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Decompression Facts, Myths and Hyperbole, Part 2

Which Decompression System Should You Choose?

By James Edwards, DC and Cynthia Vaughn, DC, FICC

Note: The opinions expressed in this article are those of the authors and do not necessarily reflect the official position or policy of the American Chiropractic Association.

In this series of articles, we hope to separate the facts from the myths and hyperbole regarding spinal decompression therapy. In our first article [published in the **June 3 issue** of *DC*], we related our experience with American Chiropractic Network (ACN) with regard to spinal decompression. As readers of that article recall, ACN notified us that because we offer spinal decompression services, our provider contracts would be terminated. Following an eight-month appeals process, ACN sent us written notice that we would be reinstated as contracted providers.

That article outlined the justification for our position - the justification we used to "clear up" ACN's misconceptions regarding spinal decompression. In this article, we consider another misconception, this one with regards to decompression *systems*. When it comes to myths and hyperbole, an article in a recent monthly chiropractic magazine is the "poster child" for what we believe is so wrong about the misinformation currently being presented to doctors.

The monthly chiropractic magazine featured a disturbing article by a chiropractic consultant who, to our knowledge, is not licensed, does not practice and has no experience actually treating patients with spinal decompression. Yet the monthly magazine gave this practice consultant several pages to give his opinions about the necessity of owning a "Rolls Royce" decompression system. We strongly disagree with this statement.

It's all about getting the patient from point A (herniated disc) to point B (recovery). The make and model of the "vehicle" (the specific decompression system) certainly is not important to the patient, and for the most part, it shouldn't be important to you. In our opinion, most of the high-priced systems and most of the lower-priced systems will accomplish that goal.

We will not attempt to correct the practice consultant's many misstatements about traction and decompression and the importance of owning a "high-end" system, as compared to an "inexpensive traction table." However, we will correct two of his most self-serving statements about decompression systems.

First, the practice consultant stated that manufacturer claims in FDA filings are extremely important. While anyone can couch and twist words as they like, this fact remains: *All* decompression systems are cleared by the FDA under the very same title and classification code, period.

Second, the practice consultant stated there is a CPT code for decompression, so the doctor should buy a system that advertises decompression rather than traction. Really? Then please tell us the CPT code for decompression. The truth is there *is* a code for vertebral axial decompression, but it is *not* a CPT code. It is HCPCS code S9090.

A doctor does not need to spend $100,000 to purchase a fancy "smoke-and-mirrors, bells-and-whistles" system in order to achieve the spinal decompression outcome. You can choose whichever system you like, but price alone doesn't necessarily mean your patients will receive better decompression treatment than they would with a lower-priced model. The point is, when considering whether to purchase a decompression system for your office, ask questions and do your own research so you will not become burdened with unnecessary overhead and debt.

Click **here** for more information about James Edwards, DC.

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