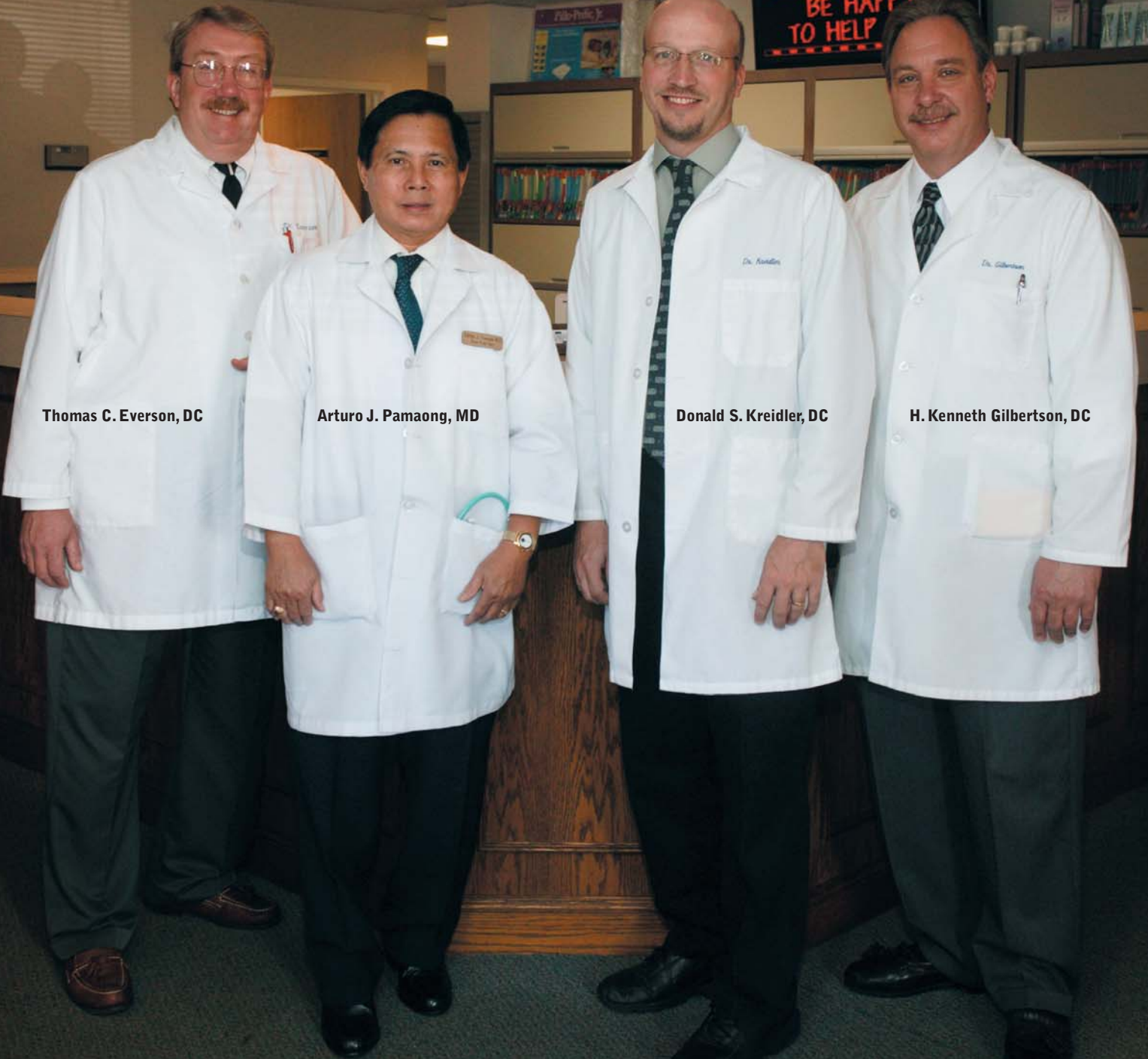


M.D. NEWS

A BUSINESS AND LIFESTYLE MAGAZINE FOR PHYSICIANS



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The Back Pain Institute of St. Louis

Offering SpineTRES Spinal Regeneration Program

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By Jean Sheridan Wessel

I used to enjoy long drives in the country. I had to quit playing golf. I can't sit through a movie, and sometimes I'm unable to make it through dinner in a restaurant. I enjoyed gardening, but bending and kneeling are now out of the question. Climbing the steps in my house is now difficult for me. Even those without such pain have watched as a friend or family member winced as they balanced thoughtfully to avoid pain as they got out of a chair. It is of small comfort to sufferers from back pain to know that medical studies estimate that most people will experience similar pain in their lifetime, that it is among the most common of medical problems, and often results in disability. The National Institute of Health estimates that 85 percent of us will have back pain at some point in our lives, and it is the most frequent cause of limited activity in those younger than 45 years of age.

