

BACK ON TRAC

GUIDE



GUIDANCE
PROTOCOLS
CONDITIONS
CONTRAINDICATIONS

“**The Back On Trac** is a unique system that provides a wide range of options to assist with **chronic back pain**, including axial distraction and bilateral lateral flexion.”

The logo for ERGO-FLEX TECHNOLOGIES, featuring a red leaf icon above the text 'ERGO-FLEX' in a large, blue, serif font, with 'TECHNOLOGIES' in a smaller, red, sans-serif font below it.

BACK ON TRAC

A PATENTED EQUIPMENT THAT SPECIALIZES IN 1 THING:

Designed to provide non-invasive, hands-free relief for chronic back pain and related conditions.

WHAT DOES THE EQUIPMENT DO?

Back On Trac gently decompresses the spine, stretching surrounding muscles and tissues to relieve pressure and improve alignment. This process enhances blood flow and nutrient delivery to spinal discs and joints, helping reduce pain, restore mobility, and support long-term spinal health through natural cushioning and hydration.

PATIENTS OFTEN DON'T KNOW:

Spinal discs don't have a direct blood supply, so they rely on movement and pressure changes to absorb nutrients. Back On Trac helps stimulate this process by gently decompressing the spine, encouraging fluid exchange and promoting disc health.

MULTI-MODEL TREATMENT

APPROACH:

At the same time, Back On Trac incorporates vibration and heat therapy into spinal traction. This multimodal approach helps reduce inflammation, stimulate circulation, and promote nutrient flow to the spinal discs.

IT'S ALL ABOUT:

DECREASING PAIN




INCREASING MOBILITY

ONE MACHINE.

ONE SPINE.

**ONE PATH BACK
TO WELLNESS.**



BACK ON TRAC
BY THE NUMBERS

FDA
CLEARED

0 **Extra Staff Needed**
Fully automated functionality that requires no additional staffing to operate.

4 **Patients Per Hour**
High-efficiency workflow supports steady patient flow without sacrificing care.

12 **Minutes Per Session**
Quick, effective sessions designed to fit seamlessly into your busy clinic schedule.

21 **Protocols**
A versatile library of treatment protocols to support a wide range of patient needs.

5½ **Inch Traction**
Provides targeted, measurable traction depth for reliable therapeutic outcomes.

5x7 **Foot Print**
Compact equipment that fits comfortably within standard treatment rooms.

<60 **Second Patient Set Up**
Fast, simple setup that maximizes productivity and minimizes downtime.

BACK ON TRAC





BACK ON TRAC

Protocol List

A

Static Axial Traction

Tractions to full prescribed length.

B

Gradient Traction

Tractions out to 1/3" prescribed length; holds for 30 seconds

Retracts 1/2"; holds for 15 seconds

Tractions to 2/3" prescribed length; holds for 30 seconds

Retracts 1/2"; holds for 15 seconds

Tractions to full prescribed length; holds for 30 seconds

Retracts 1/2" and holds for 15 seconds

Repeats until end of session time

(Minimum 2.5" extension required)

C

Intermittent Traction

Tractions full prescribed length; holds for 30 seconds

Retracts 1/2"; holds for 15 seconds

Repeats until end of session time

D

Static with 10 degree Right Lateral Flexion

Tractions full prescribed length; holds for 30 seconds

Flexes 10 degrees right; holds for 30 seconds

Repeats until end of session time

E

Static with 20 degree Right Lateral Flexion

Tractions to full prescribed length; holds for 30 seconds

Flexes 20 degrees right; holds for 30 seconds

Repeats until end of session time

F

Static with 10 degree Left Lateral Flexion

Tractions to full prescribed length; holds for 30 seconds

Flexes 20 degrees right; holds for 30 seconds

Repeats until end of session time

G

Static with 20 degree Left Lateral Flexion

Tractions to full prescribed length; holds for 30 seconds

Flexes 20 degrees left; holds for 30 seconds

Repeats until end of session time

H Gradient with 10 degree Right Lateral Flexion
 Traction 1/3" of prescribed length; holds for 30 seconds
 Retracts 1/2"; holds for 15 seconds
 Traction to 2/3"; holds for 30 seconds
 Retracts 1/2"; holds for 15 seconds
 Traction to full prescribed length; holds for 30 seconds
 Retracts 1/2"; holds for 15 seconds
 Repeats last two steps until end of session
(Minimum 2.5" extension required)

