Pilot: Effectiveness & Safety of Non-Surgical Spinal Decompression

OBJECTIVE

OBJECTIVE: Prospective, multi-center, phase II, non-randomized, clinical study to evaluate the effectiveness and safety of the Axiom Worldwide DRX9000™ for active treatment of chronic LBP utilizing a standardized clinical research multimodal protocol.

METHODS: 20 patients with chronic LBP based on a diagnosis of musculoskeletal or mechanical LBP, herniated discs, bulging or protruding discs, degenerative disc, pain from failed back surgery more than 6 months previously, posterior facet syndrome or sciatica underwent a series of 20 DRX™ treatments (28 mins each) for 6 weeks with 5 sessions the first week tapering to 1 session/wk. Treatment multimodal protocol included ice after DRX™ sessions, lumbar stretching exercises, and adjunct analgesics as required. Assessments of pain, analgesic use, functionality, satisfaction, activities of daily living and safety were collected through examinations, questionnaires and patient diaries.

RESULTS: 18 evaluable subjects (33.3% female, 83.3% white, mean age 46.6, 77.8% employed) had a change in mean pain score per week of 6.4 (n=18) on a 0 to 10 scale (0=no pain 10=worst pain) at baseline that decreased to 0.8 (n=17) at week 6. Patients reported a mean 88.9% (16 out of 18) 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) patients rated the DRX9000™ an 8.1. No patient required any invasive therapies (e.g., epidural injections, surgery).

CONCLUSION: Overall, patients' pain improved immediately after DRX™ treatment, requiring fewer analgesics, with better function. There were no safety issues identified with the multimodal treatment routine. Non-treatment or control groups were not included making efficacy outcome versus placebo or spontaneous recovery difficult to determine. Randomized double-blinded or comparative long-term outcome trials are needed to further prove the efficacy of the DRX9000™ non-surgical spinal decompression system for the routine treatment of chronic LBP.

DISCLOSURE: This study was funded by Axiom Worldwide.

BACKGROUND

- Paucity of literature on benefits of non-surgical spinal decompression over other non-surgical treatments
- Previous studies are poorly designed
- Results are descriptive in nature
- Efficacy versus placebo or spontaneous recovery difficult to determine
- Over 1,200 DRX9000™ in use today

MATERIALS & METHODS

METHODS

- Prospective, multi-center, phase II, non-randomized clinical trial
- 3 free-standing clinics (2 MDs and 1 DC)
- Diagnosis: Low back pain > 12 weeks
- Outcome measures assessed:
  - Daily Pain Diary
  - Verbal Rating Scale (VRS)
  - Oswestry Pain Questionnaire
  - Adverse Events

RESULTS

DEMOGRAPHICS				
Total Number of Subjects = 18				
Male	66.7%		Mean Age	46.6 yrs
LBP Symptom Duration (mean)	526 weeks		Mean Height	175 cm
Employed	77.8%		Mean Weight	102 kg
Retired	16.6%		White	83.3%
Other	5.6%		Hispanic	16.7%

SUMMARY OF LOW BACK PAIN				
DIAGNOSIS			LOCATION	
Bulging/Protruding Disc	15		L1-L2	1
Degenerative Disc	8		L2-L3	3
Herniated Disc	6		L3-L4	4
Posterior Facet Syndrome	2		L4-L5	14
Failed Back Surgery	1		L5-S1	12

FAILED THERAPY PRIOR TO DRX9000™				
Procedure	#		Procedure	#
Chiropractic	16		TENS	5
Muscle Stimulation	10		Acupuncture	3
Ice Therapy	9		Lumbar support	3
Massage Therapy	9		Epidural Injections	3
Exercise	6		Facet Injections	1
Heat	5		Ultrasound	1
Physical Therapy	5		Other Decompressive Therapy	1