

Limited by arthritis joint pains? Back pains? Neck pains? Headaches?

## **DO WHAT YOU WANT TO DO .....**

### **Get Pain Relief Now!**

The truth is that at least 40 million Americans are suffering daily with “arthritis pains.” Millions more, every day, are getting injured with sprains and strains – or worse – that will lead them down the path of painful “degenerative joint disease” as years go by. What’s worse, an estimated 10 - 30,000 Americans die each year from side-effects of the “arthritis” medications available by prescription or (increasingly) over-the-counter. And thousands more will be disappointed that surgery failed to deliver the excellent results they expected and for which they desperately hoped.

#### **Solution to a Modern Tragedy**

A modern tragedy is that millions are suffering and dying from joint pains *and* the side effects of their treatments. An effective medical treatment has been *available for years* to help most of these people. And it is available to you and your friends, *right now*, without surgery, without daily drugs, without a hospital stay.

Your friends don’t need more drugs. Or more operations. But that’s all they might ever get if they don’t find out about Reconstructive Therapy. This non-surgical medical treatment has been shown in research studies to strengthen injured support bands (ligaments, tendons, and capsule) that surround joints. Stronger “soft tissue” bands allow your joints to function more normally again. This, in turn, increases your mobility and flexibility and reduces your pains.

Reconstructive Therapy (RT, for short) accomplishes these miraculous results by turning on the natural healing processes already found within your body. The miracle of healing is a major part of your birthright as a human being. The body has known how to repair itself for thousands of years before there were doctors and drugs and operations. But doctors prescribe drugs (aspirin, “anti-inflammatory” arthritis medications, cortisone) that *retard* the healing process. And they do operations that remove structural pieces, often reducing the overall strength of an area. And they usually underestimate the importance of ligaments and other “support bands” in maintaining proper and painless function in your neck, back, and other joints.

Are you worried about a future of suffering with headaches? Neck and back pains? Joint pains or “arthritis”? Being confined to your house – or a wheelchair – or even just your bed? Are you hoping to avoid surgery? Or daily medications? Or a future of “rusting” in your “golden years”?

## How You *Can* Heal with Injuries or Arthritis

Regular medical care for neck and back pains and joint arthritis and headaches has sometimes been based on a misunderstanding that daily drugs (anti-inflammatory medications, aspirin, and cortisone) and surgery are the *only* options -- besides “learning to live with it.” Yet, common sense can show how your condition might respond better than you ever hoped. You owe it to your family to find out more.

Your body frame is made of *bones and bands* that give *strength* to your structure. When your joints are strong and stable, you can count on your body to *function* as intended. When you function well, like when you were younger, you are at *ease* with daily activities.

Any injury can stretch or tear ligament bands (and muscle tendons) that hold bones in place. Instability begins as a slight *wobble*. Over time, an unstable *wobble* wears down joints (creating arthritis) and degenerates disks in your neck and back.

As your joints weaken with injury, you gradually lose *strength* and decline in *function*. You become less and less at ease, which is the slow beginning of *dis-ease*.

You can see how you start to suffer with various *symptoms*. You reach for relief on pharmacy shelves or at the prescription counter. Perhaps your symptoms are severe enough – or last long enough – that you have surgery. But none of these treatments aim at the true cause of your injury pain: the *wobble* that weakens the bands holding your bones together.

Indeed, aspirin and cortisone stop your repair by blocking injury inflammation, which is always the first step in healing. Surgery can weaken you by removing parts you counted on for strength.

Finally, you worsen to the point of *crisis*, where stronger drugs and bigger operations seem to be your only choices. At some point, side effects (such as bleeding ulcers from drugs) or surgical limitations can severely restrict your choices.

Fusion surgery places greater stresses on disks above and below – which means that they, too, begin to *wobble* more and degenerate faster. And you don’t really get a *new* back or a *new* knee – just new *steel* and new *plastic*.

Rather than conventional (usual) treatment, you can choose a smart alternative medical solution: Reconstructive Therapy (RT).

This non-surgical treatment is aimed at the beginning of your problem, correcting the *wobble* that has caused your painful problem over the past few months – or maybe over the past few dozen years! RT stimulates natural healing processes by placing a mildly irritating fluid into support *bands* around injured joints. Your body responds by making new tissue, giving you more *strength*, improving your *function*, restoring your *ease*. Makes sense.

**How does Reconstructive Therapy work when placed to the test, to help solve problems that have plagued real-life patients? RT shows improvements in about 80 to 90 percent of patients accepted for treatment. The following stories will give you some idea how this valuable treatment – an alternative to surgery and to daily drugs – might help your friends and family.**

### **Shoulder Pain: Frank Got Fixed, Kept Laying Bricks**

**Right shoulder pains were crippling Frank M., a 59 year old Humble, Texas, tile and marble contractor. Without any obvious injury, pains started in February 1992. By May, he was having difficulty lifting bricks and tiles, even turning his arm a certain way. Too young to retire, what could he do?**

**Frank worried at losing strength in his right arm. He couldn't even reach his hip pocket to remove his comb. His arm, shoulder, and neck were more and more stiff and sore with each passing day. And working only aggravated his pains.**

**Frank's chiropractic physician told him about Reconstructive Therapy. He explained it quite simply to his worried patient: "Any injury can stretch or tear ligament bands that hold bones in place, even if you don't recall being hurt. Even tiny injuries can lead to instability, which begins as a slight 'wobble.' Over time, this unstable 'wobble' has worn down your shoulder joints, leading to the early stages of 'arthritis.' You need to go have this fixed."**

**Frank's x-rays showed exactly what his chiropractic physician had suspected: early degeneration changes in the "A-C" joint (acromio-clavicular = joint where collar bone comes together with shoulder blade, at the top front). The rest of his pain pattern seemed due to a "rotator cuff tear" -- that is, strain and injury to the soft support tissues (ligaments, tendons, and muscles) that surround the bones of the shoulder. Frank's mind was relieved with the diagnosis but he was worried about whether the treatment would help relieve his pain.**

**On May 27, 1992, Frank had the first RT treatment set to his right shoulder. He finished his eighth treatment on August 18, 1992 -- and, as expected, he kept working during the entire time. "I'm thrilled with how fast my shoulder has improved. I'm working and I feel good."**

**The improvement that Frank gained with his Reconstructive Therapy treatments is common with early shoulder problems. Even more advanced ones often respond as well -- without arthritis drugs, and without surgery. Six years later, Frank still rates himself as "fixed," able to continue his strenuous work with no pain. "My shoulder? No pains, I'm fine," he boasts.**

### **Low Back Pain: Janice Found Sudden, Lasting Relief**

Every once in a while, it looks as though a fairy godmother waves her magic wand and special things happen. Such was the case for Janice R., a 40 year old homemaker in Houston. Her story is short, even though her back pains seemed like they lasted forever.

In 1972, Janice had suffered with a “lumbar strain” – basically a low back pain that takes several weeks to get better ... if it finally does. Off and on she had minor discomforts, but in 1992, her pains came and mostly stayed. Exercising with weights at a local health club, she began to feel pains in her lower back. “It felt like somebody stuck needles in my back. It’s the kind of pain that makes you nervous. It’s always there – when you laid down or sat up. It never went away.”

She described this burning sensation in her low back and right buttock to several physicians, hoping for prompt relief. The first, an orthopedic surgeon, prescribed medications and advised physical therapy. No improvement. The chiropractic physician offered adjustments. They helped, but only briefly. “My pain would go away for a few minutes but then would return.” Her discomforts continued.

Janice resented the limitations in her life. She could do less of her daily household work than before, carefully limiting any heavy work. She had to rest often, able to do housework only for short periods. When sitting, she had to change position often. Not only was she cutting down on physical recreation, she also was going out less for entertainment with her husband and friends.

In the midst of her distress, Janice decided to return to see me, since I had been the first, years earlier, to treat her successfully for food allergy problems. She had heard I was doing Reconstructive Therapy, and she hoped this might help. Her back x-rays showed a sharply tilted pelvis, right where her discomforts centered. Often this accentuation of the normal low back curvature will aggravate the discomfort pattern from an injury to this area.

Janice had the first RT treatment to her low back on November 24, 1992. Her second was on December 1, 1992. Her third was on December 16, 1992. When she returned for treatment on January 12, 1993, she exclaimed, “My back is doing great! I haven’t felt the need to come back for any more treatments. I can pick up my 2 year-old without any pain, I can vacuum without pain.” Her examination was, indeed, normal – unlike six weeks earlier. So Janice was given a return appointment date for three months later, to see whether her back repair was lasting as well as she had hoped. She failed to keep her assigned appointment.

On March 3, 1993, Janice came in for other medical concerns. “No, no – I don’t need help with my back. I’m still doing good, no problems at all.” When she was last seen on June 22, 1995, she still had no interest in fixing any problems with her back – since she didn’t have any!

“After three trips to Dr. Trowbridge’s office for Reconstructive Therapy treatments, my pain was gone. And it has never come back. In the beginning, I really felt that I had messed myself up for life. I had a 2-year-old child that I

couldn't even pick up. But now, I feel better. The pain is gone.”

Such rapid results are, admittedly, *quite* uncommon. A more usual course of treatments will last from one to three dozen treatments. Her story illustrates the dramatic healing powers that the human body can bring into play, given the right setting and the right treatment. Some patients require even more than three dozen treatments to “fix the wobble.” The key to remember is that your body can repair *most* neck, back, and joint problems, even when they have lingered for years, despite all other attempts at treatment. Janice's story is true in all respects. Every so often, Reconstructive Therapy seems to work just like wishing upon a star.

### **Carpal Tunnel Wrist Pains: Susan Couldn't Shake the Problem**

Susan H. didn't waste much time when her right wrist began bothering her in April of 1994. This 22 year old secretary for an Humble, Texas, chiropractic physician was a key staff member who was counted on to get the work out.

What started as a dull ache in her right “pinky” finger soon became severe -- then she started to lose her grip. Whenever she did things -- like office work or housework -- her pains progressed and got worse. The only relief she found was with soaking her hand and keeping it still. “Resting” your hand is a tough way to make a living in a busy medical office.

