

AVOID BACK SURGERY



Written By
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Doctor of Chiropractic

"There will be a lot of people doing the wrong thing for back pain for a long time until we get it figured out. I just hope we don't hurt too many people in the process."

-Dr. Seth Waldman, MD (Neurosurgeon)

*Source: 2002 issue of Spine (Peer-Reviewed Medical Journal)

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Dedication

I would like to dedicate this book to my parents, and teachers, who taught me to always stand firm for what I believe in; the benefits of hard work; and the importance of family. It's due to these values that I am the Doctor I am today.

Should you join our family of patients, you are going to have a doctor who stands firm in her beliefs of what she does; a Doctor who will always work hard to help you, and a Doctor who will always treat you with respect and dignity...because that's the example my parents set for me.



Dr. Ramah J. Wagner is a third-generation alternative health doctor. She graduated from Palmer Chiropractic College in Iowa, where chiropractic was first discovered in 1895. Her clinic is located outside Orlando, Florida, where she works with cutting edge technology in the alternative healing arts – including chiropractic, nutrition, detoxification, acupuncture, emotional clearing and spinal rehabilitation.

Dr. Wagner was born and raised in Iowa. She worked with her parents in their clinic since she was 14 years old. In 2005, one year after working in other offices, she opened Wagner Chiropractic in Eustis, Florida. Dr. Ramah – as her patients call her – is an internationally recognized author and nationally known speaker. In her book, “The Health of Business – How to balance Your Life For Greater Returns”, she shares colorful stories and powerful healing methods to achieve your best life.

Dr. Wagner is doing exactly what she was supposed to do. She feels as if she was ‘called’ to this profession and even today she continues to be in awe of the body’s ability to heal, and that passion that struck her so many years ago has never waned.

Important Facts about Disc Centers of America NSSD Program

Welcome to the world of Non-Surgical Spinal Decompression. It is our goal to provide success and not just philosophy. Many companies just provide you with equipment; you need to look carefully at what you are receiving. Research and marketing are germane in the world of Spinal Decompression.

Disc Centers of America doctors offer Non-Surgical Spinal Decompression, which is a conservative approach to disc restoration, maintenance, and support through TDC Therapy (a form of decompression therapy and exercise protocols to help patients restore their health), exclusive to Disc Centers of America.

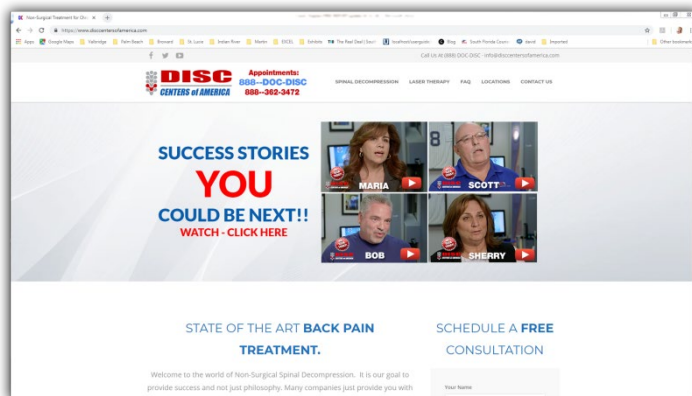
Millions of Americans who have suffered or know someone suffering from back pain now there is a non-surgical, non-invasive solution. Back Pain has reached epidemic proportions. Now to understand how severe this epidemic is consider that Low back pain is the second most common symptom related reason for seeing a physician in the United States, or approximately 19 million physician visits annually. It is estimated that 85% of the US population will experience an episode of LBP in their lifetime.

The cost for the treatment of low back pain is staggering. Back pain is a billion dollar industry. According to Newsweek magazine in an article THE PRICE OF PAIN, by

Karen Springer, that in the year 2005 Americans spent \$85.9 billion looking for relief from back and neck pain through surgery doctor's visits, X-rays, MRI scans and medication, up from \$52.1 billion in 1997, according to a study in the Feb 13 issue of the Journal of the American Medical Association (JAMA).

She went on to report "Not only are more people seeking treatment for back pain, but the price of treatment per person is also up. In the JAMA study, researchers at the University of Washington and Oregon Health & Science University compared national data from 3,179 adult patients who reported spine problems in 1997 to 3,187 who reported them in 2005—and found that inflation-adjusted annual medical costs increased from \$4,695 per person to \$6,096.

Today, you don't have to live with that pain anymore. Thanks to the concerted efforts of a team of top physicians and medical engineers, Non-Surgical Spinal Decompression (NSSD) was developed to effectively treat lower back pain and sciatica resulting from herniated or deteriorated discs. NSSD, not only significantly reduces back pain in many patients, but also enables the majority of patients to return to more active lifestyles.



For more information on the NSSD Program and more, visit our websites at

**www.DiscCentersofAmerica.com and
www.EustisDiscCenter.com**



A Special Note from Dr. Ramah Wagner, D.C.

I'm glad you've taken a step to finding a solution for your very serious DISC problem.

The information contained within this report will most likely be new to you. Throughout this report, we will go over the entire Non-Surgical Spinal Decompression (NSSD) process. Be sure to read through the entire report.

The goal here is not to "sell" you anything. It is merely to educate you on your exact problem and inform you of an option to help you AVOID BACK SURGERY!

Let's not waste any time...let's get started!

Yours in Health,



Dr. Ramah Wagner, D.C.

Doctor of Chiropractic

**P.S. Feel free to email us: info@wagnerchiro.com
if you should have any questions after reading through this entire report.**

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Chapter 1:

Are My Symptoms or Conditions My Problem?



You must understand the #1 factor that we have in our office before we will accept you as a patient for our program for NSSD program.

Please pay close attention to this distinction:

The symptoms you are experiencing are not your problem!

You have symptoms, right? They may include neck or low back pain, arm or leg pain, sciatica, numbness or tingling, burning, limited range of motion, and the list goes on.

The symptoms you are experiencing are not your problem!

Read that last line again...you must understand it.

Webster's Definition of symptom: *something that indicates the existence of something else.*

A symptom; here's a good example: the lights on your dashboard of your car. When they go on they are telling you that something is wrong; break lights out, engine needs to be checked, overheating, etc.

