucie Press, 1998: 239-257.

7. *Pal B, Mangion P, Hossain MA, et al. A controlled trial of continuous lumbar traction in back pain and sciatica. Br J Rheumatol 1986; 25:181-183.*

8. *Weber H Traction therapy in sciatica due to disc prolapse. J Oslo City Hosp 1973; 23(10):167-176.*

9. *Matthews J. The effects of spinal traction. Physiotherapy 1972; 58: 64-66.* 10. *Goldfish G. Lumbar traction in interdisciplinary rehabilitation of low back pain.*

CD Tollison and M Kriegel, eds. Baltimore: Williams and Williams, 1989. 11. *Onel D, Tuzlaci M, Sari H, Demir K. Computed tomographic investigation of the effect of traction on lumbar disc herniations. Spine 1989; 14(1): 82-90.*

Appendix A: Back Pain Protocol

I. Inclusion criteria

A Pain due to herniated and bulging lumbar discs that is more than four weeks old. B Recurrent pain from a failed back surgery that is more than six months old. C Persistent pain from degenerated discs not responding to four weeks of therapy D Patients available for four weeks of treatment protocol.

E Patient at least 18 years of age

II. Exclusion criteria.

A Pregnancy

B Prior lumbar fusion

C Metastatic cancer

D Severe osteoporosis

E Spondylolisthesis

F Compression fracture of lumbar spine below L-1.

G Pars defect

H Pathologic Aortic aneurysm

I Pelvic or abdominal cancer

J Disc space infections.

K Severe peripheral neuropathy

L Hemiplegia, paraplegia, or cognitive dysfunction

III. Negative influences

A Smoking

B Obesity

C Medications: particularly chronic use of narcotics and steroids

- D Previous surgery which has a build up of scar tissue*
- E Inadequate rest during first two weeks of therapy*

IV. Evaluation

A History

- 1 Comprehensive exam*
- 2 Spinal/specific questions. 3 Onset of pain*
- 4 Decrease or increase of pain*
- 5 Location of pain*
- 6 Intensity*
- 7 Physical limitations.*
- 8 Type, quality, and condition*
- 9 Sensory symptoms*
- 10 Bowel, bladder, or sexual dysfunction*
- 11 Spinal injuries*
- 12 Spinal surgery*

B Physical Exam

- 1 General Exam a Vital signs b HEENT*
- c Neck*
- d Chest*
- e Abdomen*
- f Rectal*
- g Skin (lesions, redness)*
- h Extremities.*
- i Neurological exam (sensory and motor)*

2 Orthopedic Exam

- a Lumbar Range of motion.*
- b Straight leg raising*
- c Hip abduction*
- d Reflexes*
- e Sensory dermatomes*
- f Gait and posture abnormalities.*
- g Muscle testing*

C Diagnostic testing

1 Plain x-rays of the lumbar spine, including obliques and laterals within the past 6 months.

2 MRI if there is evidence of nerve root impairment.

3 Baseline CBC and differential, chemistry panel 20, ESR with 200-mm column, urine analysis, TSH

4 EMG/NCV testing for neuritis

V. Treatment protocol

A Patients will receive a daily pre-decompression myofascial release. using vacuum/interferential current treatment for 30 minutes with heat. application for twenty sessions.

B Set the angle for treatment according to MRI findings to target certain level lumbar disc

C Set the initial weight 10lbs less than half body weight.

D Patients will be positioned on the DRX9000 for 30-45 minutes. Regimen to include two weeks of daily treatment, followed by three sessions a week for two weeks, concluding with two sessions a week until therapy is completed. (individual protocol may vary with patient progress). Weight is raised in increments. of 5-10lbs per session first three sessions as tolerated in order to target one half the body weight plus 10-20 lbs.

E After each treatment the patient to receive interferential therapy and cold packs to consolidate paravertebral muscles.

