

# THE DMIR METHOD®



**Progressive Collaborative Nonsurgical Spine Care**

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# The DMR Method®

## Progressive Collaborative Nonsurgical Spine Care

The DMR Method is a specific course of evaluation and treatment based on years of clinical case study research utilizing pre- and post-treatment MRI scans and functional index scores. Evaluation and treatment is provided by a team of healthcare providers that may include physical therapists, chiropractors, and allied medical providers. Once the primary cause of a condition has been identified, treatment progresses through three phases: relief, repair, and rehabilitation. The primary goal of treatment is to decrease symptoms rapidly and correct the underlying cause of the condition by restoring mobility, alignment, and stability to the spine. After completing the DMR Method treatment program, the patient is given an after-care program to independently support and sustain their recovery.



### Diagnose

- Identify the root cause and contributing factors of a patient's condition through a comprehensive consultation, medical history, and in-depth examination.
- Identify any conditions that require referral to other medical providers for evaluation and treatment.

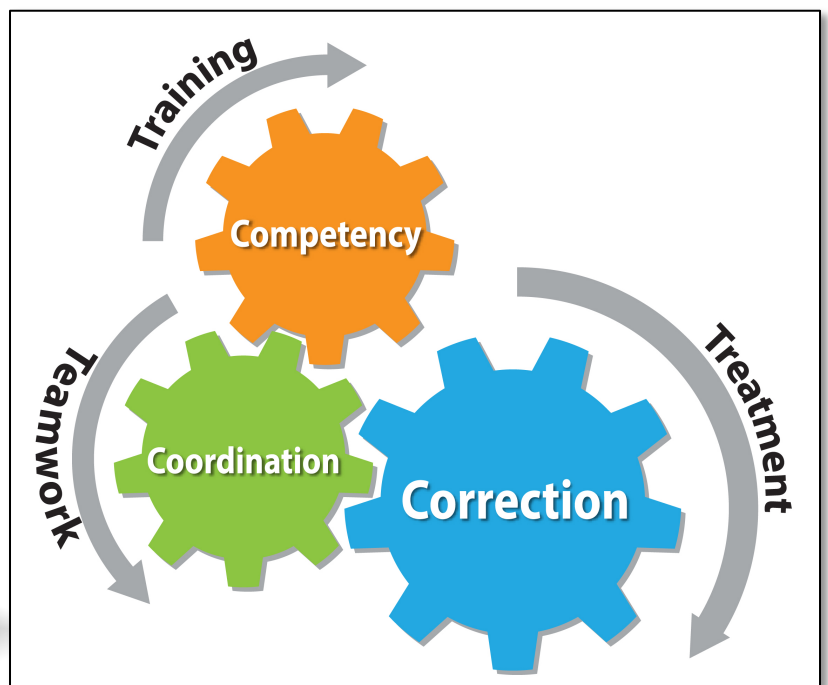
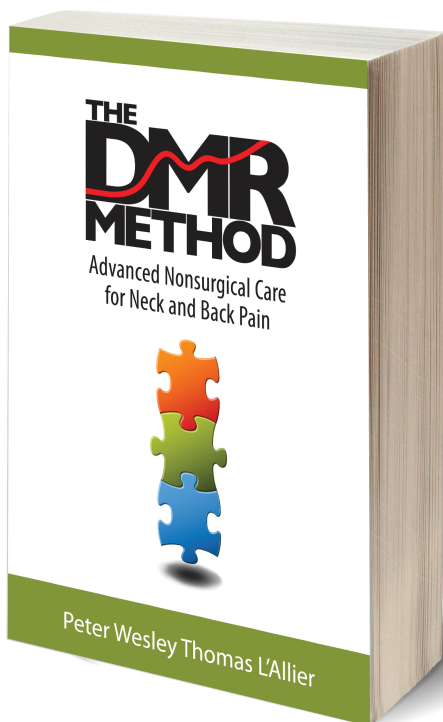
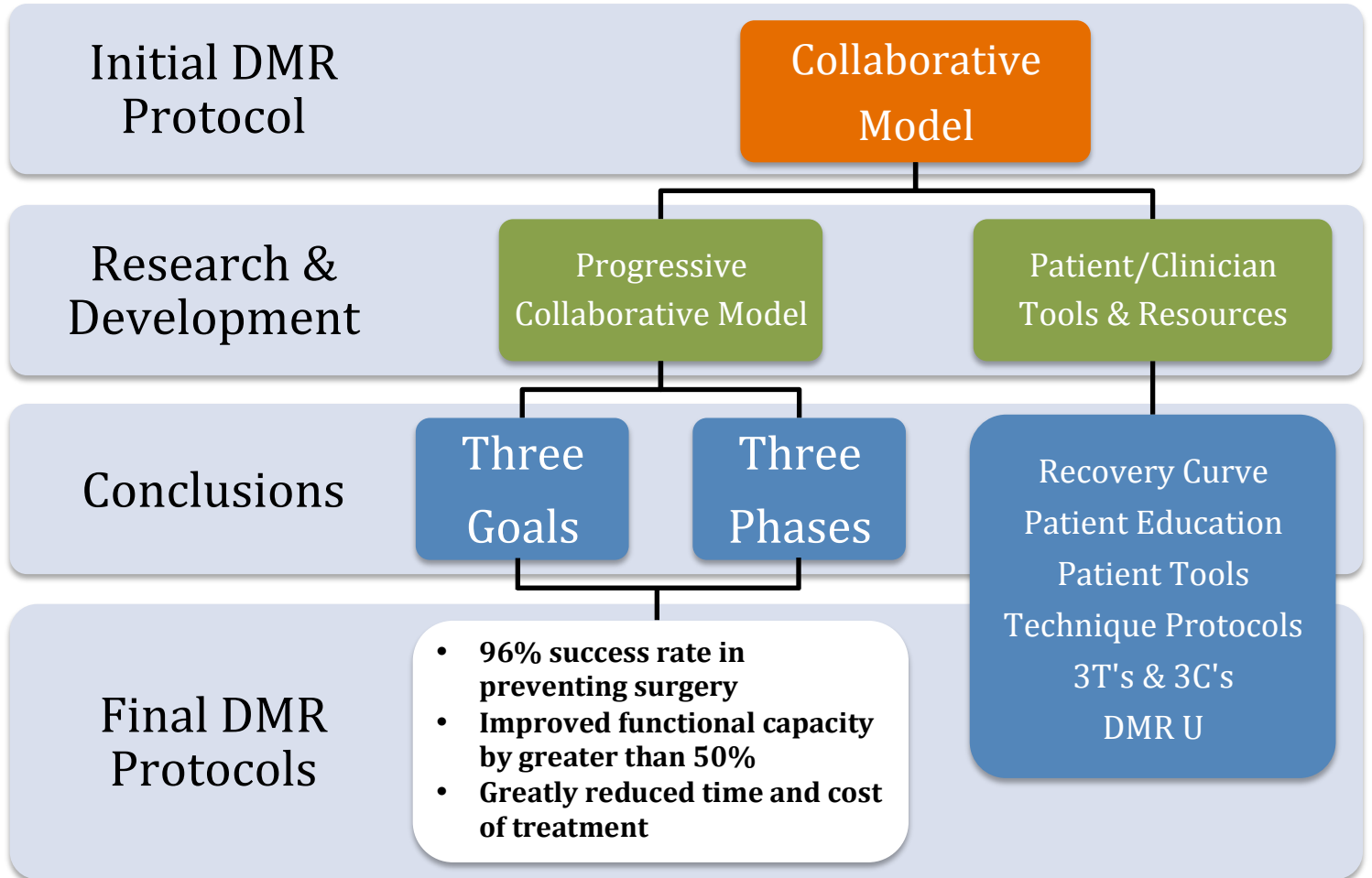
### Manage