These chronic pain syndromes and more are among the complaints treated at the Back Pain Institute (BPI) almost daily. These disorders often involve lower back pain that diminishes a person's quality of life and makes some of the most trivial of daily experiences, such as standing while preparing a meal or taking out the trash an agonizing experience. Even though the pain is activity-limiting, many people opt to tolerate it rather than undergo back surgery.

For them, the potential risks of invasive surgery that they've heard about — painful side effects, complications, reactions to anesthesia, infection or the possibility that surgery won't help — encourage them to tolerate or seek medication for the pain, rather than undergo the uncertainty of a surgical procedure. So is there an option to surgery that can help some of these people?

Spinal decompression procedure is performed as part of the SpineTRES treatment protocol.

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The answer is a resounding “yes” from the medical team at BPI. Over a decade ago, NASA was the first to investigate the effects of spinal decompression on intervertebral discs during space travel. It was discovered that astronauts were relieved of low back pain in the antigravity state and that the disc height was actually increased during a space mission. By combining proven scientific principles along with technological developments, SpineTRESX, a comprehensive Spinal Regeneration Program, was developed by a specialized team of medical doctors, doctors of chiropractic, and therapists whose practices focused on treating serious and persistent low back disorders. It is an outgrowth of VAX-D, another nonsurgical procedure that relieves back pain due to pressure.

“In many cases, SpineTRESX is better and safer than surgery,” says H. Kenneth Gilbertson, D.C., diplomate of the American Academy of Pain Management, administrator of Back Pain Institute of St. Louis. Arturo J. Pamaong, M.D., a former patient at BPI, is the institute’s medical supervisor. He is a member of The American Society of Anesthesiologists and The American Society of International Pain Physicians. Also associated with the Back Pain Institute are Thomas C. Everson, D.C., and Donald S. Kreidler, D.C. Gilbertson has served as president of the Missouri State Board of Chiropractic Examiners. The medical group at BPI is able to offer a multi-specialty approach for treatment for the individual patient and the particular problems. The Back Pain Institute is a physical medicine and rehabilitation clinic, where the doctors treat most spinal pain conditions, as well as neck, mid-back and shoulder problems. Approximately 55 percent of BPI’s patients are men. Patient ages range from 14 years to 92 years, with an average of 46 years of age. Gilbertson estimates they see between 500 and 600 patients a year.

When might invasive surgery be unnecessary? “Herniated or bulging discs do not necessarily indicate the need for surgery,” Gilbertson explains. For many who fear the worst as they undergo tests, this is great news. “A healthy disc is stronger than bone. Bone will break before the disc tears. The disc gets fluid and nutrients from absorbing fluids from the capillary beds of the bone, and if the area loses mobility and can no longer absorb these fluids, the disc dries up and becomes brittle,” he continues. And as patients have experienced, pain from these damaged discs can radiate down through the leg to the foot. As part of the SpineTRESX Program, the use of spinal decompression produces a vacuum effect, or healing environment within the disc, drawing the nucleus of the disc back into place and drawing fluids and nutrition into the disc so it can heal.

“Depending on the condition of the patient’s spine, a non-invasive procedure such as ours might be called for,” Pamaong says. They estimate that they can help 80 percent of their patients, who might otherwise need surgery, be free of pain and back to leading normal lives. In spite of their success rate with SpineTRESX, Gilbertson acknowledges that for some patients, surgery is still the only option. However, for many, since the SpineTRESX Program is without the risks and side effects, it is best to undergo the non-invasive SpineTRESX approach first.

Prospective BPI SpineTRESX patients schedule a screening and examination, at no cost to them, to determine if they are candidates for the procedure. Previous tests, such as X-rays and MRIs are reviewed (if the patient doesn’t have the necessary tests, they can be ordered), orthopedic testing is performed, and the diagnostic reasons for the



Dr. Donald Kreidler performs a nerve test in order to determine levels of nerve involvement.

problems of protrusion and/or tears are discussed. Often this turns out to be the result of an injury, such as an auto accident or lifting injury years ago that the patient has nearly forgotten. Of course, it can also be the result of a more recent trauma.

“We will not use SpineTRESX on certain conditions, such as unstable spondylolisthesis with pars defects, postsurgical cases with metal implants, fractures, tumors or other such pathology,” Gilbertson explains.