By the time Susan started Reconstructive Therapy treatment to her right wrist, on August 15, 1994, she was having almost continual discomfort. She rated her worst pains as a “9” on a scale from zero to ten, and she complained of swelling, stiffness, weakness, and grinding and popping of the joint.

Physical examination showed Susan to be quite limber all over. This condition is called “hypermobility syndrome,” or double-jointedness. Hypermobility or “loose ligaments” is a genetic disorder, where the support bands around joints don't form completely normally, so they are stretchable beyond normal. Although this might be entertaining in high school classes, and although it makes for smooth and superior gymnastics and dancing performances, hypermobility is not fun when suffering begins. (Have you noticed how many gymnasts wrap bandages around their knees, ankles, elbows, and wrists, to provide *external* support for weakened and injured joints?)

Hypermobility joints can become severely overstressed with injuries, because they “wobble” too much and can damage the bony ends and the support tissues themselves. Painful discomfort, such as Susan was suffering with repeated simple office and household tasks, is the first result. Later problems can include early development of arthritis. Many people who suffer for years, see multiple specialists, have operations, and take daily medications are actually suffering with undiagnosed (and therefore untreated) hypermobility syndrome. What fixes most of them -- although often more slowly than “regular” people, because of the genetic limitations -- is strengthening the support bands through Reconstructive Therapy.

Susan noticed early encouraging results. By the time of her sixteenth RT treatment, she rated her right wrist as “90 percent improved,” with her worst pain level down to a “3” from her starting level of “9.” “I’m doing great – I just wear the wrist brace whenever I’m doing activities that stress my wrist. Last week, I finished painting inside my house. I’m working more on typing and with the adding machine at work and I’m doing okay.”

Susan recognized that her problem was more than just injury to one wrist. Because her congenital (present at birth) problem with hypermobility syndrome meant that all of her joints were likely to be weaker, on November 16, 1994, she asked for her left wrist to be treated as well. Overly-limber people continue to stress their joints during the treatment period, and they can require many more treatments to finally get the same healing that most others normally expect.

On August 8, 1995, Susan received her final RT treatments, the eighteenth to her left wrist and the thirty-fourth to her right. She summed things up quite nicely: “I’m doing very well – no aches or pains at all. I have no clicking, no sharp pains, and weather changes haven’t bothered me at all, like they had last fall.”

Some people query why she would have “so many treatments.” This question is based on a false misunderstanding about how the body heals itself. Every person is different. Some simply heal faster, others slower, others “about normal.” Susan was thrilled to be “fixed,” without daily drugs, without surgery, without hospitalization, without downtime. She was most happy, working for a chiropractic physician, that her condition could be treated naturally, without the obvious risks of surgery and drugs.

As Susan put it: “I am a wife and a mother. I have a four-year-old son that loves to play and since the treatments my life is normal again. He, my son, loves Dr. Trowbridge because ‘he fixed Mommy.’”

### **Fractures of the Mid-Back, Low Back, and Hip: Sean Proves “White Men Can’t Jump”**

A lanky, muscled, handsome 25-year-old Air Force sergeant, Sean O. was looking forward to life after discharge from his electronics technician post at Tucson’s Davis-Monthan Air Force Base. His discharge party started about 5 pm, with friends mingling in and out of the third-story barracks room. The keg flowed freely, kicking off a weekend of recreation for most everyone. That’s what Sean expected, too. After all, he was “involved in many different sports and activities, including basketball, volleyball, paintball [“war games”], biking, and hiking, to name a few.”

About 1 a.m., on June 13, 1992, Sean was pouring stale beer in his cup off the balcony, ready to refill freshly from the keg. Since he’s 6-foot-3, somewhat taller than the top of the balcony, he “just sorta fell over after it.” Witnesses claimed he did a backward one-and-a-half gainer, stylishly concluding with a hard body slam

onto the Tucson desert rock below. Air Force training includes outstanding first aid drills. Sean's colleagues ran downstairs to find him lying on his side, dazed, unable to move without pain. They immobilized him with pillows, so he couldn't do any further damage than his spinal cord might have already suffered. The base ambulance swiftly moved him to the base hospital, where the Medical Officer of the Day first assessed his injuries and started care to protect damaged organs.

Blood poured out through the catheter tube that the nurses inserted into his bladder. Obviously Sean had injured his kidneys, his bladder, or the tubes in between. Other tests "checked out okay," but his exam clearly showed serious damage to his left hip and to areas of his mid-back and lower back as well. The likelihood was other internal organs were damaged, so he was transferred within two hours to the University Hospital in downtown Tucson.

A senior trauma surgeon completed Sean's evaluations with the superior facilities of a major teaching hospital. The conclusions were ominous but somewhat encouraging: despite several backbone fractures, he did not appear to have injured his brain, his spinal cord, or major nerves. Further, a serious hip fracture likely would not require operation. But internal organs appeared damaged and abdominal surgery was urgently needed.

Indeed, injuries were present: Sean lost his spleen (a blood filtering organ) to the surgeon's knife, because he had fractured it into several pieces. He bruised his liver, his kidneys, his colon, and his lungs in the fall – but recovery could be expected without cutting into any of these organs. Sean spent the first day in surgical ICU, where his condition remained stable. For five more days, he lay in simple traction for his left hip, feeling more pains in his back and hip than from his belly incision.

As Sean's worried stepfather, I flew into Tucson, clearly worried about his future. I knew that serious injuries in young adulthood could have painful consequences later. X-rays of the mid-back showed that the fifth ribbed backbone had crunched into the sixth, eliminating the space between them. Luckily, Sean's spinal nerves did not appear injured. The surgeon expected these bones to fuse together, without an operation or any corset or cast. Hopefully they would fuse in correct alignment – and stable.

The top two lower backbones (lumbar one and two) had painful fractures: the "side arm" had broken off and separated on both sides of each backbone. Although these "heal" without surgery, they are "pulled on" by the many muscles that attach to them. Every time each little bone fragment "wiggled," Sean felt a deep piercing pain. "I was in so much pain that even a deep breath brought on extreme back spasms. I could not sit in one place for more than a few minutes without experiencing harsh back pains."

His final frame injury was dramatic in its x-ray appearance: Sean blew apart the "cup socket" in his left hip, scattering the pieces into his lower left pelvis. The top of the leg (femur) bone appeared intact, but only time would tell whether its blood

supply had been injured. If so, a “total hip replacement” operation might be needed in future years.

Happily, Sean noticed little discomfort in his hip when he started walking in the hospital. What he complained of was excruciating pains in his back from using the crutches that were required because of his hip injury. I held onto the slim chance that I would be allowed to treat him outside the Air Force medical system. I knew that Reconstructive Therapy could help prevent or reduce arthritis if it were used soon after injury. As the son of an Air Force bomber pilot, I was persuasive in talking “up the lines.” The base commander was favorable to my offer to treat my son “back home,” but he needed more details. So I provided further information to Sean’s first sergeant, the leading noncommissioned officer in his squadron.

What intrigued these military commanders was the possibility that early treatment – even though not done by *their* medical officers – might reduce Sean’s future disability rating. With this hope, they made it happen: eleven days after injury and surgery, Sean was flown by an Air Force medical transport to Houston for Reconstructive Therapy treatments. “The only way I was able to endure sleeping was to take pain medication and even then it was still uncomfortable.”

Sean didn’t really know what RT treatments involved – until he discovered that the needles had very sharp points. Indeed, injections into bruised and broken areas can be quite uncomfortable. But the results can be spectacular, since RT aids the body’s already-ongoing attempts to heal the fractures. The brief discomfort from treatments is far less than the original injury – and less than daily arthritis pains for many years to come.

On June 26, 1992, Sean had the first of thirteen RT extensive treatment sets to his mid-back compression fracture, low back side-piece fractures, and left hip cup blowout fracture. His results over the five weeks of treatment were nothing short of astounding. “After my fourth treatment, I was finally able to bend over enough in the shower to wash my lower legs. I began to do light yard work with minimal pain in my back and hip.”

Why did Sean endure the discomfort, added on top of his fracture pains? Simply because he saw early and exciting results. Three weeks later, “After my eighth treatment, I was able to take an eight-mile bike ride with my friend, with absolutely no pain in my hip and again minimal soreness in my back. I also went out and shot baskets [basketball practice] with my friends that same week. I did experience some pain, but it was not the type of pain that was debilitating, it was more like being sore after a good workout. By my tenth treatment, I was off the pain medication totally because the pain was greatly reduced. At that point, I was able to take a car ride [200 miles] to Austin from Houston, again with minimal pain. I spent that weekend at a friend’s lake house, taking several boat rides with little discomfort.”

Before the end of July, 1992, Sean was swimming, walking, and bike riding with minimal distress. He returned to Tucson in the first week of August, to start

physical therapy rehabilitation in the Air Force clinic. Six weeks earlier, Sean had left Tucson “on crutches and in so much pain that I could barely even lie flat without the assistance of pain medication.”

At the military hospital, he received a follow-up examination and repeat x-rays. His Air Force physicians were surprised at the rate of healing shown by the fractures from just seven weeks earlier. Clearly his age and good physical condition were on his side – nevertheless, he had suffered dramatic injuries. Sean followed a graduated exercise program outlined by me, his Reconstructive Therapy physician. (For once, he followed his step-father’s advice!) He returned to playing basketball and volleyball in September, 1992; he started playing flag football in early October, 1992.

What about his back and hip? No pains to speak of, but somewhat sore and weak until he really “got back into shape.” What about his belly? “It hurt like hell every time I hit the volleyball or threw the basketball, pulling on my incision, until that soreness finally got better.” I later did neurofascial therapy injections (sometimes called “neural therapy”) into his long belly scar – these quickly smoothed out the scar and relieved the remaining discomforts.

Sean received his discharge physical from an Air Force physician just before Christmas. His physical disability rating at his discharge on December 29, 1992: NONE. “I felt fine – and I was thrilled to be getting back into civilian life able to expect the best from my body.”

In February 1995, Sean reported how things were going: “I cannot even begin to explain what this treatment has meant to me except I do know if I had not had the chance to receive this wonderful treatment from my step-dad, I would not have been able to do all the things that a normal 25-year-old should be able to do. I am now 27 with two small children that love to play with their Daddy – at the time of my accident, I could not even lift them up to hug them. Today I can do that and anything else I desire. I play with my children at the local Discovery Zone for hours at a time. And I wake up each day thanking God for my amazing recovery – that gave me my health and my livelihood back again.”

