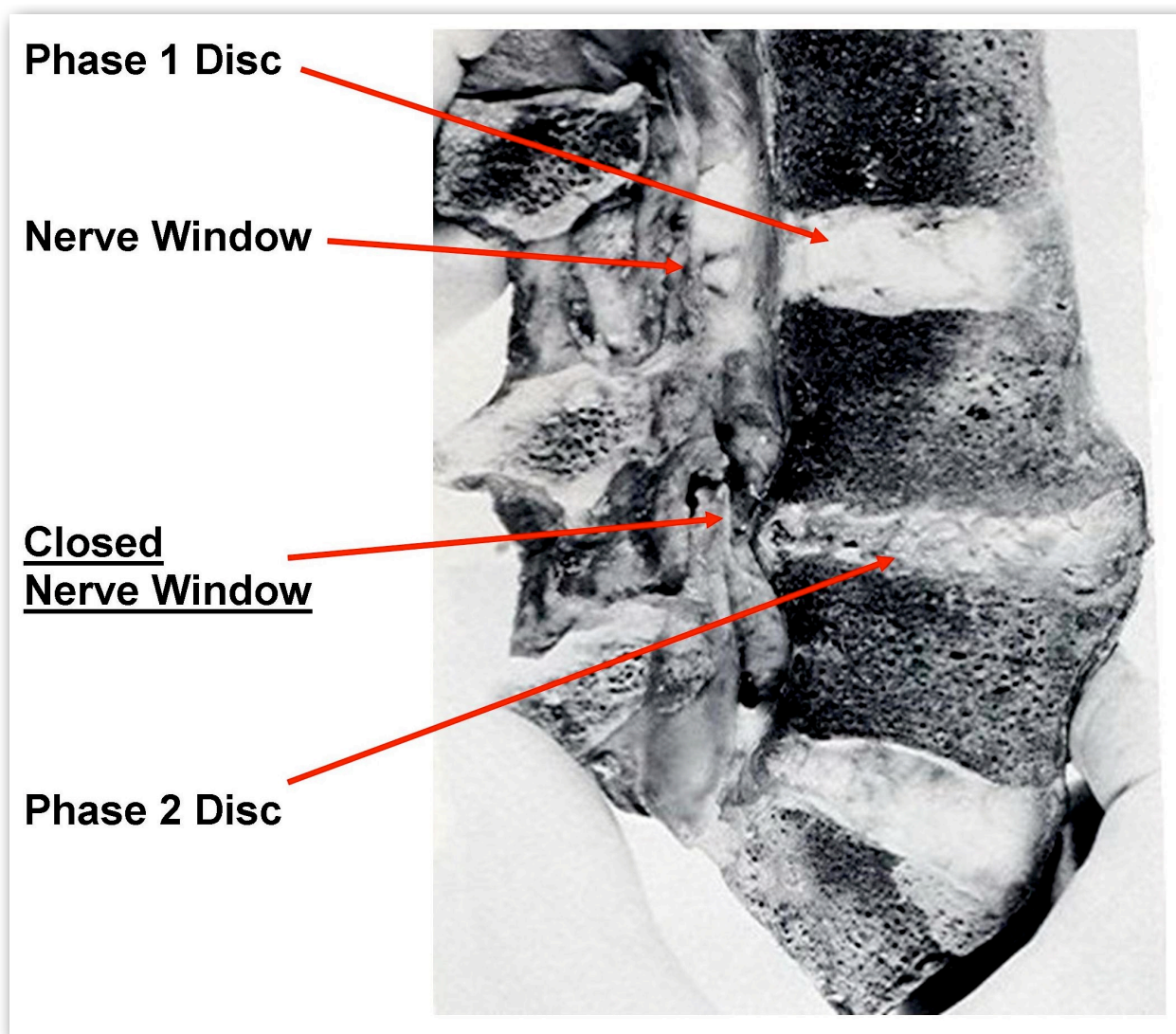




SPINAL DECAY

HOW TO STOP THIS CRIPPLING CONDITION BEFORE IT AFFECTS YOU.

SPINAL DECAY (SUBLUXATION DEGENERATION)



The best way to Prevent Spinal Decay is to get a
Regular Chiropractic Correction



SPINAL DECAY - HOW DO I KNOW IF I HAVE IT?

Your body adapts to uncorrected spinal stress by depositing calcium into affected joints. As if the body is trying to mend a broken bone, it attempts to “repair” the malfunctioning spinal joint by joining the two segments together! We call this slow, relentless, degenerative process “spinal decay”.

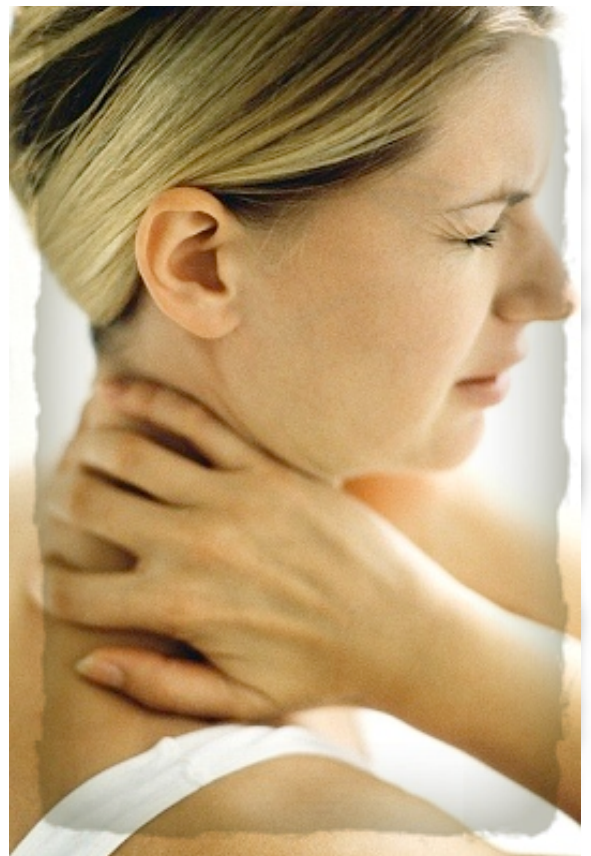
Spinal decay is a degenerative process that worsens with time. If neglected or simply ignored, this crippling condition quietly progresses, without obvious symptoms.