I Gradient with 20 degree Right Lateral Flexion
 Traction 1/3 prescribed length; holds for 30 seconds
 Retracts 1/2"; holds for 15 seconds
 Traction to 2/3"; holds for 30 seconds
 Retracts 1/2"; holds for 15 seconds
 Traction to full prescribed length; holds for 30 seconds
 Retracts 1/2"; holds for 15 seconds
 Repeats until end of session
(Minimum 2.5" extension required)

J Gradient with 10 degree Left Lateral Flexion
 Traction 1/3 prescribed length; holds for 30 seconds
 Retracts 1/2"; holds for 15 seconds
 Traction to full length; holds for 30 seconds
 Retracts 1/2"; holds for 15 seconds
 Traction 2/3"; holds for 30 seconds
 Retracts 1/2"; holds for 15 seconds
 Traction to 1/3"; holds for 30 seconds
(Minimum 2.5" extension required)

K Gradient with 20 degree Left Lateral Flexion
 Traction 1/3 prescribed length; holds for 30 seconds
 Retracts 1/2"; holds for 15 seconds
 Traction to full prescribed length; holds for 30 seconds
 Retracts 1/2"; holds for 15 seconds
 Traction to 2/3"; holds for 30 seconds
 Retracts 1/2"; holds for 15 seconds
 Traction to 1/3"; holds for 30 seconds
(Minimum 2.5" extension required)

L Static with 10 degree Bilateral Lateral Flexion
 Traction full prescribed length
 Flexes left 10 degrees; holds for 5 seconds
 Returns to neutral position; holds for 5 seconds
 Flexes right 10 degrees; holds for 5 seconds
 Repeats until end of session time

M **Static with 20 degree Bilateral Lateral Flexion**
 Traction to full prescribed length
 Traction 20 degrees left; holds for 2 seconds
 Traction to neutral position; holds for 2 seconds
 Traction 20 degrees right; holds for 2 seconds
 Repeats until end of the session time

N **Static with sweeping 10 degree Bilateral Flexion**
 Traction full prescribed length
 Flexes left 10 degrees; holds for 2 seconds
 Returns to neutral position; holds for 2 seconds
 Flexes right 10 degrees; holds for 2 seconds
 Repeats until end of session time

O **Static with sweeping 20 degree Bilateral Lateral Flexion**
 Traction full prescribed length
 Flexes left 20 degrees; holds for 2 seconds
 Returns to neutral position; holds for 2 seconds
 Flexes right 20 degrees; holds for 2 seconds
 Repeats until end of session time

P **Intermittent with 10 degree Right Lateral Flexion**
 Traction out to full prescribed length; holds for 30 seconds
 Retracts ½"; holds 5 seconds
 Flexes 10 degrees to the right
 Traction out to fully prescribed length; holds for 30 seconds
 Retracts ½", returns to center; holds for 5 seconds
 Repeats until end of session time.

Q **Intermittent with 20 degree Right Lateral Flexion**
 Traction out to full prescribed length; holds for 30 seconds
 Retracts ½"; holds 5 seconds
 Flexes 20 degrees to the right
 Traction out to fully prescribed length; holds for 30 seconds
 Retracts ½"; holds for 5 seconds
 Repeats until end of session time.

R **Intermittent with 10 degree Left Lateral Flexion**
 Traction out to full prescribed length; holds for 30 seconds
 Retracts ½"; holds 5 seconds
 Flexes 10 degrees to the left
 Traction out to fully prescribed length; holds for 30 seconds
 Retracts ½", returns to center; holds for 5 seconds
 Repeats until end of session time.