In the first two years following his discharge from the Air Force, Sean went on to work in heavy construction, learning framing and fine carpentry from his grandfather in Seattle. And he worked for Boeing and Sears, lifting heavy furniture and appliances. He returned to Texas for follow-up RT treatments to keep strengthening his back, receiving three sets about six months and again about twelve months after his injury. All during his physical labors, his back and hip only felt expected soreness from the activities – no pains, no pain medications.

In mid-1995, Sean received another four strengthening RT treatments to the fracture areas in his mid-back and lower back, completing twenty-three sets to these sites. His left hip has had a total of nineteen sets. Incidentally, Sean has returned fulltime to sports of all kinds. In the spring of 1995, he injured his neck in a water jet-bike “incident” (he got tossed off quite hard!). Five RT treatments fixed him up

quite nicely then and he's had another three treatments to provide increased strength.

Although he has an easier job now, Sean occasionally does heavy work – such as building a large double billboard sign by hauling and then placing sixteen-foot posts into three-foot deep concrete wells, later hanging “four-by-eight” plywood panels, each 3/4-inch thick. And packing and moving fifty-pound book boxes into and out of storage. And don't forget helping friends move in rental trucks – including moving the entire household possessions of my fiancée from Baton Rouge to Houston.

Is Sean happy? You can bet on it. He continues an active and athletic lifestyle, well suited for a young adult. Incidentally, when Sean fell over the third-story balcony in June of 1992, he missed seeing the movie playing at the base theater just two blocks away: “White Men Can't Jump.”

### **RT Offers Hope Because It Really Helps**

These patient stories show everyday people, just like you and me, whose suffering turned their lives into daily turmoil. They were losing the ease with which they had worked, played, and slept. Some felt despair. Others felt anger. All had tried to find a lasting solution to their pains and limitations, only to find their hopes repeatedly dashed. Finally, they learned about this non-surgical alternative, Reconstructive Therapy (RT) – from a family member, from a caring friend, perhaps by reading an article or one of Dr. William Faber's outstanding books, *Pain, Pain Go Away* or *Instant Pain Relief* or **DO WHAT YOU WANT TO DO**, which we co-authored.

Learning about RT changed their lives. Often dramatically, always for the better. Some of their stories are exceptional – perhaps they healed very quickly, perhaps they healed a problem they were told could never be helped.

But their basic results are no different than many of the patients who complete their treatment programs. Indeed, Reconstructive Therapy works reliably for most neck, back, and other joint problems because all it does is turn on natural healing processes – your body itself does all the repair. I have provided you a simple explanation of how RT works. And it is simple because it is natural. And it is long-lasting because it is natural, just the same way you would heal a broken bone or the incision from an operation.

### **How Reconstructive Therapy Could Help You Heal**

What is Reconstructive Therapy (RT)? Very simply, it is an injection technique that has been shown to cause growth of cells and tissue to stabilize and strengthen weakened joints, cartilage, ligaments and tendons. RT was discovered in the 1920's by George S. Hackett, M. D., whose monograph book published in the 1950's is still

the classic texts for students of “orthopedic medicine.”

What does Reconstructive Therapy address? To answer this and the next question, we’ll borrow from the explanations offered by Dr. William Faber, co-author with me of the 1996 book, **DO WHAT YOU WANT TO DO**. Your ligaments function as the primary stabilizers of the joints in your body. They connect your bones to each other. Ligaments also function to limit the range of motion that your bones can move between each other. Tendons connect your muscles to your bones in order to provide motion. For example, your spine is composed of bone, tendons, ligaments, discs and cartilage. Discs and cartilage serve as shock absorbers and keep your bones from rubbing against one another. In acute injuries, the ligaments and tendons become torn and are unable to stabilize joint areas. This causes the discs or cartilage to become worn down. They may also be worn down by repeated motion. This wearing down ultimately leads to joint instability resulting in constant pain, less and less mobility and lack of endurance.

**What Does Reconstructive Therapy Do?**

Reconstructive therapy stimulates your own body tissues’ healing mechanism. It promotes the body’s own natural healing ability by “tricking” your body into “thinking” that a “new injury” has occurred at the sites of injections, which are done where old injuries have failed to heal well enough. As an attempt to repair this “new injury,” your body brings in special cells to help rebuild.

Each treatment session results in more and more tissue being laid down in the needed areas. Since you haven’t suffered new damage to the area, finally building new tissue at the site of your old injury has a wonderful result: your joints continue to become stronger and more stabilized. Thus you regain the natural functions of your body. Pain becomes less and less and in many cases disappears entirely. Reconstructive Therapy can be used wherever ligaments, tendons, cartilage and/or discs are torn and worn, since it stimulates the healing process for all of these supporting tissues.

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**Dr. William Faber’s 10 Vital Points To Know About Reconstructive Therapy**

1. It promotes the body's own natural healing ability
  2. The natural functions of the body are regained and optimized
  3. Use of drugs or surgery is minimized or eliminated
  4. Relieves pain
  5. In a double blind human study where neither the patients nor the researcher knew specifically who was receiving the treatment, 88.5% of those injected with the reconstructive solution showed improvement
  6. Reconstructive therapy is capable of increasing the strength and structure in ligaments and tendons 30 to 40% over normal
  7. Results are permanent
  8. No down time
  9. No significant side effects
  10. Very conservative treatment, doesn't remove body parts like surgery does
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The following real-life stories show you more ways that Reconstructive Therapy could change your life for years to come. Clearly, individual results may vary considerably – and lesser problems can be treated with better results. But the simple fact remains: RT often “fixes” problems that have worsened for years, never improving with any other medical or surgical treatment.

#### **Shoulder Pains: Roy Had a Gold Medal Disappearing from Reach**

“Nobody trains for second place” – you might have seen that on a tee-shirt and thought about your own teenage years when sports was a “big deal.” For Roy G., though, at 62 years old, this phrase meant something. A Houston executive who had kept himself in excellent physical shape, he was training for competition at the Senior Olympics level.

“A collision on the racquetball court [in 1993] aggravated the tendency of my shoulder to get sore and fatigued after a spirited set of games. By the following spring, the pain and immobility forced a choice between giving up the sport, risking surgery, or trying Reconstructive Therapy.”

Happily, Roy's x-rays showed only minor degeneration changes in the “A-C” joint (“acromio-clavicular” = where collarbone joins shoulder bone at the top). His discomfort appeared due to straining or tearing the ligament support bands that held these bones together as well as the ligaments and muscle tendon bands that hold the whole shoulder together. In technical terms, he had an “anterior capsule pattern,” tearing of the tough front covering of the shoulder.

He started his first RT treatment on July 5, 1994. “A fellow player had been treated successfully ... and recommended I give it a try.” On August 5, 1994, he had his fourth and last RT injections to his right shoulder. At this time, he felt himself to be at least “70 percent” improved, with his worst pains steadily decreasing. He couldn’t take the time for more treatments, since his training and competition schedule meant he’d be on the road.

“The Reconstructive Therapy treatment was relatively inexpensive, quickly administered, and only a minor contributor to the pain already present. The big benefit, however, is that no rehabilitation was required. There was no reduction in activity level during the treatments.”

Did Roy get what he came for? Here’s what he shared with us on October 2, 1995: “I missed writing you two months ago on the first anniversary of my first encounter with Reconstructive Therapy. The occasion was also my 63rd birthday, which was one year after the last of four treatments of my right shoulder. At that time, you advised me to wait three months to realize the full benefit of the therapy. A year later, the shoulder was in better shape than when I was much younger.”

Roy still competes actively: “In the midst of the treatments, I played in a tournament. [He’s understating it: he won the Gold Medal in the Senior Olympics in Racquetball in his age group.] Now I play to the limit of my endurance without painful aftermath and attendant loss of sleep. Keep up the good work!”

Has Roy been keeping up the pace that he wanted? Well, in October 1995, he and his partner won a Silver Medal in doubles in Texas State competition for 60+ year olds. In late March, 1996, he won a Bronze Medal in the Senior Olympics for single play and he and a partner won the Silver Medal for doubles.

In March, 1998, Roy again returned for treatments, this time to his left knee – again, another strain from racquetball play. X-rays showed only mild degeneration changes, and he still wanted to play aggressive sports. Over the next two months, he had five RT treatments to his knee, with a claim of 80 per cent improvement. For good measure, he also had another treatment to his right shoulder, his sixth.

**Go for the Gold, again, Roy!**

Actually, he did – winning the Gold Medal in Texas Senior Olympics Racquetball in the 65-69 age group in September, 1998. “Last week we achieved one of the goals on my calendar .... It would not have been possible without your Reconstructive Therapy treatments to the shoulder four years ago and the knee five months ago. The win last week was the qualifier for the National Senior Olympics next May in Orlando.”

