

Dr. Todd Staker, of Staker Chiropractic Center in Cary, believes that a combination of our genetic makeup and lifestyle choices—the way we lift and sit, carry too much weight, or too seldom exercise—often add up to nagging, sometimes serious back pain. It is a pervasive problem: statistics indicate that more than 80 percent of the adult population seeks treatment for back pain, from moderate to severe.

Actually, says Dr. Staker, “I’ve come to believe that a majority of our population walks around with a bulging disc in their spines, primarily in the lumbar spine, but the condition is asymptomatic. It only becomes symptomatic when the disc presses on the spinal nerve as it exits out of the lower back area. So a majority of patients may have inherited low-back problems and degenerative disc problems, that may all of a sudden spring a leak much as a faucet does—and we all wonder at the cause. Actually, in fairly common cases like this, the condition has been building up for years.

“We do our most effective work in treating protruding discs,” he says. “The disc has two parts, the outer covering, which is very thick and strong, and the inner side, called the nucleus, made up mostly of a gel-like substance. With a protruded disc, the inner part of the disc bulges out, but it doesn’t break through the outer cover.

“An extruded disc is more serious, because now the outer covering breaks apart and the inner gel-like substance leaks through that covering. Pain is intense.

“Patients often seek relief in multiple ways, including steroid injections, acupuncture, physical therapy, and massage therapy. There is general agreement that surgery is the measure of last resort.

“And it is certainly true that chiropractic care is often an excellent choice for treating back issues, and we have a number of approaches to match the needs of individual patients. These include standard chiropractic adjustments, Active Release techniques, and the use of our Flexion Distraction table.

“Still, even with these different approaches, some patients are left with lingering pain. About five years ago, we took a giant step forward in the treatment of these especially difficult back problems with the introduction of our IDD decompression table. The results, for dozens of patients, have been life-changing.

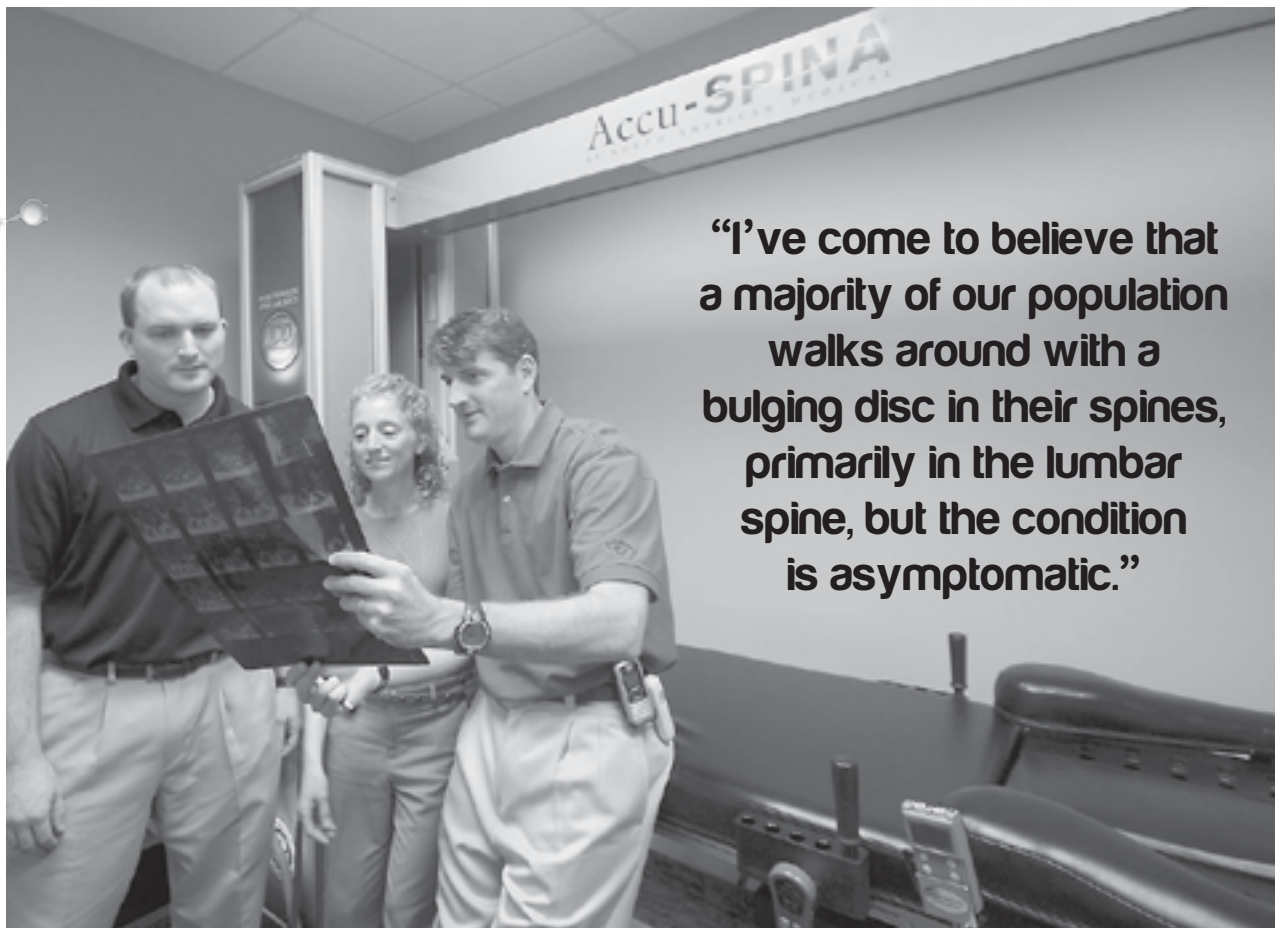
“IDD stands for Intervertebral Differential Dynamics—or intervertebral disc decompression. We deliver IDD therapy with a state-of-the-art Accu-SPINA treatment table that is, in fact, a highly precise computer regimen that utilizes treatment forces to manipulate and mobilize specific spinal segments. It is an extremely effective computer-directed spinal rehab system.”