- Develop a treatment progression that incorporates the three phases of recovery (relief, repair, rehab) and three goals of treatment (mobility, alignment, stability).
- Manage care by closely monitoring the patient and facilitating collaboration between the patient, treatment team, and allied medical providers.

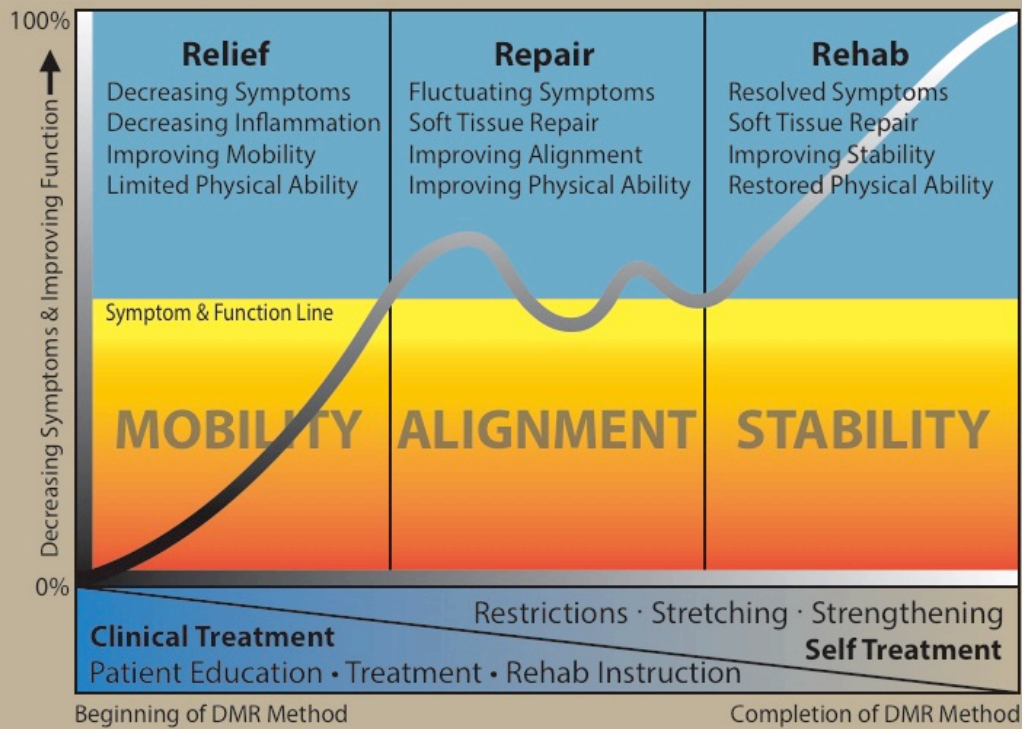
### Rehabilitate

- Provide exceptional patient education and clinical care.
- Transition patient to a simple, specific, and sustainable independent self-care program that supports long-term stability.