F Re-exam after each five sessions to monitor patient progress. Increase or decrease pressure according to patient diagnosis, progress, and response to therapy. Multiple levels of herniations can change the angle of treatment. Target primary herniation first and then change angle to the next smallest. herniation

G After ten treatments, patients who have improved by 50% are instructed on different lumbar stretching exercises to be performed in conjunction with treatment

H For those patients who have not improved by 50% after ten treatments, consider:

1 Facet nerve block injections.

2 Trigger point injections.

3 Refer for surgery

I After treatment protocol or significant improvement of patient's symptoms, patient will be put on a strengthening and rehabilitation. program for about 4-6 weeks to help strengthen the paravertebral musculature. In addition, an after care program can include the use of tens, cold packs, exercise, relaxation training walking techniques, and posture J Patient to return one month after treatment for evaluation and follow-up



THE SPINAL DECOMPRESSION PROCESS

Initial Assessment

The spinal decompression process begins with an initial assessment to determine if a patient is a suitable candidate for the treatment. This phase usually involves:

- **Patient History:** Gathering information about the patient's medical background, symptoms, previous treatments, lifestyle, and overall health.
- **Physical Examination:** Evaluating the spine and surrounding areas through palpation, range of motion tests, and other standard assessments.
- **Diagnostic Imaging:** Utilizing X-rays, MRIs, or CT scans to gain a detailed view of the spinal structures and identify specific issues such as disc herniation or spinal stenosis.
- **Consultation:** Discussing the findings with the patient and determining if spinal decompression therapy is the appropriate course of action. Any concerns or questions are addressed at this stage.

Treatment Plan

If spinal decompression is deemed suitable, a personalized treatment plan is formulated, considering the patient's unique condition and needs. The treatment plan typically outlines:

- **Frequency and Duration:** How many sessions needed will vary and the length of each session typically lasts 20-30 minutes for decompression, physical therapy and rehab.
- **Specific Goals:** Defining the desired outcomes such as pain reduction, increased mobility, or other therapeutic goals.

- **Complementary Therapies:** Incorporating other therapies like physical therapy and/or physical therapy rehab to enhance the results.
- **Monitoring and Evaluation:** Setting up regular checkpoints to assess progress and make necessary adjustments to the treatment plan.
- **Aftercare:** Providing guidelines for home care, exercises, and lifestyle modifications to support long-term success.

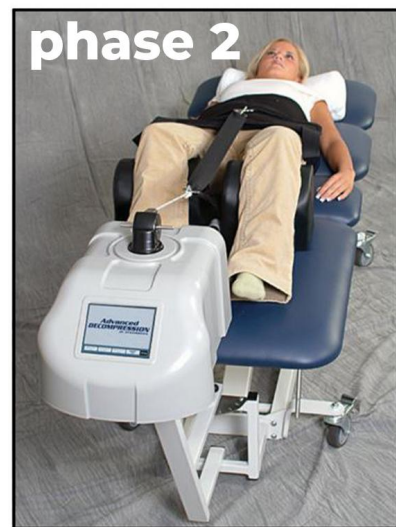
What to Expect During a Session

A spinal decompression session generally follows a specific routine:

- **Preparation:** The patient lies down on a specialized motorized traction table, and the chiropractor or therapist fits a harness around the hips and trunk.
- **Setting Parameters:** The healthcare provider sets the specific traction forces, pull patterns, and rest intervals tailored to the patient's needs.
- **Treatment:** The table gradually stretches and relaxes the spine in a controlled manner, creating a vacuum effect within the affected discs. This gentle stretching is often described as comfortable and even relaxing by many patients.
- **Post-Treatment Care:** We offer physical therapy modalities and physical therapy rehab to enhance the effects.
- **Progress Discussion:** Regular communication about treatment progression and any adjustments to the treatment plan.

In summary, the spinal decompression process is characterized by a meticulous approach that starts with a detailed initial assessment, followed by the creation of an individualized treatment plan, and finally, execution through carefully monitored sessions. This patient-centered approach ensures that the treatment aligns with the specific needs and goals of the individual, maximizing the likelihood of a successful outcome. It's a process designed to be transparent and collaborative, with ongoing communication between the healthcare provider and the patient, making it a practical choice for those seeking a non-invasive solution to spinal issues.

