

Who Should NOT Traction

General contraindications to traction procedures of all kinds would include: acute inflammatory arthritides, severe muscle spasms, fracture, infection, malignancy, spinal cord disease, advanced osteoporosis, any condition for which movement may be contraindicated, and in the case of lumbar traction, pregnancy(1,5).”

Troyanovich SJ. Structural Rehabilitation of the Spine and Posture: A practical approach. Huntington Beach, CA: MPA Media 2001.

Caution: Extension traction procedures by definition involve extension/ backward bending of the head and neck. Much has been written in the professional literature about the possible risks associated with such movements. Although no testing procedure can totally guarantee the safety of any particular therapy or modality for any particular patient, the following are provided as food for thought for the doctor who may be new to extension traction procedures. The doctor should always keep the safety of the patient foremost in mind. As with any therapeutic procedure the final decision and responsibility for using these modalities rests with the attending doctor. The following information is a rewrite of the screening procedures I originally authored for the text *The Physics of Spinal Correction. CBP Technique*. I have simplified the screening procedure slightly and added a couple of new contraindications you should be cognizant of but it remains essentially unchanged.

Payne MR. A Suggested Clinical Protocol for the Use of Traction/Compression Methods in Chiropractic Biophysics. In: Harrison DD, ed. Chiropractic: The Physics of Spinal Correction CBP Technique. Donald D. Harrison 1986 (revised in 1994 and reprinted in 1998).

Conditions which MAY CONTRIBUTE TO INCREASED RISK of injury during extension traction include, but are not necessarily limited to:

Family history of or predisposition to STROKE, high blood pressure, hypertension, diabetes, atherosclerosis, arteriosclerosis, posterior osteophytic spurring, disc protrusion/prolapse, smoking, oral contraceptives, prolonged use of corticosteroids, and spinal stenosis. The final decision as to any risk rests with the attending doctor. Extreme caution is recommended if any of the above are present.

Symptoms which CONTRAINDICATE use of extension traction include, but are not necessarily limited to:

History of Stroke or Aneurysm: In my opinion, a personal history of stroke or other cerebrovascular disease is an ABSOLUTE contraindication to any attempt at cervical extension traction. In the case of lumbar extension traction, I believe that the presence of aortic aneurysm also presents an unacceptable risk factor.

Spinal fracture or instability, spinal malignancy, and/or infection or disease of the cord or column including advanced osteoporosis are all findings of sufficient seriousness as to be considered ABSOLUTE contraindications to extension traction

Other symptoms which would contraindicate further use of extension traction particularly if they are produced or exacerbated during extension traction might include, dizziness, headache, nausea, vertigo, production of or lateralization of pain into the arm or leg, numbness, paresthesia, muscular weakness, loss of coordination or function, ataxia, visual disturbances, or any other neurological symptoms. Discontinue all attempts at extension traction if these or other unusual symptoms are present or are exacerbated by extension traction.