S Intermittent with 20 degree Left Lateral Flexion

Tractions out to full prescribed length; holds for 30 seconds
 Retracts ½”; holds 5 seconds
 Flexes 20 degrees to the left
 Tractions out to fully prescribed length; holds for 30 seconds
 Retracts ½”; holds for 5 seconds
 Repeats until end of session time.

T Intermittent with 10 degree Bilateral Lateral Flexion

Tractions out to fully prescribed length
 Retracts ½”
 Flexes 10 degrees to the left; holds for 30 seconds
 Tractions out to traction setting, releases ½”, returns to center.
 Tractions out to traction setting, releases ½”, flexes 10 degrees to the right.
 Tractions out to traction setting, releases ½”, returns to center.
 Repeats until end of session time.

U Intermittent with 20 degree Bilateral Lateral Flexion

Tractions out to traction setting, releases ½”, flexes 20 degrees to the left.
 Tractions out to traction setting, releases ½”, returns to center.
 Tractions out to traction setting, releases ½”, flexes 20 degrees to the right.
 Tractions out to traction setting, releases ½”, returns to center.
 Repeats until end of session time.

Testimonial

“Having versatility in the setting really gives us 20 tools to help our patients get well faster. They love it too. From an office operation point of view, this traction device takes the difficulty out. The patient sits, no double strapping them in or requiring the strength to tighten the straps. More employees can operate this equipment due to its ease.”

INTENDED USE

The Back On Trac is intended for use in professional healthcare facilities, to relieve pressures on structures that may be causing pain of skeletal or muscular origin (cervical thoracic, lumbar, hip, shoulder). The device may be used to manage, & reduce pain associated with the following conditions: facet syndrome, herniated disc, protruding disc, extruded disc, sciatica, spondylosis (degenerative disc disease & facet syndrome), & joint pain.



DOCTORS REPORT SETTING PATIENT APPOINTMENTS FOR THE BOT WITH:

BACK ON TRAC

- | | | | |
|---|---|----|---|
| 1 | Herniated Disc | 9 | Extrinsic Muscle Spasm |
| 2 | Ligament Encroachment | 10 | Muscle Guarding |
| 3 | Narrowing of the Intervertebral Foramen | 11 | Discogenic Pain |
| 4 | Osteophyte Encroachment | 12 | Joint Pain |
| 5 | Spinal Nerve Root Swelling | 13 | Compression Fractures |
| 6 | Joint Hypomobility | 14 | Lumbar Disc Disorders of Primary Origin |
| 7 | Spondylolisthesis | 15 | Lumbar Disc Disorders of Secondary Origin |
| 8 | Degenerative Joint Disease | 16 | Sciatica |

MECHANISMS OF ACTION:

- | | | | |
|---|--------------------------|---|-------------------------------|
| 1 | Therapeutic Exercise | 3 | Multimodal Sensory Stimulator |
| 2 | Type II Mechanoreceptors | 4 | Sensory Nerve Stimulation |

Statements herein have not been evaluated by the Food & Drug Administration. These products are not intended to diagnose, treat, cure or prevent any disease. Patients and healthcare professionals are encouraged to consult qualified medical personnel regarding any health issues or conditions. It is essential to understand that individual responses to medical devices and treatments may vary based on a variety of factors, including but not limited to the patient's overall health, existing medical conditions, and adherence to prescribed protocols.

Contraindications

DOCTORS HAVE RECOMENDED NOT USING THE BACK ON TRAC ON PATIENTS WITH:

-
- 1 Untreated Hypertension
 - 2 Discitis
 - 3 Severe Osteoporosis
 - 4 Fractures
 - 5 Unstable Spine
 - 6 Neoplasm
 - 3 Myelopathy
 - 4 Osteomyelitis
 - 9 Cauda Equina Syndrome
 - 10 Infection
 - 11 Ligamentous Instability
 - 12 Rheumatoid Arthritis

