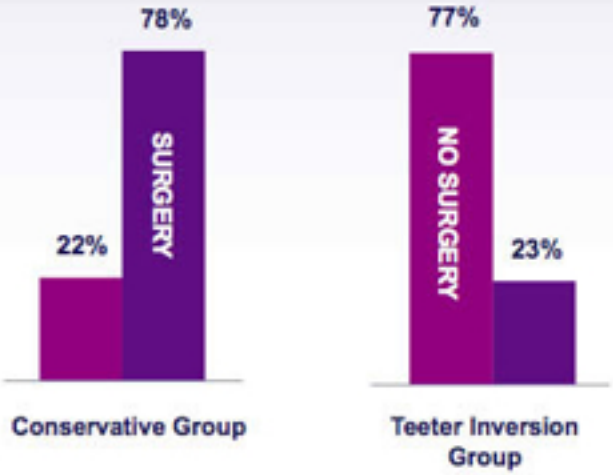
DID YOU KNOW?

NEW Medical Study Says:
Use a Teeter, Help Avoid Back Surgery



JUST RELEASED research shows evidence that the regular use of a Teeter Hang Ups may significantly reduce the need for back surgery.

THE STUDY

- Patients who were told they needed sciatic operations were divided into two groups.
- One group regularly practiced inversion therapy along with regular physiotherapy, while the other practiced physiotherapy alone.
- **Of those who inverted on a Teeter Hang Ups, only 23% ended up needing surgery, while 78% of the non-inverting group underwent back surgery.**
- The findings suggest that inversion therapy may have helped prevent back surgery in more than 75% of patients, and benefited 55% more patients than the control group.

THE EFFECTS

Professor David Mendelow, head of Neuroscience at Newcastle University in England, told the London Telegraph that he estimates inversion therapy could save £80 million a year (about $160 million) in unnecessary surgeries.

SPREAD THE WORD!

Don't be surprised if you hear more about this study in the coming months. News outlets in the United Kingdom have followed this story since the University announced its findings, and interest in inversion therapy has spiked in England and other European countries.

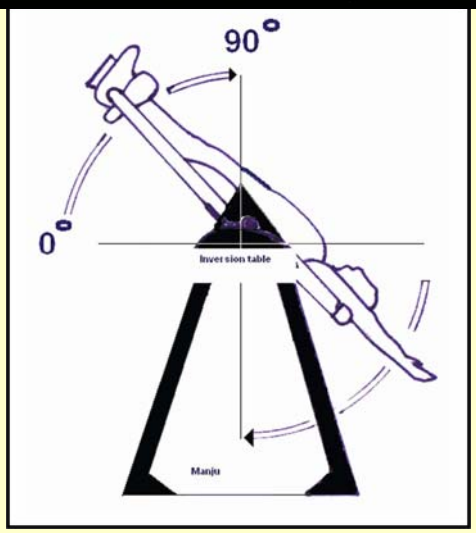
For a copy of the statement released by Newcastle University, contact your Teeter sales representative.

Researchers used a Teeter Hang Ups Power II table in their study.

Inversion therapy in patients with pure single level discogenic disease: a pilot randomised trial

Manjunath Prasad KS, Gregson BA, Hargreaves G, Byrnes T, Mendelow AD.
Regional Neurosciences Centre, Newcastle General Hospital, Newcastle Upon Tyne, UK.

INVERSION



INTRODUCTION

- Economic and social costs of discogenic disease and its treatment are well known.
- Surgery is a well established option in the management flowchart.
- Impact of any treatment to offset the costs of the disease and/or surgery is obvious.
- No strong evidence proving that traction for sciatica is ineffective.
- Previous trials of traction have not reported on avoidance of surgery as an outcome measure.

AIM

- To study the feasibility of a randomised controlled trial of the impact of the inversion device in a single level discogenic disease on various outcome measures.