It starts with some type of uncorrected trauma to the spine. A slip or fall. A car accident. Learning to walk. Even the birth process may be responsible. The first “phase” of spinal decay is revealed as a loss of proper spinal curve or a reduced ability to turn and bend. Other areas of the spine often compensate, starting a chain reaction of health problems.

Left uncorrected, the body responds by depositing calcium onto the affected joint surfaces, ligaments and connective tissues. This second ‘phase’ of decay is the result of the body’s attempt to stabilise and ‘splint’ the malfunctioning spinal joint. As with high blood pressure or cancer, pain or other obvious symptoms are often absent.

Unaware of the serious damage that is occurring, many allow their problem to worsen. In the third ‘phase’ of spinal decay, the integrity of the spine has become permanently compromised. The associated neurological damage can contribute to some of the chronic health problems seen in the elderly. Years have passed since the original event that set this tragic, yet preventable, process in motion.

The purpose of chiropractic care is to locate areas of the spine that are not working right and use specific ‘adjustments’ to improve its function and structure. This simple but powerful intervention has helped millions avoid the crippling effects of spinal decay.



ISN'T IT JUST PART OF THE NORMAL AGEING PROCESS?

Because spinal decay is often (but not always) seen in the elderly, some people are misled into believing that it is merely part of the ageing process. Not true. It seems clear that it is the result of long-standing, uncorrected spinal stress.



CAN CHIROPRACTIC CARE HELP THOSE ADVANCED CASES?

Absolutely. The most important thing with spinal decay is preventing its progression. No matter what 'phase' you are in prevention of further decay is the key.

Chiropractic care will help stabilise those areas already fused together. This usually results in a significant reduction of symptoms. Some areas of the spine that have considerable nerve damage may be quite slow to recover; but rehabilitating these damaged joints is essential to clear as much nerve damage as possible.

CAN SPINAL DECAY BE REVERSED?

When spinal decay is detected at an early stage, chiropractic intervention can produce remarkable benefits. In Phase 1 cases, many patients see restoration of spinal curves and improved mobility. Chiropractic care at later stages shows promise, but results vary from patient to patient. Many factors are involved but personal responsibility and active participation in recovery are the key to great patient outcomes.



WHY HASN'T MY GP MENTIONED SPINAL DECAY?

If you have had back or neck pain for a while, chances are you have been to a general practitioner (GP) to get some relief. So, why don't they talk about Spinal Decay?

Your GP has probably mentioned some of the effects of spinal decay, but they usually call it arthritis or old age. Unfortunately GP's do not study much in the way of mechanical problems within the spine. One or two lectures is all they get in their undergraduate Medicine degree. You can tell this when they get X-rays of the spine done laying down instead of standing up. (Tip: You don't walk around lying down.)

Most GP's figure you are not going to die from back pain. So they are more interested in "Bugs and Blood". Have you got heart disease, diabetes or cancer? For most GP's, treatment is simple; Acute back pain, give anti-inflammatories, or really bad back pain, give pain killers and muscle relaxants. For chronic low back pain give, anti-depressants. It's true, spinal decay does not kill you



CAN THE PHYSIOTHERAPIST CORRECT SPINAL DECAY?

straight away like a heart attack, but it does choke and strangle your spinal cord over a very long period of time.

Even if they do diagnose the cause, there is little they can do, except give you drugs which inevitably mask the pain. Only Chiropractic, with specific corrections called adjustments, can help slow or stop Spinal Decay.

In a word - No. Physiotherapists do study some spinal mechanics but they do not study the radiology or diagnosis of spinal decay. Indeed, many physiotherapists rely on the GP for their diagnosis. If the GP misses it, so will the physio.



"It is Old Age" →

"Your spine is wearing out" →

"You'll have to learn to live with it" →

"Nothing can be done" →

"Your spine is degenerating" →

"Wear and Tear" →

"You've got Osteoarthritis" →

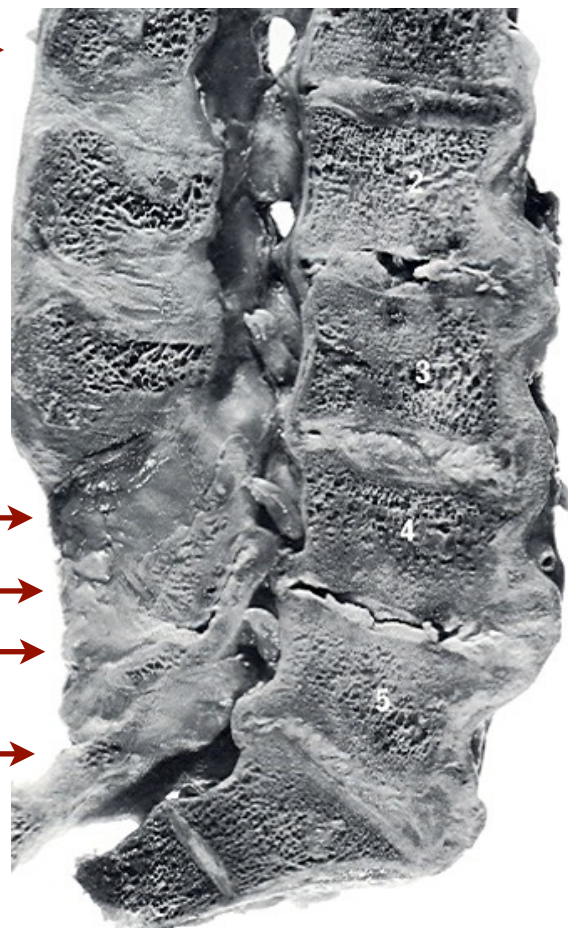
"You need to slow down" →

You've got 'fibromyalgia' or 'polyarthritis' →

I've got a 'bad back' as well so why are you complaining? →

Try physio for a few weeks →

YOU NEED MORE DRUGS! →



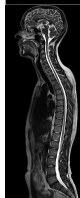
WHAT IS THE CHIROPRACTIC APPROACH?

