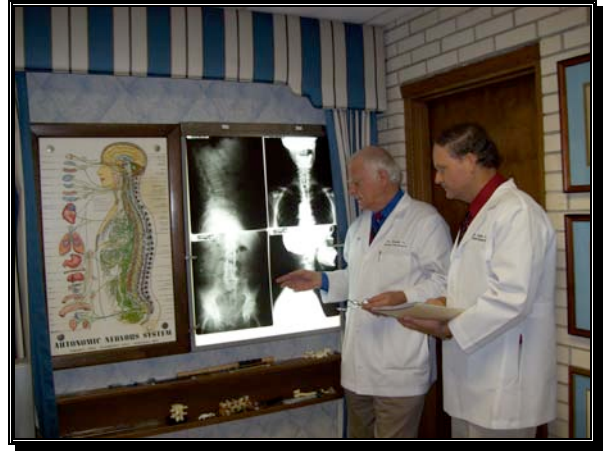


“Avoid Back Surgery” With Drs. Kimble



Hello, I'm Dr. Donald Kimble, a chiropractor practicing in Rock Hill, SC for the past 50 years and I'd like to talk to you about two epidemics today—the epidemic of back pain and the epidemic of failed back surgeries.

I also want to give you hope that you can be helped without drugs, shots or surgery.

The Epidemic of Back Pain

Considering up to 90% of all adults will suffer from an acute low back attack, and the average person will have 6 or 7 episodes in his lifetime, and that there are over 200 treatments for low back pain (most of which are unproven), it does get confusing for the patients to make an informed treatment choice.



Few people realize that back treatment costs in the US alone are in the \$100+ billion range or that the costs to patients are astronomical:

- a lumbar fusion can cost as high as \$169,000,

- lumbar laminectomy: \$82,614,
- cervical laminectomy: \$60,304, and
- cervical fusion: \$112,480. ¹

Not only are these type of spinal surgery costly, patients are rarely told beforehand that there are

- 80,000 new cases of failed back surgeries per year in US.²
- 19% reoperation rate ³
- 71% to 95% of lumbar fusion patients will never return to work ⁴
- up to 90% of these surgeries are now deemed unnecessary.⁵

The Hard Facts

Did you know that surgeons in the United States do 4 to 5 times more surgery per person than England and Scotland combined? Does this mean Americans have 5 times weaker backs or do ***we have too many surgeons doing too many surgeries?*** I'll let you decide once you learn about the latest research.

The sad fact is that many of these surgeries are ineffective and unnecessary according to the latest research findings.

Medical experts now clamor for a change in the management of low back pain. According to Dr. Richard Deyo, the irony of doing so many back surgeries in light of the new research is dumbfounding.

"People say, 'I'm not going to put up with it,' but we in the medical profession have turned to ever more aggressive narcotic medication and more invasive surgery." ⁶

¹ Schlapia A, Eland J. Multiple back surgeries and people still hurt. Available at <http://pedspain.nursing.uiowa.edu/CEU/Backpain.html> Accessed April 22, 2003.

² Ragab A and Deshazo RD, Management of back pain in patients with previous back surgery, The American Journal of Medicine, 2008; 121:272-8.

³Ragab A and Deshazo RD, Management of back pain in patients with previous back surgery, The American Journal of Medicine, 2008; 121:272-8.

⁴ Berger E. Later postoperative results in 1000 work related lumbar spine conditions. Surg. Neurol 2000 Aug;54 (2)101-6.

⁵ Widen, M. "Back specialists are discouraging the use of surgery." American Academy of Pain Medicine, 17th annual meeting, Miami Beach, Fl. Feb. 14-18, 2001.

Researchers have noted this epidemic of failed back surgery with very distressing comments. Dr. Gordon Waddell, renowned orthopedist and spine researcher, states that

“Low back pain has been a 20th century health care disaster ... Medical care certainly has not solved the everyday symptom of low back pain and even may be reinforcing and exacerbating the problem... but 40% of American patients now seek chiropractic care for low back pain instead.”⁷

Dr. Waddell continues...

“Back surgery has been accused of leaving more tragic human wreckage in its wake than any other operation in history...”

Dr. Waddell also admits....

