

Proposal: Shifting to a lower back pain treatment method that produces good results.

A change from “ONE of them” to “the ONLY one”

Total denial of forced traction

Presently, the following are generally known as lower back pain treatment methods: forced traction (decompression), biofeedback, transcutaneous electrical nerve stimulation (TENS), acupuncture, prescription of steroid and anti-depressant medicine, parenteral (injection) therapy, heat treatment, massage, ultrasound treatment, and administration of antiphlogistic analgetic, manipulation, exercise therapy, etc.

However, the "Guidelines for adult acute lower back pain patients" that was issued by the US Health Policy Research Bureau in 1994 states that many lower back pain treatments currently practiced are clearly ineffective and wasteful. The report also said, “We conclude that the time has come to, based on the results of scientific research, clarify the lower back pain treatment methods that are effective and those not effective.” The report also concluded that there was no scientific evidence in the effectiveness of the forced traction, biofeedback, transcutaneous electrical nerve stimulation (TENS), acupuncture, prescription of steroid and anti-depressant medicine, parenteral therapy, heat treatment, massage, or ultrasound treatment.

Moreover, it has been said that complete bed rest was good for acute lower back pain; however, these guidelines state that not only resting in bed is groundless as far as therapy is concerned, but also is detrimental as it possibly delays the time the patient returns to his/her original state. In their guidelines, the US Health Policy Research Bureau recommends spinal manipulation, non-steroid analgesic anti-phlogistic, and exercise therapy, etc. for lower back pain treatment methods. Among these, they strongly recommend that spinal manipulation as a safe method to rehabilitate patients, for it is effective both in improvement of

symptoms as well as in functional restoration. The United States is known as the “Lower back pain Country”, as quite a large percentage of patients claim lower back pain as their chief ailment.

These guidelines were established for the purpose of reducing the lower back pain treatment cost that had been climbing up. Currently in the United States, they say that the effectiveness of forced traction methods are completely negated and even if the treatment is carried out, the insurance company would not pay for it, or the amount paid is drastically reduced.

Shinichi Kikuchi, M.D. of Japan states in his book, "Not many professionals who specialize in the treatment of lower back pain believe that pelvic traction is truly effective." (“The myth of Common Sense on Lower back pain – 2nd edition”). “No research papers up to date back up the effectiveness of pelvic traction on any lower back pain patients whether his/her problem is acute or chronic.” (same reference). “It is easy to imagine that a considerable force is needed to restore the posterior protrusion of the waist intervertebral disk to the former state, and also to change the secondary curvatures of the lumbar vertebra. Moreover, the similar problems that are associated with bed rest treatment are feared to occur in pelvic traction treatment. In addition, it is also feared that thrombus phlebitis may develop in the lower limbs.” (“The myth of Common Sense on Lower back pain”)

Floating treatment

It is considered that the lower back pain is a gravity related trouble. If the force of gravity on the upper-body is removed and the internal inter-vertebral disk pressure is reduced, lower back pain can be eased. This gravity removal treatment method that removes the force of gravity on the upper-body exists in the United States. Dr. W.H. Kirkaldy - Willi describes the therapeutic advantage of the gravity removal treatment in his book, "Managing Low Back Pain " as follows: "The more acute the case, the more effective is this method."

"The 70 to 80% of the patients with herniations of inter-vertebral disks who needed surgery were able to avoid the surgery to treat the lower back pain."

"Patients evaluate this treatment highly, and 92.8% of them are satisfied with the treatment."

However, weightlessness does not necessarily eliminate lower back pain. Some astronauts reported cases of lower back pain occurring in space, under conditions of weightlessness. It is thought that the lower back pain is due to a rapid reduction of muscle and irregular alignment of bones although its certain cause has not been clarified. It is left as a research topic of space medicine. Although the cause has not been determined, exercise therapy seems to be an effective preventive measure.

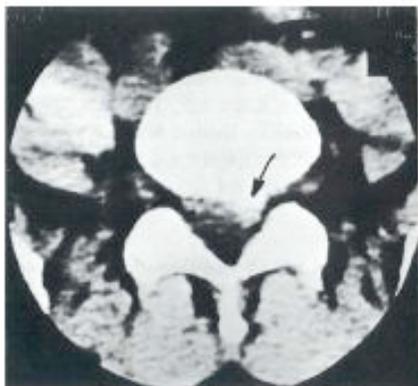


Fig 19-7 A large hernia protrudes (arrow). It suppresses S1 nerve root

A patent of medical treatment therapy is acquired

The United States Patent Office has issued a patent for the therapy related to this medical treatment. It is said to be extremely difficult to acquire such a patent because the effectiveness, as well as its progressivity and originality are examined. In 2009, this medical treatment therapy patent was awarded to the floating lumber type active exercise therapy (here after, Floating Manipulative Therapy (FMT) that was designed by Dr. Hiroshi Jonai and others.



Assembled Floating Manipulative Therapy (FMT)
PROTEC SYSTEM

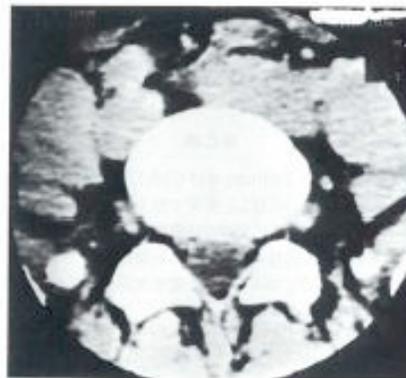


Fig 19-8 CT taken after 8 month's therapy. Reduction of neurological abnormality is seen. Easing of pain was also reported.

