

# FREE REPORT

## Avoid Back Surgery!

*“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)



# DISC

**CENTERS of AMERICA**™  
**BELLEVUE**

# Table of Contents

<b>Dedication</b> .....	3
<b>Important Facts about Steven Thain, DC and the NSSD Program</b> .....	4
<b>A Special Note from Dr. Steven Thain, DC</b> .....	5
<b>Chapter 1:</b> .....	6
Are My Symptoms or Conditions My Problem.....	6
<b>Chapter 2:</b> .....	8
What is the Problem in My Spine? .....	8
<b>Chapter 3:</b> .....	10
3 Signs on MRI to Determine Your Problem .....	10
<b>Chapter 4:</b> .....	13
The Four Traps Keeping You in Pain .....	13
<b>Chapter 5:</b> .....	18
Phenomenon #1 versus Phenomenon #2 .....	18
<b>Chapter 6:</b> .....	20
Details of Non-Surgical Spinal Decompression .....	20
<b>Chapter 7:</b> .....	23
What is Included with the NSSD Program? .....	23
<b>APPENDIX 1:</b> .....	29
Frequently Asked Questions (FAQ's).....	29
<b>APPENDIX 2:</b> .....	33
How to Schedule an Evaluation?.....	33
<b>APPENDIX 3:</b> .....	34

Case Study ..... 34

**FINAL THOUGHTS** ..... 35

# Dedication

*I would like to dedicate this book to my parents, 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 his belief of what he 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. Steven Thain, DC knew at a young age that he wanted to be a chiropractor. While in his 8<sup>th</sup> grade health class he found he had an amazing ability to learn when it came to the function of the human body. He quickly memorized all 206 bones and found he had an immense passion when it came to understanding the human body. During this same year, while studying health at school, he was at a church function one night and over-heard 2 guys talking. One guy said to his friend "I'm going to be a chiropractor". For some reason this just hit him, it was a 'defining moment' in his life. He just knew...this was what he was supposed to do. Interestingly, he had never been to a chiropractor, never seen a chiropractor in fact he had not even talked to one. He just knew it had something to do with health and for some reason...this is what he was supposed to do. He never changed his mind from that point forward. He went to high school, college and then directly into a chiropractic university. While many of his friends changed their majors frequently, Dr. Thain never once, changed his mind.

Dr. Thain is doing exactly what he was supposed to do. He feels he was 'called' to this profession and after decades of being in practice he continues to be in awe of the body's ability to heal and that passion that struck him so many years ago has never waned.

# Important Facts about Steven Thain, DC and the NSSD Program

Dr. Thain completed his undergraduate work in his home state of Washington. He attended both Washington State University in Pullman as well as The University of Washington in Seattle. He received his Doctor of Chiropractic degree from the University of Western States in Portland, Oregon in 1986.

He worked as an associate at Sherwood Chiropractic Clinic in Seattle for 1 year before opening his own office in Bellevue, Washington in August of 1987. He was the Seattle Thunderbirds Chiropractor for 15 years, has treated world ranked water skiers, professional snowboarders, Seattle Seahawks, Sounders and even WWF wrestlers. Being the husband of a midwife and the fact that her Nationally Accredited birth center is associated with his office and has been for decades Dr. Thain is one of the most experienced chiropractors in the country when it comes to adjusting pregnant women. He is the first physician in the State of Washington to become dual certified in non-surgical spinal decompression through two accredited universities. He received these certifications through the Post Graduate Departments of Parker University in Dallas, Texas and National University of Health Sciences in Lombard, Illinois. He has also received a Master of Non-Surgical Spinal Decompression from the Co-Chairman and Co-President of the International Medical Advisory Board on Non-Surgical Spinal Decompression in June of 2018.

Dr. Thain was one of the few physicians chosen to speak at the inaugural certification program at National University of Health Sciences presenting a personal patient case study (See Appendix 3).