“There is now considerable evidence that manipulation can be an effective method of providing symptomatic relief for some patients with acute LBP.”⁸

Dr. Richard Deyo, in his book, “*Hope or Hype*” mentions similar sentiments of ethical spine surgeons:

“Some surgeons, like Dr. Edward Benzel at the Cleveland Clinic Spine Institute, believe that too much spine fusion surgery is being performed. Benzel estimated to the *New York Times* that less than half the spinal fusions being performed were appropriate.

“Dr. Zoher Ghogawala, a Yale neurosurgeon, agreed that too much fusion surgery is done, saying, ‘I see too many patients who are recommended for fusion that absolutely do not need it.’”⁹

6 “With Costs Rising, Treating Back Pain Often Seems Futile” by Gina Kolata, NY Times, February 9, 2004

7 Waddell G. Low back pain: a twentieth century health care enigma. *Spine* 1996 Dec 15; 21 (24):2820-5

8 Waddell G. and OB Allan, “A historical perspective on low back pain and disability,” *Acta Orthop Scand* 60 (suppl 234), 1989.

9 Deyo RA, Patrick DL, *Hope or Hype: The obsession with medical advances and the high cost of false promises*, AMACOM publication, 2002, pp. 191.

Another study compared international rates of back surgeries and found the startling fact that American surgeons are unusually excessive.

“The rate of back surgery in the United States was at least 40% higher than any other country and was more than five-times those in England and Scotland. Back surgery rates increased almost linearly with the per capita supply of orthopedic and neurosurgeons in that country.”¹⁰

The US Public Health Service conducted a landmark 2-year study of 4,000+ articles also issued in 1994 a guideline that again mentioned the low success rate of back surgery and fusion in particular.

This American guideline states that

“Surgery has been shown to be helpful in only one in 100 cases of LBP cases. Moreover, surgery increases the chance of future procedures with higher complication rates.”¹¹

“There appears to be no good evidence from controlled trials that spinal fusion alone is effective for treatment of any type of acute low back problems in the absence of spinal fracture or dislocations... Moreover, there is no good evidence that patients who undergo fusion will return to their prior functional level.”¹²

Dr. JN Weinstein of Dartmouth Med School conducted a study comparing fusion with non-invasive care and found people with ruptured discs recovered whether or not they had surgery and there was no harm in waiting.¹³

Another recent study done by Dr. W.C. Peul suggests discectomies for sciatica are no better than conservative care in the long term at 6 months.

10 Cherkin, DC et al., “International comparison of back surgery rates,” *Spine* 19 (11): 1201-1206 (1994).

11 S. Bigos, et al., “Acute Low Back Problems in Adults, Clinical Practice Guideline No. 14,” U.S. Public Health Service, U.S. Dept. of Health and Human Services, AHCPR Pub. No. 95-0642, Rockville, MD: Dec. 1994.

12 S. Bigos, et al., “Acute Low Back Problems in Adults, Clinical Practice Guideline No. 14,” U.S. Public Health Service, U.S. Dept. of Health and Human Services, AHCPR Pub. No. 95-0642, Rockville, MD: Dec. 1994.

13 “Surgical vs. Non-operative Treatment for Lumbar Disk Herniation,” *The Spine Patient Outcomes Research Trial (SPORT): A Randomized Trial.* JAMA

“The advantage was discernible six weeks after surgery but vanished by six months. And there were no significant differences between treatment groups in pain or disability beyond that follow-up point.”¹⁴

So if surgery is not the answer, what treatment option give you the best chance to recover and start living a normal, pain free life? The answer is safe and effective chiropractic care.

While your family doctor is well intended, research has found that the average primary care provider is not trained to diagnose or treat spinal disorders. In fact, studies have found that the average PCP has only 1 to 4 hours of training in musculoskeletal disorders whereas doctors of chiropractic have over 2,000 hours.

In addition to receiving more training, the experts now admit that chiropractic care is faster, less costly, safer and longer-lasting than anything the medical world has to offer. Dr. Tony Rosner, PhD, testified on these subjects before The Institute of Medicine:

“Today, we can argue that chiropractic care, at least for back pain, appears to have vaulted from last to first place as a treatment option.”¹⁵

Many medical guidelines now recommend chiropractic care including the American College of Physicians and the American Pain Society that endorse “spinal manipulation and exercise for acute, sub-acute and chronic low back pain.”

The editors of The BackLetter, a professional journal dedicated to back pain treatments, now recommend chiropractic as a proven treatment.

