

Mechanical / manual lumbar traction patient guide

This leaflet outlines what to expect during lumbar (back) traction treatment.

What is lumbar traction?

Lumbar traction is the application of an intermittent or sustained stretch to the lower back. This can either be done manually by your physiotherapist, or mechanically using a mechanical traction bed.

What will it involve?

If the traction is manual, the physiotherapist will apply a slow stretch via your pelvis or legs using either their hands or a special belt. You will be positioned either on your back, on your side or on your stomach, depending on the condition to be treated. You will be well supported and comfortable throughout. Remember that this is aimed at reducing your symptoms, if you are not comfortable you should let your physiotherapist know immediately.

If the traction is mechanical, a harness will be placed around your pelvis and lower ribs and you will be positioned appropriately on the bed. The position you lie in will vary according to your condition and the aim of the treatment; a typical position is lying on your back with your legs raised on a stool. The harness is then attached to the traction box and the stretch will be applied slowly. You may be aware of the bed sliding open during the stretch phase. This stretch should be comfortable. If it is not comfortable, you should inform your physiotherapist immediately. You will be given a safety release button to switch off the traction if necessary.

After treatment you will be advised to rest for a few minutes.

What are the benefits?

Traction can be used for various back problems. The benefits of traction can be pain relief, stretching of soft tissue structures e.g. muscles, reduction of muscle spasm and increased movement.

What are the risks?

Traction may temporarily increase your symptoms.

There are some instances where traction requires caution or should not be used.

This treatment may **not** be suitable for you if:

- You have disturbance of bowel and bladder function.
- You have pins and needles or numbness in both of your legs.
- You have numbness of the groin area.
- You have any other spinal conditions such as bony abnormalities.
- You have rheumatoid arthritis (RA).

- You have ankylosing spondylitis (AS).
- You have psoriatic arthritis.
- You have osteoporosis.
- You have increased joint laxity or instability.
- You have a hiatus hernia or abdominal problems.
- You have sustained trauma, with possible fractures, to the area to be treated.
- You have had previous back surgery.
- You have severe heart failure.
- You have respiratory problems.
- You are claustrophobic.
- You are or have been on long term steroid use.
- You are pregnant.
- You have a cancer or suspected cancer in the area to be treated.
- You have had radiotherapy or other ionizing radiations (in the last 6 months) in the area to be treated.
- You have epilepsy.
- You have suffered from a stroke or mini stroke (TIA).
- You are taking anticoagulants or have any bleeding disorders.

The treatment for your condition may require more than one visit. If you have any other questions about your treatment please ask your physiotherapist.

Useful numbers and contacts

Royal Berkshire NHS Foundation Trust
Orthopaedic Physiotherapy Department
Royal Berkshire Hospital
London Road, Reading RG1 5AN
Tel: 0118 322 7812 / 7811

Visit the Trust website at www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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