## **Ankle Pain: Mark Wanted to Jump for Joy, Not Get Fused**

**In October 1992, Mark G. hit a buoy with his right ankle, while skiing the slalom on a beautiful Florida lake. This national competition water skier immediately consulted with an orthopedic surgeon, who advised a number of treatments, none of which helped. He saw two other doctors, both of whom failed to diagnose the problem. Again, no improvements after 9 months of “trying different treatments.”**

**Out of desperation, this 35-year-old full-time custom jewelry manufacturer in Deltona, Florida, saw an orthopedist who specializes in ankle injuries. His diagnosis was quite different than the others, as was his treatment: an operation to remove debris (“junk”) floating inside the ankle joint and to repair the damaged tissues. In the fall of 1993, one year after injury, Mark had an extensive operation to remove dead bone fragments and attempt ligament band repairs. He awakened to more of a shock from his surgeon: “I did all I could, but the bone damage was so severe. I should have fused the joint, but we didn't discuss that procedure ahead of time. And your skiing days are over.”**

**Mark had been on crutches for months and was totally restricted as to what he could do. Besides the skiing, there were other emotional turmoils: he couldn't walk across the room with his 7-month old daughter in his arms. "All the doctors told me to give up the sport I loved so much [and the competition in which he excelled – and settle down to a more gentle lifestyle. “This did not go over very well with me.”**

**Then Mark got “a better break” – a phone call from his boyhood friend and ex-ski partner, now a chiropractic physician practicing in Humble, Texas, a Houston suburb. “Jimmy knew all about the trouble I was going through with my ankle injury. He suggested that I make a trip to Humble to see Dr. Trowbridge and have the Reconstructive Therapy done to my ankle. At this point, I had nothing to lose. My only alternative was to have another operation and to have my ankle fused. I was in terrible pain. I couldn't ski or exercise – Dr. Trowbridge was the first doctor that gave me any positive outlook for the future.”**

**X-rays after the operation showed evidence of his very serious ankle injury and subsequent operation. Postoperative physical therapy in December of 1993 had failed to produce any measurable improvement. Mark came in optimistic – but as guarded in his hopes as we were for helping him. This was, after all, his last real opportunity to repair and to continue skiing.**

**Mark had his first Reconstructive Therapy treatment to his right ankle on January 4, 1994. At the same time, we treated an area of his left pelvic bone, just at the front of his hip, that had been giving nagging pains with lifting or twisting his left leg.**

The hip discomforts were promptly better, “completely fixed” after only six RT treatments. Mark came for daily treatments, since he was “out of work” while away from his Florida home.

He could feel his ankle "tighten" as we started the second week of treatments. "After the seventh treatment, I started running for exercise." About six weeks later, after completing his tenth RT treatment on January 14, 1994, Mark resumed water skiing again. He returned to Houston soon thereafter, for another nine daily RT treatments to his now recovering ankle, finishing number nineteen on March 24, 1994. Incidentally, he and “Doc” (his chiropractic physician friend) got to water ski together several afternoons, after his treatments.

“After the second set of treatments, I felt I was well on my way to a ‘full’ recovery. I water skied in competition that summer [1994]. Not only did I compete, I had my best season ever in slalom and trick skiing. During the fall of 1994, less than a year after starting RT treatments, I returned to my favorite discipline of competitive water skiing, distance jumping.” Mark qualified to ski in the 1995 U. S. Nationals in tricks and slalom – he passed on this opportunity, choosing instead to catch up his family finances, hampered by his prolonged injury limitations.

Incidentally, Mark had strained and injured other parts of his body as well, as expected for top athletes. While getting his right ankle “fixed,” he got four RT treatments to his neck – “doing great now” – and two to his left knee – “just fine, no problems.”

“After finding out about RT and taking advantage of the opportunity, I feel I have my life back. If I had never found out about Dr. Trowbridge and the procedure, I really hate to think about what my situation would be like now. The results from the treatments happened exactly the way it was explained to me.

“When Dr. Trowbridge and Dr. Faber first explained RT to me, it sounded too good to be true. I was skeptical about it. I am sure glad I went with my instincts this time.”

At his twenty-fifth ankle RT treatment, on February 6, 1995, Mark boasted at having walked for four days straight at the national gem show in Arizona – without pains! Since he has returned to top-level competitive skiing, he has continued RT treatments long after his ankle pains resolved. When hitting the jump ramp in excess of 60 miles per hour and then landing 150+ feet away, he has to depend on that formerly injured ankle to hold him up. Incidentally, he pays a yearly visit to his orthopedic surgeon, for follow-up after his complicated operation. Mark got told, at the end of March 1996, that his ankle x-rays continue to look as they have since early 1995 – “basically normal, no obvious problem.” The miracle of healing is built

within every human body. RT just “turns on the switch.”

Since getting better, Mark has sent several friends for treatments. “There are so many people that can benefit greatly from this treatment process. It is a shame that people are kept ‘in the dark’ about useful and proven healing techniques – I am convinced that the process has tremendous healing capabilities. I think my story alone says enough.”

### **Knee Pain: Dr. Don Didn’t Think the New Year Meant Retirement**

Dr. Don W. was just 52 years old when his professional career took a sudden twist – with his left knee, that is. This Dallas, Texas, chiropractic physician had an active practice and a bright outlook.

“On January 1, 1989, I slipped stepping into the shower. I fell, landing on my left knee. The pain was excruciating.”

He thought he was putting on hold just the plans for New Year’s Day: “Being a doctor of chiropractic and knowing the importance of prompt attention, I applied ice packs to my knee the rest of the day. The next day, I went to my office and made x-rays. Nothing was broken or fractured. The knee was sore and swollen, but did not interfere with me seeing patients.”

As with many knee injuries, the problem appeared to be minimal at first, with only a periodic flare-up of symptoms. “Over the next five years, I had occasional discomfort and minor swelling, which responded to ice packs and various types of therapy.”

But most patients with knee arthritis don’t realize that the disease is slowly developing, gradually putting them at risk for knee replacement surgery in the future. “In April of 1994, my knee began to hurt more frequently. As time went on, the pain became worse and the usual treatments did not help. X-rays of the knee were negative. In May of 1995, I had an MRI performed and it showed cartilage and ligament damage that was considered beyond repair. It was suggested that I have a knee replacement performed.”

Remember, “replacement” surgery is a nice name for “substitute” surgery. You don’t get a “new knee,” as you might hope; you get only “new plastic” and “new steel.” Dr. Don understood this quite clearly: “Although the pain was so severe that it was impossible to walk, I wasn’t interested in an artificial knee.”

The prospect of retiring loomed ever-larger. This is a man who truly enjoys taking care of his patients – he’s been committed to doing just this, day in and day out, for over thirty years. “I had almost resigned myself to the surgery, when one of my

patients told me about the book *Pain, Pain Go Away*. After reading the book, I felt that Reconstructive Therapy might benefit me. To my surprise, there were no doctors in the Dallas/Fort Worth area that administered this procedure. My next thought was: if it's so good, why aren't more doctors using RT?"

Dr. Don had stumbled onto an interesting question. The medical establishment has not encouraged physicians to learn and to provide RT services – indeed, they label this treatment as “experimental,” even though it has been available in this country since the 1940's. Ironically, this question was being asked by a chiropractic physician, whose field of practice has been questioned and harassed by “Establishment Medicine” for almost all of its one-hundred year existence. Even the most progressive thinking person pauses to wonder ..... if this works like they say it works, how come it's not the most popular treatment available. To really understand how RT fits as “complementary medicine,” read chapter seventeen in Dr. William Faber's excellent book, *Pain, Pain Go Away*.

Dr. Don presented for his first Reconstructive Therapy treatment to his left knee on June 7, 1995. “I have not had knee pain since the third treatment. Sure, it's sore and weak, but it's still improving.” He received his twentieth RT set on March 20, 1996: “I am able to walk and exercise without pain at all.” He rates his improvement as “90 percent.”

No, no, Dr. Don didn't sell his medical practice and retire. Indeed, he works much more happily now. And he plays more happily too: “I was able to go on several hunting trips this past November and December [1995], which is something I never thought I would be able to do again. Thanks to RT, I am back to leading a normal, productive life again.”

Well, actually he went back to pushing himself much harder, as doctors often do. In the fall of 1996, he twisted his left knee and felt a sudden sharp pain. An MRI (special test to “look inside” at structures in the knee) showed that he had torn the inside joint pad (“medial meniscus”), a condition that often requires orthopedic surgery. The need for an operation was more obvious because of his earlier knee injury that had caused damage to the outside joint pad as well. Until he severely twisted his knee, RT had controlled his discomforts quite well.

On December 30, 1996, Dr. Don underwent “arthroscopic” (operating telescope, into the joint) surgery to remove damaged areas of his left knee. His post-operative recovery proceeded smoothly and somewhat faster than expected – because he continued to receive RT treatments to his knee. Now, despite all the injuries he's been through, he can work a full day, standing, with only “tiredness” and occasional weakness in the knee.

**Incidentally, on June 13, 1996, we began treating his right hip with RT, because he had complained for years of a “hard grab” and “sudden weakness” when stepping backward. By the time of his twelfth RT, on February 12, 1997, he had completely stopped having these symptoms. He has now had 33 RT treatments to his right hip and also 5 to his left, and he is virtually pain-free. On occasion, prolonged standing provokes stiffness and “vague distress.” For someone who has suffered with disturbing and limiting symptoms for years, these continuing improvements are welcome blessings and well worth the investment of time, inconvenience, and money.**

**The key in chiropractic medical care is to encourage the body to do natural healing. That is why RT is such a natural partner to chiropractic. As Dr. Don notes: “As a chiropractor who believes in a natural approach to healing, it was a pleasure to meet Dr. Trowbridge who advocates the same. Drugs and surgery are a poor choice when compared to returning to health naturally.”**

### **Low Back Pain: Ray Abandoned His Fancy Motorized Wheelchair**

**Ray S. was 51 years old when life took a severe turn of events for him. Injured seriously in a car accident, he underwent operation in 1982 for a herniated (“ruptured”) lower back disk. Not much improvement followed, so he wasn’t able to return to fulltime farming and parttime electrical contracting near College Station, Texas.**

**In 1983, Ray consulted a respected orthopedic surgeon in Houston. This time, the operation was a big one: fusion of the lower back, making a solid union of his third, fourth, and fifth lumbar bones. Post-operative evaluation six months later, on December 5, 1983, was not encouraging: “... pain in his back across both hips and into his left leg down to the calf. Hasn’t worked ..... and is not able to get around ..... severe left leg limp ...” Over a period of many months, he was finally able to return to work at full function, grateful for surgery that helped him.**

**Bad injury was not a stranger to this tough farmer. When Ray was 17-years-old, a tractor had run over and fractured his pelvis. His local doctor simply taped him and sent him home, no hospitalization and no surgery. So, recovery was also something he came to expect from his no-nonsense approach to getting well. Then tragedy struck again. On January 28, 1989, he and his wife were hit broadside in their car by a 19-year-old student driver who ran a stop sign.**

**Their car was hit on the passenger side. The force of impact threw him across onto his wife, the passenger. At first, severe pains in his right upper belly resolved quickly, probably from being jammed against his seat belt. What the doctors didn’t realize is that his bladder was injured as well. Ray went to the emergency**

room several times for failure to pass his water. Finally he was hospitalized with infection and he was taught how to pass a tube into his bladder to remove the urine himself.

