

Décompression Neurovertébrale : Études publiées

1. BMC Musculoskelet Disord. 2010 Jul 8. 1471-2474-11-155.

Restoration of disk height through non-surgical spinal decompression is associated with decreased discogenic low back pain: a retrospective cohort study. Apfel CC, Cakmakkaya OS, Martin W, Richmond C, Macario A, George E, Schaefer M, Pergolizzi JV.

OUTCOME: Non-surgical spinal decompression was associated with a reduction in pain and an increase in disc height. The correlation of these variables suggests that pain reduction may be mediated, at least in part, through a restoration of disc height. A randomized controlled trial is needed to confirm these promising results.

2. Archives of Physical Medicine (Vol. 89, Issue 2, Pages 269-274, February 2008)

Outcomes after a Prone Lumbar Traction Protocol for Patients with Activity limiting Low Back Pain: A prospective Case Series Study, Archives of Physical Medicine. Paul Beattie, PhD, PT, OCS, Roger M. Nelson, PhD, PT Lori A. Michner, PhD,PT,ATC, SCS, Joseph Cammarata, DC, Jonathan Donley, DPT

OUTCOME: On the 180-day follow up, patients reported significantly improved pain after 16-24 daily VAX-D treatment sessions.

3. Journal of Medicine. September 2008

Prospective Evaluation of the Efficacy of Spinal Decompression via the DRX9000 for Chronic Low Back Pain. John B. Leslie, MD, MBA; Joseph V. Pergolizzi, MD; Alex Macario, MD, MBA; Christian C. Apfel, MD, PhD; Darren Clair, MD; Charlotte Richmond, PhD; Frank Florio, DC; Martin Auster, MD, MBA

OUTCOME: Of the patients completing the full 6-week course of spinal decompression, 16 of 18 reported improvement in pain. Patients also reported having better daily activity function as measured by the Oswestry Disability Index.

4. American Society of Anesthesiologists. October 2006

Motorized Spinal Decompression for Chronic Discogenic Low Back Pain: Chart review of 100 patients. Alex Macario, MD, MBA; Sunil J. Panchal, MD; Charlotte Richmond, PhD; Joseph V. Pergolizzi, Jr., MD

OUTCOME: 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)

5. Journal of Orthopedic & Sports Physical Therapy (Vol. 35.No. 1 January 2005)

Short and Long-term Outcomes following Treatment with the VAX-D Protocol for Patients with Chronic, Activity- Limiting Low Back Pain P.F. Beattie, PT,PhD, OCS; R. Nelson MS, PhD; L. Michener, PT, PhD; J. Cammaratta, BS, DC; J. Donnelly.

OUTCOME: Significant improvements were reported in a sample of 118 patients with unfavorable prognosis due to chronic low back pain.

6. Journal of Neurological Research (Vol. 26, April 2004)

Efficacy of Vertebral Axial Decompression on Chronic Low Back Pain: Study of Dosage Regimen. Dr. Gustava Ramos, MD.

OUTCOME: This 142 patient study showed 76% achieved remission of pain with 18 treatment sessions, versus 43% remission with 9 treatments. Except in emergent conditions, VAX-D should be utilized before surgery is undertaken. Success correlates with number of sessions administered.

7. Orthopedic Technology Review. 2003; 6 (5)

Spinal Decompression. By Thomas A. Gionis, MD, JD, MBA, MHA, FICS, FRCS, and Eric Groteke, DC, CCIC

OUTCOME: 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.

8. Anesthesiology News, (Vol. 29, No. 3 March 2003)

VAX-D reduces Chronic Discogenic Low Back Pain. Robert H. Odell, M.D., PhD., Daniel Boudreau, D.O.

OUTCOME: Four years after VAX-D, Patients show a sustained 86% reduction in pain; 91% of patients resumed their normal activities.

9. Journal of Neurological Research (Vol. 23, No. 7 October 2001)

Dermatomal Somatosensory Evoked Potential Demonstration of Nerve Root Decompression after VAX-D Therapy. William Naguszewski, MD; Earl Gose, PhD.

OUTCOME: Of the study group, 77% reported pain reduction with successful decompression of the nerve roots at multiple Levels.

10. Neurological Research Journal (Vol. 23, p. 780-784, October 2001)

A prospective randomized Controlled Study of VAX-D and TENS for the treatment of Chronic Low Back Pain. Eugene Sherry, MD, FRACS; Peter Kitchener, MD, FRANZCR; Russell Smart, MB, ChB

OUTCOME: VAX-D Treatment obtained a statistically significant reduction in pain and improvement in functional outcome in patients with disc-related chronic low back pain. TENS treatment recorded 0% improvement, while VAX-D treatment yielded a success rate of 68.4%.

11. Canadian Journal of Clinical Medicine (Vol. 6, No. 1 January 1999)

An Overview of Vertebral Axial Decompression. Frank Tilaro, M.D.

OUTCOME: Average pain reduction in patients after VAX-D treatment was 77%.

12. Canadian Journal of Clinical Medicine (Vol. 5, No. 1, January 1998)

The Effects of VAX-D on Sensory Nerve Dysfunction in patients with Low Back pain and Radiculopathy. Frank Tilaro, MD; Dennis Miscovich, MD.

OUTCOME: VAX-D is significantly capable of influencing sensory nerve Dysfunction associated with compressive radiculopathy. Complete remission was achieved by 64% of the study group.

13. Journal Of Neuroimaging. April 1998, volume 8 / number 2

MRI Evidence of Non-Surgical Mechanical Reduction, Rehydration, and Repair of the Herniated Lumbar Disc.

OUTCOME: 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. Some re-hydration occurs detected by T2 and proton density signal increase. Torn annulus repair is seen in all.

14. Journal of Neurological research (Vol. 20, No. 3 April 1998)

Vertebral Axial Decompression Therapy of pain associated with Herniated or Degenerative Discs or Facet Syndrome: An outcome Study. Earl Gose, PhD; William Naguszewski, MD.

OUTCOME: in 778 cases, VAX-D achieved a success rate of 71%. The authors consider VAX_D to be a primary modality for low back pain for lumbar herniations, degenerative discs, facet arthropathy, and decreased spinal mobility.

15. American Journal of Pain Management Vol. 7 No. 2 April 1997

Decompression, Reduction, and Stabilization of the Lumbar Spine: A Cost-Effective Treatment for Lumbosacral Pain. C. Norman Shealy, MD, PhD, and Vera Borgmeyer, RN, MA.

OUTCOME: 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.

16. Journal of Neurosurgery (Vol. 81: No. 3, 1994)

Effects of Vertebral Axial Decompression on Intradiscal Pressure. Gustavo Ramos, MD; William Martin, MD.

OUTCOME: VAX-D creates a negative pressure force as low as -160 mmHg.