Our Process for Spinal Decompression Therapy



Phase I consists of a 9-minute unattended Light Therapy treatment using the new Dynatron XP Light Pad. By pre-treating with Light Therapy prior to beginning Decompression, the patient benefits from relaxation of muscle spasms, increased circulation, and relief of minor muscle and joint aches.

Following Light Therapy, **Phase II** consists of decompressing the intervertebral discs relieving pain associated with herniated discs, degenerative disc disease, sciatica, or posterior facet syndrome.

Once pain has diminished, it is recommended that the patient begins **Phase 3** - an exercise program to strengthen supportive core muscles and improve flexibility.

Indications for Spinal Decompression

- Vertebral separation, which may decrease intradiscal pressure and reduce bulging of nuclear material, and may enhance osmosis from vertebral endplates, increasing fluid / blood supply to discs.
- Separation and gliding of the facet joints, establishing potential for improved alignment, articulation, and joint mobility.
- Stretching of the system of spinal ligaments.
- Widening of vertebral foramina, allowing increased space for spinal nerve roots.
- Stretching of the spinal musculature, potentially decreasing its sensitivity to stretch and thereby decreasing muscle spasming / guarding. It is also possible that this stretch may improve blood supply to posterior soft tissues.

Anterior Conditions of the Lumbar Spine

1. Bulge with no eruption of Nucleus
2. HNP with nuclear extrusion

Posterior Conditions of the Lumbar Spine

1. Degenerative Disc (DDD) or Degenerative Joint Disease (DJD)
2. Joint or Soft-Tissue (Muscle, Capsule, Ligament) Hypomobility
3. Muscle Spasming
4. Lateral Stenosis

Treatment Parameters

Lumbar Anterior:

1. Hold Force: 25% - 50% of body weight
2. Rest Force: 80% of Hold Force
3. Hold Time: 60 sec.
4. Rest Time: 10 sec.

Lumbar Posterior Conditions

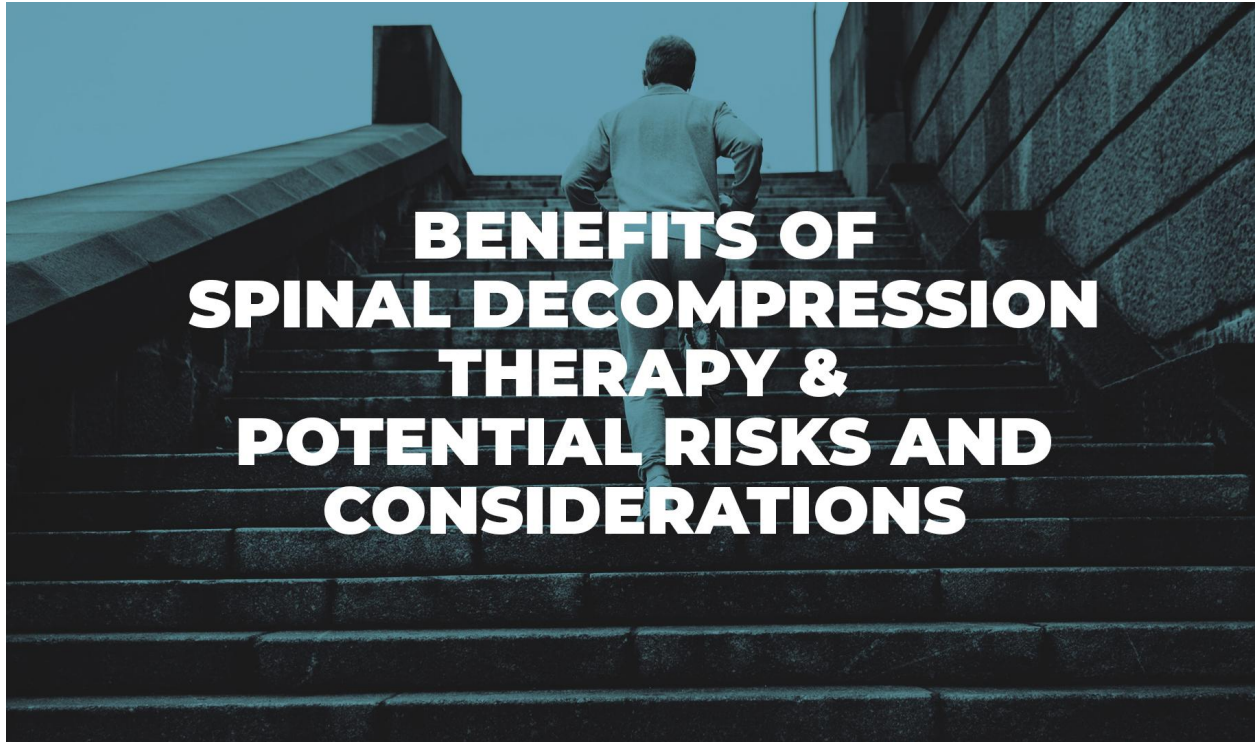
1. Hold Force: 20% - 33% of body weight
2. Rest Force: 50% of Hold Force
3. Hold Time: 45 sec.
4. Rest Time: 15 sec.

