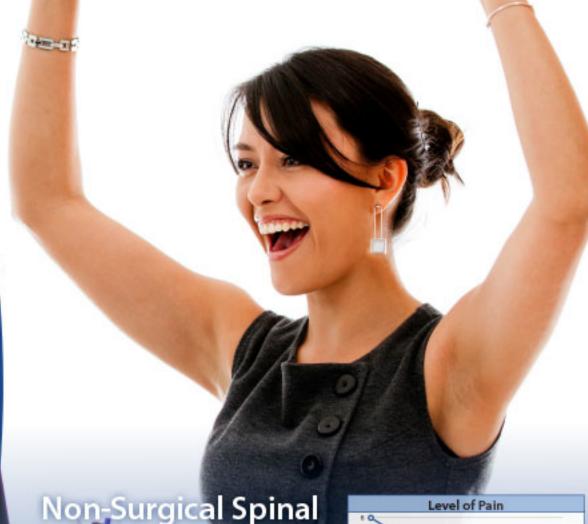


# 8.98 Out of 10 In Satisfaction

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 (28-30 mins each) were for 8 weeks (mean) with 4-5 sessions the first week tapering to one session/wk (mean treatments = 23).
- 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. NSAID (41% of patients) and
  opioid (24% of the patients) use decreased (<5%) after treatment
  (Fig. 1- Fig 10).</li>
- 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 8.98 (Fig. 11).
- No patient required more invasive therapies (e.g. surgery)
- Mean satisfaction with DRX (0-10 scale) 8.98
   0=not satisfied 10=Very satisfied

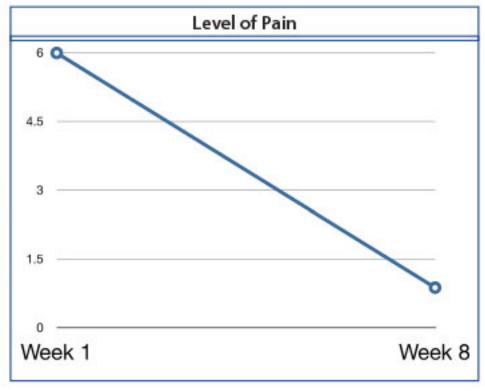


Analgesic Use	Pre-DRX9000	Post-DRX9000
No Meds	40%	20%
NSAIDs	43%	0%
Opiods	23%	0%
Muscle Relax	12%	1%
Steroids	4%	1%
Unknown	0%	59%

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

## Conclusions

- Achieve better function after treatment
- No patients contacted required surgery
- Practice variability exists in how clinics add adjunct therapies to DRX
- Difficult to assess placebo or spontaneous recovery versus DRX without control group
- Randomized clinical trials are needed to measure efficacy of motorized spinal decompression
- Prospective trials with long-term assessment needed



# SUMMARY OF STUDY

## Subjects' Conditions

- Herniated Discs
- Degenerated Discs

#### Prior to Treatment

- Average Pain Score 5.99 out of 10
- Pain lasting great 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%</li>
- 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 510 K clearance by claiming their device is substantially similar to predicate traction devices.

