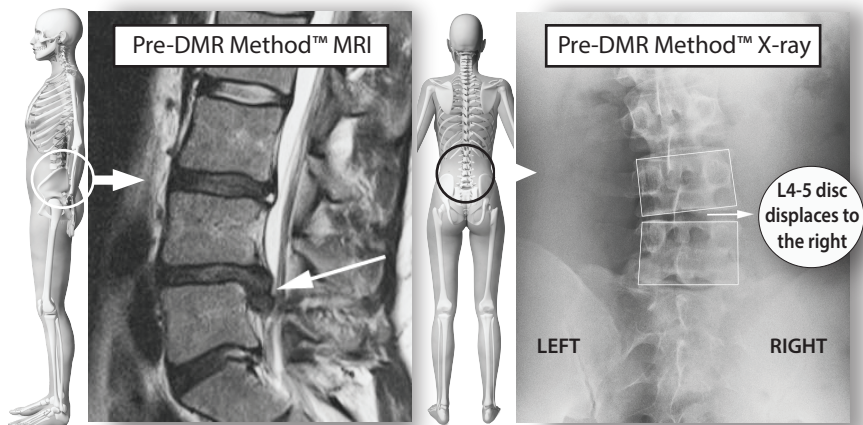


DMR Method™ Case Study



MD with a Lumbar Disc Herniation

Andrew was a medical doctor who was diagnosed with a herniated disc between L4 and L5. It caused local back pain that radiated down his right leg into his calf, which made it difficult for him to stand for long periods of time while he saw patients. He had been trying medical management and rehab therapy for nine months without success.

DIAGNOSIS

An MRI confirmed an L4-5 disc herniation causing irritation to the nerves going into Andrew's right leg (see left photo above). DMR Method Evaluation, including X-rays, revealed immobility and misalignment of the joints in the lower lumbar spine and pelvis that forced the L4-5 disc to herniate to the right side (see right photo above). Note: Surgery would remove the herniation, but do nothing to fix the imbalance in the spine that led to the disc herniation.

TREATMENT

Andrew completed the Chronic Lumbar DMR Protocol with a focus on restoring mobility, alignment and stability to the lower lumbar spine and pelvis.

OUTCOME

Andrew's symptoms quickly resolved and he was able to resume normal physical activities at home and at work. 5 year follow-up revealed no recurrence of disc herniation. He continues with a self-care stretching program and periodic DMR Method maintenance care.