After this second accident, Ray suffered with severe pain in both hips and the low back; he felt his left leg to be clumsy and numb. When seen by a neurosurgeon in February 1989, an MRI scan (“magnetic resonance imaging,” to look closely at nerves and disks) didn’t show any obvious new injuries. Ray underwent a cortisone injection into his spine on March 14, 1989, but this only caused more pain. Various medications failed to improve his condition. A CAT scan myelogram (“computerized axial tomography dye picture of the spinal canal,” to look closer at disks and nerves in the spinal canal) showed no obvious injury, just expected changes after his prior operations.

In October 1989, Ray again saw another neurosurgeon in Houston. Again, no obvious answer was found. A urological surgeon confirmed by testing that his bladder appeared to have lost all of its nervous system control. As his neurosurgeon wrote in his detailed report: “In trying to put the whole picture together, I remain quite puzzled about why his pain is so severe and he has total loss of bladder [use]. ... Mr. and Mrs. S. are quite distressed that we have not localized the cause of his problems and offered a solution.” In November 1989, an orthopedic surgeon failed to find any evidence of a hip problem that could be causing his pain.

Although Ray and his wife remained hopeful of an eventual solution, none was forthcoming. By the time he was seen for Reconstructive Therapy evaluation in July of 1993, he was getting around with a \$7,000 electric wheelchair. He could use a rollable walker to get from the parking lot to an elevator, but his legs felt “trembly” in the yard and he needed to use forearm crutches. Admittedly, he fell often – but he always got up and went on.

Because of his complicated and confusing clinical picture, an “EMG” electromyogram test (“pins and needles test,” to check nerve and muscle functions in the legs or arms) was ordered. This showed possible nerve root pinches from the lower spine area, at the location of the fusion. X-rays of this zone were highly suspicious for “spinal stenosis,” a condition where the spinal canal narrows with arthritis (and fusion changes), crimping the nerve roots. If this were true, surgery might help him dramatically. So I asked him to see a senior neurosurgeon again, in Houston – reluctantly, he agreed .... “I’ve already been there before, they didn’t help me earlier.”

The neurosurgeon confirmed previous findings and noted in a consulting report on September 28, 1993: “However, his primary problem is pain. The option of treatment with spinal cord stimulation [putting tiny electric wires onto the spinal cord, to continuously “shock” them to stop sending pain signals] and/or intrathecal

morphine [putting a tiny tube to deliver a continuous supply of morphine pain-killer to bathe the spinal cord] were discussed, as these are reasonable options in a man like this, who is well motivated, and no longer has any secondary gain [any other reason for possibly acting worse off than his physical condition otherwise is – a lawsuit regarding the 1989 accident was settled in 1990]. He will consider these options further.”

Ray returned to my office two days later, almost in tears: “Nothing else can really be done to help me – I don’t want surgery and all they want to do is electric shocks or morphine pumps.” My reply was simple: “That’s the best news you could get right now. Why? Because it means that we can’t be delaying any other treatment that might correct an underlying problem – so it makes sense to give Reconstructive Therapy a try before going on to surgery.” “I do NOT WANT SURGERY!” was his emphatic reply. Yet, he was “bitten” by pains every time he tried to put weight on his left leg.

Ray’s first RT treatment was on September 30, 1993. He came back on October 7th: “I used a walker today, to get in to the office!” After his third RT set, he was able to wiggle his left toes “for the first time in three years.” Soon he started walking with a cane. After his fifth RT treatment, on October 18th, he felt “a whole lot better,” moving more with less discomfort, and needing pain medication only at bedtime.

At RT treatment seven, on October 25, 1993, Ray was able to climb up onto the treatment table unassisted – slowly, but by himself nonetheless. He celebrated: no pain medications at all in the last three days. At his ninth RT treatment, on November 10th, Ray told us of an emergency trip to visit his daughter and new grandchild in Salt Lake City, Utah: “I couldn’t believe it was me – I made the whole trip to Utah, driving 28 hours, and I only took one pain pill when we got there. And none since we got home!” At their worst, he rated his pains about “1.5” on a scale from zero to ten. By the next RT treatment, on November 18th, Ray’s balance was clearly improving and he was no longer needing his crutch. He hadn’t had feeling in his left foot for years – now it was slowly coming back. “I still tire easily if I walk too hard.” (What an admission!)

On November 22, 1993, at his eleventh RT treatment, Ray boasted that he was able to do leg raises now – and adding weights as well. (After all, he needed to gain strength so he wouldn’t tire with walking.) “My low back is wonderful – I’m not taking any pain medications.” On December 16th, at his fourteenth RT set, Ray claimed, “My back feels great!” Indeed, he stood up and talked with us. His pain level was down to “0.5” (on a scale from zero to ten) at its worst.

Over the Christmas holidays, Ray had a most wonderful miracle to happen.

**Suddenly, he was no longer needing to use a catheter every few hours to empty his bladder. One more of his “perplexing” medical problems had resolved, with his body healing the way only human bodies know how to heal. Doctors do have their limitations of understanding and treatment. Sometimes faith that healing is possible is the key step in choosing to try an alternative approach, such as Reconstructive Therapy.**

**On January 12, 1994, Ray complained of waking frequently with a “pressure headache” – and noted that his “back is doing just great.” X-rays were ordered and showed degenerative disk disease changes and arthritis changes, worse in the middle of his neck (cervical levels 3 and 4), with a slippage of almost one-quarter inch of neck bone 3 forward over 4 when he tilted his head upward and back. He clearly had instability and the resulting arthritis and disk changes -- no doubt from his previous injuries. Seven RT treatments to his neck, concluding on June 27, 1994, helped improve his comfort.**

**On February 9, 1994, Ray’s granddaughter wrote us a kind letter from the West Coast: “I wanted to personally write you to thank you from my heart for ‘healing’ my grandfather. That is a word that is scarcely used in the medical profession because of lack of understanding – that in fact it can happen. Thank you for believing that Ray could recover as a result of your therapy and your compassion.”**

**She went on: “My grandparents are very special to me and to have had to see Ray in such pain for so many years left us all feeling very helpless. I will tell you that I tried many times to get them to alternative doctors but they just were not sure. Whoever recommended you to them, I have to thank also. ... Again, I thank you so very much and I think it truly wonderful that what you have embodies the real meaning of ‘physician.’”**

**Ray returned for another treatment to his low back on May 30, 1995: “Overall, I’m 100 percent well; I just reached inside our Blazer to pull out a case of food cans and picked them up wrong. I’m the most happiest patient here!” He promptly improved with four more treatment sets, finishing on July 7, 1995. “I feel no pain whatsoever. RT really works – it gave me back my life!”**

**On February 20, 1995, Ray shared with us this letter about his success: “The purpose of this letter is to let you know of the continued and marvelous results I have received from Reconstructive Therapy. Had this not happened to me, I would not have believed the amazing results. Being free of pain and able to walk again is something money can’t buy. My insurance company ... is still arguing about paying for this. They paid for all the back surgeries, hospital stays, MRI’s, CAT scans, medications, mobility wheel chair, nursing care, in fact, they have spent thousands and thousands of dollars on me, and are quibbling about a few hundred dollars for**

**RT that worked and got me free of pain. From my own pocket, I gladly paid for the treatments I received.”**

**He continued: “Some of my friends I recently sent you are experiencing the same dramatic results. Even though they have good insurance, they are having to pay from their own pockets, but the results are worth every cent. ... I am still pain free, doing all my own work, travel some, and am very much involved in ... church: board meetings weekly, hospital visitation, classes twice a week, just go all the time. I never dreamed I would be able to do these things again, after spending five long years in a wheel chair and on permanent catheter, accompanied by the numerous infections that resulted. ... I have just sent a business lady from our church who has suffered horribly from a back surgery that was unsuccessful. She has just called me and can’t thank me enough for sending her to you. She has only had a few treatments, but has already returned to her work.”**

**Perhaps most importantly, he concluded: “My grandson, James ..., is still enjoying pain free life after the chronic pain he has had for most of his adult life. He came by today and works every day, landscaping and the lifting that his work entails. He is planning to get in the canoe races with his family this year in June.” (James and his family had a blast on the water!)**

**The question might come up ... do the results from Reconstructive Therapy last a long time? Perhaps the best was to answer this is with another question. When you break a bone, you wear a cast for two or three months, then you’re ready to get back to living. Do you call your orthopedic surgeon three years later and say, “Doc, it’s been a while – should I go back into that cast to make sure that I’m fixed?” In the same way, do you call your general surgeon three years after an operation and say, “Doc, it’s been a while – should you check to see that my incision is staying closed?”**

**Your body heals by making new tissue, “new you.” That’s the best “fix” you could ever get. Sure, you could wear down your support tissues by overuse or misuse – you could even re-injure yourself by falling or in an accident. That’s the same situation as repairing a crunched fender on your car, only to crunch it in another fender-bender accident sometime in the future. If you don’t have another accident, the fender stays in pretty good shape. Same thing for your neck, back, or other joints – when RT “fixes” your problem “completely,” only rarely do you need to have additional care or “booster” treatments.**

**So, when Ray was seen again on April 8, 1996, for another medical concern, we asked him how his back is doing: “As far as my past back problems -- I’d never know that I ever had any. I have no pain whatsoever.” When we last saw him for other health concerns, on September 2, 1998, his low back was still feeling great.**

**Way to go, Ray!**

## **Choosing the Best Treatment for You**

**YOU** are different from everyone else. And **YOUR** problems are different from everyone else's. So you need to consult in person with a physician (D.O. or M.D.) who is an experienced, well-trained specialist in Reconstructive Therapy (and Neural-Fascial Therapy, a "cousin" treatment for nerve pains). This is the *ONLY* way you'll ever find whether this treatment program offers for *YOU* the hope of success that it has already meant for tens of thousands of others. Chances are that your family doctor has never heard of this treatment. Your orthopedic surgeon or neurosurgeon *might* have heard of it but likely doesn't know any scientific details. Your chiropractic physician might know the most about it, but even he or she might be unsure of how it could really help you. Your massage therapist or physical therapist might have "heard something about" this treatment – but possibly not.

