



# disc bulge CLINIC

## INFORMED CONSENT

Kdt Neural Flex Decompression is a form of Vertebral axial decompression therapy, which utilises a specialized table and computer system to apply directed distractive tension to the vertebral column via a computerized logarithmic ramp-up and release protocol designed to bypass the body's protective proprioceptor response. Proponents of the procedure contend that vertebral axial decompression therapy works by decreasing intra-discal pressure. This is believed to allow disc repositioning and triggers herniation shrinkage. Possible consequences of these physical changes may be the relief of nerve root compression, pain relief, and correcting of neurological deficits.

### RISK FACTORS

A wide variety of risk factors, including gender, age, education level, smoking, occupation, height, birth weight (males only), depression, and social support/work relations are thought to be associated with the occurrence and the severity of low back pain. Obesity, health-care provider attitudes, unemployment, depression, fear-avoidance behaviour, and unavailability of light duty work are associated with the development of chronic low back pain. The single best predictor of future low back pain is a previous history of low back pain.

There are a wide variety of anatomic, biomechanical, biochemical, and genetic risk factors associated with the development of common non-specific acute and chronic low back pain. Biomechanical risk factors associated with the development of disc degeneration include repetitive trauma, vibration, or injury. Biomechanical risk factors related to disc degeneration include radiographic disc space narrowing of lumbar vertebra, facet joint arthritis, anterior and posterior synovial cysts, lumbosacral transitional vertebra, Schmorl nodes, annular disruption, composition of herniated disc material, calcification of ligamentum flavum, and radiographic spondylolysis/spinal instability.

Diagnosis of non-specific low back pain is complicated by the fact that a majority of imaging studies of individuals with low back pain reveal non-specific findings and no serious pathology. The probability that a particular case of low back pain has a specific identifiable cause is less than 1%. Images of patients without low back pain commonly show the same pathological changes seen in individuals with low back pain, such as herniated disc, lumbar disc degeneration, signal changes in vertebral endplates and annular fissures.

Medical evaluation of individuals presenting with low back pain primarily consists of a process of elimination—serious pathologies that may cause low back pain such as infection, tumours, and fractures need to be ruled out.

Often patient selection for suitability of VAX-D will include MRI or CT scan. The presence of a diagnosed disc bulge is an automatic inclusion however some advanced disc nucleus protrusion may have ejected too far for spinal neural flex decompression to retract and surgery may still be the only option. Digital X-rays with significant inter-vertebra body space loss, infers disc dehydration and generalised disc bulging, with corroborating neurological and orthopaedic signs you may be a candidate for this therapy. You will have this discussed with you during your initial consultation

Our Therapy involves the following therapies: some of which will be selected for your treatment based on a wide range of variables which the Doctor will ascertain in your exam and or modify during your course of treatment

- Vertebral Axial Decompression using Kdt Neuralflex table
- Class 4 Medical Laser (Low Level Laser) therapy is known as Photo-bio-modulation
- Nutraceuticals /Botanical Anti-inflammatory and Supplements for tissue repair

The Following are variable use therapies:

- TENS Transcutaneous Electro Neuro Stimulation
- Vibration using Purewave and or the Kdt Neuralflex table
- Patient positioning- The Kdt Neuralflex table can change shape to aid your comfort during treatment.
- cold and/or heat applied to the back muscles
- Topical anti-inflammatory or OTC analgesics
- Dietary modification to reduce dietary introduced/ systemic inflammation (e.g remove nightshades etc...)
- Mild detox/flushing to reduce inflammation causing acids stored in tissues.

### **Specific Known Risks**

Very rare but possible; 1 documented case of enlargement of an existing disc protrusion and several reports of treatment-related pain, all efforts will be taken in pre selection to minimise exacerbation of symptoms.

The main signs you must watch out for and immediately inform you therapist if they occur:

(Clauda Equina)

Numbness in the genitoanal area

Numbness in the saddle area of the inner thigh

Urine or faecal retention

Loss of power in the muscles

During treatment flare-ups or changing in symptoms will be monitored and treatment will be modified as necessary to ensure patient comfort during the course of treatment, however the patient shall accept that some treatment induced discomfort may occur at the beginning of therapy as changes to the neuromusculoskeletal state are the objective of therapy. (in a positive manner)  
approximately <10% of individuals who undergo VAX-D therapy are unable to tolerate the procedure.

### **Low Level Laser Therapy**

Part of the therapy is a IR (Infrared) light generated heat emission (like your heat bulbs in the bathroom), every effort to manage heat absorption in the superficial tissues, however you may experience sharp spikes in thermal sensation when the tissues have reached maximum heat absorption/tolerance, inform your therapist about "hot spots" this is where inflammation is present and poor blood flow cannot dissipate the heat. Any after effects of a heat spike could be similar to mild sunburn which can be managed with aloe vera gel if necessary. Communication with and management by the therapist is key here.