METHODS

Design: Prospective randomised control trial

Study details

- Period: Feb 2003 – Sept 2006
- Centre: Regional Neurosciences Centre, Newcastle upon Tyne

Protocol

➢ **Inclusion**
- Sciatic due to single level disc protrusion
- Within 6 months of first episode
- 18-45 years of age

➢ **Exclusion**
- Neurological deficits
- Sphincter disturbances

➢ **Arms**
- Randomised to inversion and regular physiotherapy or physiotherapy alone whilst waiting for surgery

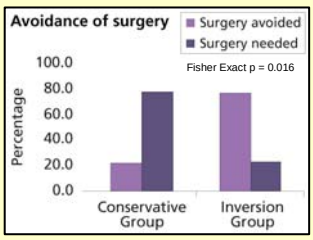
➢ **Outcome Measures**
- Assessment at 6 weeks post therapy

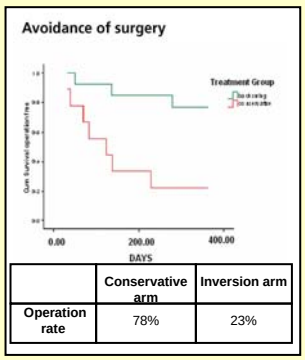
Inversion
- Inversion is a form of extreme traction aided by gravity
- Inversion tables can be mechanical or motorised
- Inversion in our trial was used as intermittent traction along with standard physiotherapy whilst waiting for surgery

Outcome Measures
- Avoidance of surgery
- Roland Morris (RM) questionnaire
- SF-36
- Oswestry disability index
- MRI appearance

RESULTS

Patients
- Number: 22
- M:F: 1
- Age: 25-44 years





	Conservative arm	Inversion arm
Operation rate	78%	23%

- **Roland Morris questionnaire***
  No significant difference between the two groups.

* 19 patients: No data for one patient and two were operated on before final assessment.

Short Form 36*
No significant difference between the two groups.

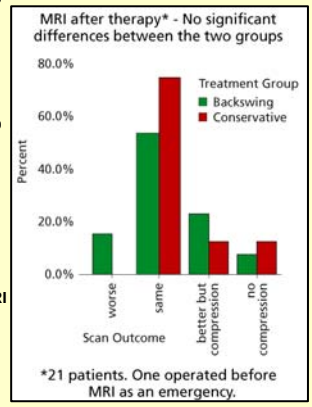
* 19 patients: No data for one patient and two were operated on before final assessment.

Oswestry disability index*
No significant difference between the two groups.

* Oswestry assessment was done for only 8 patients – 4 in each group

Scoring system for post randomisation MRI

Worsened prolapse/ compression	-1
Unchanged	0
Decreased prolapse/ compression	1
Prolapse seen but no compression	2
Complete disappearance	3



DISCUSSION

- The most comprehensive systemic review by Clarke et al. (2007) states that there is moderate evidence that in patients with sciatica, traction is no different from other treatment measures.
- However avoidance of surgery, which is extremely important, has not been evaluated previously.
- This trial addressed that issue.
- Avoidance of surgery did not prejudice other outcome measures and vice versa.
- We have also introduced a scoring system for comparing pre and post therapy MRI.

CONCLUSION

- **Inversion therapy decreased the need for an operation in sciatica due to single level disc protrusion to 23% as compared to 78% in the non-inversion group.**
- **The economic impact is very significant.**
- **A large multicentre prospective randomised control trial is justified.**

REFS

- Clarke JA, van Tulder MW, Blomberg SEI, de Vet HCW, van der Heijden GJMG, Bronfort G, Bouter LM.
  Traction for low-back pain with or without sciatica. Cochrane Database of Systemic Reviews 2007 Issue 3.
- Van der Heijen GJMG, Beurskens AJHM, Dirx MJM, Bouter LM, Lindeman E.
  Efficacy of lumbar traction: A randomised Clinical Trial. Physiotherapy 1995; 81(1): 29-35