Cervical Anterior Conditions

1. Hold Force: 15-40 lbs.
2. Rest Force: 80% of Hold Force
3. Hold Time: 60 sec.
4. Rest Time: 10 sec.

Cervical Posterior Conditions

1. Hold Force: 12-30 lbs.
2. Rest Force: 50% of Hold Force
3. Hold Time: 45 sec.
4. Rest Time: 15 sec.



BENEFITS OF SPINAL DECOMPRESSION THERAPY & POTENTIAL RISKS AND CONSIDERATIONS

Pain Relief

One of the most immediate and significant benefits of spinal decompression therapy is pain relief. By creating negative pressure within the spinal discs, decompression therapy helps retract bulging or herniated disc material, relieving pressure on surrounding nerves. This can dramatically reduce or eliminate the pain associated with disc-related issues. Patients often report a noticeable reduction in pain levels even after just a few sessions. Unlike medications that may only mask symptoms, spinal decompression targets the root cause of the pain, offering a more sustainable and holistic solution. We “treat through it instead of prescribe through it.”

Improved Mobility

Spinal decompression not only alleviates pain but also promotes improved mobility and flexibility. By restoring the natural function of the spinal discs and reducing inflammation in the affected areas, patients often find it easier to move, bend, and twist. This regained mobility allows them to return to normal daily activities and even engage in recreational or sports

activities that might have been impossible due to pain or stiffness. This enhancement in mobility contributes to overall well-being and adds a sense of freedom and independence.

Enhanced Quality of Life

The combination of pain relief and improved mobility naturally leads to an enhanced quality of life. Patients who undergo spinal decompression therapy often express increased comfort in performing everyday tasks, better sleep, and a general improvement in their mental well-being. The ability to participate in family activities, work without constant discomfort, or simply enjoy life without the nagging limitation of chronic pain can be life-changing. By addressing the underlying issues and not merely treating symptoms, spinal decompression offers a comprehensive approach to well-being, affecting both physical health and emotional satisfaction.

Cost-Effectiveness Compared to Surgery

Spinal decompression therapy is often highlighted for its cost-effectiveness, especially when compared to surgical interventions. Surgeries for spinal conditions can be expensive, involving not only the surgical procedure itself but also anesthesia, hospital stay, postoperative care, and potential physical rehabilitation. Moreover, the recovery period from surgery can be prolonged, potentially resulting in lost wages or additional caregiving expenses. In contrast, spinal decompression is a non-invasive outpatient procedure that usually costs a fraction of surgical alternatives. The absence of surgical risks, shorter treatment duration, and quicker return to daily activities make it an economically appealing option for many.