Dr. Thain is also a member of the International Disc Education Association. The Association is committed to research and development of Non-Surgical Spinal Decompression (NSSD). The chairman of the association is Alan Dyer, MD PhD. Dr. Dyer invented the original NSSD machine, the Vax-D. He also helped invent/develop the defibrillator and is the former Minister of Health for Canada. The website for the Association is: [www.DiscAssociation.org](http://www.DiscAssociation.org).

## A Special Note from Dr. Steven Thain, DC

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

The information contained within this free report will most likely be new to you. Throughout this report, I will go over the entire Non-Surgical Spinal Decompression (NSSD) program. 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,

A handwritten signature in black ink, consisting of a stylized, cursive 'S' followed by 'T', 'D', and 'C'.

Dr. Steven Thain  
*Doctor of Chiropractic*

P.S. Feel free to email me: [drthain@BellevueDiscCenter.com](mailto:drthain@BellevueDiscCenter.com) if you should have any questions after reading through this entire report.

# Chapter 1:

## Are My Symptoms or Conditions My Problem?

You must understand the #1 factor that I have in my office before I will accept you as a patient for my 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; brake 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 my office the symptoms have the lowest value during an evaluation because they can be varied. All I 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 me repeat, that is NOT your problem.

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

Stay with me, 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 an 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 me so far?

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

Be sure to keep reading.

*NOTE: before you continue reading the next chapter, go find your MRI or X-ray report (if you have one) so you can have it handy. We will be discussing certain things from the report.*

# Chapter 2:

## What is the Problem in My Spine?

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

Can you recall that distinction?

If you do not remember please **STOP** reading and go re-read the last chapter, especially the first bold sentence under Chapter 1 title.

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

Let me 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 are now having 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.

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

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.

*NOTE: If you can get the CD of your MRI, do it! In the next chapter, you will be able to see for yourself if your pump mechanism has failed.*

# Chapter 3:

## 3 Signs on MRI to Determine Your Problem

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Before we get started, I need you to go find the CD of your MRI and open it on your computer.

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

First, 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.

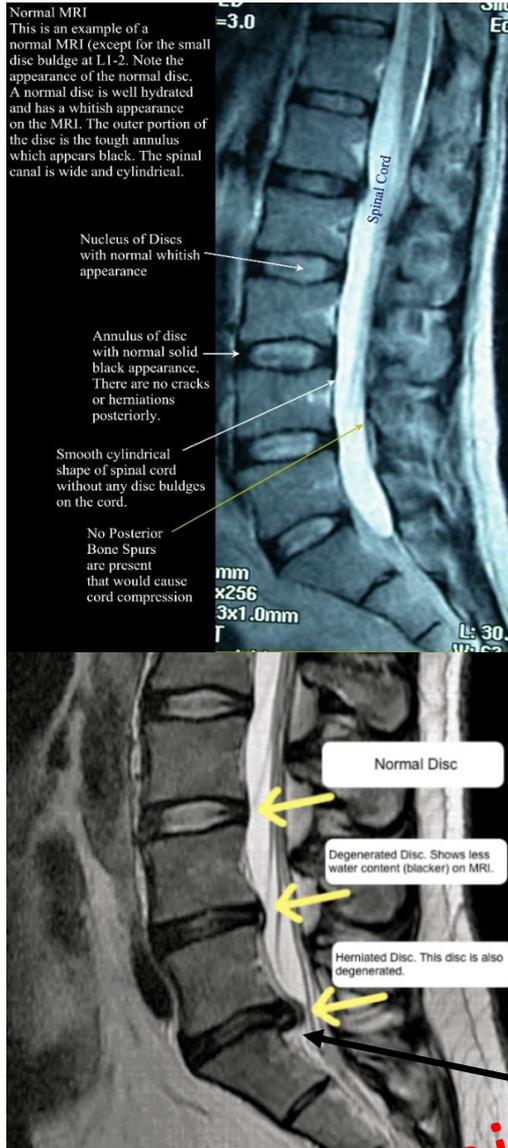
When the DISC begins to darken, it tells us that the DISC is losing hydration, oxygen and nutrients. This darkness is a definite indication that the DISC is becoming weak and will eventually cause an unwanted **condition**, if not already present.