Spinal Decay is the barometer of spinal health. Yet we need not sit and passively await our spine's destruction. Chiropractic spinal adjustments can decrease the rate of spinal decay and improve the chances of the joints, nerves, discs and other tissues remaining healthy and strong throughout our lifetime.

Spinal Decay affects the body in many ways; the body's chemistry is changed by the longstanding stress, the organs begin to suffer from the loss of nerve supply - the overall ability to adapt to the pressures of life is compromised.

The spinal column is subject to many stresses throughout a lifetime; - disease, accidents, emotional tension, falls and other injuries. Over time the spinal column's many complex parts; intervertebral discs, ligaments, tendons, and the very bone itself deteriorate. Stress often causes the spinal vertebrae to shift from their proper places, become locked (subluxated) and irritate the surrounding nerves, bones, discs, ligaments and other soft tissues. Joints require movement to remain healthy. Spinal joints that do not move cannot receive the necessary blood and nutrient flow.

Chiropractic is about restoring normal function to the joints within the spine.



HOW DO WE MEASURE IF THE CHIROPRACTIC CARE IS WORKING?

Easy; Computer Spinal Scans.

Spinal Scans or SEMG; (more information about that on the website spinalcentres.com.au) are a great way to measure the progress of your treatment.

Spinal scans are a measure of the motor component of the nervous system. That is, they measure how well your nervous system is communicating with the rest of your body - in particular the muscles of your spine.

If the Spinal Scan slows a large number of red bars, this indicates a significant amount of nerve system damage.

Large numbers of RED or BLACK bars indicate SPINAL DECAY is CONTINUING.

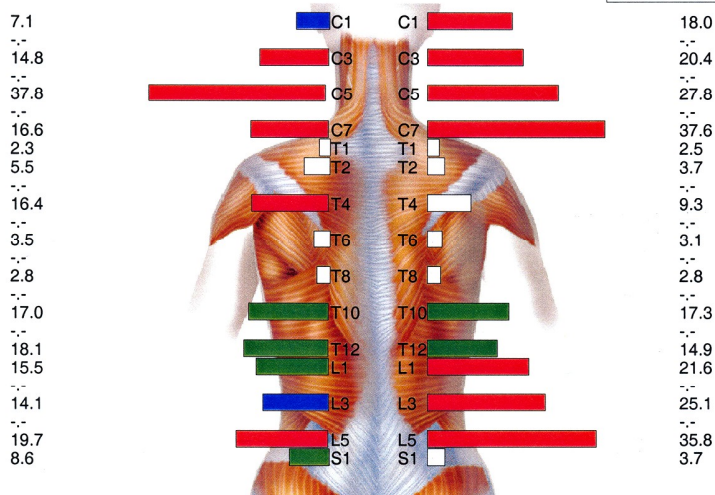
If the Spinal Scan shows large numbers of white bars then the nerve traffic is within normal limits.

This indicates that your Chiropractic care is being successful in normalising your spine.

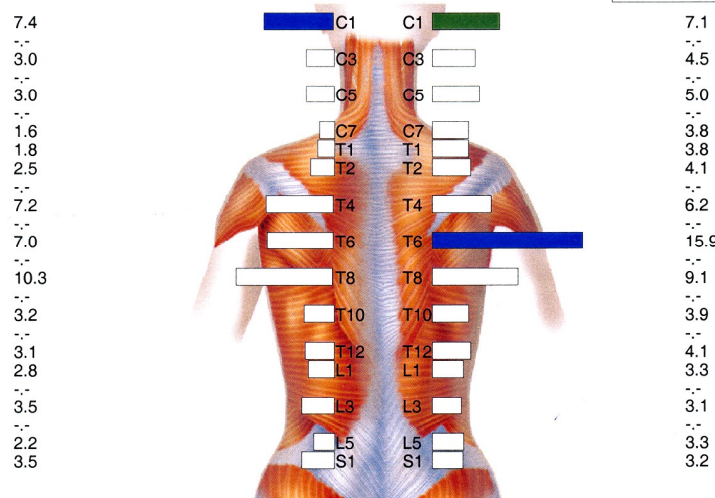
Therefore, large numbers of WHITE bars indicate SPINAL DECAY IS STABILISED.

Our job as a Chiropractor is to get your spine as close to full white as possible and keep it that way.

Static EMG Scan Graphic, (17/10/01 12:46 PM)
50 uV Scale



Static EMG Scan Graphic, (2/01/03 11:16 AM)
25 uV Scale



TEXTBOOK NORMAL

Side View of Cervical Spine: The Neck

- This is the side view of a patient facing to the left
- A: The Atlas; the first cervical vertebra (C1)
- B: The Axis; the second cervical vertebra (C2)
- C: The Intervertebral Foramen (window for the nerve)
- D: The fifth cervical vertebra (C5)
- E: The Jaw
- F: The Spinous process
- G: The intervertebral disc (the disc)

Note:

- The vertebral bodies are clear and well defined
- There is a smooth forward curve
- The back of the vertebra all line up (George's Line)
- There are no bone spurs or osteophytes

Thoracic Spine: Mid Back

- This is the side view of a patient facing to the left
- A: A thoracic vertebral body
- B: The Intervertebral Foramen (window for the nerve)
- C: The Costochondral joint (the rib joints the spine)