In summary, the benefits of spinal decompression therapy extend across various aspects of physical health and well-being. From effective pain relief to regained mobility, enhanced quality of life, and cost-saving advantages over surgical interventions, spinal decompression presents a compelling treatment option. Its patient-centered and holistic approach appeals to those seeking a natural path to recovery and offers a genuine alternative to more invasive and costly procedures. It embodies a shift towards evidence-based, non-surgical healthcare solutions that prioritize the patient's overall well-being and long-term success.

Side Effects

While spinal decompression therapy is generally considered safe and non-invasive, some patients may experience temporary side effects. These can include:

- **Mild Discomfort:** Some individuals may feel minor discomfort during or shortly after the procedure, especially at the beginning of a treatment series.
- **Muscle Spasms:** Temporary muscle spasms or stiffness can occur as the body adjusts to the changed positioning of the spinal discs.
- **Skin Irritation:** The harness or belts used during the procedure may cause slight skin irritation in some cases.
- **Aggravation of Pre-existing Conditions:** In rare instances, the condition may worsen if not properly diagnosed and treated.

Most of these side effects are temporary and often resolve quickly with proper aftercare or adjustments to the treatment protocol.

Contraindications

Spinal decompression therapy is not suitable for everyone, and healthcare providers must take specific contraindications into account.

The following are general concepts that should be understood as barriers to safe and effective mechanical spinal decompression.

- The presence of structural disease secondary to tumor or infection. If the spine, ribs, or pelvis are not stable, forces used in decompression could result in further injury.
- The presence of vascular compromise. While this point is important in terms of circulation to any area of the spine, it is especially true in the cervical region due to the close association of the course of the vertebral arteries and the vertebra of the cervical spine.
- The presence of a condition for which movement is contraindicated. Mechanical spinal decompression does produce movement. If decompression is delivered in such a way that movement is not occurring, the treatment would most likely be of little value.

The following is a listing of specific contraindications:

1. **Meningitis, Arachnoiditis, etc.:** Conditions affecting the spinal membranes or fluid can pose risks during decompression therapy due to potential complications.
2. **Spinal Cancer:** Individuals with spinal cancer should avoid decompression therapy as it could exacerbate their condition or interfere with ongoing treatments.
3. **Bilateral Signs:** Presence of bilateral neurological signs might indicate underlying spinal issues that could be aggravated by decompression therapy.
4. **Rheumatoid Arthritis:** This inflammatory condition may lead to joint instability, making decompression therapy potentially unsafe or ineffective.
5. **Recent Fracture:** Individuals with recent spinal fractures need time to heal before considering decompression therapy to prevent further damage.
6. **Osteoporosis:** Decreased bone density in osteoporosis patients can increase the risk of fractures during decompression therapy.
7. **Abdominal Pressure:** Conditions causing increased abdominal pressure, such as hernias, can potentially worsen due to the mechanical forces involved in decompression therapy.
8. **Pregnancy:** Pregnant individuals should avoid decompression therapy due to potential risks to the developing fetus and maternal stability.
9. **Cardiac / Respiratory Insufficiency:** Patients with compromised heart or lung function may not tolerate the positioning and forces exerted during decompression therapy.
10. **Decompression Anxiety:** Individuals with severe anxiety might not tolerate the enclosed space of decompression machines, leading to discomfort or panic.

11. **Joint Hypermobility:** Excessive joint mobility can be exacerbated by decompression therapy, potentially causing further instability.
12. **Acute Joint and / or Soft Tissue Injury:** Recent injuries may worsen with the mechanical stress of decompression therapy, delaying the healing process.

Remember, it's crucial for healthcare providers to thoroughly assess each patient's medical history and condition to determine whether spinal decompression therapy is an appropriate and safe treatment option.