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

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



**Herniated**

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 I call "Phenomenon #1". We will discuss four traps that you can fall into when seeing a provider for treatment.

NOTE: For the next chapter, I 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?

# 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 start 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) come back with a vengeance.

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

### **SECOND TRAP:**

You decide to visit your medical doctor for a 'better look' at the situation.

While at the medical doctor's office, they don't even do very many tests and automatically prescribe you medications. Usually a muscle relaxer, anti-inflammatory and pain pills.

It's like they are on 'auto-pilot' and nothing else matters.

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

Guess what?

You go back in several months and you are not any better. Most likely, you are worse.

You are given more powerful drugs and then eventually referred out for spinal injections.

By this time, years 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 the MD refers you out for an evaluation with a neurologist or neurosurgeon.

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

You may know a couple people who have had back surgery and the majority are WORSE after the surgery. Many are on disability or in a wheelchair.

The neurosurgeon tells you that they cannot do surgery on you because your back is not bad enough...YET. (WHAT!?! ) They tell you that you will eventually need back surgery, but they will just have to continue monitoring you until that time comes.

What they are basically saying is that they want your pain to be so bad before surgery; that when they perform surgery; the pain will be less after the surgery occurs.

For example, if your pain level is only a 4 on a 10 scale and after the surgery your pain reduces to a 2 out of 10 pain level well, that's a 2-point reduction in your overall pain.

If surgeons wait until your pain level is at a level 9 or 10 then after the surgery the pain level is reduced to a 4 or a 5 that is a whopping 5 to 6-point reduction.

You might even consider this a success, right?

Did you know that many of 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:

- 1) Less than 25% will be completely successful.
- 2) For most patients, the surgery does NOT have a dramatic impact on their pain or mobility; and
- 3) Prognosis of a back free of pain; "fairly poor".

Quote from Dr. Seth Waldman, MD in the 2002 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 MD's 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 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.

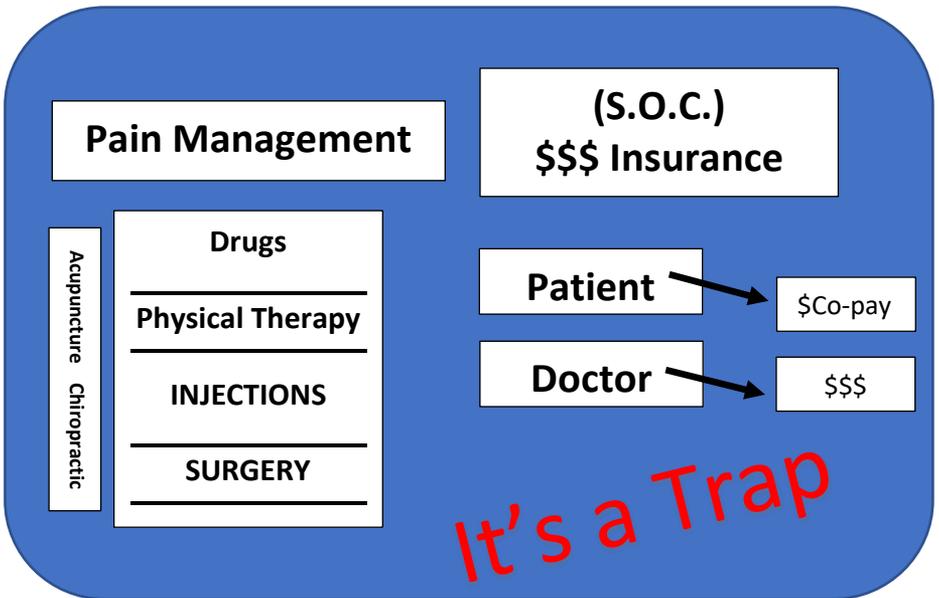
**FOURTH TRAP:**

You, as a patient, do not want to pay anything upfront and the doctor wants to get paid. Your MD knows 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 I call “Insurance-Dictated Healthcare” and it is totally flawed.