Note:

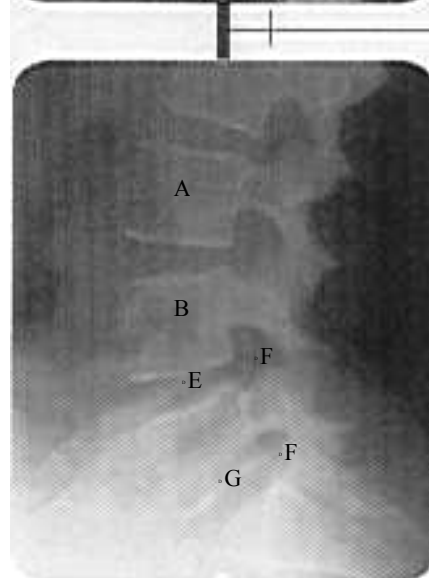
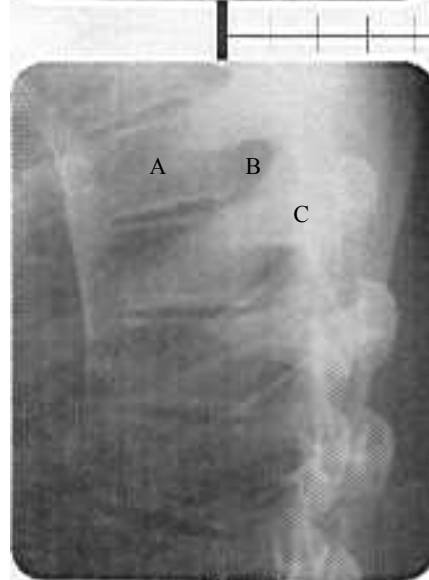
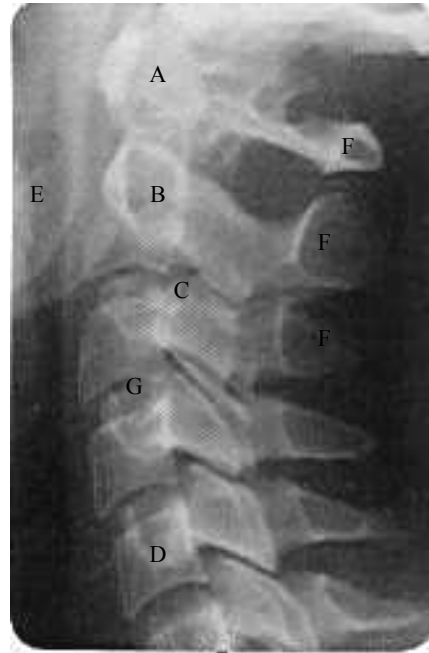
- The vertebral bodies are clear and well defined
- There is a smooth backward curve
- The back and front of the vertebra all line up
- There are no bone spurs or osteophytes
- There is no calcification of any ligaments

Lumbar Spine: Low Back

- This is the side view of a patient facing to the left
- A: The third Lumbar Vertebra (L3)
- B: The fourth Lumbar Vertebra (L4)
- C: The fifth Lumbar Vertebra (L5)
- D: The Sacrum (S1)
- E: The intervertebral disc (the disc)
- F: The intervertebral Foramen (window for the nerve)
- G: The intervertebral disc (the disc)

Note:

- The vertebral bodies are clear and well defined
- There is a smooth forward curve
- The backs of the vertebra all line up
- There are no bone spurs or osteophytes
- The windows for the nerves are clear and clear



DYSFUNCTION: PHASE 1: 10 YEARS OF SPINAL INJURY

Symptoms:

- Stiffness and/or dull intermittent back pains with occasional sharp twinges, which appear to 'go away' spontaneously, with rest, ice or heat.
- Pain often localised in the back or refers down the upper or lower extremity. Painful movement of the back particularly when attempting to lift or whilst changing posture, i.e. sitting to standing.
- Slight numbness and/or coldness either in the arms and hands or the legs and feet.
- Generally attacks occur with sport or upon repetitive loaded activity.

This phase is usually described as "normal" by your GP. However, unless the spine is corrected, you will progress to phase 2.

Signs:

- Localised and painful with restrictive tenderness upon movement. Muscles surrounding the area are contracted or in spasm.
- Reduced mobility with increased pain when attempting to hyperextend. Neurological and orthopaedic examination are usually normal.

Radiographs: (**NB: X-rays are often read as "normal" by your GP**)

- Abnormal increased or decreased functional spinal motion.
- Spinous processes are misaligned with lateral tilting of the vertebral bodies. Lateral curves are either decreased or increased.
- Irregular facets including jamming or separation. Early disc and soft tissue change and calcification.

Treatment frequency:

- Initially programs are around 2 sessions per week for a 6 to 8 week time frame before significant sustained recovery is seen.
- Regular clinical and SEMG review is recommended to track and guide for a full recovery.



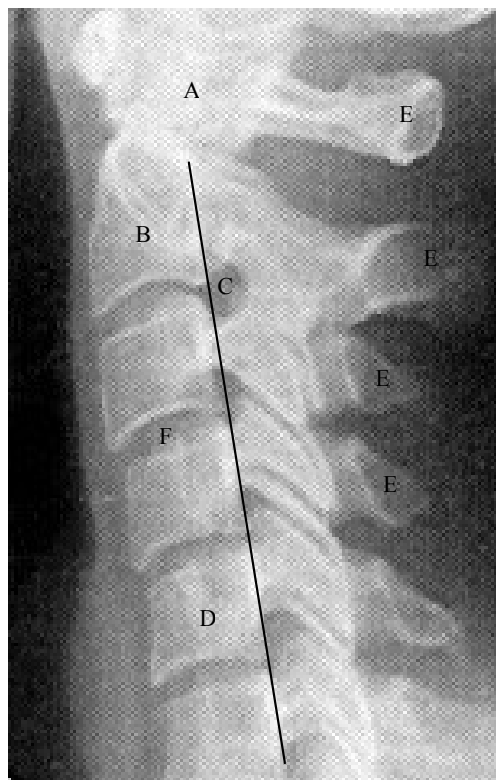
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- C: The Intervetebal Foramen (window for the nerve)
- D: The fifth cervical vertebra (C5)
- E: The Spinous process
- F: The intervertebral disc (the disc)

Phase One is a Mechanical Problem

The spine looks very similar to textbook normal but does not function in the same way. it is like a car with a wheel alignment problem; but the tyres have not scrubbed out.