Those lights are a symptom indicating that something is wrong. The light itself is not the problem. You can remove the light, cover it with a piece of tape, spray paint your dash black, so you can't see it, you could cut the wire to the light bulb, but the problem will not be fixed. The problem is still present.

In our office the symptoms have the lowest value during an evaluation because they can be

varied. All we would be doing is chasing your symptoms and never find out where the real problem is located.

If someone asked you right now, “What is your problem?”, you would most likely tell them that you have a bulging disc, herniated disc, spinal stenosis, degenerative disc disease or a ‘bad back’ or whatever your case may be.

Listen closely...

Those are not your problem. You may have been to a medical provider and have been diagnosed with one of those, but that is NOT, let us repeat, that is NOT your problem.

Now you are probably reading this thinking “This doctor is crazy.”

Stay with us, I’ll explain.

Those are what we call ‘conditions’. Conditions are indications that something else is going on. YOUR PROBLEM is causing your conditions.

Problem –leads to→
Conditions –leads to→
Symptoms

Let’s look at a plant for example. If the leaves on a plant begin to brown, would you say that the brown leaves are the plants problem?

Of course not, the leaves turning brown is just a condition that is telling you that there is something wrong with the plant.

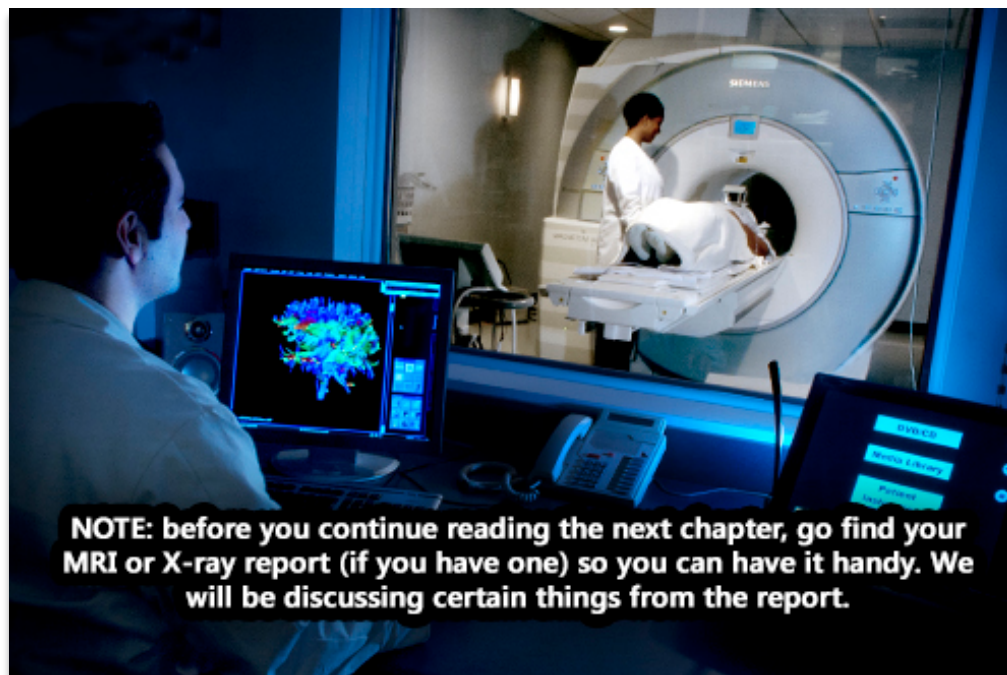
The plant is unhealthy and needs water and nutrients. You could spray paint the leaves green, but it just covers up the condition. The underlying problem still exists and will continue to produce brown leaves until you fix the problem.

The plant is unhealthy!

Are you with us so far?

Great! In the next chapter we will answer the question: “What is my **problem** that is causing the **condition** which is causing my **symptoms**?”

Be sure to keep reading.



Chapter 2:

What is the Problem in My Spine?

In the first chapter, we explained the #1 distinction that we have in our office...every patient must understand it.

Can you recall that distinction?

If you do not remember please STOP reading this chapter and go re-read the last chapter, especially line 4 under the Chapter 1 title.

Ok, so at this point you anxiously want to know the answer to the question “What is causing my **problem** that is causing the **condition** which are causing my **symptoms**?” right?

Let us start off by giving you a quick anatomy lesson. The spinal DISC is the cushion between the bones in your spine. There is a bone called a vertebra above the DISC and below the DISC. At each level there is a pair of spinal nerves that exit between the bones at the level of the



DISC.

The spinal DISC is what allows for flexibility and range of motion in your spine. Another important role of the spinal DISC is shock absorption.

The spinal DISCS are avascular. What does that mean? This means that the DISCS do not have a blood supply with circulation.

The only way the DISC can receive the water, oxygen and nutrients is by an inherent mechanism within each one of the DISCS. The mechanism is called:

“The Pump Mechanism of DISC Nutrition”

As you walk and bend throughout the day, the spinal DISCS are constantly pumping water, oxygen and nutrients in and out of the DISCS at each level of the spine.

When this pump mechanism fails, what happens?

What happens when you decrease circulation in any type of tissue...whether it's animal tissue, plant tissue or human tissue?

It begins to die and becomes weak, right?

Going back to our plant analogy from the last chapter, if the plant is not receiving the circulation (water) that it needs to survive, the plant will begin to show brown leaves and then begin to droop. This is a sign that the plant is becoming weak in your spine, when the pump mechanism fails (let's say at the L4/L5 DISC), the DISC will begin to degenerate and become weak.