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BACK ON TRAC

CONDITION SPECIFIC PROTOCOLS

- A** Static distraction for acute muscle spasm and grade I-II spondylolisthesis/ Spondylolysis anterior or posterior.
- B** Acute patients, vertebral compression fracture (healed) or osteoporotic/ osteopenic patient, spinal fusions. (Minimum 2.5" extension required)
- C** Starting point for most mechanical low back pain, sciatica, disc hernia, disc protrusion, disc extrusion, disc bulge, facet arthropathy.
- D, E, H, I, P, Q** Left side sciatica, left lateral disc bulge, left facet arthropathy. (H & I - Minimum 2.5" extension required)
- F, G, J, K, R, S** Right side sciatica, right lateral disc bulge, right facet arthropathy. (J & K - Minimum 2.5" extension required)
- L, M, N, O** Lumbo- sacral transitional segments, grade I-II spondylolisthesis/ Spondylolysis anterior or posterior (these conditions do not respond well to intermittent axial distraction due to the shear forces on the disc and facets, they do respond extremely well to static axial and bilateral sweeping distraction.
- T, U** Bilateral flexion is the ultimate goal when clinically appropriate for all mechanical low back pain, disc derangement, and sciatic patients due to the neurological re-education of cross / crawl as well as agonist and antagonist of the core musculature (multifidus, erector spinae, quadratus lumborum and intertransversarii).

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COMMONLY ASKED QUESTIONS:

TREATMENT OUTCOMES & EXPECTATIONS

How fast can patients expect to see results?

- Patients may experience pain relief after as little as one session, though results vary depending on the condition. Some notice immediate relief, while others require multiple sessions for significant improvement.

How many treatments are typically needed to see results?

- The number of treatments depends on the patient's condition and symptom severity. Some may improve after a few sessions, while others need a longer treatment plan. Individual assessment is key.

How long do the results last?

- Relief duration varies, but many patients report long-lasting benefits after completing a recommended treatment course. Maintenance sessions may be needed for chronic conditions.

Does the machine help heal spinal discs?

- The Back On Trac reduces pressure on spinal discs, which may improve mobility and reduce pain. While it doesn't directly heal damaged discs, it supports the body's natural healing processes.

Can this machine prevent back surgery?

- It's often used as part of a conservative care plan to delay or avoid surgery. By relieving spinal pressure, it may allow patients to explore non-surgical options. Surgical need depends on the underlying condition.

Can the device be used in combination with other therapies?

- Yes, it's frequently combined with physical therapy, chiropractic care, and other non-invasive treatments to enhance outcomes and provide longer-lasting relief.

What is the success rate of the device after treatment?

- While specific data is still being collected, clinics report significant improvements in mobility and pain relief. Ongoing case studies will provide more detailed insights.

Are there any long-term studies on the efficacy of the device?

- Long-term studies are in progress. Early data suggests sustained improvements in mobility and pain reduction with regular use and a tailored care plan.



MARKETING & PROTOCOLS

What is the best way to market this treatment?

- Market the condition NOT the equipment. Target chronic lower back pain, disc degeneration, sciatica, and non-invasive alternative to surgery.

What are the best protocols for using this machine?

- Protocols should be customized based on the patient's condition, pain level, and goals. Focus on decompressing the spine using O, U, and C traction patterns.

What kind of training is required for practitioners?

- Practitioners should complete manufacturer-provided training to understand machine operations, patient protocols, and safety procedures. Visit the Resource Center to begin.

How does Back On Trac compare to traditional traction tables?

- It offers a gentler, more customizable approach with multi-positional treatments that enhance comfort and target different spinal areas more effectively.

What is the weight limit for the machine?

- The device supports patients up to 300 lbs.

What maintenance is required for the device?

- Routine cleaning and calibration checks are essential. A detailed maintenance manual and Preventative Maintenance Kit are available from the manufacturer.

REGULATORY & INSURANCE

Is this device covered by insurance?

- Back On Trac is typically recommended as a cash-based therapy. Some insurance providers may offer coverage, but this varies. It's best to verify with individual plans or market it as a premium out-of-pocket service.

Does the Back On Trac have any white paper studies or published clinical trials?