How to Minimize Risks

Minimizing risks and maximizing safety in spinal decompression therapy involves several key strategies:

- **Proper Patient Screening:** Comprehensive evaluation, including a detailed patient history and diagnostic imaging, ensures that the therapy is appropriate for the individual's specific condition.
- **Tailored Treatment Protocols:** Creating an individualized treatment plan that considers the patient's unique situation and needs.
- **Qualified Practitioner:** Seeking treatment from a trained and experienced healthcare provider who understands the nuances of spinal decompression therapy.
- **Clear Communication:** Encouraging open communication between the patient and provider allows for adjustments to the treatment plan if any discomfort or side effects occur.
- **Compliance with Aftercare Guidelines:** Following post-treatment care instructions, such as stretches or lifestyle modifications, may enhance the benefits and mitigate potential side effects.

In summary, while spinal decompression therapy offers a non-invasive and generally well-tolerated treatment option, it is not without potential risks and considerations. Side effects are usually mild and temporary, but awareness of contraindications is vital to ensure patient safety. The careful selection of candidates, individualized treatment planning, professional oversight, and adherence to aftercare guidelines contribute to minimizing risks and optimizing positive outcomes. The collaboration between patient and provider in a transparent and informed relationship is at the core of responsible spinal decompression practice.



Questions to Ask

When considering spinal decompression therapy, asking the right questions helps ensure you select a provider that matches your needs and expectations. Consider asking the following:

- **Treatment Experience:** "How many years have you been providing spinal decompression therapy?"
- **Specific Training:** "What specialized training or certifications do you have in spinal decompression?"
- **Success Stories:** "Can you provide any testimonials or case studies of patients you have successfully treated?"
- **Treatment Plan:** "How will you customize the treatment to my specific condition?"
- **Aftercare Support:** "What aftercare or complementary therapies do you offer to enhance results?"
- **Cost and Payment Options:** "What is the cost of the treatment, and are there any payment plans or insurance options available?"

Credentials to Look For

When evaluating potential providers, it's essential to examine their credentials to ensure they have the requisite knowledge, skills, and experience. Key credentials include:

- **Professional Licensure:** Ensuring that the practitioner is licensed to practice chiropractic or physical therapy in your jurisdiction.

- **Specialized Training:** Seeking providers with certifications or training specifically in spinal decompression therapy. Keep in mind, there is no state or federal licensing for spinal decompression therapy.
- **Affiliation with Professional Bodies:** Checking for membership in recognized professional organizations that uphold standards of practice.
- **Positive Reviews and References:** Looking for online reviews, testimonials, or asking for references to gauge patient satisfaction.

Our Qualifications and Experience at Newberry Chiropractic Health Care Center

Since 2000, The Newberry Clinic has stood as a leading choice for spinal decompression therapy, and our qualifications are a testament to our commitment to excellence through Winter Haven. Here's a snapshot of what sets us apart:

- **Expert Team:** Our team is composed of highly skilled and paraprofessionals with extensive experience in spinal decompression therapy.
- **Specialized Training:** Our practitioners have undergone rigorous training in spinal decompression techniques, ensuring cutting-edge care.
- **Proven Success:** We have a strong track record of successful outcomes, with numerous satisfied patients who have benefited from our customized treatment plans.
- **Holistic Approach:** At Newberry Clinic, we believe in treating the whole person, not just the symptoms, offering complementary therapies and support to enhance healing.
- **State-of-the-Art Equipment:** Our clinic is equipped with the latest technology for spinal decompression, ensuring safe, comfortable, and effective treatment.
- **Community Engagement:** As a trusted part of the local community, we are dedicated to educating and serving our neighbors with integrity, compassion, and professionalism.



About Gary W. Newberry

Dr. Gary W. Newberry is a gentle and highly skilled chiropractor, with over 45 years treating patients in Winter Haven. His practice, The Newberry Clinic is the longest running practice in the area and offers state of the art true digital x-ray and spinal decompression along with a full on site rehab facility.

Dr. Newberry is a lecturer to chiropractors across the US and is a contributing author of Neck Pain, Neck Pain You Don't Want It, You Don't Need It, Peter G. Fernandez, DC.

Dr. Newberry is trained in treating auto and sports injuries as well as chronic or acute back, neck, shoulder, sciatic nerve and extremity pain.