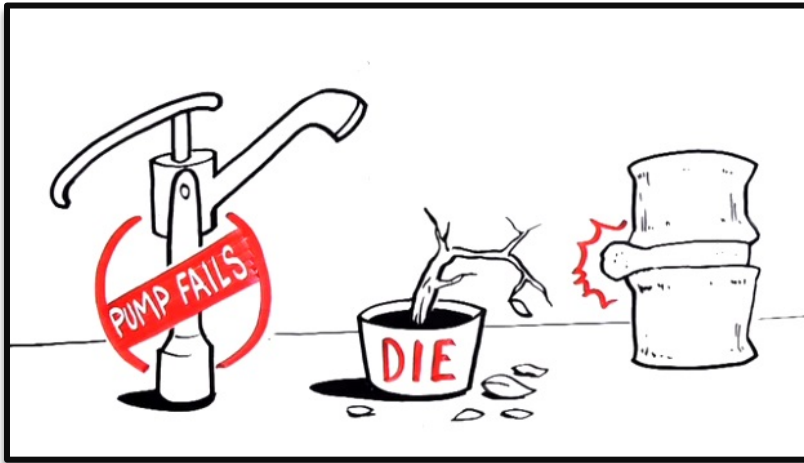
The weakness causes the DISC to begin to bulge and then will eventually herniate. The herniation can cause even more severe conditions and symptoms such as spinal stenosis, facet arthropathy, sciatica, numbness, tingling in the legs and feet, etc.

When that specific level does not heal and repair the DISC above and below the herniated DISC level will begin to fail as well. This is because those DISCS now have to take on the weight and shock from the failed DISC. It is doing the job of two DISCS.

This is when it comes classified as Degenerative Disc Disease.

Remember . . .

Check your MRI report to see with which conditions you have been diagnosed with!



That's all for this chapter. In the next chapter, we will cover the three (3) MRI signs of a failed Pump Mechanism of DISC Nutrition. You will also be able to see an example of these three signs on a real MRI. A normal MRI will be shown as well as an MRI with the three signs showing the result of a failed pump mechanism.

Chapter 3:

3 Signs on X-Ray & MRI to Determine Your Problem

When analyzing an MRI to determine or not the pump mechanism has failed, we look for three (3) signs.

First, by X-Ray, or MRI, or both, we look at each of the DISC spaces to determine which DISCS have a decrease in space or height of the DISC.

As you go down the lumbar spine (low back), the DISCS should get thicker and thicker.

NOTE: The cervical (neck) spine is similar, but for this example, we are only looking at the lumbar MRI.

Next, we look for a darkened DISC space.

The DISC space in a normal, healthy DISC will be plump and is shaded white in color. The whiteness in the DISC on the MRI is telling us that the DISC is full of water, oxygen and nutrients.

When the DISC begins to darken, it tells us that the DISC is losing hydration, oxygen and nutrients. This darkness is a definite indication that the DISC is becoming weak and will eventually cause an unwanted **condition**, if not already present.

Thirdly, we look for a bulge or herniation to be present at the same level where we see the first two signs.

You can see this on the example MRI which has been printed on the next page.

The MRI on the left is a normal MRI and you can see the large DISC spaces, white/plump DISCS and no bulge / herniation.

The MRI on the right is an example of an unhealthy spine. The lower DISC space is almost completely darkened, and you can see clearly the herniated DISC.

The surprising thing is that all of this occurs before you even know it's happening.

First, the pump begins to fail. This can be due to some under-lying trauma or simply repetitive stress on the DISC causing the pump to fail. Either way, this failure occurs without you knowing it right off.

Second, the DISC begins to lose its water, oxygen and nutrients and begins to become weak. It starts losing DISC height. It begins to become weaker and finally bulges.

Actually, you don't start noticing the pump has failed until symptoms occur. Once they begin these symptoms usually never go away and continue to get worse. You will also notice that as it gets worse, more symptoms start to appear.

This begins a path of endless treatment.

In the next chapter, we will dive into something that we call "Phenomenon #1". We will discuss four traps that you can fall into when seeing a provider for treatment.

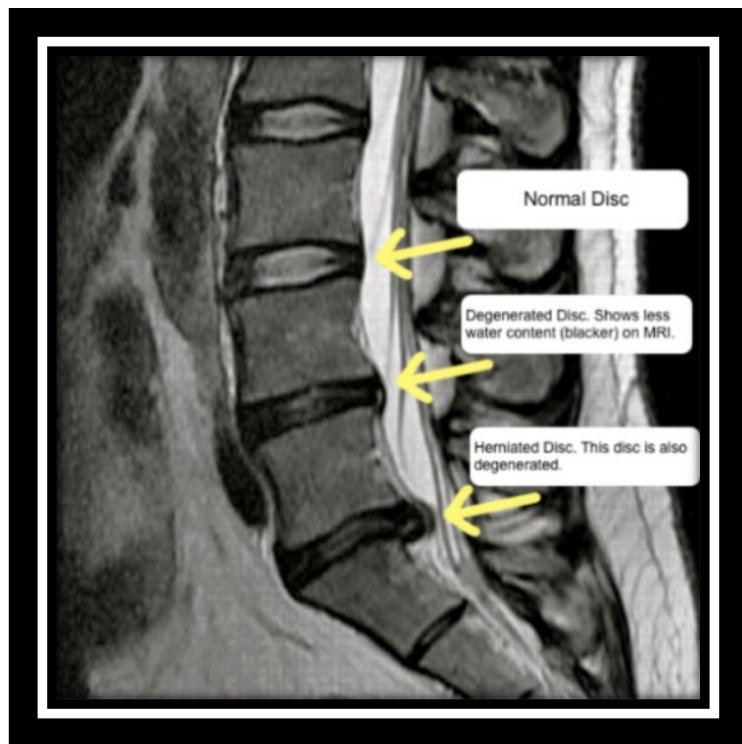
For the next chapter, we want you to ask yourself the following questions

Have I been told that I need surgery?

What do I think about the possibility of surgery?

What do I think will happen if I leave my back untreated?

How serious do I consider my condition?



Example of an Unhealthy Spine



Example of a HEALTHY Spine

see the
DIFFERENCE

Chapter 4:

The Four Traps Keeping You in Pain

FIRST TRAP:

At this point in the sequence of events your symptoms have appeared; and you may have started trying to treat the symptoms yourself.

You might try exercise, stretching, physical therapy, acupuncture, over-the-counter pain medications, traditional chiropractic care, Pilates, yoga, etc.

These treatments that you try seem to 'do the trick' for a few days or weeks (maybe even months), but the pain always seems to come back again and again.

Usually the pain (symptoms) comes back with a vengeance.

Then, after unsuccessfully being able to rid yourself of the pain...