- Note that there is no forward curve
- The loss of curve indicates a decreased ability to move
- The windows for the nerves have decreased in size
- There are no bone spurs (yet)



INSTABILITY - PHASE 2: 20 YEARS OF UNCORRECTED SPINAL INJURY

Symptoms:

- Those of Dysfunction - Phase 1.
- Share and acute painful episodes, back 'gives away' and 'catches' on simple movements.
- Dull constant pain but with intermittent sharp pain that radiates out into either the arms or hands or into the groin, thigh and legs.
- Sharp 'knife like' pain whilst attempting to change posture as in bending forward to a standing position or whilst attempting to sit up from a lying position.
- Numbness and tingling constant in hands, fingers or feet and toes.
- Continuing coldness to an extremity region with occasional blueness of the area. most commonly either hands and fingers or the feet and toes.

Your x-rays are usually read as "normal" or you have slight "arthritis" by a GP.

Unless corrected and maintained there will be progression to Phase 3.

Signs:

- Clinical examination reveals abnormal motion with regions of restrictive and excessive motion often accompanied by a "giving way" or collapsing reaction.
- Observations of a typical "catch", sway or shift when coming erect after flexion.
- Weakness of specific muscle groups depending on the spinal level involved.
- Organ related problems including stomach, bowel, bladder, and sexual dysfunction.

Radiographs:

- Significant lateral rotatory displacement of vertebral bodies.
- Widening or narrowing of the facet joints.
- Narrowing of the intervertebral foramen (the window for the exiting nerve). Calcification or "splinting" ligaments around the spine.
- Usually a decrease in disc heights, the beginning or the fusion process.



Treatment Frequency:

- Initially programs vary between 2 to 4 sessions per week for 8 to 12 weeks before significant recovery is obtained.
- Regular clinical and SEMG review is recommended to track and guide for a full recovery.
- Functional loading X-ray comparison may be performed approximately 12 months after the commencement of treatment, following completion of rehabilitative care.

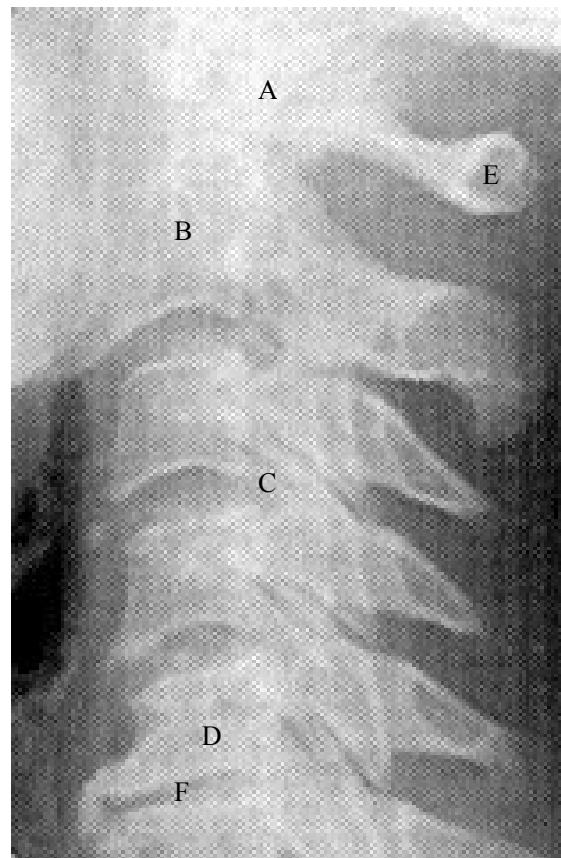
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- F: The intervertebral disc (the disc)

Phase Two Involves Structural Changes to the Spine

Bone spurs form and the body starts to “splint” the abnormally functioning spinal joints. It is like a car with a wheel alignment problem; and tyres are being scrubbed out.

- Note that there is no forward curve
- The loss of curve indicates a decreased ability to move
- The windows for the nerves have decreased in size
- Bone spurs are fusing the joints (osteophytes)



STABILISATION - PHASE 3: AT LEAST 30 YEARS OF SPINAL INJURY

Symptoms:

- Chronic dull back pain with bouts of frequent prolonged acute debilitation.
- Weather changes reflect increased susceptibility to both pain and continuing disability associated generally with other 'arthritides'.
- Constant requirement for medication.
- Significant limitation to daily activity coupled with constant pain.
- Additional symptoms including discitis and epidural fibrosis (fibrosis around spinal cord).

Your x-rays are usually read as "old age" or "arthritis" by a GP.

Chiropractic Care is essential for the elderly.

Signs:

- Generalised muscular wasting and tenderness at both the joint and extremity levels.
- Constant restriction of movement often accompanied by pain in all motion.
- Generalised scoliosis and loss of posture.

Radiographs:

- Enlarged degenerative locked facets with surrounding degenerative fibrosis. Severe loss and collapse of disc heights with surrounding degenerative fibrosis.
- Large bridging ankylosing osteophytes (bone spurs are now fused together).
- Reduce and occluded lateral exiting foramina.
- Abnormal reduction motion upon functional movement. Gross kyphoscoliosis.



