Orthopedics and Rheumatology
Open Access Journal
ISSN: 2471-6804

Juniper Publishers
key to the Researchers

Case Report
Volume 7 Issue 5 – July 2017
DOI: 10.19080/OROAJ.2017.07.555722

Ortho & Rheum Open Access J

An Independent Study on the Back Rack

***Bogdan Luklinski**

Spine specialist, Ortho Med-Spinal Rehab, UK

Submission: June 28, 2017; **Published:** July 14, 2017

***Corresponding author:** Bogdan Luklinski, Spine Specialist, Ortho Med-Spinal Rehab, London, UK, Email: clinic@spinalbackrack.com

Orthopaedic Medical Device

Tests were carried out on 50 patients with the collaboration of Dr.D.Troup, Director of Spinal Research at the Royal Free hospital, London. 50 outpatients, within the period of 3 months between January - March 2004 in The Luklinski Spine Clinic, London. The Back Rack consists of 16 wooden spindles with a frame like spine. Patients were asked to use equipment as instructed 3x per week for the 3 month period:

Those were the following groups:

Total 50: 20 females: age 32 -69

30 males / age, 32 -69 (Figure 1).

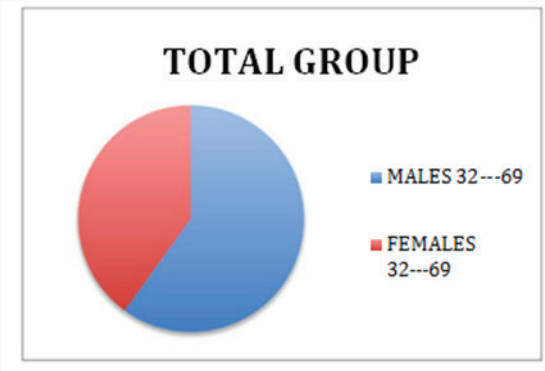

Figure 1: A monthly check up was carried out. Applied criteria of Orthopaedic Medicine/Maitland system.

Patients were examined prior to using the Backrack and at the end of the treatment - 3 months.

MRI scan was applied when appropriate - 28 cases / False positives.

Spinal protocol was used, 3 exercises were applied

i. Lying down / knees bent / whole spine elongation / sustained - 3 sec.

ii. Pelvis elevation - neck / pelvis straight / cervical / upper thoracic sustained pressure - 3 sec.

iii. Lumbar spine = increased abdominal pressure / sustained trunk up - 3 sec.

The Back Rack will apply stretching and over-pressure, the symptoms will typically improve rapidly. Passive movements are made easier, lying down compression is 25% of that of standing = SPINE. To elicit back pain PASSIVE - ACTIVE of motion must be activated.

a. Pain only - 10 / severe disabling symptoms - spasm

b. Pain with stiffness - 10

c. Stiffness - 10

d. Intermitent pain - 10

e. Specific clinical syndromes - 10 / arthritis, spondylitis, spondylosis, short-leg syndrome (Figure 2).

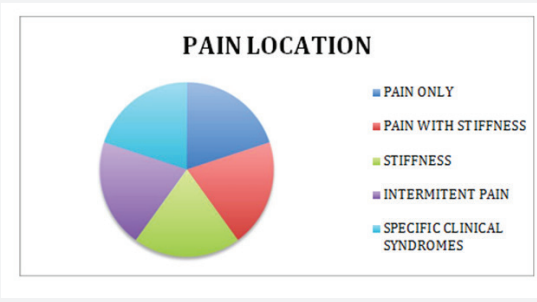

Figure 2: Pain Location.

The following clinical criteria were applied

i. SLR / 30 - 70

ii. PNB / O - 45

iii. Lumbar FLEXION

iv. Lumbar Extension

v. Lateral flexion

vi. Lumbar Rotation

vii. Lumbar quadrant

viii. Cervical quadrant / cervical spine / F-E-LF-RR - LR /.

ix. KJ - AJ

x. SKIN sensation

xi. Skeletal deformity - spine

xii. Short leg syndrome

xiii. MRI scan - 28 cases / False positives

Outcomes

a. Very good / no pain

b. Good / mild pain

c. Satisfactory/pain relief

Results

i. 97.5 % / 38,5 patients / - group 1 very good

ii. 1.5 % / 6.5 patients / - group 2 / good

iii. 1% - group 3 / 5 patients / specific clinical syndromes / satisfactory (Figure 3).

Figure 3: Results of patients -Good/Pain Relief satisfactory/pain Relief.

Conclusion

The Back Rack device is appropriate for ALL spinal conditions; pain and stiffness will decrease - regardless of conditions. No other device in the world found has this unique concept and application.

DOI: 10.19080/OROAJ.2017.07.555722

How to cite this article: Bogdan L. An Independent Study on the Back Rack. Ortho & Rheum Open Access 2017; 7(5): 555722. DOI: 10.19080/OROAJ.2017.07.555722.