SECOND TRAP:

You decide to visit your primary care doctor for a 'better look' at the situation. Often in today's world this may simply be a Nurse Practitioner, or a physician's assistant.

While at the many doctor's offices, often due to managed care guidelines, they don't even do very many tests and automatically prescribe you medications. Commonly this is a muscle relaxer, anti-inflammatory and pain pills. Now the problem is these may treat the symptoms, but not the cause.

You are often told to come back in a week or two if symptoms are not any better.

Guess what? You go back in several days, weeks, or months later and you are not any better. It is even possible, you may be worse.

Sometimes you may be given more powerful drugs and then eventually referred out for spinal injections. PLEASE NOTE, EPIDURAL INJECTIONS ARE NOT FDA APPROVED FOR BACK PAIN!
<https://www.fda.gov/Drugs/DrugSafety/ucm394280.htm>

By this time, days, weeks, or months have elapsed since the start of your symptoms and the pain is constant and gradually getting worse.

You go in for another evaluation, but this time your medical provider decides to do an MRI to determine the extent of the damage over the years.

The results are in...you have Degenerative Disc Disease (DDD); there is a bulging, herniated or ruptured DISC. Maybe even spinal stenosis and arthritis.

You go for your follow-up visit after the MRI and many times the Health Care Provider refers you out for an evaluation at the neurologist or neurosurgeon.

At this point, you know what's coming...SURGERY!

The good news is today more and more Health Care Providers are learning and utilizing NSSD, and often refer to DCOA doctors.

Unfortunately, you may know a couple people who have had back surgery and many cases reported no relief, or that their symptoms became more severe after the surgery. The statistics are not good. Tiger Woods, the golfing icon, recently underwent his fourth back surgery. Some are often put on disability, or in some cases, the worst cases, are confined to a wheelchair. Look up failed back surgery syndrome online.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4590097/>

Many of the neurosurgeons today may tell you that they cannot do surgery on you because your back is not bad enough...YET. This is good news as it means you are the perfect candidate for NSSD. The key here is don't wait until they tell you that you will eventually need back surgery, but they will just have to continue monitoring you until that time comes.

Did you know that many times the people who have back surgery must have a second surgery (Source: April 2002 issue of New Yorker)

Why? Keep reading...

Eugene Carragee, MD from Stanford University stated:

Less than 25% will be completely successful.

For most patients, the surgery does NOT have a dramatic impact on their pain or mobility; and Prognosis of a back free of pain; "fairly poor".

Quote from Dr. Seth Waldman, MD in the 2001 issue of Spine:

"If you have a screwdriver, everything looks like a screw. There will be a lot of people doing the wrong thing for back pain for a long time until we get it figured out. I just hope we don't hurt too many people in the process."

Dr. Waldman specializes in patients with FBSS (Failed Back Surgery Syndrome).

THIRD TRAP:

The reason why the Health Care Providers continue down this same path over and over again is because it is considered the Standard of Care (S.O.C.).

They are taught in school how to treat patients according to the S.O.C.

Not always because it is what is best for the patient, but because that is what is required if you want to get paid for your services.

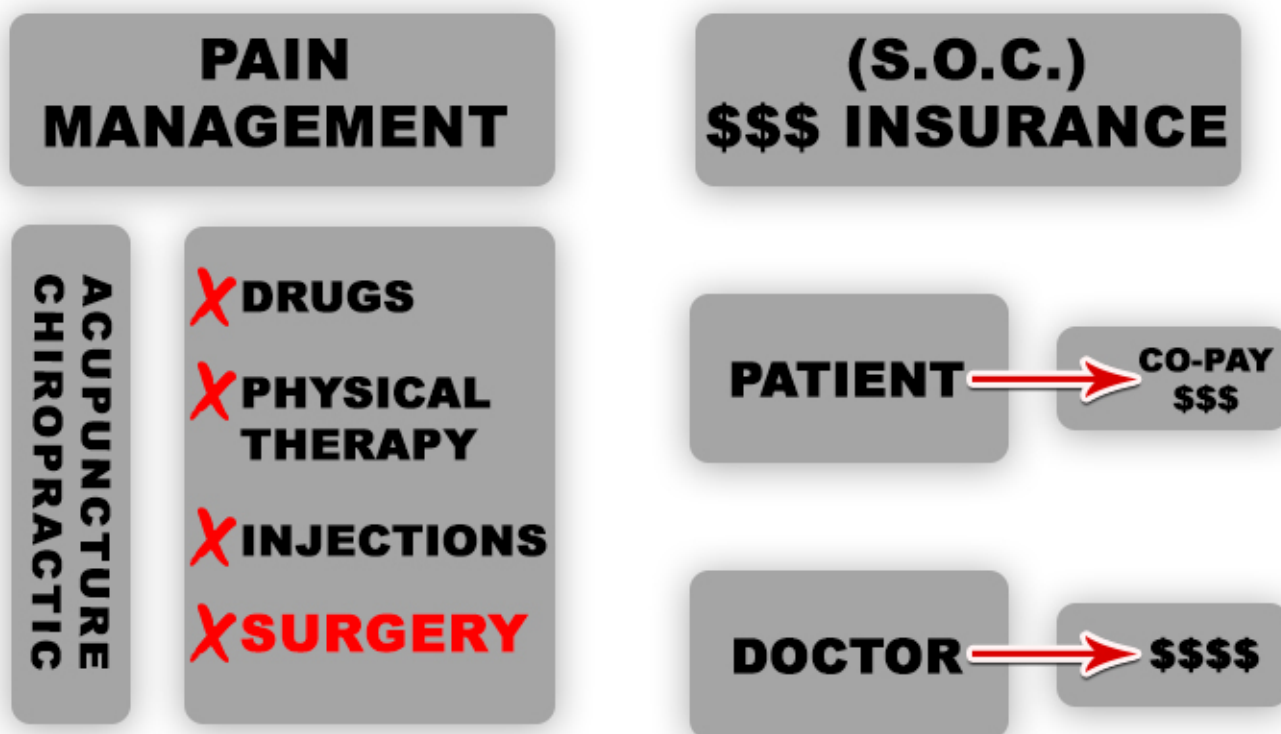
FOURTH TRAP:

You, as a patient, do not want to pay anything upfront and the doctor wants to get paid. Your Health Care Provider is often told by insurance carriers that the only way he/she is going to get paid for their services is to stay within the Standard of Care (S.O.C.).