# DMR Research



# The DMR Method Recovery Curve



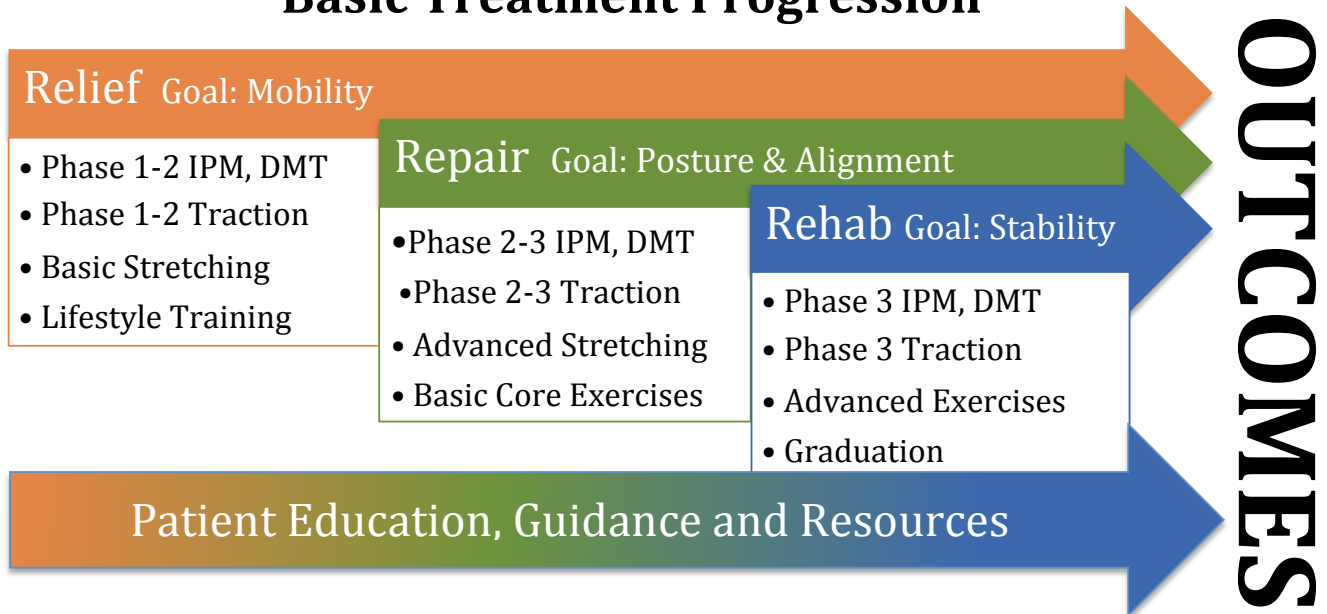
# DMR Method® Treatment Progression

Phase	<b>Relief</b> Phase I	<b>Repair</b> Phase II	<b>Rehab</b> Phase III
<b>Schedule</b>	3x/week	2x/week	1x/week
<b>Clinical Care</b>	<b>Phase I Clinical Care</b> + Patient education, lifestyle and body mechanics training + Pain and Inflammation management + Integrated Progressive Manipulation (IPM) level 1 + Dynamic Muscle Technique (DMT)* + DMR Method Traction* + Cold Laser and EMS Therapy* + Basic stretching techniques	<b>Phase II Clinical Care</b> + DMR Method progress evaluation + Integrated care plan update + Integrated Progressive Manipulation (IPM) level 2/3 + Progressed lifestyle and body mechanics training + Advanced stretch instruction + Static exercise instruction and implementation	<b>Phase III Clinical Care</b> + DMR Method progress evaluation 2 + Integrated care plan update 2 + Integrated Progressive Manipulation (IPM) level 3 + Dynamic exercise instruction and implementation + Personalized self care program instruction + Graduation from DMR Method
<b>Self Care</b>	<b>Phase I Self Care</b> + Home care and restrictions + Proper body mechanics * + Supportive nutrition * + Basic stretching	<b>Phase II Self Care</b> + Updated restrictions + Advanced stretching + Static exercises	<b>Phase III Self Care</b> + Return to normal activities + Dynamic and proprioceptive exercises
<b>Goal</b>	<b>MOBILITY</b>	<b>ALIGNMENT</b>	<b>STABILITY</b>

\* Continues through entire DMR Method treatment progression

# DMR Method Treatment Protocols

## Basic Treatment Progression



## Basic Treatment Protocol Guidelines

The following is the basic guidelines for each of the DMR Method treatment progressions. It is essential that clinicians use teamwork and their individual knowledge and skills to guide each patient on the optimal path of recovery

### Limited

Time: 4-6 Weeks

Visits: 4-12

Frequency: 2-3x/wk x 1-2 wks, 1-2x/wk x 1-2 wks, 1x/wk x 1-2 wks

Appropriate for strain/sprains, non-radicular pain, minor sports injuries

### Progressed

Duration: 4-8 Weeks

Visits: 12-20

Frequency: 3x/wk x 2-3 wks, 2x/wk x 2-4 wks, 1x/wk x 2-3 wks

Appropriate for facet syndrome, headaches, sciatica, cervicobrachial syndrome

### Advanced

Time: 10-12 Weeks

Visits: 20-24

Frequency: 3x/wk x 4 wks, 2x/wk x 3-4 wks, 1x/wk x 2-4 wks

Appropriate for disc herniation, DDD, spondylolisthesis, stenosis, post-operative conditions

# DMR Method Study

## Hopkins Health & Wellness Center Physical Therapy Case Studies

### Acute Disc Herniation Case 1: Left lower back pain and S1 Radiculopathy

Pre-DMR Method MRI



9-24-07: Large extruded caudally extending left posterolateral L4-5 disc herniation and large disc fragment behind the upper half of the L4 vertebral body. A second extruded high signal intensity disc herniation at L3-4 with left L3 nerve root impingement.

Post-DMR Method MRI



11-16-07: There has been significant interval change with marked regression of the disc herniation behind L3 and also marked regression of the disc herniation extruding caudally on the left behind L4.

2/1/15 Patient Update: Continued symptom resolution. Continues with frequent DMR-Method self-care program. Functional capacity status is excellent.

# DMR Method Study

## Hopkins Health & Wellness Center Physical Therapy Case Studies

### Acute Disc Herniation Case 2: Lower back pain and Left L5 radiculopathy

Pre-DMR Method MRI



9-24-07: Large extruded caudally extending left posterolateral L4-5 disc herniation and large disc fragment behind the upper half of the L4 vertebral body. A second extruded high signal intensity disc herniation at L3-4 with left L3 nerve root impingement.

Post-DMR Method MRI



11-16-07: There has been significant interval change with marked regression of the disc herniation behind L3 and also marked regression of the disc herniation extruding caudally on the left behind L4.

2/1/15 Patient Update: Continued symptom resolution. Continues with frequent DMR-Method self-care program. Functional capacity status is excellent.

# DMR Method Study

Hopkins Health & Wellness Center Physical Therapy

## Case Studies

### Acute Disc Herniation Case 3: Left lower back pain and S1 Radiculopathy

Pre-DMR Method MRI



2-06-09: Moderate-sized caudally extruded left posterolateral disc herniation at L5-S1 with left S1 nerve root impingement as noted on the open upright MRI

Post-DMR Method MRI



4-01-09: Resorption of the moderate-sized, caudally extruded left posterolateral herniation at L5-S1 and resolution of related left S1 nerve root impingement since 02/06/09

2/3/15 Patient Update: Continued symptom resolution. Continues with daily DMR-Method self-care program. Continues to follow preventative restrictions. Functional capacity status is excellent and patient has resumed and maintained aggressive fitness training.



