



A Phased Care Plan for Lumbar Disc Herniation & Mechanical Low Back Pain

Most symptomatic lumbar disc herniations improve without surgery when care follows the biology of healing — calm inflammation first, restore motion, then rebuild strength. Dr. Yeung combines chiropractic adjustment, dry needling, medical massage, and in-clinic rehab equipment so you can move again with a clear plan.

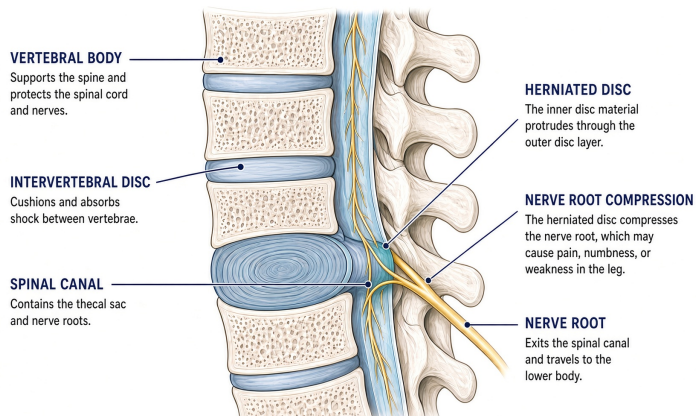
Low back pain · Sciatica · Disc herniation

Same-week evaluations · Hands-on + device care

THE CONDITION — LUMBAR DISC HERNIATION

LUMBAR SPINE (SAGITTAL VIEW)

HERNIATED INTERVERTEBRAL DISC COMPRESSING A NERVE ROOT



A herniated (extruded or protruded) disc occurs when nucleus material breaks through the annulus and may chemically and mechanically irritate a lumbar nerve root. Patients present with axial low-back pain, buttock pain, and/or radicular symptoms into the leg.

- Up to 80–90% of sciatica patients improve conservatively by 12 weeks when care is active, not rest-only.
- An MRI finding alone does not mean you need surgery — function, nerve signs, and how you respond to care matter more.
- Early unloading, gentle movement, and inflammation control often change the course of an episode.
- Each phase has a goal: protect, restore motion, rebuild strength, then keep the result.

YOUR CARE PATHWAY



WHY PATIENTS CHOOSE THIS CLINIC

CLEAR EXAM

Range of motion, nerve tests, and orthopedic findings at every phase.

PHASED PLAN

Goals match healing: protect, restore motion, then load and strengthen.

ONE DOCTOR

Dr. Yeung adjusts, needles, and directs rehab himself — not a rotating tech line.

FULL TOOLKIT

Adjustment, dry needling, laser, TECAR, shockwave, traction, and exercise — one roof.



PHASED CARE MATCHED TO TISSUE HEALING

Care is advanced only when inflammatory signs settle and the patient can tolerate load. Timelines overlap and are individualized.

1 ACUTE / PROTECT Days 0 - 21

Calm the inflammatory cascade, reduce nerve-root irritability, find positions of relief. No aggressive loading.

MODALITIES

Class IV laser · TECAR 448 kHz · focused shockwave as tolerated · intersegmental table · gentle mobilization · activity modification

2 REPAIR / MOBILITY Weeks 3 - 8

Unload the disc, restore segmental motion, begin low-load endurance and neural mobility.

MODALITIES

Back On Trac traction · chiropractic adjustment · dry needling · rehab bike · continued Class IV laser & TECAR · nerve glides

3 REMODEL / STRENGTH Weeks 6 - 16

Progressively load the posterior chain and core so collagen aligns to functional demand.

MODALITIES

Roman chair / hyperextension · whole-body vibration · progressive therapeutic exercise · work-task rehearsal · residual dry needling / massage

4 RETURN / PREVENT Weeks 12+

Independent home program and habits that cut the chance the pain comes back.

MODALITIES

Home exercise prescription · lifting mechanics · maintenance visits as indicated · activity guidance

IN-CLINIC EQUIPMENT & HANDS-ON SERVICES



BACK ON TRAC

Automated seated lumbar traction to unload the disc without belts or a long setup.



CLASS IV LASER

High-power photobiomodulation for inflammation and pain in the acute phase.



FOCUSED SHOCKWAVE

Mechanical stimulus for chronic myofascial and enthesal pain.



TECAR 448 KHZ

Capacitive / resistive diathermy to increase local circulation and tissue extensibility.



ROMAN CHAIR

Controlled hyperextension for erectors, gluteals, and core endurance.



INTERSEGMENTAL TABLE

Legacy-style roller table to mobilize segments and relax paraspinal muscle.



REHAB EXERCISE BIKE

Low-load cardiovascular work that does not compress the disc aggressively.



DRY NEEDLING + MASSAGE

Trigger-point and medical massage for lumbar paraspinals, QL, and gluteals.

START CARE

- New-patient evaluations typically available within a few business days.
- Clear activity guidance so you know what is safe to do at home and at work.
- You leave with a phase plan: what we will do this week, and what comes next.
- Call or text Dr. Yeung directly: 702-983-3898.