This is what we call "Insurance-Dictated Healthcare" and it is totally flawed.

Everything that we have just covered is a BIG TRAP!

PHENOMENON #1



IT'S A TRAP!

We call it a phenomenon...more specifically 'Phenomenon #1'.

It's a trap because what many doctors are trying to do only covers up the symptoms and does not fix the problem...the unhealthy DISC.

The drugs and injections just mask the pain.

The spinal surgery often just temporarily (if successful) relieves pressure from the nerves, which is why afterwards some patients may undergo additional surgeries.

The number one question you should ask any provider when giving you anything for treating your back is:

"Will this XYZ treatment make my DISC healthier?" They may not be able to answer your question, or they might even tell you that the DISC cannot heal and repair.

This chapter has been a long one, but we decided to keep it long because the information is important.

In the next chapter, we will get into 'Phenomenon #2'. You do not want to miss this one.

At DCOA, we focus on the cause of your problem not just treating your symptoms. DCOA doctors frequently work with primary care physicians to help you through this process.

Chapter 5:

Phenomenon #1 versus Phenomenon #2

PHENOMENON #2



YOUR FOCUS NEEDS TO BE ON THE PROBLEM

In the last chapter, we went over **Phenomenon #1**. Do you recall?

In a nutshell, Phenomenon #1 is basically one BIG TRAP!

We call it the Pain Management Cycle (PMC). The issue with PMC is that the underlying problem is never fixed.

Phenomenon #2 is the fact that as you continue to treat your symptoms, the spinal DISC is getting worse and worse.

(Example: continuing to spray paint the brown leaves green on the tree instead of fixing the problem).

The DISC is becoming more weakened.

You, as the patient, need to change your focus!!!

YOU must make a conscious decision to STOP focusing on your symptoms and start focusing on your spinal DISC.

YOU HAVE A DECISION TO MAKE HERE! Think about this for a moment.

You can do one of two things:

So, you are stuck chasing your symptoms and never healing the unhealthy DISC.

While Phenomenon #1 is occurring, there is another phenomenon occurring:

It's called '**Phenomenon #2!**

- 1) You can continue with Phenomenon #1 (which up until this point has not worked for you) and continue the S.O.C. and neglect your spinal DISC

OR

- 2) You can begin focusing on Phenomenon #2 and start on the road to allowing your spinal DISC to heal and repair.

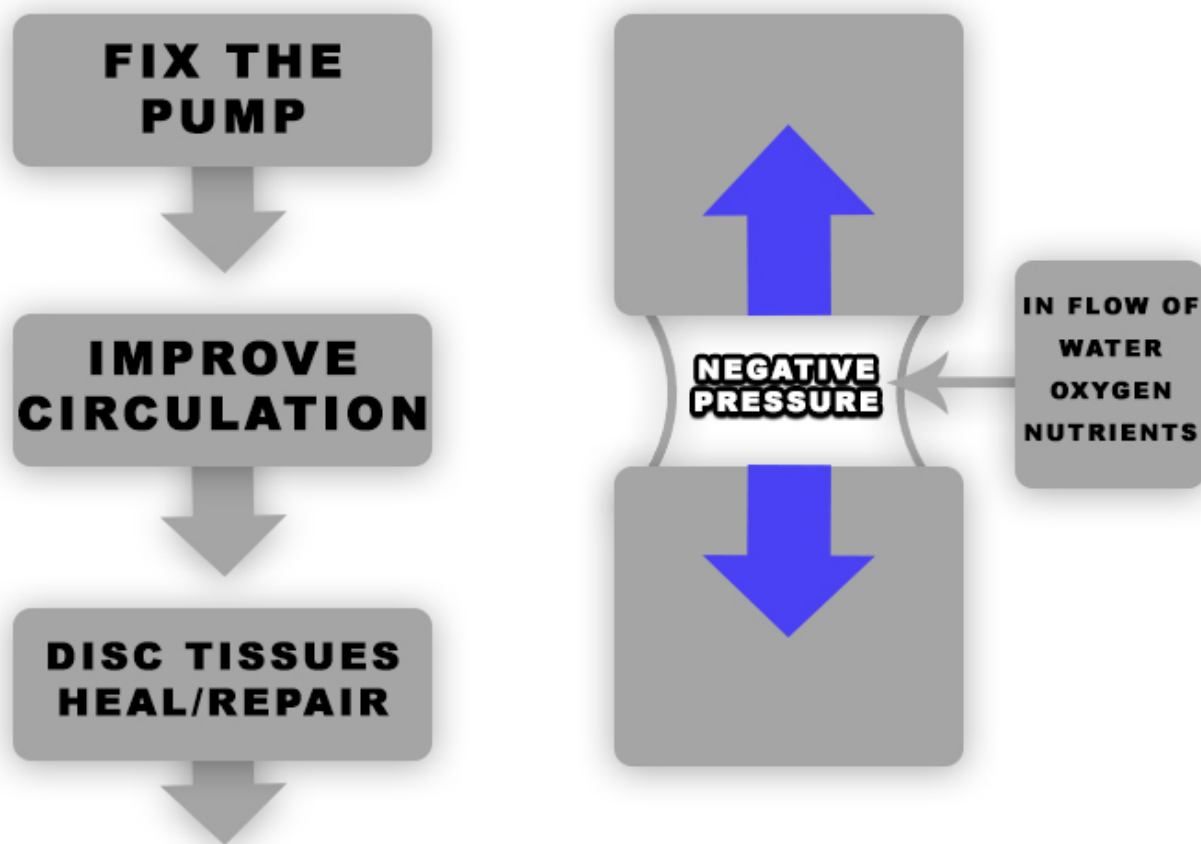
Your focus needs to be on the **problem** (the failed pump mechanism).

In the next chapter, we will cover the details on how NSSD works to fix the **problem** in your spine, which is the Failed Pump Mechanism of DISC Nutrition

Chapter 6:

Details of Non-Surgical Spinal Decompression

HOW DOES NON-SURGICAL SPINAL DECOMPRESSION WORK?