“Numerous international guidelines have endorsed the use spinal manipulation as a treatment for acute back pain—as part of an evidence-based treatment algorithm.”¹⁶

Dr. Richard Deyo in the *New England Journal of Medicine* article stated the following in regard to low back pain treatment:

14 Prolonged conservative care versus early surgery in patients with sciatica caused by lumbar disc herniation: Two-year results of a randomized controlled trial, BMJ, 2008.

15 Rosner, A, PhD, testimony before The Institute of Medicine: Committee on Use of CAM by the American Public on Feb. 27, 2003.

16 The BackLetter, Editorial, vol. 23, #1, 2008.

“Chiropractic is the most common choice, and evidence accumulates that spinal manipulation may indeed be an effective short-term pain remedy for patients with recent back problems.”¹⁷

Alf L. Nachemson, MD, regarded as the godfather of the evidence-based spine care movement, stated the following:

“Many in the medical community, and spine surgeons in particular, have been slow to embrace the results of rigorous scientific research. As a result, many patients with back pain don’t receive optimal spine care. Many continue to undergo unproven and counter-productive treatments.”¹⁸

And now for the best news of all! In addition to safe, effective and proven chiropractic adjustments, our office also offers spinal decompression therapy.

Spinal decompression is a non-surgical traction based treatment outcome for herniated or bulging discs in the neck and lower back. Anyone who has back, neck, arm or leg pain may be helped by spinal decompression therapy.



These conditions include herniated, protruding or bulging discs in the neck or lower back, spinal stenosis, sciatica or even failed surgery. Here are some exciting findings from clinical studies that document the effectiveness of this treatment.

Radiologist Edward Eyerman, MD reported the following MRI findings on herniated disc patients:

17 Deyo RA, Weinstein JN. Low back pain. N Engl J Med 2001 Feb 1;344(5):363-70.

18 Spinal-Fusion Surgery — The Case for Restraint, Richard A. Deyo, M.D., M.P.H., Alf Nachemson, M.D., Ph.D., and Sohail K. Mirza, M.D. Volume 350:722-726 February 12, 2004 Number 7.

"Serial MRI of 20 patients treated with the decompression table shows in our study up to 90% reduction of subligamentous nucleus herniation in 10 of 14." 19

Norman Shealy, MD, PhD reported the following after a decompression therapy clinical trial:

"Eighty-six percent of ruptured intervertebral disc (RID) patients achieved 'good' (50-89% improvement) to 'excellent' (90-100% improvement) results with decompression. Sciatica and back pain were relieved." "Of the facet arthrosis patients, 75% obtained 'good' to 'excellent' results with decompression." 20

And finally, Thomas Gionis, MD reported the following decompression results:

"Results showed that 86% of the 219 patients who completed the therapy reported immediate resolution of symptoms, while 84% remained pain-free 90 days post-treatment. Physical examination findings showed improvement in 92% of the 219 patients, and remained intact in 89% of these patients 90 days after treatment." 21



19 Eyerman, Edward MD. Simple pelvic traction gives inconsistent relief to herniated lumbar disc sufferers. Journal of Neuroimaging. Paper presented to the American Society of Neuroimaging, Orlando, Florida 2-26-98.

20 Norman Shealy, MD, PhD, and Vera Borgmeyer, RN, MA. Decompression, Reduction, and Stabilization of the Lumbar Spine: A Cost-Effective Treatment for Lumbosacral Pain. American Journal of Pain Management Vol. 7 No. 2 April 1997

21 Gionis, Thomas MD; Groteke, Eric DC. Surgical Alternatives: Spinal Decompression. Orthopedic Technology Review. 2003; 6 (5).

If you've tried the pain pills, muscle relaxers, epidural shots and are considering spinal surgery, I urge you call our office first for a consultation. Bring your x-rays or MRI report so we can review your case with you.

While we don't accept all cases for care, the vast majority of patients respond well to our treatment program. And if I do not believe I can help you, I will tell you and refer you to an orthopedist or neurosurgeon who hopefully can.

And as preferred providers for most health insurance plans, the cost of your treatment program will likely be less than the cost of 3 epidural shots or your deductible/co-payment for surgery. Plus, we have an affordable payment plan available.

But your first step is to schedule an appointment so you can have a personalized consultation with one of our doctors to determine if you are a patient that we can help.

There is no charge for our consultations and you will never feel pressured at our office.

Our examinations are designed to eliminate cases that we cannot help.

To learn more, visit our website at www.kimblechiro.com or call our office at (803) 327-6155.

