Lumbar Traction and Decompression

Traction for the low back - when performed carefully, regularly over time, and when indicated - can be profoundly helpful for chronic low back pain and help prevent and improve any lumbar disc degeneration.

The lumbar disc is a fascinating structure that serves two purposes simultaneously:
(1) The annulus fibrosus holds the vertebra above and below it together, and (2) the nucleus pulposus – predominantly water – holds it apart. With the constant effect of gravity to the vertebra and disc over time the nucleus will be pushed down and weave its way through the annulus’ fibers leading to disc bulges, protrusions and herniations. These bulges or herniations can affect the spinal nerves in the space between each vertebra (intervertebral foramina) or affect the meningeal tissue that surrounds the continuation of the spinal cord (thecal sac) into the lumbar region.

You may see statements on an MRI report that you have a certain degree of disc herniation or stenosis. The herniation or bulges are usually measured in millimeters (mm) and stenosis described as affecting a nerve in the intervertebral foramina or pressing into (deforming) the thecal sac. Years ago we used to be concerned that with disc herniations or stenosis the only option was surgery, but now we understand that with - conservative chiropractic care, home lumbar traction, regular exercise (within in the patient’s limits), ergonomic modifications, and time – that the disc will tend to resorb or reduce its herniation and stenosis (usually over 6-12 months).

If your condition worsens to the point where you are having very severe low back pain with loss of bowel or bladder function, numbness in the area where you sit, muscle atrophy, and inability to walk or stand, then this may be a medical emergency. If you are unable to reach Dr. Blum then you may need to be seen immediately at an emergency room. However most cases, while being very painful, - leading to radiating pain down the back of the thigh (sciatica), leg weakness, inability to stand upright, and pain on coughing or sneezing – will often respond to the method of care I offer at this office. I will be able to assess and make recommendations based on what I find during the treatment can best determine if a trial of chiropractic care is indicated.
Sometimes I may recommend integrative care to assist your chiropractic treatment such as acupuncture, physical therapy, Pilates, and Alexander Technique as well as collaborate with medical physiatrists, neurologists, neurosurgeons, and orthopedists. Ultimately the goals are to provide conservative minimalistic care that can best help you learn how to care for yourself, become self sufficient, and prevent any future reoccurrences.

I have found two types of traction best for the lower back and lumbar disc issues. Generally I base them on the type of lumbar curves a patient may have.

For most of my patients I am recommending the “*Teeter Hang Ups Dex II Decompression and Extension Machine*” The benefit of this type of traction is that the force of decompression is directed to the lumbar region, where we want it, and also it helps reduce some of the muscle tensions causing the increased lumbar curve. Very infrequently, for those with a straightened lumbar curve, I recommend the “*Teeter Hang Ups EP 560 Inversion Table,*” while this help improve a lumbar lordosis it does tend to apply force to the ankles and knees. To purchase the traction units I recommend Dicks Sporting Goods [http://www.dickssportinggoods.com], due to their pricing and free shipping.
The purpose of traction or decompression is to help bring the nucleus pulposus to its more central position and reduce gravity’s sideways pushing it out through the annular part of the disc. The nucleus is much like a water balloon so just like gravity pushes down on a water balloon if we stretch the balloon apart the water tends to go towards the center of the balloon and creates greater length.

Over time, with traction, the discs can become less flattened, decrease their bulging or herniation, diminish any stenosis upon the thecal sac (covering of spinal cord) or spinal nerves, reduce pain, and improve function. Generally the more often and regularly you do the traction the faster you will have improvement, though it may take weeks to months before you notice significant changes and even more time to see those changes on an MRI.

CAUTIONS:

1. Make sure that Dr. Blum has recommended traction and the appropriate one for you. We need to make sure that you don’t have any contraindications such as abdominal masses, significant low blood pressure, or any condition that would make pressure to your stomach or hanging upside down prohibitive.

2. It takes time for your blood pressure to acclimate to being upside down, particularly if this is not something you do regularly. So always come up slowly from being upside down, wait at least 30-60 seconds, and hold on to the unit carefully as you start moving. The first time you may want to have someone there with you, particularly if you think you may be unsteady.

3. Over time (a couple weeks to a couple months) you will notice that you will have less light headedness after the traction, so getting up and down are not an issue. If light headedness does continue please contact Dr. Blum.

4. Starting off I recommend 20-30 seconds of inversion multiple times a day, building up to a few minutes, as frequently as possible, over weeks of use. Be very careful in the first days of use however over time increase the amount of time and frequency of use, to as often as is reasonably possible.