THE REMARKABLE ACCU-SPINA TABLE

The Accu-SPINA IDD table, says Dr. Staker, “continues to be highly effective for treating low-back pain, herniated and bulging discs, degenerative disc disease, spinal stenosis, and sciatica”—problems that are typically the bane of a chiropractic practice, many of them passed on from one generation to the next.

“One of the most remarkable features of this high-tech, computerized table is the software that drives it,” says Dr. Staker. “The table is the product of North American Medical. The company relied on the expertise of orthopedic surgeons, neurosurgeons, neurologists, physical therapists, and chiropractors to develop the treatment protocols and write the software.”

Dr. Staker notes that “patients who have an MRI that diagnoses a herniated or bulging disc, severe disc degenera-



Dr. Staker, right, and his colleagues, Drs. Ben Schemmel and Linda Foglia, view an MRI of a patient who is an excellent candidate for IDD therapy.

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Your Genes and Your Back

tion, or spinal stenosis that has not responded to typical conservative care such as chiropractic, physical therapy, or acupuncture, may be perfect candidates for this Accu-SPINA IDD therapy.

“These are the patients who too often face the challenges of spinal surgery—and I’ve had neurosurgeons encourage me to do everything I possibly can before referring a patient for back surgery.

“And we have done that: traction, adjustments, mobilizations, Active Release Technique, and we do get good results. But there is still a small number of these patients who do not respond fully to these conservative measures, and I firmly believe that IDD therapy offers them their best prospect for relief: it is a non-invasive, non-surgical, non-pharmaceutical approach with an extraordinary high-tech medical device.”

IDD patients typically receive four Accu-SPINA treatments a week for five weeks, or, for more severe cases, six weeks. Sessions usually last for 25 minutes, followed by 15 minutes of icing. Most patients experience significant improvement by the end of two weeks of treatment.

The therapy is highly individualized, adjusting for the patient’s weight and size, the specific level where the disc is herniated or bulging, and many other factors. This information is put into the system’s computer program. “The other great feature unique to the Accu-SPINA table,” Dr. Staker notes, “is that it can treat either low-back or neck issues.”

TENSION AND TRACTION

“And then,” says Dr. Staker, “with great precision, this advanced technology isolates the exact area that needs therapeutic attention and applies exactly the right amount of tension and traction, as well as decompression.

“The primary objective is to elicit different levels of mobilization and manipulation to develop strength and endurance, range of motion and flexibility. Treatment parameters vary according to each condition or pathology being treated. Each condition has specific goals and desired outcomes of therapy and the treatment parameters are individualized accordingly. The treatment regimen can also be modified according to patient response and changing needs throughout treatment.

“When we set aside the technical talk, we now have a computer directing specific traction for a specific disc, taking pressure off of it, while allowing fluids to go in and out of the disc by oscillation—which is the table’s pumping effect. It’s the best possible option, in my opinion, that is available today for the non-invasive treatment of degenerative disc and for the herniated bulging disc. It’s really a terrific breakthrough in treating these kinds of difficult problems.” h&h

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