We are going to assume that since you are still reading that you have hopefully made the decision to STOP focusing on Phenomenon #1 and to start focusing on your unhealthy DISC(s).

We can now go into detail about how NSSD works.

The main component of NSSD utilizes a highly specialized machine that allows a negative pressure to be built up inside the DISC.

There are many components that make DCOA and their doctors unique. This begins with ongoing training and certifications. This is a continual process at Disc Centers of America. A main component of NSSD is the equipment and software. DCOA doctors utilize a special FDA cleared piece of equipment that assists the body in developing negative disc pressure. Negative disc pressure is significant in the healing process.

We will provide you with a folder, inside you will find many medical research articles on Degenerative Disc Disease, DDD, from doctors

who have worked with or taught at schools like Harvard, Stanford, Johns Hopkins, Emory, Georgetown, even the Mayo Clinic. DCOA doctors are highly trained, and regularly study existing and emerging research on NSSD. Please take a

In one of the articles by, Michael D. Martin, M.D., Christopher M. Boxell, M.D., F.A.C.S., AND David G. Malone, M.D., it states in the third paragraph:

“The DISC ITSELF is ACTIVE tissue that contains significant mechanisms for SELF-REPAIR.”

WOW! This is such great news for you! Most health practitioners say to us; “I had no idea that the DISC can repair itself. I thought once it began to deteriorate it never comes back.”

Our entire practice is built on that one sentence.

If the DISC itself could not heal and repair itself, then the entire NSSD that we use would be useless.

Do you remember from Chapter 2 when we talked about the specific mechanism that allows the DISC to heal and repair?

It is called **“The Pump Mechanism of DISC Nutrition”**.

Are you wondering “HOW” the device that we use allows the negative pressure to build up inside the DISC?

If so, than good.

The device can focus specifically on the bone above and below the DISC in your spine that is unhealthy.

The device pulls UP on the bone above and DOWN on the bone below causing the DISC to be ‘decompressed’.

All this is done without drugs, injections or surgery!

moment to review some of the articles your doctor has provided you with.

The best part of it all, IT IS PAINLESS, and the only side-effect is that you get better!

Now the device doesn’t just do this in one cycle. The device has a special computer regulated algorithm that causes the DISC to be decompressed in alternating cycles.

What does that remind you of? Hopefully you considered a PUMP!

The device is artificially re-creating the pump mechanism that has failed allowing the water, oxygen and nutrients to be pulled back inside the DISC to allow it to heal and repair.

Now once you fix the pump, you increase circulation.

The increased circulation allows the DISC to heal and repair. (See the illustration on page 20)

Alright, we have covered a lot of information in this chapter.

Almost too much information for one sitting. We will continue in the next chapter...

In the next chapter, we will be going over the difference between NSSD and a traction table (or inversion table) as well as going over the specifics of what the entire program entails.

A NSSD program does not just consist of a decompression table.

There are very specific protocols you must do in the office before and after each session. We will go over all of this in the next chapter and let you know how many sessions may be needed and the overall length of the treatment.

Chapter 7:

What is Included with the NSSD Program?

We at Disc Centers of America, one of the nation's leading centers on Disc injuries are dedicated to you, the patient.

Now that we are in the last chapter of this FREE Report about avoiding back surgery. We wanted to take a moment to thank you for your time.

We know you have a serious condition and that is why we have dedicated our time to helping people just like yourself.

As Doctors of Chiropractic, we find the most difficult patients to help are those with serious DISC conditions.

The adjustments would only be a 'quick fix' and in rare cases would flare up the patient. They would have to come back again and again for another adjustment. The good news is modern technology has changed all that.

Chiropractic works wonders in MOST instances, but we are talking specifically about damaged, unhealthy, thin, bulging DISCS.

Again, we are so thankful that you have taken the time and allowed us the opportunity to show you an option to avoid back surgery.

Even if you choose not to use our services, we hope you gained some valuable information from this FREE Report.

Number 1 Takeaway: Whomever you choose to treat your serious DISC condition, be sure to ask them one question:

"Will this XYZ treatment make my DISC healthier?"

Remember, only DCOA doctors are certified and trained on TDC therapy, this gentle protocol is the DCOA difference.



The key to this booklet is for you to ask any of your doctors will the treatment prescribed help heal my disc?

If it won't make the DISC healthier, DON'T DO IT!

OK, let's continue with this last chapter.

A straight traction or inversion table is NOT the same thing as the decompression device that we use.

The traction / inversion table provides a traction force across the entire spine and is not focused / concentrated on the exact DISC(s) of the spine that has the failed pump mechanism.

The DCOA difference, is we utilize a decompression device that focuses on the specific DISC that is unhealthy and that needs the pumping action to start again.

It does this by using a series of angles and an algorithm that is designed for each of the DISCS in the spine. The device can focus just on certain DISCS, whether they are in the low back or in the neck.

Make sure your doctor uses a FDA cleared device. DCOA doctors only utilize FDA cleared equipment.

When we were deciding which device to use in our office, we wanted to make sure we were using the BEST in the industry so that our patients would get the BEST results.

The main component of a NSSD program is the decompression; however, let's go over all the specifics of what is included with the program we provide at DISC Centers of America.

1) NSSD Spinal Decompression

Is usually performed for 23 – 30 minutes each session

2) Chiropractic Spinal Adjustments

Utilizing a specialized technique based on your condition.

3) Whole Food Supplements and Collagen Support

The nutrients the DISC needs to heal/repair. (Your DCOA doctor will review in detail the supplements you may need.)

Lumbar back brace (Low back patients only, varies by patient)

These braces are worn 1 to 4 hours after each session and/or several hours per day, Based on your doctor's recommendation.

4) Ice Application

Used for 7 to 10 minutes after each session

5) Low Level Laser Therapy (Cold Laser)

Laser, cold laser device utilized to enhance healing of the annular areas of the DISC

6) Specific Exercise Program

Designed to strengthen every muscle in the body including the all-important intrinsic muscles of the spine which are critical for long term results. (These exercises can be found on the DCOA mobile app.)

7) Orthotics may be recommended by your doctors depending on the severity of your condition.

Orthotics are sometimes recommended to expedite the healing process. Your doctor will determine if orthotics are needed.