“We educate our patients on their condition and instruct them in proper body mechanics that help prevent future occurrences. What we do works,” Gilbertson offers. He has made a guest appearance to talk about the procedure on William Shatner’s nationally televised program, *Heartbeat of America*.

According to Gilbertson, the SpineTRESX Program can be beneficial to those whose pain problems are the result of degenerative disc disease, bulging discs, herniated discs, posterior facet syndrome, sciatica and failed back surgery that did not involve metal implants, which are the most common diagnoses. Patients typically undergo a series of approximately 20 treatment sessions, each treatment lasting between 30 to 45 minutes, depending on what is required. Most patients will start to feel a significant improvement after two weeks of treatment. Patients describe the treatment as a gentle, intermittent pulling on the spine. Some patients even relax to the point of falling asleep during treatment. All treatments are administered with patients fully clothed. Many insurance companies cover the cost of treatment, which estimates show to be approximately 10 percent the cost of surgery. Most often treatment requires little or no time off from work. About 20 percent of BPI’s patients have already undergone surgery that has not been successful. Others have tried medication, manipulation, acupuncture, TENS, injections, physical therapy, bed rest and more in search of relief from the persistent pain and numbness which often accompanies it.

The Back Pain Institute has employed spinal decompression therapy since 1996. Decompressing the vertebral structures in an almost gentle, pain-free manner helps relieve pressure, which aids in healing the disc. Spinal decompression applies forces to decrease intradiscal



Support staff at the Back Pain Institute of St. Louis.

pressure and enhance fluid diffusion to the discs. Expanding the space between the bones restores nutrients and blood flow to the disc. (The problems with a herniated disc, such as pain or numbness begin when it weakens, bulges or tears and ruptures into the spinal canal.) Along with other forms of physical therapy, exercise, nutrition and education are additional components of the SpineTRES Program. Exercise can strengthen balance and improve the mobility of the spine; it can help strengthen and balance the supporting musculature so that a Home Care Program is successful. Proper nutrition can aid in healing discs, ligaments and joints. Each component of the program helps ensure a successful end result.

Patients can aid in their own successful recoveries. As such, they are encouraged to understand their condition and learn what produces disc and joint problems to prevent future occurrences that might result in additional injuries to the back. They are encouraged to consider some of their daily habits such as smoking, or too much caffeine or alcohol as potential causes of future problems. A look at long-range plans — for example, you're only 60 years old with the beginning of chronic back pain, yet you want to be able to play golf for years after you retire — might influence how hard you work to make certain that the current positive results from your SpineTRES Program lasts as long as possible. The procedure, which Gilbertson terms "the most effective treatment thus far," has been approved by the U.S. Food and Drug Administration. He describes it as a safe, cost-effective and conservative solution for persistent pain in the back, hip and leg.

To return hope to a patient who has significantly altered his or her lifestyle and expectations because of the daily limitations imposed by chronic back, hip or leg pain offers an incredible opportunity to the

patient and the medical personnel involved in the treatment. Eliminating that pain, restoring normal spinal function, improving muscular strength and flexibility are the goals of the professionals at Back Pain Institute. Educating patients on how to maintain their newfound wellness is another part of each treatment plan.

"We want them to lead productive, pain-free lives, and we understand the frustration that occurs when they are unable to do so," Gilbertson says. Some of these frustrations include the loss of a job, divorce and feeling life is not worth living. Lower back pain is often work-related and among the most common problems discussed with occupational health and primary care providers. For some, the pain has been so terrible and persistent that they have thoughts of suicide. To learn that there might be relief for this pain may seem a miracle for many and prospective BPI patients are encouraged to talk to others who have opted for relief through SpineTRES.

The doctors also encourage patients to take the time to become acquainted with the medical personnel and staff at BPI, any of whom are willing to visit with them and talk about their treatment plan so that they feel comfortable with the path they have chosen to follow. Comfort, a sense of belonging, and trust are great beginnings to a successful health care partnership, say Pamaong and Gilbertson. Combine these with the large number of successful outcomes following the choice of undergoing the inherently safe SpineTRES Program and it's no wonder that some regard it as the miracle that saved their lives.

Such simple pleasures like swinging a golf club, taking a drive to enjoy the seasonal foliage, bending over to lift a grandchild, picking flowers in the garden you planted — all back on your daily agenda after the SpineTRES Program. Maybe that's the real miracle of it all.

For more information, call (314) 770-2225 or visit www.BackPainInstitute.org. ■