Everything that I have just covered is a BIG TRAP!

# Phenomenon #1



I call it a phenomenon...more specifically ‘Phenomenon #1’.

It's a trap because everything that the MD's 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 just temporarily (if successful) relieves pressure from the nerves, which is why you have to go in for another surgery later.

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

**“Will this XYZ treatment make my DISCS healthier?”**

They will 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 I 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.

# Chapter 5: Phenomenon #1 *versus* Phenomenon #2

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

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

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

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'!

## Phenomenon #2

**Your Focus Needs to be on the problem!**



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 and more unhealthy.

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

YOU must make a conscience 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:

- 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, I 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

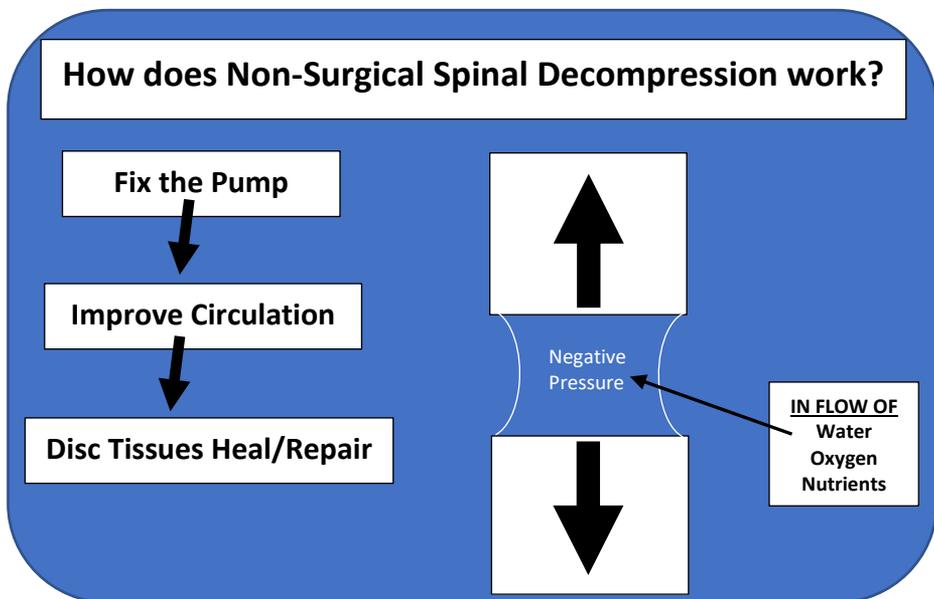
I am going to assume that since you are still reading that you have hopefully made the decision to STOP focusing on Phenomenon #1 and to start focusing on your unhealthy DISC(s).

I 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.

This negative pressure allows the water, oxygen and nutrients to be pulled back inside the DISC to allow the DISC to heal and repair.

I want to provide you with a research article on degenerative disc disease. If you received a folder full of information, I want you to look at this research article right now.



I want you to read the first paragraph in that research article.

Take about 1 minute to do this right now.

OK, did you read the third sentence?

This is so powerful, I get excited every time I read it.

The research article states the following:

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

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

My entire practice is built on that one sentence.

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

Do you remember from Chapter 2 when I 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, then 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!

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. I will continue in the next chapter...

In the next chapter, I 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 are in the last chapter of this FREE Report about avoiding back surgery and I wanted to take a moment to thank you for your time.