Treatment Frequency:

- Initially programs vary between 3 to 4 sessions per week for up to a 10-week period before significant and sustained recovery is seen.
- Regular clinical and SEMG review is recommended to track and guide for a more complete recovery.
- Functional loading X-ray comparison may be performed approximately 12 to 18 months after the commencement of treatment, following completion of rehabilitative care.

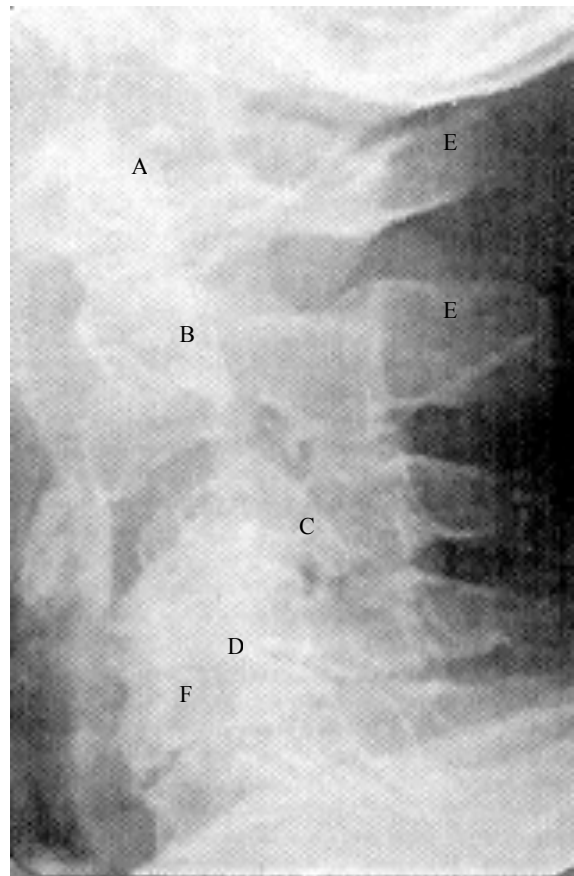
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- E: The Spinous process
- F: The intervertebral disc (the disc)

Phase Three Involves Fusion

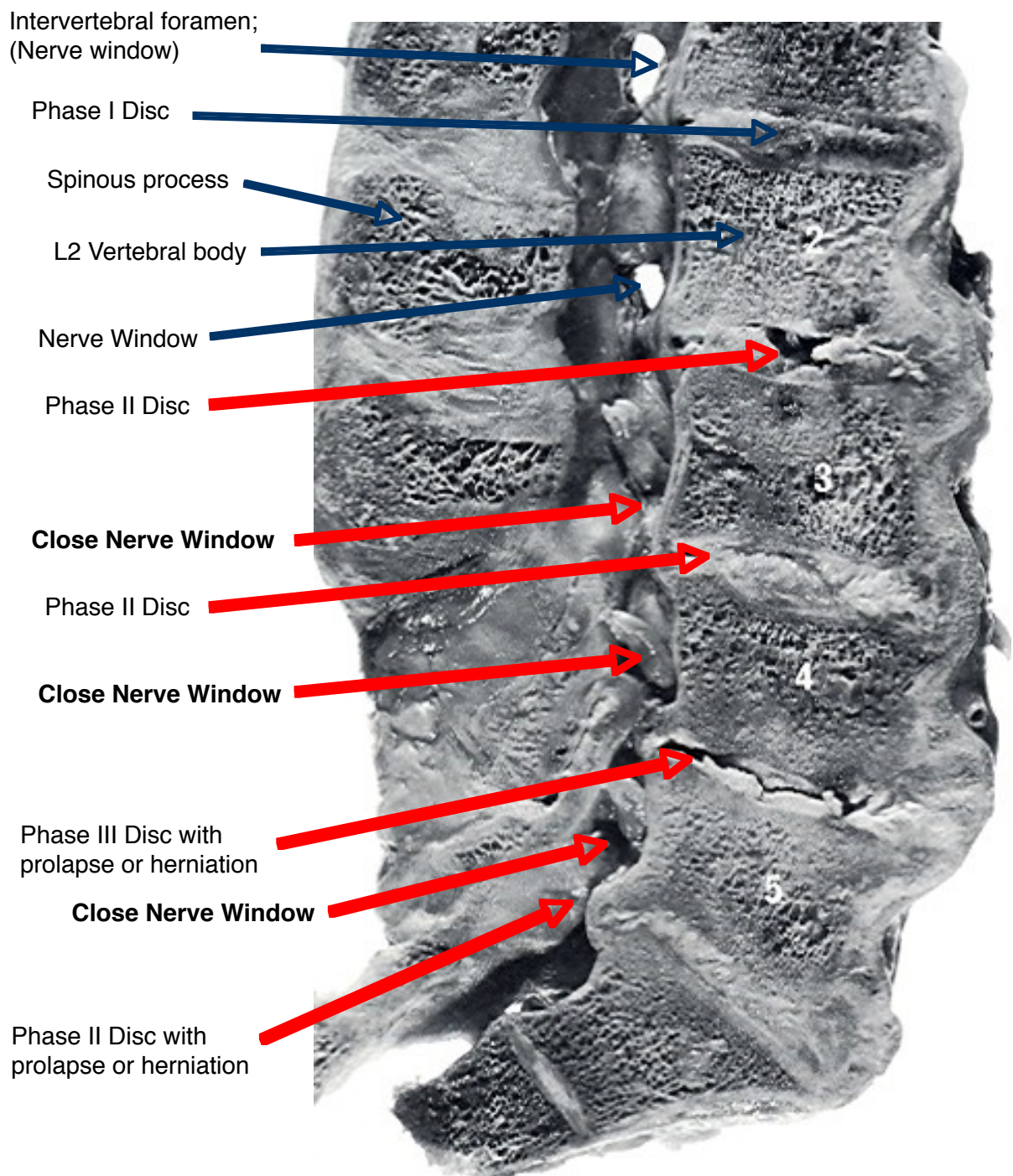
The spine no longer looks like a spine. It is hard to see where the vertebra begin or end. The x-ray looks like a picture of cotton wool. The body has turned the affected spinal joints into a solid block of calcium.