## **Absolute Contraindications for VAX-D therapy**

It should be noted that the exclusion criteria in studies suggest that this therapy should be avoided in patients with

- osteoporosis,
- cancer
- spinal tumour,
- spinal infection,
- spinal instability (recent spondylolysis)
- surgical implants/fusion

## **Alternate treatment**

Options for you to consider are:

Over 90% of patients recover spontaneously from episodes of low back pain within three months of onset.

Patients who remain active generally recover more quickly than patients who rest.

Physicians often prescribe pain relief medications and muscle relaxants to relieve symptoms during the healing period

Surgical Decompression may be an option, but at least you can undertake surgery knowing you have tried all non invasive approaches first.

## **Treatment Objectives**

Our Disc Rehab has these objectives for your time and investment in your spine recovery; (1-7 may not happen in the same order as below)

1. Reduce inflammation
2. Reduce stiffness
3. Reduce pain
4. Decompress nerve root impingement (including losing weight if necessary)
5. Improve disc hydration
6. Improve Facet joint motion
7. Improve blood flow
8. Reset healing
9. Rehab motion dysfunction
10. Rehab spine strength and stability

Your active participation in your rehab is essential the more effort you put in the greater your outcomes will be.

Treatment can require an inter-disciplinary program of Chiropractic or Osteopath or Physiotherapy, adjunctive therapies, psychosocial interventions, and pain medication. Your involvement with your regular therapist/physician is recommended, and phase 2 & 3 might require occasional visits to them.

- Phase one of treatment is 16-20 treatments (4-5 visits per week for 4-5 weeks), pre payment is required so that you can go through the whole first phase of treatment *before decisions as to efficacy are made*. (Some patients may still have symptoms through the 4<sup>th</sup> week)
- A re-exam and progress report of findings will be made before continuing with the next stages of treatment
- Functional Medicine assessment of diet, lifestyle, detoxification and elimination functions to assist with pain management, tissue healing and reduction of inflammation status may be recommended. (Urine or Blood testing would be utilised for this step)
- Phase two of treatment is 8 treatments over 4 weeks (2 visits per week for 4 weeks)

Concurrent therapy with Chiropractic, Osteopathy and Physiotherapy may be of benefit at this stage.

- Phase three of treatment is 8 treatments over 8 weeks (1 visit per week for 8 weeks)

Physical therapy and strength training, pilates, yoga etc... Can commence

The perception of pain is a very intimate experience. No two people experience or react to pain in the same way. Therefore tracking pain is not a good way to follow the progress of your case. It is very possible you will be out of pain very quickly. Until the proper plasticity is built within your neuromusculoskeletal system, decompression of the nerves, fluid embolism in the disc has occurred, inflammation has subsided, muscle strength and flexibility has occurred, treatment should continue for the course of treatment, no matter your level of pain still remains or resolves quickly.

It is absolutely essential to your health to continue with the recommended course of care no matter how good or bad you feel. The neurological exam is paramount to gauging your progress and you will continue to be evaluated on every office visit to make sure your case is progressing appropriately and that the Disc Bulge therapy is right for you. If you are not a suitable candidate for this treatment you will have this discussed with you and alternative suggestions will be discussed.

Missed appointments are much the same as missed gym workouts in that if one misses workouts, say for example again the biceps, the biceps will become weaker and smaller and not function as well. The same occurs with the Disc Bulge treatment. If a patient misses appointments, they are jeopardizing their opportunity to develop disc rehydration, nerve decompression, keep tissue healing and pain management under control and resolve their condition.

Please remember this is a course of recovery and healing not a quick pain relief treatment, all tissue healing takes time and the spinal disc tissue is one of the slowest healing tissues in the body. This course of treatment will last 16 weeks, but , your body will still be repairing and remodelling itself for 18 months or more.

Thank you for taking the time to read this important information

I will see you and answer more questions at your Disc Bulge initial consultation.

### **Notice of Privacy Practices Acknowledgment**

I understand that, under the Health Privacy Act of 2003 I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly
- Obtain payment from third-party payers (such as ACC)
- Conduct normal healthcare operations such as quality assessments and physician certifications

I understand the Disc Bulge Clinic has the right to change its Notice of Privacy Practices from time to time and that I may contact Disc Bulge Clinic at any time to obtain a current copy of the Notice of Privacy Practices. (available on our website <https://www.discbulge.co.nz/privacy-policy>)

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Signature of Patient or Parent/Guardian (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_