In many cases, RT patients were first told by their doctors to "Stay away – it might help others, but it's not for you." They came to see us anyway. Scientific studies have shown that more than 80% of patients receiving this therapy have improved. When you read these explanations, remember that they are made simple on purpose, so you can easily understand them. Some doctors (or friends) might tell you ... "Sounds too simple, so it can't really work." Nothing ever works as easy as it sounds. This is serious business, getting you better. You have to trust that your specialized doctors – especially those who offer alternatives to usual care – will pay attention to the complicated details of your health.

Always remember that individual results vary with all treatments in medicine. Also, no doctor can guarantee to help with any specific problem. Some people get "fixed" unusually quickly, while others might never show improvement. Reconstructive Therapy has been chosen by champions to get back to baseball, water-skiing, handball, golf, dancing, and other activities. The best champions, though, are the ones who get back to enjoying their everyday life. Most patients get results in as few as twelve to thirty treatments and enjoy life, work, family, hobbies, and sports once again. It's not too late for you to find out whether your "arthritis" or other pains might find relief with RT and Neural-Fascial Therapy, by treating the real *cause* of your problem..

Most people will seek Reconstructive Therapy (RT) treatments (and the related program for chronic pain, Neural-Fascial Therapy) because nothing else has relieved their pains. All who seek this kind of care have grown frustrated at being limited in what they can do, compared to before. Some will find RT sooner, when

they have damaged their bodies less. And, you might be one who will look beyond “just relieving pain” and want, in addition, to increase your endurance and optimize your performance. Indeed, several of our patients (and those of other RT specialists) have returned to superior level athletic competition after treatment.

In any case, the great majority of RT patients enjoy similar benefits – marked increase in their activity and decrease (or complete elimination) of their pain. Without daily drugs. Without surgery. Without downtime or hospitalization. Naturally. And, for many, these results will be very long lasting, even permanent.

### **Sometimes the Answer *IS* Simple**

“It just can’t be that simple.” I hear this now and again, from people who remain skeptical – and who are continuing to suffer. These are desperate individuals, lonely in their pain, and hopeful to get back to the life that they knew before. Many of them have taken daily “arthritis” or pain or muscle-relaxing drugs for years. Many have had one or more “minor” operations, even one or more “major” operations. They often have gone through several physical therapy and exercise programs for months at a time. And they have seen many different kinds of medical and surgical “specialists” in their efforts to find a solution to their problem. In their skepticism, these gentle souls miss out on a most wonderful opportunity to feel better.

Reconstructive Therapy helps many people who suffer with headaches, helps most who are plagued by neck whiplash pains, helps most who are struck with low back pains and “sciatica” leg pains. RT helps many with shoulder pains (including rotator cuff tears), “tennis elbow,” “golfer’s elbow,” even “carpal tunnel” wrist and hand pains. Severe knee arthritis (even after “cartilage” surgery through the “arthroscope” or open incision) often shows surprising improvement. And most people with ankle pains, foot pains, even heel spurs and other “arthritis joint spurs” are pleased with their results, after years of hobbling and restricting their activities.

How much are you willing to tolerate? If RT works as well as these patient stories suggest ... why should you suffer any longer without trying this for yourself? Why should you continue to hear the suffering of your family or friends? Why should you, your family, your friends lose out on their lives, unable to work and play and rest as before?

Once you see how your pains could be relieved, how your activities could be increased, how your life could dramatically better, you’ll want to get the best results possible.

## **Hard to *Know* About What You Haven't *Heard* About**

**You didn't learn about RT in your high school health classes, even though it has been available since the 1940's. You haven't read about it in "family health books" published or endorsed by the American Medical Association. Your doctor didn't tell you that RT could help repair your neck whiplash problems, your low back pains, your separated shoulder, your injured knee. Your orthopedic surgeon didn't mention RT as something you could try before your "scope and scrape" operation or your back fusion or joint replacement surgery. (Remember, you don't get a "replaced" or "new" joint – all you get is just new *plastic* and new *steel*.) And commercials on TV don't tell you about RT, so that you won't end up "stuck" for years on "Bayer aspirin," or "Motrin IB," or "Advil," and so on, with their many (and sometimes deadly) side-effects.**

**And that is exactly why this book tells you clearly what is available to help with your problems right now. RT has been "invisible" to the people who most need to know about it, right now – today – *before* they undergo an operation they could avoid, *before* they suffer a serious bleeding ulcer from their medications, *before* they lose another day of enjoying life because pains are keeping them down.**

**The ideas that you're reading about might look like they are the "one-and-only answer" for your problems. And they might be! MANY people with headaches, neck pains, low back pains, arthritis, other painful joint problems, and painful or troublesome nerve (or tissue injury) problems can find relief with this non-surgical Reconstructive Therapy treatment program. You should continue your search for help with pain until you finally find the best answer.**

## **Low Back Pain: Now Marsha Scores Big in Sports Again**

**The year 1975 wasn't exactly a "banner year" for Marsha R., then a 26 year old secretary in Falls Church, Virginia. In fact, she felt lucky to live through it.**

**Her VW beetle was hit from behind by a car traveling 60 miles per hour, totaling her car. Surprisingly, Marsha walked away from this impact -- but she left a comfortable life behind. Ever since, she suffered with nagging low back pain.**

**Physical therapy, exercises, aspirin, and pain killers helped Marsha off and on, but nothing ever took away her back pains. Indeed, three more auto accidents and two falls down**

**stairs only complicated her neck and back discomforts more. An avid tennis player, Marsha felt increasing frustration at having to limit her activities. "I had severe**

back pain, which was constant. I couldn't stand long and didn't have the strength to hold myself up. ... Sports came to a halt. ... The pain never went away completely. My activities were limited to what I could do without causing a lot of discomfort."

Not that she didn't try to continue everyday activities and an active lifestyle -- most people try to adjust to pain that "doctors can't fix" by ignoring the problem as best they can. For Marsha, pushing onward created new problems. "I really tore up my elbow by continuing to play tennis."

In 1982, Marsha had first noticed right "tennis elbow" pains, especially related to computer keyboard use at work and playing tennis with an oversized racquet. Cortisone shots into her right elbow seemed to help a lot. The physician at her work suggested that she find another job, a position out of data entry, and to see a specialist. In April of 1992, the cortisone shots were less helpful than before. Whenever she tried to play tennis, elbow pains returned each time. She went to several doctors seeking relief. "The orthopedic surgeon suggested some exercises which didn't make me any better. I still suffered with this pain."

Marsha's sister had been pleased with Reconstructive Therapy treatments to her back and persuaded her to fly to Houston for evaluation. "When I heard I could be treated without surgery, I was definitely willing to fly there. ... I was excited. The needles sounded a lot better than the knife! Pain relief was all I could think about."

The tennis elbow problem was the main concern that Marsha listed on her visit form when first seen on March 9, 1993. She had mostly given up on getting much improvement for her back pains of eighteen years. Perhaps she had accepted discomfort as a way of life, since she was noted as a teenager to have scoliosis. This bending or twisting of the spine is found more often in young girls than young boys. When treated early, many later problems can be avoided.

In many people, scoliosis appears to be part of a "hypermobility" problem -- their joints can move past safe ranges, they are "double-jointed." This seems to be a congenital problem for most, where the body fails to make strong, tight ligament support bands. Thus, as they grow and become more active, gravity and other stresses can pull on the spine, which twists and turns as a result. Since the structure becomes abnormal, even usual daily activities can result in mild or worsening discomforts. After an injury -- such as in a car accident or in a fall -- many of these scoliosis problems and pains can be accentuated, since the ligament bands fail to heal as well as expected.

Nevertheless, Marsha was willing to have RT treatments to several areas of her low back and mid-back at the same time as to her right elbow. X-rays showed no arthritis damage to her elbow, since "soft-tissue injuries" *cannot* be seen on regular

films. That's one reason why ligament, tendon, and joint capsule injuries are so often missed, and starting RT treatment is often delayed for years. But her back x-rays were another story, showing many irregularities associated with scoliosis.

Her results were nothing less than remarkable – indeed, Marsha was quite unusual in how rapidly she improved. By March 15, 1993, after only four RT treatments, she claimed to have absolutely no problem with activities and to feel no pains at all. She completed eight treatments on that trip, and she left for Virginia quite pleased and optimistic.

When she returned on October 18, 1993, for another series of treatments, she was full of “success stories.” “I started playing tennis aggressively in July – I can play for an hour and a half without any arm or back pains! And I can reach up to do my hair now without any pains in my shoulders, elbow, or back. In May, I was hitting golf balls ... 150 yard drives!”

She stayed for treatments 10 through 18, leaving on October 28. Marsha returned one year later, on October 20, 1994, for another five RT treatments to her low back, as well as four to her left heel and foot. (She'd been active enough to provoke a new injury!) Again, she had pleasing results.

What did Marsha have to report? “I now play tennis, golf, softball without any pain. I do jazzercise 4 to 5 times a week now also. I am ranked a [in tennis as a] 3.5 player and play with men and women my ranking and higher for up to 2 hours at a time – I have no pain. My golf swing is improving. I have hit the ball 100 yards often, without any pain. Softball was a first since high school – I batted and held a .600 to .700 average, played catcher and second base and had no elbow pain and very little back pain. I am stronger and can play more – I can do jazzercise every day if I want to. I have recommended this to all my friends who need help. ... This treatment works for me. My elbow is living proof that it works and lasts! Other treatments I have received in the past have failed.”

Notice how Marsha keeps referring to her elbow as her more significant result? Granted, she did get faster and better relief than with her long-term back pains. Many people who have suffered for years with back pains would assume she would be happiest with feeling better there – but everyone is different in what is important to them and them alone. Happily, Marsha has gotten wonderful results in ALL the areas treated. Indeed, many patients start getting RT treatments to one area and then ask for assistance with lingering discomforts that have plagued them for years in other joints as well. They, too, are usually very pleased with their results all over.