Many doctors utilize computerized programs that assess your feet in motion. A report is generated that we have reviewed your

findings. Specific customized inserts are created utilizing the computerized technology to help keep your feet going straight and avoiding pronation/supination that leads to knee, hip and back problems. This is why many times the Armed Forces will not take anyone with even a slight foot problem. They know it leads to knee, hip and lower back problems / surgery. You have 206 bones in your body. 40% of those bones are in your feet! That is why orthotics are critical.

The next question you should have at this point is: "How many weeks does it take?"

The entire NSSD programs vary by the patient's condition: acute, or chronic, if there are multiple bulges and or herniations. DCOA doctors are nationally certified by major University teaching facilities. Time of treatment is constantly utilized in conjunction with many Medical Research papers. Without complications, or multiple levels of pathology, this is usually in the range of 20-30 visits. Your DCOA doctor will review your conditions in detail, and will customize your treatment accordingly specific to your body and needs.

So, as you can see, this treatment is NOT a quick fix. It is NOT for everyone. It takes time for your body to heal and repair.

The treatment frequency is high because we are working to return the circulation back to the DISC. Over and over and over again we initiate the disc pumping mechanism to allow the DISC enough water, oxygen and nutrients to be able to heal and repair.

By the end of your treatment program your DISC will have repaired to the point that the pump mechanism will have been re-created and working on its own, to the best of its ability, without the artificial pumping action.

You must be COMMITTED to this treatment before you begin. If you are not committed to the program; if you do not stick with the protocol that has been provided; you will NOT get better.

IMPORTANT NOTE:

We do NOT accept everyone as a patient for this treatment program in our office. We only accept patients that are HIGHLY committed and willing to stick with every aspect of the treatment regime.

During the evaluation process we might determine that due to the specifics of your case that you are NOT a candidate for that treatment program. If that is the case, then we will refer you to someone that may be able to better help you.

Alright, we know your mind is really working right now and we don't want to overwhelm you in just one single chapter.



In Appendix 1, we will go over some Frequently Asked Questions (FAQ's).

In Appendix 2, we will also explain how you can schedule an evaluation to determine if you are a candidate for the treatment program which we provide.

In Appendix 3 we will share a personal case study with you

APPENDIX 1:

Frequently Asked Questions (FAQ's)

1. Do I need an X-Ray, MRI, or both to be accepted for a NSSD program?

In most cases, yes. The X-Ray and the MRI are the gold standard in determining whether the pump mechanism in the DISC has failed. Most insurance companies cover the MRI, or if you do not have insurance, you can pay cash to the facility we prefer in the area. Ask our front desk for the number.

They do an outstanding job and the most detailed spinal MRI reports. They will fax us a copy of your report as soon as it gets read (*ask them for a CD copy of your MRI, and a copy of your report.*).

1. If I already had an MRI, will I need to get another one?

In most cases, your existing MRI will be sufficient in determining whether or not you would be a candidate for a NSSD program, as long as it is recent, and your condition has not changed.

2. Does a NSSD program work with patients with arthritis in the spine?

YES. We cannot reverse the arthritis. If we can allow the DISC to heal and repair, the progression of the arthritis will dramatically slow down. The arthritis in the spine is due to the DISC not acting as the 'shock absorber' and the shock is transferred into the bones above and below the DISC. The stimulation of the bone cells from the shock causes the bone to grow out. This bone growth is called a spur which is thus...arthritis.

3. Are you able to help me if I have had an injection (or two or three?)

Often, YES. Sometimes we wait for a period of 45 to 60 days if you have had any steroid / epidural injections. It depends on the case, age and complicating factors. Most people and even doctors do not know that Epidural Steroid injections are NOT approved by the FDA. Isn't that scary? If you are thinking of having this procedure done, we urge you to watch Dr. Oz's documentary show on Epidural Injections.

<https://www.youtube.com/watch?v=BLdrLYBMyoQ>

4. Do I need a referral to be evaluated by you?

NO. We are considered a primary care provider and you do NOT need a referral to schedule an appointment to see us.

5. Can someone who has had back surgery get help from a NSSD program?

That depends on each case. At several DISC Centers of America in the country about 30% of their patients are Failed Back Surgery Syndrome people.

6. Will my insurance cover a NSSD program?

That depends on your insurance carrier, unfortunately many insurance companies do not cover, some will pay a partial portion of your care. This is applicable, you can file the report to your insurance company. If your injuries are due to a motor vehicle accident, most insurance companies will cover this. Please review this with your doctor.

The CPT code for NSSD is S9090. Please do not

hesitate to call your insurance company and ask them about the reimbursement for the code S9090. Some insurance companies do recognize and pay for this code, while others don't. SOC, or standard of care, varies per insurance company and insurance contract that you have with the company. Some companies do not accept this code, while others do; again insurance coverage varies person to person, state by state & carrier by carrier. You are welcome and advised to talk to your insurance agent or carrier. NSSD is one of the most cost effective ways to treat Degenerative Disc Disease. Why some companies do not include this is one of the great debates with insurance today. Your DCOA doctor will provide you with any research you may need to forward to your company.

The fact remains that many insurance companies today do not consider many necessary procedures as standard of care procedures. This is the great political debate and health care crisis we all must deal with. We can assure you that DCOA doctors throughout the country are working with insurance companies all the time trying to change this paradigm.

7. How much does a NSSD program cost?

The treatment costs are determined by the extent of your condition. After your thorough evaluation we will recommend the appropriate amount of care needed. Before any treatment begins we will also let you know of all the costs associated with

the treatment. There will be NO surprises down the road. The average cost begins at around \$3,500 to \$5,000 but varies from patient to patient, depending on severity and complexity.

8. Is the entire fee required upfront?

Often we can get your treatment financed, however before treatment begins the fee is due in full. (Rare exceptions permitted). The reason we do this is because we only accept people who are seriously COMMITTED to getting results. If we take payments, the non-serious people tend to 'DROP OUT' as soon as the pain goes away. They do not stay for the full treatment and therefore, do not get the results. Like we said before, this treatment is not for everyone.

9. Is there a way to finance the treatment?

YES. There are companies that can provide financing.