I know you have a serious condition and that is why I have dedicated my time to helping people just like yourself.

In the decades I have been in practice as a chiropractor the most difficult patients to help were those with serious DISC conditions.

The adjustments would only be a 'quick fix'. They would have to come back again and again for another adjustment.

So, if you think about it, it was like I was their pain pill. If you know what I mean. Chiropractic works wonders in MOST instances, but I am talking specifically about damaged, unhealthy, thin, bulging DISCS.

Again, I am so thankful that you have taken the time and allowed me the opportunity to show you an option to avoid back surgery.

Even if you choose not to use my services, I 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?”**

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 decompression device that I use 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.

A medical-grade device called an Accu-Spina with IDD Therapy <sup>TM</sup> is used in my office under supervision of a doctor and our assistants. The Accu-Spina is made by a US Company called North American Medical. They are based out of Atlanta, GA.

As you can see, the device we use is accepted by the medical and scientific communities. The treatment is well-researched. The Accu-Spina is cleared by the FDA.

Most of the research that has been published has been performed using the Accu-Spina and DRX. I have both machines.

When I was deciding which device to use in my office, I wanted to make sure I was using the BEST in the industry so that my patients would get the BEST results.

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

- 1) True Axial Spinal Decompression
  - Performed for 23 – 30 minutes each session
- 2) Chiropractic Spinal Adjustments
  - Utilizing a specialized high tech adjusting instrument the Impulse iQ
- 3) Whole Food Supplements and Collagen Support
  - The nutrients the DISC needs to heal/repair. (not everyone needs these)
- 4) Lumbar back brace (Low back patients only)
  - Worn 4 to 6 hours after each session and/or several hours per day.
- 5) Ice Application
  - Used for 7 to 10 minutes after each session
- 6) Low Level Laser Therapy (Cold Laser)
  - Class 3b laser device utilized to enhance healing of the annular areas of the DISC
- 7) 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.
- 8) Orthotics (Low Back patients predominately)
  - We have a computerized program that assesses your feet in motion. A report is generated by a podiatrist group that we have review 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 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 program varies between 6 to 10+ weeks depending on the severity of your specific condition. Typically, we see you 20 – 30 sessions in total over that time frame.

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 the 6 – 10+ weeks 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:

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

During the evaluation process I 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 I will refer you to someone that may be able to better help you.

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

In Appendix 1, I will go over some Frequently Asked Questions (FAQ's). In Appendix 2, I will also explain how you can schedule an evaluation to determine if you are a candidate for the treatment program which I provide. In Appendix 3 I will share a personal case study with you.



# APPENDIX 1:

## Frequently Asked Questions (FAQ's)

Below is a list of the most commonly asked questions that I have been asked over the years.

- 1) Do I need an MRI to be accepted for a NSSD program?
  - YES, in most cases. The MRI is the gold standard in determining whether the pump mechanism in the DISC has failed. Most insurance companies cover the MRI. If you do not have insurance, you can pay about \$500 cash to the facility I prefer in Bellevue, WA. They are called BMI (Bellevue Medical Imaging) Their phone number is (425) 454 – 1700.
  - They do an outstanding job and have the most detailed spinal MRI reports. They will fax me a copy of your report as soon as it gets read (*ask them for a CD copy of your MRI*).
  
- 2) If I already had an MRI, will I need to get another one?
  - In most cases, NO. 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.
  
- 3) Can someone who has had back surgery get help from a NSSD program?
  - YES! Absolutely! At several DISC Centers of America in the country about 30% of their patients are Failed Back Surgery Syndrome people.

4) 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.

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

- 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, I urge you to watch Dr. Oz's documentary show on Epidural Injections.

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

6) Do I need a referral to be evaluated by you?

- NO. I am considered a primary care provider and you do NOT need a referral to schedule an appointment to see me.

7) Will my insurance cover a NSSD program?