- The manufacturer is compiling case studies, including data from pregnant women and other special populations. Formal publications are forthcoming.

Is the device FDA-approved?

- Yes, Back On Trac is FDA 510(k) cleared, reflecting Ergo-Flex Technologies' commitment to safety, efficacy, and regulatory compliance.

What are the contraindications for using the Back On Trac device?

- Patients with spinal fractures, tumors, severe osteoporosis, spinal infections, or certain herniated discs may not be suitable. A full medical evaluation is required before treatment.

What safety features are built into the machine?

- It includes adjustable traction settings and emergency stop features. Regular maintenance and practitioner training further ensure safe operation.





INCORPORATING THE BACK ON TRAC BY TRUSTED PHYSICIANS

How do you incorporate new technologies like the Back On Trac
into your existing patient base?

Clinic 5 Response:

1. Your existing patients are your easiest wins.

- When you add a new technology, start by promoting it to the people already in your office.

2. Create buzz and excitement.

- Talk about the new equipment in front of patients.

Example: “Remind me to tell you about the new technology we’re adding – I think it will really benefit you.”

3. Announce it professionally.

- Send a letter or email introducing the new therapy:
 - Share why you added it
 - Invite patients for a complimentary evaluation
 - Position it as a major upgrade in care

4. Build value through your energy.

- Patients get excited when you are excited.
- Strong, confident communication increases interest, compliance, and referrals.

5. Value drives referrals.

- When patients feel the value, they pay, return, and tell others.
- Low energy or weak communication kills referrals.

6. The doctor sets the tone.

- You control the excitement, the environment, and the messaging.
- If you show confidence and leadership, patients will be eager to try the new service and refer others.

LEARN MORE



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PRICING UTILIZED BY TRUSTED PHYSICIANS

What strategies did you use to ensure The Back On Trac paid for itself?

Clinic 1 Response:

Back On Trac Therapy Plans that facilitated the repayment of itself within 4 and a half months.

12 sessions at 2 times per week (minimum): \$1,125.00

24 sessions at 2 times per week (minimum): \$1,972.00

How much does the patient initially pay for two months of care, and what will be the cost for the following month after that?

Clinic 2 Response:

I charge \$2,423 for 12 visits over 2 months.

If the patient is improving, they continue for one more month at \$997.

After major correction is done, maintenance care is once a month at \$50 per session.

What are the payment options and program structures available for patients seeking chiropractic care and treatments?

Clinic 3 Response:

I'm cash-only and don't take insurance.

Most patients start a 3-month program with chiropractic care and the Back On Trac.

Visit Options

- 12-visit or 24-visit packages
- Patients come 1–2x per week for 3 months
- \$75 per session, or \$125 if combining Cervi-Trac + Back On Trac

Payment Options

- 15% off for paying in full
- 10% off for 2 payments
- No discount for monthly payments over 3 months
- CareCredit available for extended financing

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TREATMENTS UTILIZED BY TRUSTED PHYSICIANS

Scoliosis

Question:

What types of treatments and equipment do you use for Scoliosis?

Answer:

1. Diagnostics

- Genetic profiles
- Hormonal panels
- Neurotransmitter profiles

Used to individualize care.

2. Bracing Strategy

Primary: Dynamic, strengthening braces

- SpineCore Dynamic Bracing System
- Scoliosis Activity Suit

Rigid bracing (limited use):

- Rapid progression (“runaway train”)
- Select nighttime cases

Exceptions:

- Severe kyphosis or cerebral palsy
- Temporary rigid kyphotic bracing → transition to strengthening care

Clinical concerns with long-term rigid bracing:

- Muscle atrophy
- Potential pulmonary impact during growth

3. In-Clinic Treatments & Equipment

Chiropractic Care

- Adjustments
- Active, supervised exercises

Spinal Decompression

- Ergo-Flex Decompression Units

Commonly used Ergo-Flex protocols (case-dependent):

- Gradient programs
- 10° and 20° lateral flexion
- Sway protocols
- One-sided lateral flexion when clinically indicated

Protocol selection is based on:

- Curve type
- Curve location
- Degree
- Symptom presentation

4. Adjunct Technologies

Electromedicine

- Neuromed
- HakoMed

Other

- Whole-body vibration
- Emerging deep core–strengthening technologies

5. Treatment Philosophy

- No one-size-fits-all scoliosis care
 - Active care + passive care is essentialActive: exercise, strengthening, neuromuscular re-education
 - Passive: adjustments, decompression

Passive care alone is insufficient for long-term outcomes.

