Motorized Spinal Decompression for Chronic Discogenic Low Back Pain: Chart Review of 100 Outpatients

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ABSTRACT

Objective: 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.

Results: Subjects (62% female, 94% white, 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.

Conclusion: Overall, patients’ pain improved after DRX treatment, requiring fewer analgesics, with better function. Practice variability exists in how clinics use the DRX9000™.

OBJECTIVE

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METHODS

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**RESULTS CONTINUED**

- 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. 10).
- No patient required more invasive therapies (e.g., surgery).

**CONCLUSION**

Overall, patients’ pain improved after DRX treatment, requiring fewer analgesics, with better function. Practice variability exists in how clinics use the DRX9000™. We didn’t have control groups, making it difficult to know how much of the benefit was placebo or spontaneous recovery and how much was due to the intervention. Randomized double-blinded clinical trials are needed to measure the efficacy of non-surgical spinal decompression systems.