Dr. Newberry chose chiropractic because his back was saved from surgery by a chiropractic student who became his best friend. As a doctor of chiropractic, he believes in natural healing, getting to the source of the problem and helping the body self-correct. He makes a conscious effort to explain things completely, to ensure his patients understand why he does what he does and are comfortable with his treatment.

Education

- Western Illinois University

Professional Training

- Palmer College of Chiropractic, Davenport, Iowa
- Advanced Training Acceleration/Deceleration Injuries, San Diego Spine Institute, State Certified IME Doctor

Professional Experience

- Private practice since 1977-present
- State Certified Expert Witness Worker's Compensation
- State Certified Impairment Rating
- Currently Consultant to: Feisco, Risk Management Services and MES

Techniques

- Treating auto and sports injuries
- Palmer Package
- Diversified
- Gonstead
- Thompson
- Spinal Decompression

Profession Memberships

- Polk County Chiropractic Society
- Florida Chiropractic Association
- American Chiropractic Association
- American College of Sports Medicine

Honors and Awards

- Board of Directors of the Amici Foundation Charity
- Fellow International College of Chiropractic
- Chiropractic Humanitarian Award
- Honorary Deputy Sheriff for Polk County
- Regional Consultant and Director for Doctor's With a Heart Foundation
- Polk County Chairman 'Seat Belt Safety Awareness
- Contributing Author, Neck Pain, Neck Pain You Don't Want It, You don't Need It, Peter G. Fernandez, DC

Choosing the right provider for spinal decompression therapy is a crucial decision that can significantly impact the treatment's success. By asking informed questions, examining credentials, and considering a reputable provider like The Newberry Clinic, patients can confidently embark on a path toward healing and improved well-being. The blend of expertise,

compassionate care, and commitment to individual needs makes Newberry Clinic an optimal choice for those seeking the benefits of spinal decompression therapy.

What is Spinal Decompression Therapy?

Answer: Spinal decompression therapy is a non-surgical treatment used to alleviate pain and promote healing in the spine. It involves gently stretching the spine to relieve pressure on the spinal discs, which can improve blood flow and nutrient exchange to the affected area.

Is Spinal Decompression the Same as Traction?

Answer: While both involve stretching the spine, spinal decompression uses computer-controlled devices to apply precise, controlled forces at specific angles. This targeted approach distinguishes it from traditional traction and often yields better results.

Is It Painful?

Answer: Most patients find spinal decompression therapy comfortable, and some even report immediate relief. Temporary discomfort may occur but usually resolves quickly with proper adjustments to the treatment protocol.

Who Can Benefit from Spinal Decompression?

Answer: Individuals with conditions such as herniated discs, bulging discs, sciatica, spinal stenosis, and degenerative disc disease may benefit. However, a thorough examination is necessary to determine suitability.

How Many Sessions Will I Need?

Answer: The number of sessions varies depending on the individual's condition, goals, and response to therapy. A typical treatment plan may be 20 sessions, but a personalized evaluation is essential for an accurate recommendation.

Is It Safe?

Answer: Spinal decompression is generally considered safe and non-invasive. Side effects are rare and typically mild. However, it may not be suitable for individuals with certain contraindications such as recent fractures, tumors, or severe osteoporosis.

Will My Insurance Cover the Treatment?

Answer: Insurance coverage varies by provider and policy. It's advisable to consult with the clinic's administrative staff and your insurance company to understand coverage specifics.

What Makes Spinal Decompression Different from Surgery or Medication?

Answer: Unlike surgery or medication, spinal decompression targets the underlying cause of spinal discomfort without the need for invasive procedures or potential side effects of drugs. It offers a non-surgical, drug-free alternative that focuses on natural healing.

How Do I Know if the Provider Is Qualified?

Answer: Seek providers with professional licensure, training in spinal decompression, and positive reviews from previous patients. Don't hesitate to ask us questions about our experience and approach to treatment.

How Long Before I See Results?

Answer: Many patients report improvement after a few sessions, but individual results may vary. Compliance with the treatment plan and aftercare recommendations can enhance outcomes.