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PRICING UTILIZED BY TRUSTED PHYSICIANS

Please provide some pricing summaries for decompression, packages, and costs of associated add-ons.

Clinic 5 Response:

1. **Back on Trac sessions:**

- Recommended minimum: \$75–\$80 per session
- My office charges \$145 before discounts, averaging \$120 per visit with packages.

2. **Never charge visit-by-visit.**

- Use treatment plans, not per-visit pricing, to maintain authority and consistency.

3. **Your care plan should be doctor-directed:**

- You examine the patient
- You accept the case
- You recommend the plan
- Patients do NOT choose the visit count or pricing.

4. **Add-On Treatments:**

- Shockwave / pulse-wave therapy
- Oxygen Therapy
- Class IV laser, LED, or bright laser
- These add-ons usually run \$60–\$90 per session.

5. **Avoid outdated modalities like TENS units or basic ultrasound – patients can buy these cheaply, which hurts your perceived value**

6. **Invest in modern, high-quality equipment.**

- It builds confidence, positions you as a leader, and supports premium pricing.

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EXPECTING MOTHERS TREATMENT PLAUTILIZED BY TRUSTED PHYSICIANS

How far into pregnancy will you put someone on the Back On Track, and are there any modifications to allow moms to continue treatment?

Clinic 4 Response:

Preconception (Fertility Support)

Goal: Prepare the body for pregnancy and support moms who may be struggling to conceive.

- Many women today face difficulties getting pregnant, so preconception support is just as important as pregnancy care.
- Preconception care includes:
 - Back On Trac – Protocol C with heat and vibration
 - Vitamins and nutritional support
 - Exercises and stretches
 - Regular chiropractic adjustments
- This continues until they receive a positive pregnancy test.

Pregnancy

Early Pregnancy (Positive Test to 12 Weeks)

Goal: Support early pregnancy while avoiding overstimulation.

During this stage, before introducing Back On Trac, you focus on:

- Wobble chair exercises
- Webster-certified chiropractic adjustments
- Ongoing guidance for comfort, alignment, and pelvic balance

At the 12-week mark

- This is when you begin their Back On Trac protocol.

12 Weeks to Delivery (At least once a week)

Goal: Maintain comfort, pelvic balance, and optimal alignment for labor.

Once they hit 12 weeks:

- Begin Back On Trac – Protocol C
- No heat and no vibration
- 10 minutes
- Follow Back On Trac with the wobble chair (2-3 minutes) to help open the pelvis.
- Finish each visit with the Webster adjustment.
- Continue this routine through the remainder of pregnancy.

Planning Ahead: Start the postpartum conversation around 36–37 weeks, so moms understand how their care will shift after delivery.

Note: Many moms even come in during active labor for Back On Trac, wobble, and an adjustment before heading to their birth location.

Postpartum

Goal: Restore alignment, relieve tension, and support recovery after birth.

- Moms return anywhere from week 1–3 postpartum.
- Resume Back On Trac, now focused on recovery:
 - Protocol U (or other gentle postpartum protocols)
 - Heat and vibration turned back on
- Address:
 - Low back strain from birth
 - Upper back/neck tension from feeding posture
 - Full-spine recovery and stabilization

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TREATMENT PLANS UTILIZED BY TRUSTED PHYSICIANS

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**How do you decompress a thoracic disc bulge?
And is there any additional attachments that I need?**

Clinic 5 Response:

Best strategy for thoracic disc cases:

1. Use Back on Trac for full-spine traction. (provides the safest, broadest traction effect available)
 2. Perform gentle, spinous-based adjustments.
 3. Avoid high-torque or rotational moves.
 4. Add ice consistently.
 5. Educate patients that thoracic discs respond more slowly than cervical/lumbar due to limited motion.
- This gives patients the best chance of relief while keeping treatment safe and predictable.