On February 25, 1995, Marsha shared with us a summary of her progress over the past two years. “The treatments were/are very effective and easy to bear. ... My

**elbow is 100% healed. I have played tennis with hard-hitting partners and felt no 'tennis elbow' pain. I play golf and softball also without pain in the elbow and do yardwork. My back is not completely well yet. The back pain has been reduced by 50 - 95% now from the treatments. I will be back for more treatments."**

**She went on: "Also this past year I developed a bone spur in my left heel from softball and jazzercizing. I took pills for 3-1/2 months and it did not go away. I had RT done to it and it is gone. I can run, play tennis, wear high heels without pain. I healed in 2 months after RT! I have everything good to say about RT! I have recommended it to several people and gave them Dr. Faber's book to read. ... The treatments have increased my quality of life and saved my bank account from expensive surgery costs and saved my hospitalization thousands of dollars also."**

**How did Marsha sign off? "A happy, satisfied, almost pain-free patient and friend!" Oh, yes, she did come back in 1997, still doing well, for a few "touch-up" treatments to help keep her sports performance at a top level. What a joy to remain active and enthusiastic as the years go by.**

### **Failed Neck and Back Surgery: John Was Old at a Very Young Age**

**John T. was a bright-eyed 14-year-old, running track in junior high school in Waco, Texas, when he first developed low back pain. Running hurdles, he had suffered with "shin splints" – intense muscle pains in the forelegs when your feet hit the ground. With these sudden pains, he often fell coming over the hurdles, straining his back as he hit the ground.**

**At age 15, John's parents were concerned enough with his complaints of discomfort that they took him to a chiropractic physician. "I didn't hurt too bad – but every time I tried to do sports, even in gym class, I knew that I'd 'feel it' in my low back for several days." Seeing "Dr. Bill" for one or two times each week always helped him.**

**"I continued chiropractic treatments off and on for the next five or six years, through college. Several times I'd be 'laid up' in bed for a few days at a time. The Student Health Service doctor prescribed muscle spasm medications, but all they did was 'dope me up' and I couldn't study." More and more, John noticed constant aching, pulling, nagging back pain, worsening whenever he had longer study hours sitting down.**

**When a junior in college, after moving furniture from one apartment to another, John went as an emergency patient to the medical center. He was sent to the orthopedic surgeon, whose x-rays and examination confirmed degenerative disk**

disease and inflammation or irritation of the lower back nerve roots (L4-5 and L5-S1). The surgeon prescribed rest, gentle back exercises, pain medications (Tylenol #3 with codeine and, later, Darvon Compound-65), and early anti-inflammatory medications (Indocin and, later, Butazolidin alka – both quite dangerous). “These medications fogged my brain and gave me a burning gut. They didn’t do much to change the course of my now daily back pain.”

John was 23 when he realized that he really had a serious back problem: “On a trip to San Diego, I dove into the hotel swimming pool one summer morning. The water was cold – and it triggered massive muscle spasms. I got sudden, severe sciatica (electric nerve pains) shooting down my left leg. I honestly didn’t know if I could swim to the edge. I struggled out of the pool and literally crawled in agony to the hotel room. I took the most painful ride of my life, lying and crying in the back of a VW beetle 500 miles to my home in the San Francisco Bay Area. My orthopedic surgeon gave me Demerol injections and Tylenol #3 with codeine to help with the severe pains, as well as more muscle relaxing drugs and anti-inflammatory drugs.” This was the first “bad spell” that John had experienced with his low back problem. “I was in bed for two weeks. I got chiropractic adjustments as I was able to afford them. Finally, I was able to get around again more like normal.”

But John’s troubles in life were just beginning. “About two years later, in my first year of graduate studies, I was kneeling on the floor sorting papers for a project; I leaned forward to pick up a pencil. All my sciatica [nerve pains down the left leg] returned with a vengeance. This time the doctor prescribed the same medications as before – and this time a back corset as well – and I spent another three weeks flat on my back. After that episode, getting ‘in trouble’ became easier. Sometimes I’d just sneeze hard and have to lie down for a day or two.” All through graduate school and postgraduate training, John did special exercises and was careful to avoid straining his back. Every once in a while, he’d have to stay down in bed for a day or two to relieve back discomforts.

John was now 32, finally launched on a professional career in a suburb near Houston, Texas. In early April of 1979, while moving into a new house, he “sprained” his neck. This was a new experience for him and John didn’t like it at all. “The pains worsened over the next week. Then I suffered numbness down to my left hand and lost grip strength in my left hand. I could put my hand on a doorknob but I couldn’t squeeze and turn it. I was admitted to the hospital for a week of physical therapy and intensive drugs. Happily, I got better and went back to work.”

Even though he “felt better,” his neck wasn’t better. Like most people who think that their treatment “has worked,” John resumed his usual activities. And then the pains, numbness, and weakness struck again. Another three weeks in the hospital failed to improve his condition enough. A myelogram test (x-ray dye into the spinal

canal, to outline disks and nerves) showed that a lower neck disk was pinching a nerve root – he needed surgery.

On June 19, 1979, John underwent a cervical laminectomy operation (removal of the back part of a back bone) in his lower neck, at the level of the disk between his fifth and sixth vertebral bones, on the left side. His neurosurgeon found a large arthritis spur also pushing on the nerve, indicating that John had been developing a neck problem for several years. The spur was so large and located so close to the badly swollen nerve that his surgeon couldn't adequately remove it.

John described his plight as more than just physical pain: "I had a long and pain painful postoperative recovery, wearing a stiff foam neck collar for 2 months. Five weeks in the hospital and seven weeks out of work was devastating, financially and physically. I had just started in my first real job in late November of 1978. Quite frankly, I was broke. New car, new house, new furniture. I couldn't make my mortgage and charge card payments. My budget allowed only for food and gas. My surgery meant I was starting all over again in my job."

Despite successful removal of the injured disk in John's neck, his result left something to be desired. "My recovery left me with a residual numbness, tingling, and occasional sharp pain in my left forearm and fingers for several years. This was likely due to weakness in my neck, from removal of the bony support and from strain and maybe poor healing of the ligament support bands. Of course, the large bone spur remained near my nerve, and that could have been part of the problem as well."

John complained also of another unusual but common "complication" of surgery. "One thing I didn't honestly expect was that the myelogram procedure activated my sciatic pain once again. When the radiologist was pulling out the dye he had injected into my spinal canal, one of my lower back nerve roots got sucked against the opening in the needle. The pains were excruciating and instantaneous. Certainly this happens and the doctor apologized; but I was in agony, the day before my neck operation. I clearly recall begging my surgeon to operate on my low back at the same time, as long as I was going to be 'asleep.'" His neurosurgeon was, of course, in a more reasonable state of mind and reassured John that the low back nerve root would gradually recover over the next few weeks.

"My life continued to deteriorate. If I did any activity like vacuuming, carrying groceries, or helping with the laundry, I dearly paid for it. I'd grit my teeth to get through many days. I tried to restrict my activities and plans, doing only what I had to do to get through each day. Visiting friends and family just three to six hours' drive away, the ride would aggravate my sciatica leg pains for two days each way. Every airline flight for conventions, seminars, or vacations would aggravate

my back and leg pains to some degree.”

John had suffered off and on with his neck discomforts for almost ten years, and he thought that he had seen the worst of his low back problems. But not so! “Over Thanksgiving of 1988, I went bowling while visiting family. I slipped with the ball and fell awkwardly forward, sliding down the lane. To all appearances, it was quite funny. I too laughed good-naturedly, but I felt that something had pulled in my low back. I awakened the next morning with increasing low back pain and stiffness. Much to my regret, the following week I suffered with worsening left leg sciatica pains.”

The tragic part as this story unfolds is the realization that John had met William Faber, D. O., in November of 1983. He and Dr. Faber had discussed John’s neck and back problems and the kind doctor had invited him to “come to Milwaukee to get fixed” with Reconstructive Therapy. Of course, he didn’t. John used all the excuses that patients usually use: “I can’t afford the treatments”; “I can’t afford the travel”; “I’m really feeling better and don’t need these injections”; “This RT likely wouldn’t work for me anyway, maybe for other people, but probably not for me”; “I can’t afford the time off work”; and so on.

On December 6, 1988, John called a neurosurgeon friend in downtown Houston. He knew this doctor had a reputation for getting patients out of the hospital in a day or two, using “microsurgery.” The surgeon advised him to get an MRI scan (“magnetic resonance imaging,” for detailed pictures of disks and nerves) of his low back. The report was simple and direct: “completely herniated disk at the L4-5 level, on the left.” The neurosurgeon advised a complete set of low back x-rays and an office visit for late Friday afternoon, December 9th.

When John went for his office evaluation, the neurosurgeon invited him to sit down; John preferred to stand. The surgeon asked for him to stand straight, with both feet on the floor. John could only stand leaning forward and to the left, with only the toe of his left shoe touching the ground. The exam conclusion was simple and direct: “herniated disk, surgery likely needed.” John presented to the Houston hospital as ordered, at 6 a.m. on December 10th. Another myelogram (similar to the one done before his neck surgery) was done, followed by a CAT scan (“computerized axial tomography,” special x-rays to look for more details of bones and soft tissues).

“My neurosurgeon came in about 10 a.m. and sat down. He smiled and said ‘I love to have patients like you, because I like for my residents to see real pathology – you ruptured your disk badly and this operation is exactly what you need to get out of pain and back to work.’” Emergency surgery was performed during the late evening of December 10, 1988. “I awoke sometime during the night, just alert

enough to wiggle my toes and check that I wasn't paralyzed, just like I checked after my neck surgery. Sunday morning, I awakened to find the intense nerve pain down my leg was gone."

John was discharged from the hospital on Monday morning, recovering well. He went back to work on Wednesday morning and took his last pain pill on Thursday. "This back operation was a snap compared to my first spinal surgery. The operation on my neck had been an 'open procedure,' with a long scar and cutting through several layers of tissue. I thought that I would continue to recover uneventfully from my back surgery, which had been done through an inch-long incision. All went well until I was pulling up and pushing my left foot down, slipping into my cowboy boots for "Go Texan Day!" in late February of 1989. I got a sudden stabbing low back pain. I went to my medicine cabinet for pain pills and muscle spasm relaxers. I put on my back corset. I got worried. And I called my chiropractor for help."