# Testimonials

## Patient

*"My symptoms started with a sore left leg and flared into a loss of foot movement, called drop foot. I noticed this while riding my motorcycle. The pain was in my leg, buttocks, and lower back. An MRI showed a 1 inch rupture in a disc. I went to Hopkins Health and Wellness Center and did the DMR program in March.*

*I have no symptoms after doing the program. I'm able to ride my motorcycle again. The drop foot is completely gone. I do my stretches every morning, and strength exercise every other day. The outcome has been fantastic.*

*I would recommend this DMR program to anyone who has a back injury. I have had surgery once in 1992, and said never again. I feel this program has been the best thing I've done. I have committed to doing the stretches & strength exercises to maintain my current condition, which is fantastic."*

**-Bruce S.**

## Healthcare Providers

*"Dr. Pete L'Allier first introduced me to the DMR method 8 years ago. I was impressed with this progressive unique spine treatment program which utilized the combined talents of chiropractors and physical therapists. Since then, we have collaborated on many clinical case studies using MRI to evaluate pre and post DMR treatment results. I continue to be enthusiastically impressed with the successful clinical outcomes experienced by patients participating in his programs.*

*Congratulations on your hard work, perseverance and teamwork in creating the DMR method."*

**- William J. Mullin, MD Spine Radiologist**

*"As an internal medicine physician with substantial back pain from a herniated lumbar disc, I can attest to the effectiveness of the DMR approach. I believe strongly in nonsurgical approaches to back pain so naturally tried standard physical therapy alone without success for over half a year. The pain originating in my back and shooting down my leg had become unrelenting so a colleague suggested I try the DMR program. After completing this program I have required only minimal, periodic adjustment to remain pain free and have regained my active lifestyle. I would encourage anyone experiencing back pain to complete the DMR program."*

**- Andrew Maresh, DO**

# Testimonials

## Patient

*I am an avid runner and speed walker. After having finished my ninth week of physical therapy at another clinic and not seeing ANY improvement, I was told I should see a spine surgeon to discuss medication and possible surgery. My husband and I decided that we would keep trying natural ways of treating my herniated disc until there were no options left but surgery.*

*My father-in-law mentioned an advertisement he saw for a special treatment for herniated discs called the DMR Method. I was extremely skeptical that the ten-week DMR Method treatment would be able to relieve my sciatic nerve pain from a herniated disc. However, we decided to give it a shot.*

*It was about three weeks into my treatment when my husband told me my leg must be feeling better because he hadn't heard me complain about pain for a while. My physical therapist asked me each morning how I was feeling and each time I'd tell her that everything felt great, but I still didn't know how speed walking or running would affect me.*

*Towards the end of the ten weeks, my physical therapist said that the only way we'd know if I was healed was to try walking and then running. I went to the gym that night and started with five minutes of speed walking on the treadmill and felt no pain whatsoever! From there we increased the time and speed until I was running for thirty minutes without pain.*

*I am extremely impressed with the attention and care I was given and would recommend to anyone suffering from back pain to give the DMR Method a chance. Now I laugh when I think that I even considered surgery because this treatment got rid of my pain in less than ten weeks without surgery or scars.*

**-Amy F.**

## Neurosurgeon

*"I'm a neurosurgeon who specializes in complicated brain and spine surgery. Although I am a surgeon my first course of action with every patient is to consider all non-surgical treatments when appropriate. For many spinal conditions I've found that the DMR Method produces consistent results and has an amazing ability to help patients avoid surgery. Even when a patient has previously had spinal surgery, the DMR Method can be valuable in helping that person stabilize their spine and prevent a recurrence of symptoms and additional surgery. I also appreciate how they've built specific procedures into the DMR Method to help identify when a surgery consult might be helpful. Their team approach, with chiropractors and physical therapists working with other medical specialists to get a person well, is commendable. When I've worked with patients they've referred to me, I'm always impressed with how educated and motivated they are. This book will strengthen a patient's knowledge and help them understand their condition, the best treatment options, what they can do on their own, how to avoid surgery, and when it's time to consider surgery. It's a testament to the effectiveness of the DMR Method that most patients I refer for treatment do not need to return for surgery."*

**- John C. Mullan, MD**