The windows for the nerves are no longer visible which indicates significant nerve damage for the patient. Because there is so much nerve damage the patient often cannot feel pain correctly. These areas become numb, weak and waste away!



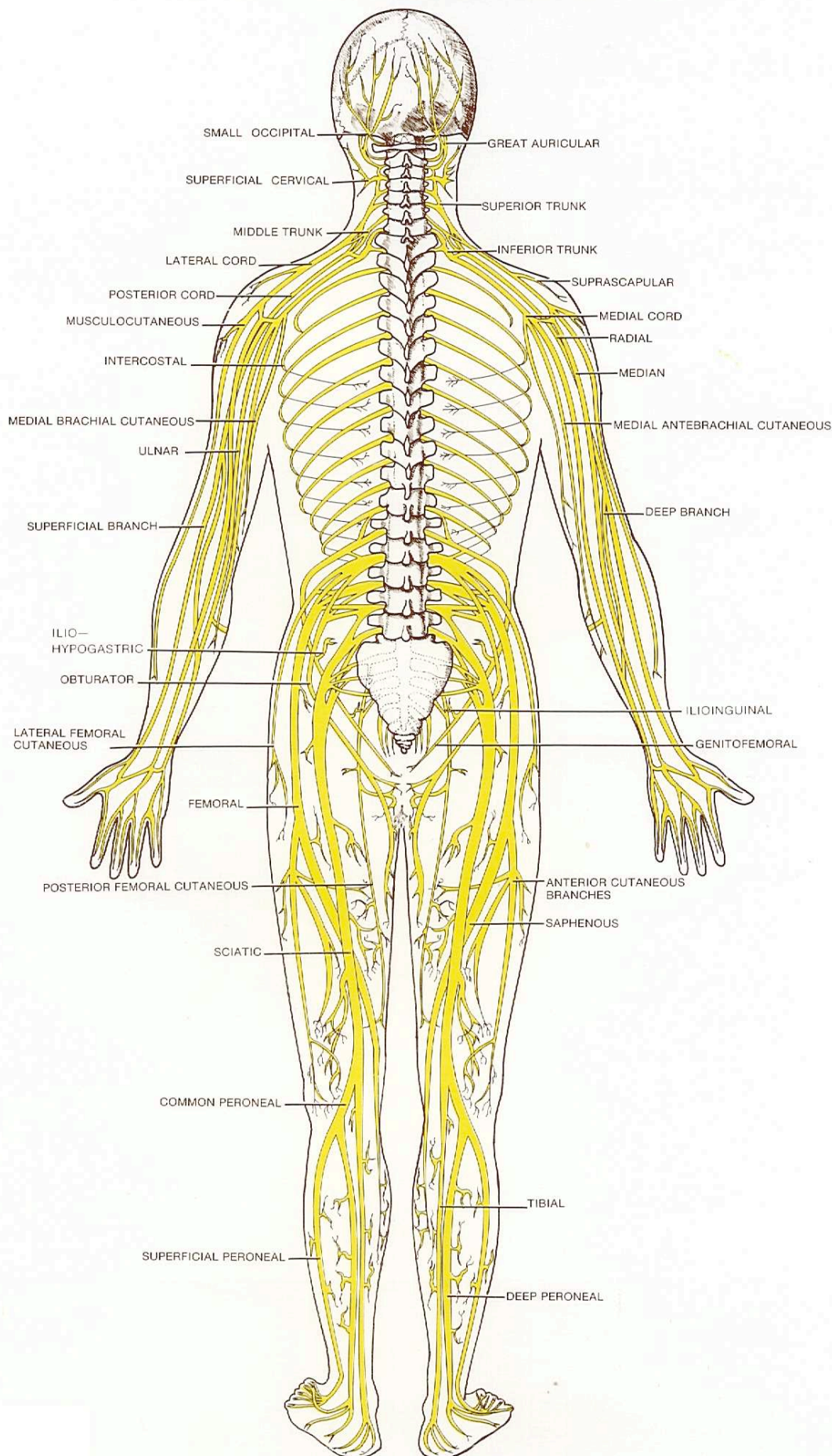
WHAT DOES SPINAL DECAY LOOK LIKE?

This is an 'inside' view of the lumbar spine (low back). The spine has been cut down the middle so we can see the inner workings of the vertebral column. The numbers in white represent the vertebral bodies of the lumbar spine (i.e. L2, L3, L4 and L5. In this specimen you can see very clearly the "open" nerve windows at the top of the photo as opposed to the "closed" nerve windows lower down the spine.



HOW DO YOU THINK SPINAL DECAY WILL AFFECT YOUR NERVOUS SYSTEM?