Over the next eighteen months, John suffered with constant aching low back pains and the feeling that his back was somehow unstable. With twisting or turning or leaning, it would just slip and "bite" – occasionally a sharp pain would shoot down to his left heel. The operation had handled exactly what it was designed for: a blown-out disk. But surgery can't provide stronger support tissues, the lack of which was continuing to create painful discomforts for John.

"On April 10, 1990, while packing for a trip, my back pains went crazy on me again. For the next few months, I suffered episodes on and off, sometimes with increasing pains in my back and left leg. I had to be very careful with activities. Occasionally I suddenly awakened in pain from just trying to turn over in bed. Chiropractic adjustments really helped – but sometimes I needed them twice a day just to keep going with work activities, just like before."

Fate sometimes works in strange ways. John was hosting a weekly national radio show at the time, syndicated on over 150 stations. He read Dr. Faber's new book, *Pain, Pain Go Away*, in preparation for interviewing this pioneering doctor on the show. As he turned each page, John realized that this doctor really did understand precisely what his problem was – and also had the ideal solution for it. "Almost seven years earlier, I had met Dr. Faber. But I had foolishly listened only casually to what he had to say. Not only did I suffer needlessly for those seven years, but also I ended up, five years later, blowing out a disk in my low back and having a second spinal operation. I should have known better!"

John had realized that Reconstructive Therapy could fix his neck, back, and joint problems. But again, he foolishly delayed planning a trip from Houston to Milwaukee for another three months, until mid-August of 1990. "I finally stopped procrastinating when I slid forward to get out of my easy chair and felt a bolt of

pain down to my left heel. I realized, ‘I’m feeling old at a very young age.’ At 43, I couldn’t lift my 2-year-old daughter, who weighed barely twenty pounds, without fearing that I’d ‘pull out’ my back. I committed myself then and there to getting reconstruction and neurofascial therapy.”

Having finally suffered enough – and no longer able to delude himself with his excuses – John called Dr. Faber’s office. “I got my x-rays, blood tests, and filled out his history forms. I flew to Milwaukee *that week*. Dr. Faber treated me carefully from head to foot that Friday, after reviewing my entire life history. Immediately – literally! – I could tell the deep aching pain was relieved in my back and left leg. After my very first treatment, I never felt discomfort sufficient for me to wear my low back corset again.”

John had been careful with his activities for years, trying to avoid provoking his back or neck pains. Occasionally he had to resort to anti-inflammatory medications, but these usually burned his stomach; or to muscle spasm relieving drugs, but these gave him a dry mouth and a foggy feeling; or to pain pills, which he couldn’t take in any way to interfere with his work – besides, they didn’t really relieve the deep, boring aching.

Suddenly, John’s life had taken a turn for the better with Reconstructive Therapy and neurofascial therapy. “I took my plane trips without near as much discomfort as before. In the first few weeks, I could actually begin to carry on a small briefcase. I could even carry this and a small suitcase through the airport terminals. I noticed a strengthening in my neck and back over the next days and weeks. I had, for the first time in years, more confidence in getting out of cars and chairs. I was actually excited and couldn’t wait to fly back for more treatments.”

Each of his following treatments provided more relief than the previous one. “I could now lift my 2-year-old daughter with much more comfort. I didn’t feel as urgent a need for chiropractic treatments, which had kept me going for years. Surprisingly, I have not needed any daily medications since my first treatment. Chiropractic adjustments were holding longer and feeling much better – and I needed them less often. What was really exciting is that everyone around me noticed how quickly I was improving – and how much better my moods were. After all, I was resting well at night and awakening refreshed, no longer feeling the stress of pain each day.”

Over the next twelve months, John arranged to travel for eight RT treatments. And he kept feeling better and better. “I regretted that I used ‘every excuse in the book’ – I wasted several years of my life with suffering and an operation that I could have avoided. When you need surgery, you need surgery. Surgery is never ‘the last resort.’ When you need it, it’s your only resort. But I could have been doing RT to keep myself from needing it!”

As of early March, 1996, John had completed thirty-three RT treatments to his neck, mid-back, and low back. He had needed only a few neurofascial treatments to aid with painful discomforts. Incidentally, by January of 1995, he had completed fourteen RT treatments to his right shoulder, twelve to his left shoulder, fourteen to his right knee, twelve to his left knee, and assorted others to his elbows, wrists, and ankles. “I didn’t realize that I suffered with “hypermobility syndrome,” a congenital [birth] condition where my support bands are too stretchy and I’m too limber. I never thought of myself as limber or double-jointed, but I recall my mother always reminded me to stop flexing my knees backward when I was standing.”

Indeed, over the years, John had injured his several joints, including a near-dislocation of his right shoulder. With his hypermobility and his many prior injuries, John suffers more easily than usual with muscle spasms. “One thing that the movies show is rich and famous people enjoying a massage at some spa resort,” said John. “I thought that looked just like what I would like – so every week now I treat myself to a massage! I finish it feeling relaxed and refreshed, much more comfortable.”

John is pretty optimistic about his life now. “I know that I’ll never relapse seriously, which was my mode of living for over thirty years. The strength, endurance, and confidence in my spine is obvious to me and to my family, friends, and coworkers. I can take long drives, long flights, even play baseball again, and I’ve taken up riding jet bikes across Lake Houston – what a rush! – and about the most I ever suffer is stiffness the next day. Dr. Faber originally told me that my structural deterioration was so severe that I’d need sixty-five or more RT treatments to fix my neck and back. I’m halfway there now – and I’m looking forward to finishing my treatment program and feeling even better.”

Despite his early delay and eventual improvement after starting RT, John still credits himself as being a slow learner. Instead of getting dozens of treatments in the next two years, as advised by Dr. Faber, John settled for “feeling good enough” and only occasionally traveling for more treatments. In February, 1997, while he was stopped at a traffic light and looking to the left in order to turn right, a car slid into the back of his. In typical whiplash fashion, John’s head snapped backward, spiking a nerve root in his left lower neck on the spur that was inside at his operation in 1979. Pains became intensely electrical over the next two weeks, shooting down his left arm.

Reasoning that he was in big trouble again, John rushed to see Dr. Faber for another three RT treatments to his neck and mid-back, which also had been stretched in the accident. But his pains worsened, driving him into neck traction

(which he hadn't needed in almost 20 years) and finally leading to cortisone injections and pills. In March, 1997, he again saw the neurosurgeon who had operated on his low back in 1988. Review of an MRI (special test to "look at" nerves and bones on the inside) showed not just one but *two* bone spurs pressing on the nerves. They concluded that powerful cortisone pills – prednisone – might be sufficient to quiet down his discomfort, along with muscle spasm relaxers and pain pills as needed. John continued to work, to rest a lot, to use traction as needed – and to pray that he might avoid another operation. And he saw his local chiropractic physician often and visited Dr. Faber for more RT treatments.

As the months dragged on, the nagging discomfort and aching in his left arm slowly worsened. An EMG ("pins and needles" test) showed no specific damage to his nerves – but still he failed to improve. Finally, in August, 1998, John revisited his neurosurgeon, reminding him that the real problem was constant nagging pain. But examination showed that, without realizing it, John had become weaker in his left arm and hand. He underwent highly specialized surgery to remove the two offending spurs – with excellent results. And, of course, he went back to see Dr. Faber for more RT to his neck. As of September, 1998, he had received 43 neck treatments ..... still short of the 65 first recommended for him in 1990, advised to be completed by 1992. John's main regret: very likely he could have avoided both his low back and second neck operation had he listened to Dr. Faber's advice in 1983 and again in 1990.

Incidentally, did we tell you that John is a physician? And that his last name is Trowbridge? Reconstructive Therapy so dramatically improved John's life that he arranged to train one-on-one with Dr. Faber in 1991.

**JOHN PARKS TROWBRIDGE M. D.** graduated as a National Merit Scholar and California State Scholar from Stanford University and then from the School of Medicine at Case Western Reserve University. After a surgical internship at Mt. Zion Hospital and Medical Center in San Francisco, he briefly studied urological surgery at the University of Texas Health Sciences Center in the Texas Medical Center in Houston. In 1978 he started a general medical practice in Humble, Texas, a Houston suburb. By 1981, Dr. Trowbridge was turning to the study of how nutritional changes and innovative prescribing could improve the condition of patients with chronic degenerative diseases.

In 1985, he was awarded a Diplomate in Preventive Medicine for graduate studies in nutrition through the Medical Research Institute of the Florida Institute of

Technology in Melbourne. He was honored by being named a Fellow of the American College for Advancement in Medicine in 1990. Dr. Trowbridge became certified as a specialist by the American Board of Chelation Therapy in 1985, by the American Board of Biologic Reconstructive Therapy (arthritis and pain medicine) in 1993, and by the American Board of Anti-Aging Medicine in 1998. He served as a director and officer of the American College for Advancement in Medicine (1984 - 1991), as chairman of the board of governors of the National Health Federation in 1989, and as president of the Great Lakes College of Clinical Medicine in 1995. From 1996 - 1998, Dr. Trowbridge became program chair for the advanced physician training seminars in Heavy Metal Toxicology: Diagnosis and Treatment. He served (1992 - 1999) as a charter director of the American Preventive Medical Association. In 1997, he was appointed a director of the Institute for Health Freedom in Washington, D.C. Among his several books are three bestsellers: million-copy-plus THE YEAST SYNDROME (1986), Chelation Therapy (1985), and DO WHAT YOU WANT TO DO (1996). In 1997 he authored THE RUMBLE IN HUMBLE: Heart Surgery and All That JAZZ!, giving details on risk factors, diagnostic testing, drugs and operations, nutritional supplements, and non-surgical treatments for heart and blood vessel diseases.

A new “book-on-tape,” titled *LIVING WELL PAST 50: Rejuvenate Your Heart and Arteries*, was released in January of 1998, featuring 3 hours of patient interviews and “plain English” explanations of treatment options for older adults and those who want to grow older with better health. In recognition of his innovative clinical research and medical leadership, Dr. Trowbridge is listed in over three dozen editions of Who’s Who. His LIFE CENTER HOUSTON medical office is conveniently located near the George Bush Intercontinental Airport in Humble, Texas, a Houston suburb.

To schedule your office consultation and start receiving highly specialized, very personalized health care, contact

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