By addressing these common questions and misconceptions, providers can demystify spinal decompression therapy, alleviating concerns, and helping potential patients make informed decisions. Transparency, clear communication, and evidence-based information are key to building trust and understanding of this beneficial therapeutic option.

Conclusion

Spinal decompression therapy is a non-surgical, drug-free treatment that offers a promising solution for individuals suffering from conditions like herniated discs, sciatica, and more. With a focus on relieving pain, improving mobility, and enhancing the overall quality of life, this therapy has helped many regain their wellness and vitality.

Through personalized treatment plans, a holistic approach, and state-of-the-art equipment, patients can expect safe and effective care. Understanding the therapy's benefits, risks, the importance of choosing the right provider, and addressing common questions and misconceptions is essential for an informed decision-making process.

An Invitation to Consult with Newberry Clinic

If you or a loved one is considering spinal decompression therapy, The Newberry Clinic in Winter Haven, Florida, welcomes you to discover how this transformative treatment can benefit you. Our team of skilled professionals is dedicated to guiding you on a path to better health, tailored to your unique needs.

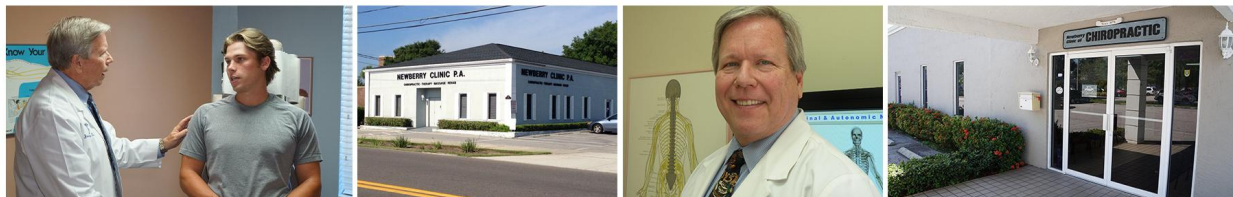
As a trusted part of the community, The Newberry Clinic's commitment to excellence, integrity, and compassion sets us apart. We invite you to explore our success stories, ask questions, and embrace the opportunity for a life with less pain and more freedom.

Contact Information

To schedule a consultation or learn more, you can reach us at:

- **Phone:** [\(863\) 293-3893](tel:8632933893)
- **Address:** [1619 6th St SE, Winter Haven, FL 33880](https://www.google.com/maps/place/1619+6th+St+SE,+Winter+Haven,+FL+33880)
- **Website:** www.chirowinterhaven.com
- **Facebook:** [The Newberry Clinic](https://www.facebook.com/TheNewberryClinic)
- **Email:** appointment@thenewberryclinic.com

Take the first step towards a healthier, happier future with The Newberry Clinic, where your well-being is our priority. We look forward to being a part of your journey to recovery and rejuvenation.



The information provided in this literature is intended for educational and informational purposes only. It is not intended as a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your chiropractor, physician, or other qualified health provider with any questions you may have regarding a medical condition.

The content contained herein is based on our best assessment, studies and understanding of spinal decompression techniques and related matters. However, it is important to understand that medical knowledge and practices are constantly evolving.

Furthermore, the information provided is not intended for financial profit. Our primary goal is to share valuable insights with the public and empower individuals to make informed decisions concerning their well-being and health.

By using this literature and its content, you acknowledge that you do so at your own risk. The creators, authors, and distributors of this literature shall not be held liable for any direct or indirect damages arising from the use of the information provided. It is recommended that you consult your healthcare professional before making any medical decisions or changes in your treatment plan.

Remember, each individual's health and medical needs are unique. What may be appropriate for one person may not be suitable for another. Therefore, it is essential to consult with a qualified healthcare professional to determine the most appropriate course of action for your specific circumstances.

Thank you for taking the time to educate yourself about spinal decompression. We hope that this resource serves as a helpful starting point in your journey towards better health and well-being. Please consult with your chiropractor or healthcare provider for personalized advice and recommendations.

