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This study has taken selective cases in my practice to show the results of treating Sciatica using the Vertebral Distraction Pump. The first study will involve sciatica caused by disc herniations, which create pain in the low back radiating down the leg. Our examination revealed common findings associated with all cases involved in this study. Our treatment protocol will be the same for all cases. We will use Roland-Morris acute low back pain disability questionnaire, revised Oswestry chronic low back disability questionnaire to initially assess the patient on each treatment day. We will graph the cases to visualize the overall effectiveness of the Vertebral Distraction Pump. The graph will use the visual analog scale and number of treatments as the baselines.

To be accepted as a case study, the following must be present in the examination as positive findings.

1. Restriction in range of motion of two or more motions with pain present upon the restricted motion.
2. Radicular pain down the posterior leg of continual or intermittent frequency.
3. Positive Valsalva/Bechterews.
4. Positive Kemps.
5. Positive (Straight leg raise) test-pain between 35-70 degrees.
6. Positive Braggards test.
7. Tests 3 through 6 produce pain down to the symptomatic leg. Three (3) out of the six (6) tests must be positive to be included in the study.
8. MRI confirmation optional but not mandatory.

Treatment performed on all patients was the same and is as follows.

1. Patient was placed in prone position with SOT blocks placed beneath anterior superior iliac spines bilateral to approximate 10 degrees flexion.
2. Trigger point therapy over the lumbar paraspinals, gluteal group, piriformis, hamstrings, gastrocnemius as well as mild gouding over BL54 and KI 1
3. Electric muscle stimulation; positive pads over L5-S1 disc and over BL54 with negative pads over gluteus maximus muscle belly or piriformis muscle belly and KI 1.
4. Distraction of L5-S1 disc via the VPD.
5. Adjusting alteration of triple joint complex via the Activator Adjusting instrument (AAI), which I restrict to the vertebra above the herniation until the VAS is at 50 percent of the initial VAS. At this point, I clear all pelvic and spinal structures that need correction via the AAI
6. Electric muscle stimulation over points listed in number 3.
7. Cold therapy was placed over lumbar spine as EMS was being applied.

We are currently using the AMCT to clear all spinal distortions from the first treatment on. This has decreased the number of treatments needed to get the VAS down to 2.

The treatment was administered to each patient in the order listed. Once the radicular pain has retraced backup the leg to the buttocks, the EMS pads were placed only over the disc area and the glut max muscle belly. At this point, I personally clear the patient via the activator methods chiropractic

technique to normalize the structure distortions that are found in the entire spine. I feel this gives the patient maximum chance of becoming anatomically balanced.

Listed are the average initial visual analog scale as determined by the patient and the number of treatments rendered to dismiss the patient to supportive care. Supportive care was categorized as the care necessary to sustain the patient in what the revised Oswestry categorizes as minimal disability. This disability ranges from zero to twenty (20%) percent. The patient must be able to go through a day activities without restrictions to be put in this category.

Average initial visual analog scale of the patients included in this study: 8.75
Average number of treatments to reach 2.0 on the visual analog scale: 6.09 treatments
Average number of treatments to reach 1.0 on the visual analog scale: 8.4 treatments