

Clinic Overview



Robert G. Haddad, DC, Rph

12 E. Rowan Ave, Suite 3
Spokane, WA 99207-1281

(509)487-8000 (509)487-6333 f

Dear Health Care Professional,

At Spokane Spine Center, we provide the tools our patients need to return to full and productive lifestyles. We combine specialized manual therapies with a unique program for strengthening deep paraspinal muscles and stimulating proprioceptive muscle spindles to increase core stability. Our approach is implemented in a user friendly, non-intimidating manner, with treatment plans that are easy for patients to understand. It is our goal to provide an inviting, stress-free office atmosphere to maximize patient comfort and compliance as they recover.

Common conditions treated at Spokane Spine Center include:

- **Whiplash**
- **Soft Tissue Injuries**
- **Work Injuries**
- **Acute & Chronic neck and low back pain with or without radiation**
- **Cervical and lumbar disc syndrome (non-surgical)**

We serve the Spokane area by offering specialized, conservative care for the neck and back and an alternative to traditional chiropractic and physical therapy. Additionally, our Massage Therapists specifically focus on the rehabilitation of soft tissue injuries. Treating in conjunction with spinal rehabilitation, patients achieve maximum improvement for specific needs and goals. I closely chart and monitor progress while adjusting the progressive therapy for each individual patient. This combination of expertise and adaptability provides the most effective treatment of soft tissue pain and injuries.

Our office accepts most insurance, including Auto insurance, L&I, and third party claims. I am happy to provide concurrent treatment under a supervising physician, or if preferred, become the primary doctor on L&I cases.



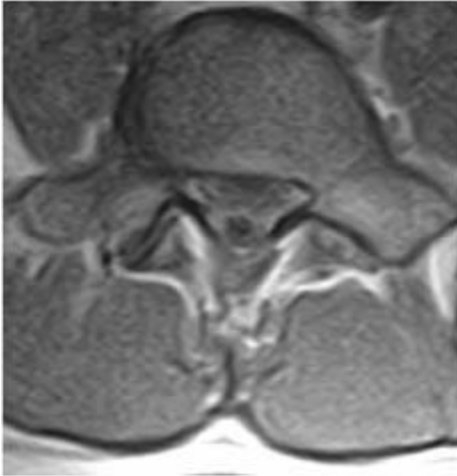
Services at Spokane Spine Center include:

- **Expert Spinal Manipulation**
- **Manual Therapy**
- **MedX Therapeutic Exercise**
 - Lumbar
 - Cervical
 - Obliques and lumbar rotators
- **Proprioception and balance training**
- **Intersegmental Traction**
- **Massage Therapy**
- **Home Exercise Programs**
- **Conservative Care Triage, including referrals:**
 - Imaging
 - Neurology
 - Physiatry
 - Injections
 - Surgical Consult
 - Physical Therapy

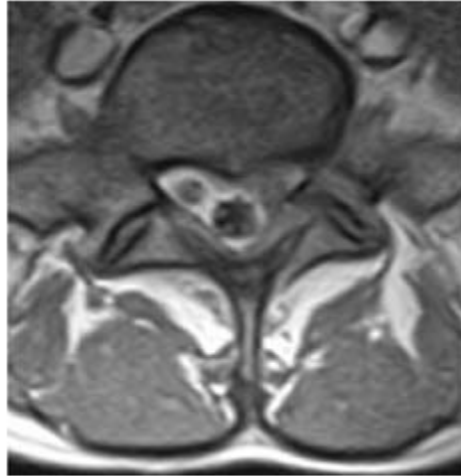
During progressive therapy, patients themselves are able to chart their progress through periodic strength evaluations and are trained in realistic home exercise programs. We educate patients to shift their perception of chronic back pain to a self-management model (as is currently used for diabetes patients), instead of having the expectation that the doctor will provide the remedy to "solve" or "cure" their condition. Spinal rehabilitation, coupled with proper self-management, can minimize interference with ADL's and decrease future reliance on the health care system.

Clinic Overview

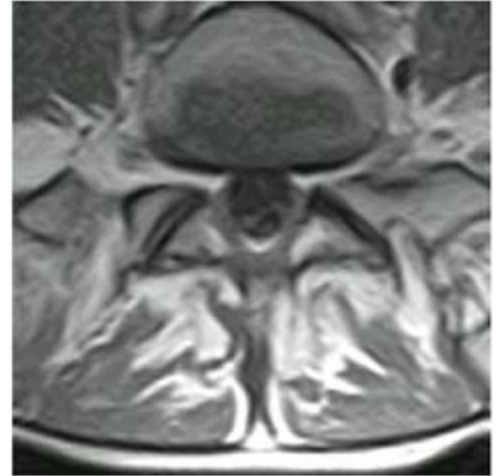
Over the past 5 years, an increase in research has been generated regarding musculoskeletal conditions. At Spokane Spine Center, we are following these current developments and adapting our treatment protocols accordingly. Many neck and back pain patients are seen on MRI to have fibrous and fatty infiltration in the paraspinal muscle groups (as seen below in the lumbar multifidus), as well as disruption in the normal sequence and firing of the proprioceptive muscle spindles. This may reduce the ability of the spine to stabilize and brace itself prior to trunk flexion, lifting, twisting etc. This dysfunction may subject a patient to recurring injury by simple activities such as bending down or reaching overhead. If your patient experiences regular exacerbations of neck or back pain, a weak, unstable spine may be contributing to their condition.



Grade 0 (none)



Grade 1 (slight)



Grade 2 (severe)

Reversal of spinal weakness, training of the proprioceptive muscle spindles, and reducing fear avoidance behaviors are the current goals of our treatment and the most supported in the current literature. We seek to refocus the patient on increasing their physical activity levels and ultimately return them to full ADL's.

"Exercise and intensive multidisciplinary pain treatment programs are effective for chronic low back pain and supported by strong evidence."

Koes BW, PhD, van Tulder MW, PhD, Thomas S. Diagnosis and treatment of low back pain. *BMJ* 2006;332:143-4.

"In patients in this study, the presence of common "structural abnormalities" on MRI had no significant negative influence on the outcome after (exercise) therapy."

Kleinstuck F, MD, Dvorak J, MD, Mannion AF, PhD. Are "structural abnormalities" on MRI... *Spine* 2006;31(19): 2250

"Altered muscle recruitment persists despite patients reporting recovery and may be a factor involved in high rates of recurrence."

Sterling, M., G. Jull et al. Development of motor system dysfunction following whiplash injury. *Pain* 2003;103(1-2): 65-73.



We look forward to participating in an effective, multidisciplinary approach with your neck and back patients. Please see our website for additional information and referral forms at: www.spokanespine.com. Feel free to contact our office with any questions or clarifications.

Respectfully,

Robert G. Haddad, DC, Rph

Member: Washington State Chiropractic Association 2006-2008
NASS - North American Spine Society, (Physician Sponsored).