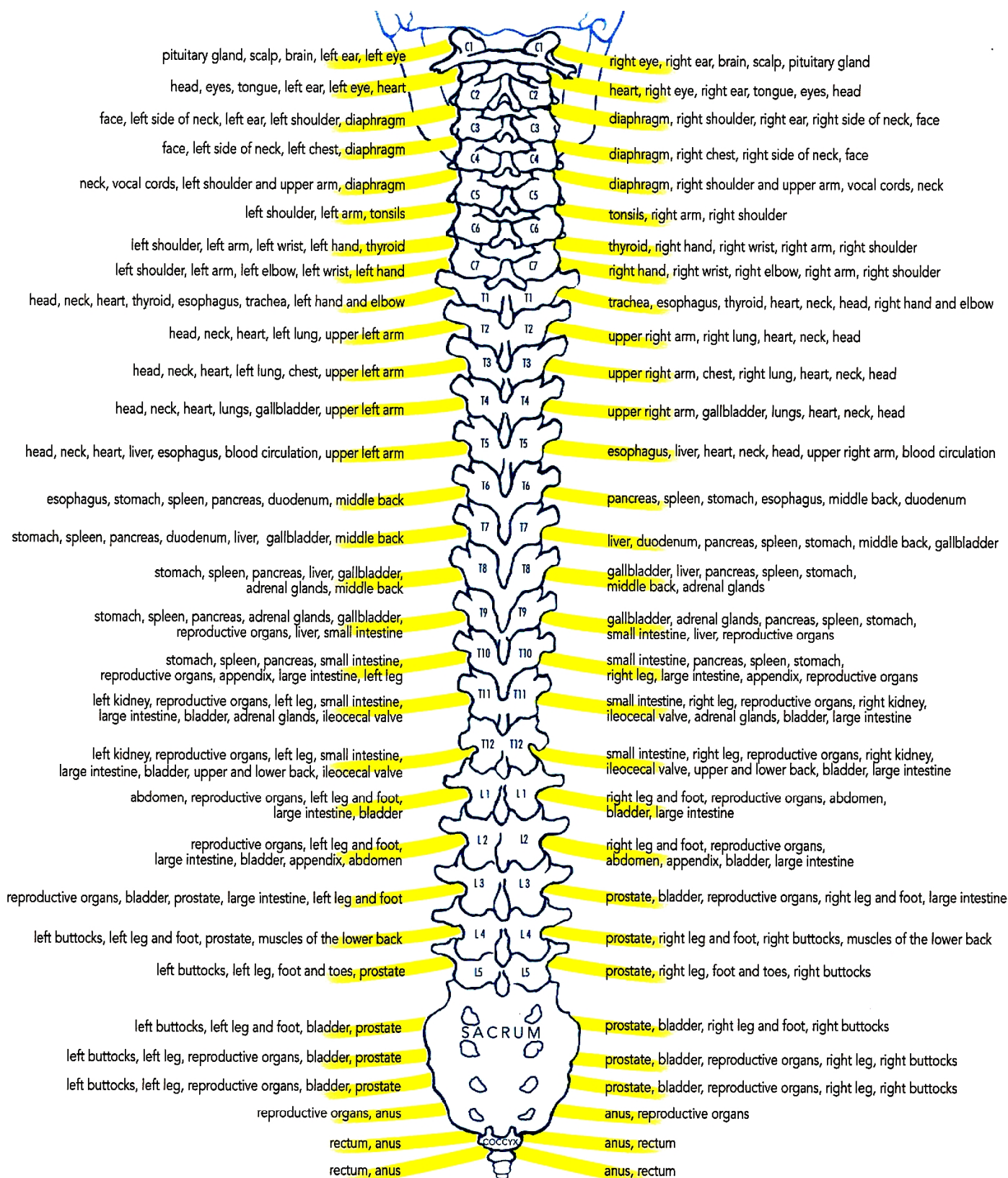
SPINAL NERVE DISTRIBUTION



SPINAL DECAY - HOW TO STOP THIS CRIPPLING CONDITION BEFORE IT AFFECTS YOU



HOW DO YOU THINK SPINAL DECAY WILL AFFECT THE FUNCTION OF THE BODY?



The nervous system is complex. Only the most significant neurological relationships are shown. Many organs and tissues have multiple nerve supplies.



WHAT IF CHIROPRACTIC CAME IN A LITTLE WHITE PILL?

Imagine if you could take a pill that could:

- Decrease your pain
- Stop or slow arthritis within your spine
- Give you more mobility
- Improve your immune system
- Help you sleep better
- Remove nerve damage and nerve irritation
- Improve your ability to bend, twist and move
- Get rid of headaches
- Give you more energy

Would you take it? Absolutely.

Would you be prepared to pay for it? Of course.

Would the drug companies begin lining up to patent it? Yes.

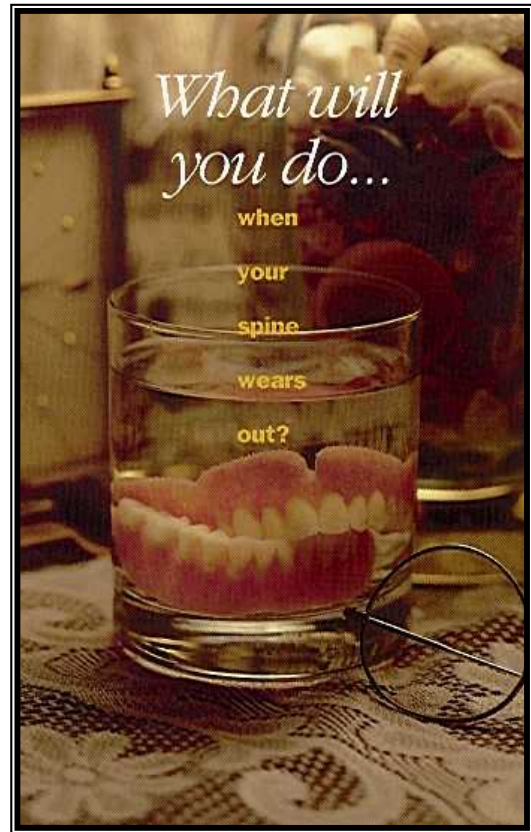
Would the drug companies produce fantastic marketing campaigns to raise your awareness of the problems and how they could fix it. Yeah, they've done it with everything else.

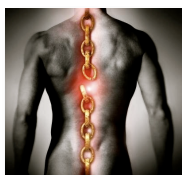
Would they sell it back to us for an enormous profit? They usually do.

Would they lobby the government through the AMA (medical association) to have it included on the "PBS"? They usually do.

Should the government subsidise the cost of Chiropractic care like other medications? Absolutely!!

Well we can't give a tablet to take once a month, but we do require you to come to the practice and receive this "magic pill" that comes in the form of a Chiropractic Correction.





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