10. What is the success rate for a NSSD program?

We only accept people who we truly believe we can help so our success rate is very high. we can show you long term follow up studies and research that show excellent results even years later. Most studies show an 86 – 91% success rate.

*If you have any additional questions,
we would be glad to answer them at your evaluation.*

You may also send your questions to our email at:

info@wagnerchiro.com



APPENDIX 2:

How to Schedule an Evaluation?

The charge for the evaluation varies depending on time and complexity which includes:

1. One-on-one consultation where we discuss your specific details. This includes reviewing your X-Rays or MRIs and the three (3) signs discussed earlier.
2. An orthopedic and neurological evaluation
3. Report of Findings – we will let you know if we can help you and what it will take to heal and restore your DISCS.

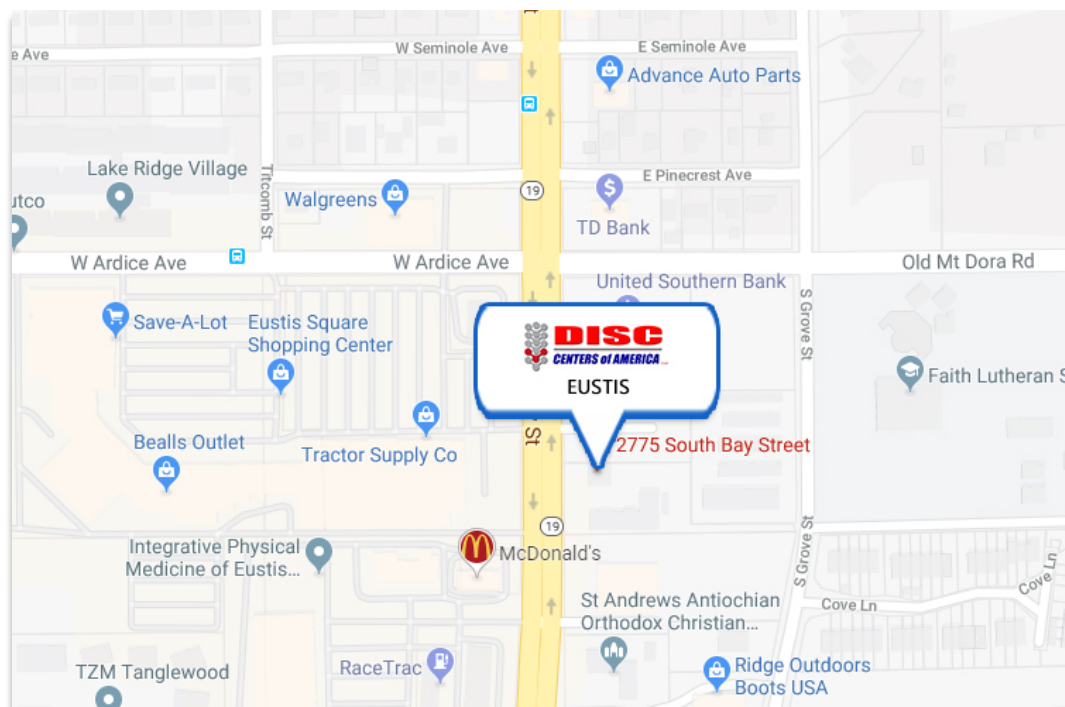
This entire process takes about 30 minutes to 1 hour. We will block off the time needed just for your use. All we ask is that you are on time and if for some reason you cannot make it, please call and let us know in advance.

We do not use high pressure sales techniques. We simply tell you the truth and you decide what you want to do.

We are very picky about who we accept into this program because we will be spending a lot of time together and we will only take those that are seriously committed. Like we said before, this is not for everyone.

2775 S. Bay Street Eustis, FL 32726

Phone: 352-589-5443



APPENDIX 3:

Case Study

Authored by:

Terry R. Yochum DC, DACBR Fellow ACCR and Chad J. Maola, DC

50-year old patient with severe lower back pain and left sided sciatica. Patient had received previous forms of care including traction, chiropractic and medications with no results. After following a NSSD program his lower back AND leg pain was resolved. This patient who was unable to walk, sit or stand without suffering intense pain after completing his NSSD program was able to return to playing competitive table tennis; one of his passionate hobbies. Below are the pre and post MRI results demonstrating complete resolution of the L5/S1 DISC herniation.

BEFORE



AFTER



PATIENT WAS TREATED BY A DCOA DOCTOR

FINAL THOUGHTS



Thank you, we have enjoyed explaining a method of treatment that we are extremely passionate about. The purpose of our office is to reduce the use of DRUGS and SURGERY and to help as many people we can suffering from chronic neck and lower back pain/DISC problems. These people have usually tried everything else

and come to us as a last resort. We look forward to meeting you and having the opportunity to help you regain your life as we have done for so many others.

We know how griping your serious DISC condition is on your life.

We can help you through it. We will always be straight with you. Count on it! We hope to see you and your loved one soon.

There is a reason why DCOA doctors are considered some of the nation's leading experts in treating Disc disease. We look forward to working with you so you can learn first-hand the DCOA difference.



Dr. Ramah Wagner, D.C.

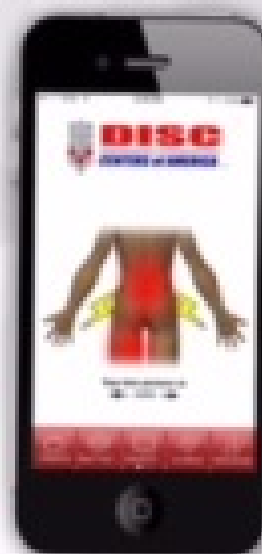
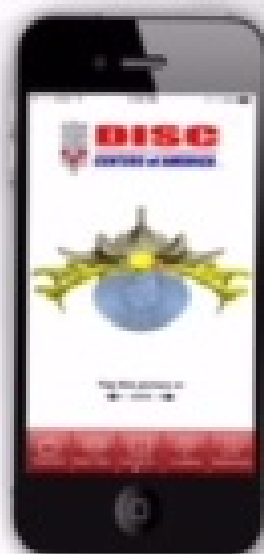
Dr. Ramah Wagner, D.C.
Doctor of Chiropractic



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