What's the best thing I could do tomorrow to market my decompression practice and get more decompression patients in the office.

Clinic 5 Response:

Doctors often think they need to “find decompression patients,” but that’s the wrong mindset. Just focus on getting patients in, examining them, and doing a proper consultation.

Here’s the simplified flow:

1. Get patients first – not “decompression patients.”
2. Do a full exam, consultation, and get imaging.
3. If the patient has a 3D problem (disc compression, herniation, degeneration) plus misalignment, then they may benefit from chiropractic + decompression.
4. You won’t know who needs decompression until after the evaluation.
5. Think like a doctor:
 - “I’ll examine you.”
 - “Based on what I find, I’ll recommend the right treatment.”
 - That treatment may or may not include decompression.
6. For attracting more patients, make sure you have strong, creative marketing – or hire someone who does.

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MAINTNANCE PLANS UTILIZED BY TRUSTED PHYSICIANS

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Once people experience relief. How do you measure, show, and discuss decompression effects for future lasting results? I'm assuming a maintenance plan is can help.

Clinic 5 Response:

The key to long-term success is showing patients their progress and teaching them why ongoing care matters.

1. Patients Need to See Progress

- Use video at Visit 1, 12, 24, etc. to show transformation.
- Show patients how their movement has improved.

2. Focus on Function, Not Just Pain

- Symptoms change day-to-day and aren't a good measure of progress.
- Use objective tests (range of motion, goniometer measurements, functional movements).

3. Don't Rely on X-rays for Progress

- X-rays show structure, not functional improvement.
- Even after 12–24 treatments, X-rays often look the same, even when patients feel much better.

4. Keep Patient Education Simple

- Tell patients:
- “You care about how you feel.
- We care about how you function.
- Better function = a better life.”
- Avoid overly technical explanations – a confused mind says no.

5. Maintenance Care Matters

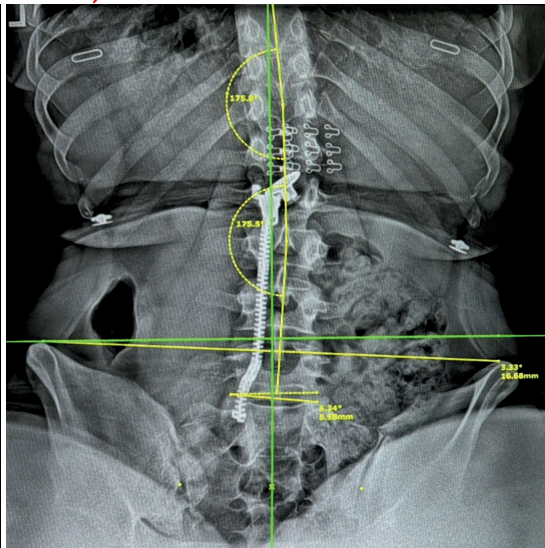
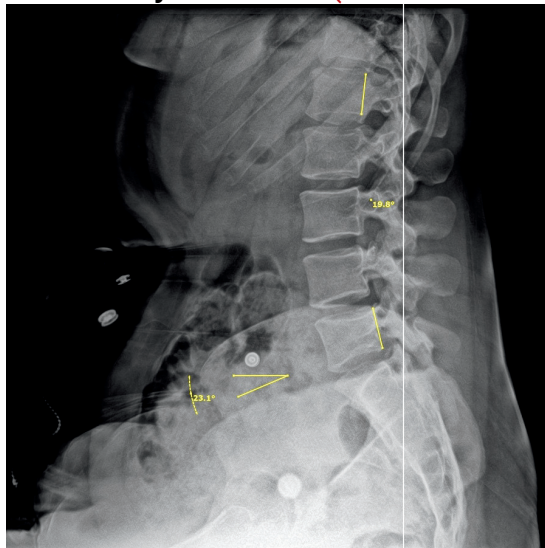
- Ongoing care helps counter gravity and daily stress.
- But care plans must have structure and order.
- Doctors—not patients—should guide the treatment plan.