- NO. The only exception currently is if the need for spinal decompression was due to a motor vehicle accident injury that you were just involved in. I continue to have patients who simply do not want to believe their insurance won't cover. The CPT code for NSSD is S9090. If you want to, you can call your insurance company and ask them about reimbursement for code S9090. You will be told, NO it's not covered. Currently code S9090 is NOT considered S.O.C. (Standard of Care) so it is NOT a covered procedure. If you call them, they will confirm it is NOT covered. I could spend the rest of my life trying to figure out why this is not part of the S.O.C.

The fact is our current "Insurance-Dictated Healthcare" system does not consider it part of the Standard of Care. And honestly, I do not expect in my lifetime for that position to change.

Given those factors I have chosen to seek to help patients like yourself, right now, that are COMMITTED, wanting and needing help.

8) How much does a NSSD program cost?

- The treatment costs are determined by the extent of your condition. After your thorough evaluation I will recommend the appropriate amount of care needed. Before any treatment begins I will also let you know of all the costs associated with the treatment. There will be NO surprises down the road. The average cost is around \$3,500 to \$8,500.

9) Is the entire fee required upfront?

- YES. Before treatment begins the fee is due in full. (Rare exceptions permitted). The reason I 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 I said before, this treatment is not for everyone.

10) Is there a way to finance the treatment?

- YES. There are companies that can provide financing.

11) 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. I can show you long term follow up studies / research that show excellent results even years later. Most studies show an 86 – 91% success rate.

Hopefully the above questions were able to answer most of your questions. If you have any additional questions, I will be glad to answer them at your evaluation.

You may also send your questions to my email at:

[drthain@BellevueDiscCenter.com](mailto:drthain@BellevueDiscCenter.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 MRI and the three (3) signs discussed earlier.
- 2) An orthopedic and neurological evaluation
- 3) Report of Findings – I will let you know if I can help you and what it will take to heal and restore your DISCS.

This entire process takes about 1 hour. I will book off an entire hour just for your use. All I 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. I simply tell you the truth and you decide what you want to do.

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

My office is located at 14700 NE 8<sup>th</sup> Street, Suite 115 Bellevue, WA 98007. On the corner of NE 8<sup>th</sup> and 148<sup>th</sup> Street in Bellevue. Across from Super Supplements and kitty corner from the Brown Bear Car wash.

Phone: **(425) 644 – 8386**

# APPENDIX 3:

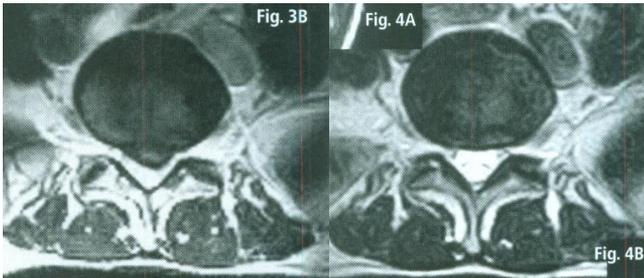
## Case Study

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.

***(This patient was treated by Dr. Steven Thain, DC  
At DISC Centers of America - Bellevue)***



# FINAL THOUGHTS

I have enjoyed explaining a method of treatment that I am extremely passionate about. The purpose of our office is to reduce the use of DRUGS and SURGERY. We help people suffering from chronic neck and lower back pain/DISC problems. These people have usually tried everything else and come to me as a last resort. I look forward to meeting you and having the opportunity to help you regain your life as we have done for so many others.

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

I can help you through it. I will always be straight with you. Count on it!

I hope to see you and your loved one soon.

A handwritten signature in black ink, consisting of a stylized, cursive name followed by the initials "D.C." to the right.

Dr. Steven Thain  
*Doctor of Chiropractic*

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NOTES:



Dr. Steven Thain  
*Doctor of Chiropractic*

DISC Center of America – Bellevue  
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Bellevue, WA 98007  
**(425) 644-8386**

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