The Floating Manipulative Therapy (FMT) removes the weight of the upper body that bears upon one's waist and reduces the internal intervertebral disk pressure. Moreover, it allows the lower body to naturally hang, easing muscular tension and promoting blood flow to ease the pain. While lower back pain is being eased, therapeutic exercise of lower limbs can be achieved by stretching both the superficial muscle, as well as deep muscle groups. The effectiveness of this Floating Manipulative Therapy (FMT) method is in agreement with the knowledge on lower back pain treatment that had been researched and reported. Furthermore, the Floating Manipulative Therapy (FMT) equipment is being made available and now marketed.

Shifting to a treatment that produces good results

The device that can accommodate the Floating Manipulative Therapy (FMT) is currently used in many countries all over the world. Medical institutions in Japan that have introduced the FMT device evaluate the device as follows:

"It is highly effective for the treatment of low back pain of the acute stage."

"There is no patient discomfort, and can be applied to a wide variety of body types."

"The practitioner's load is minimal."

"It can be used as a therapeutic exercise device."

"It can be set up in a limited space."

"Senior citizens can be treated without any problems."

Until now, the device has been drawing attention mainly in the United States and others, but now, increasing number of facilities in Japan introduces the device for their orthopedic surgery clinics. This may suggest an all-out competition era in the orthopedics department population. It is said that about 80% of the Japanese would experience lower back pain during their life time, and about 50% of the patients who visit the orthopedics surgery department complain of lower back pain as their chief problem. Therefore, it is not an exaggeration to say treating and curing lower back pain patients

is an important management point in the orthopedics department clinics.

If clinics do similar treatments and get similar results, it is very difficult to differentiate one clinic from another. If there is no competition at all, no one needs to be different. In reality, however, the situation is rapidly changing as the bone setting clinics increase rapidly in number. Presently, because of deregulation, 7000 Judo orthopedists are certified annually. The number of the bone setting clinics is expected to exceed an abnormal 50,000 within 1 or 2 years. The number is equivalent to that of convenience stores.

Competition among the bone setting clinics is heating up, and some orthopedic surgery clinics are also becoming affected in certain area. Some orthopedic surgery clinics have seen a large reduction in the number of patients as the bone setting clinics scour a lot of lower back pain patients. On the other hand, the number of patients increased at those orthopedic surgery clinics that have aggressively introduced a new treatment method and showed good results.

It is not easy to introduce a new treatment method. But as far as lower back pain is concerned, a new treatment method can be introduced as the FMT equipment becomes available, rendering the treatment so simple with excellent results. Then, it will become distinguishable from neighboring medical facilities or other clinics, creating a superior position where managing can be made more stable.

{End}

*Monthly Medical Equipment- Special Issue
Issue title on June 25, 2010
(The Medical Equipment, publisher)*

*Translated from Japanese to English,
August 13, 2010*

[Reference excerpt]

P381 lower right side

Traction is defined as the act of drawing or pulling. Spinal traction was formerly used to treat spine disorders, but in the present medical world the term "traction" has come to be regarded with disdain and disinterest, as it promotes the mental image of enforced bed rest or people hanging like bats.

A) Evidence: An English thesis. Questionnaire on the goodness of the floating lumber type

Lower right P385: From the 7th line from the bottom to the last line

Patient compliance and satisfaction continue to be **Remarkably high**, even for the workers' compensation patient population. The percent of patients reporting satisfaction (eight areas of inquiry) as excellent, very good, or good at their 52 week follow-up was 85.7% for the workers' compensation group and 87.9% for all other patients.

B) Evidence: An English thesis : Clinical data of the floating lumber type

P386 [Observation At The 20 Year Milestone] Lower Left. From the 4th line from the bottom to the 4th line of next phrase. (This lower back gravity removal treatment has been clinically observed over 20 years.)

At 1-year follow-up, 30 of 42 workers' compensation patients (71.4%) and 34 of 42 non workers' compensation patients (80.9%) were able to avoid surgery. In its modern application the GLRTP has been effective not only in treatment but also in prevention and post treatment low back health maintenance.

C) Translated book from the same source, description in Japanese appears.

About GLRTP (Gravity Lumbar Reduction Program): "That is, the author thinks that recovery is taking place while the depressurization of the inter-vertebral disk is occurring. ... It was proven by usage at about 500 hospitals in the United States and other countries for 10 years. In addition, many important findings

were obtained." P261 right side Line 1 to the last line were excerpted. .

Regarding the complication, P266 under the e Complication title, it is described that "...there was no significant complication taking place at our facilities during the 10 year's clinical usage."

【 Supplemental Information 】

A) "English Reference document related to the astronaut's lower back pain"

What was unexpected was the discovery that low back pain became one of the more frequently described medical problems as a result of disc over distention. The answer to this problem was to initiate the wearing of compression suits for several hours each day or the development of artificial gravity environment.

The documentation of back pain being produced in astronauts because of disc over distention by a null gravity environment suggests the potential importance of using controlled anti-gravitational influence for beneficial purpose on earth.

B) English Reference documentation on "Gravity removal treatment of lumbar vertebra" (floating lumber type)

After a decade of clinical experience, it was evident that although the therapeutic results were most satisfactory, the program itself required improvement in educational content as well as in the technology of the devices being used. Other important considerations were reducing cost and developing an effective outpatient program.

【 list of references 】

It describes.