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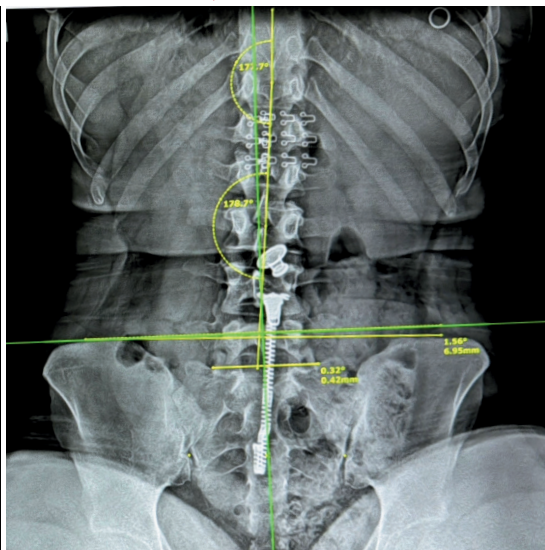
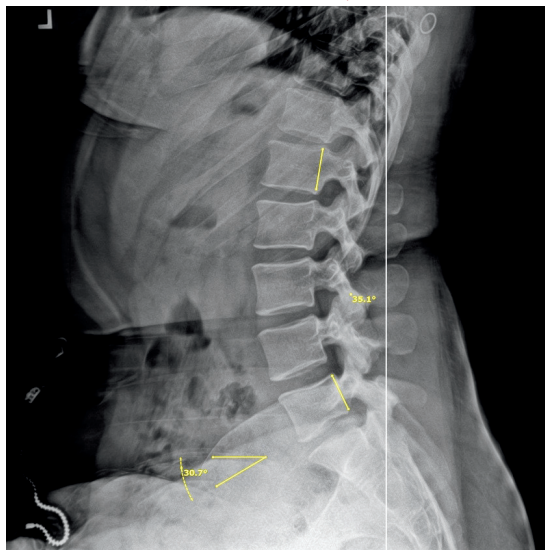


IMAGE-SUPPORTED TREATMENT PLAN BY TRUSTED PHYSICIANS

Initial x-ray - 8/13/25 (No Back On Trac Use)



Final x-ray - 11/12/25 (Consistent Back On Trac Use)



- **Patient History:** Family history of neck and back issues. Wanted better posture and overall health.
- **In-office treatment (every visit, in this order):**
 - Pre-adjustment spinal warm-up exercises (incorporating Pettibon System Cervical Neck Traction)
 - Spinal adjustment
 - Post-adjustment stabilization exercises
 - Vibe plate
 - Head & Hip Weights
 - Pettibon Cervical Neck Traction
 - **Treatment Frequency:** 2x/week for 12 weeks, total of 24 visits. Then, transition into maintenance/wellness care.

- **Treatment:** The patient independently incorporated the **BOT** for 3-5x/ week for 50 days:
 - Protocol 0
 - 3'(30 days) → 3.5' (20 days)
 - 12-15 minutes
 - Heat & Vibration
- **Maintenance:** Patient continues to use the **BOT** at least 1-2x/ week:
 - Protocol 0
 - 3.5'
 - 12-15 minutes
 - Heat & Vibration

- **At-home treatment:**
 - Spinal exercise equipment is provided
 - Prescribed exercises are performed daily as part of a regular routine
- **Maintenance protocol:** 1x/week adjustments for 52 weeks, then reassessment.

The information that Ergo-Flex provides is intended for educational purposes only. Each patient is unique, and the results of chiropractic care may vary. The effectiveness of treatments depends on various factors. Including the individual's specific condition, health history, and adherence to the treatment plan.