

## Cervical (Neck) Traction

### How it works:

Cervical (neck) traction can reduce pain by decreasing the amount of pressure being placed on the nerve roots. Cervical traction at a clinician's office allows for the physician to control the tension and duration of the traction therapy. If, however, you have been instructed to perform at-home therapy, there are a few things to know.

The exact amount of tension and the duration for at-home traction devices are relatively undefined, but there are general guidelines that can help you get the most out of your treatment.

### Tension:

More is not better. Pump the device only to the point at which your symptoms **begin to decrease**. This may mean you experience decreased symptoms in your arm, shoulder blade area, or neck.

**Excessive tension may result in injury!!!**

### Duration:

- Begin with 2 minute intervals, up to 5 times a day (total of 10 mins. of traction treatment).
- At a minimum, rest the same amount of time you performed the traction before repeating the procedure (e.g. traction 2 minutes, rest 2 minutes, repeat).
- If symptoms improve, you can increase the duration of traction the next day (e.g. 3 minutes, 4 times a day for a total of 12 minutes), and so on and so forth.
- If you are more sore the day after traction, you've either used traction for too long or with too much pressure.
- Never sustain traction more than 10 minutes at a time, and never for more than 20 minutes in a day.
- Exact parameters for cervical traction will differ from patient to patient, and are often best found through trial and error.

### Monitoring your response to traction:

- If you have a decrease in overall pain/numbness/tingling → pressure is being taken off the nerves → Continue traction.
- If you get a mild increase in neck pain, but a decrease in peripheral pain (arm and shoulder) → pressure is being taken off the nerves → Continue traction.
- If you get more pain in the arm and less in the neck → the nerves are being irritated → STOP traction.
- If you get decreased pain & increased neurological signs (e.g., decreased sensation and/or muscle weakness) → more pressure is being put on the nerves → STOP traction.
- Severe neck that pain suddenly resolves during the treatment → May indicate sudden nerve root or spinal cord damage → STOP traction

### Contraindications to Traction:

- Acute strain or sprains
- Hypermobility
- Joint instability
- Tumors & Cancer
- Bone diseases
- Osteoporosis
- Bone/Joint infections
- Pregnancy- L/B traction
- Hiatal hernia
- Aortic aneurysm
- Inguinal hernia
- Rheumatoid arthritis

### Understanding Centralization vs Peripheralization:

If it is suspected that you have a pinched nerve in the neck, you need to be aware of which positions centralize or peripheralize your symptoms.

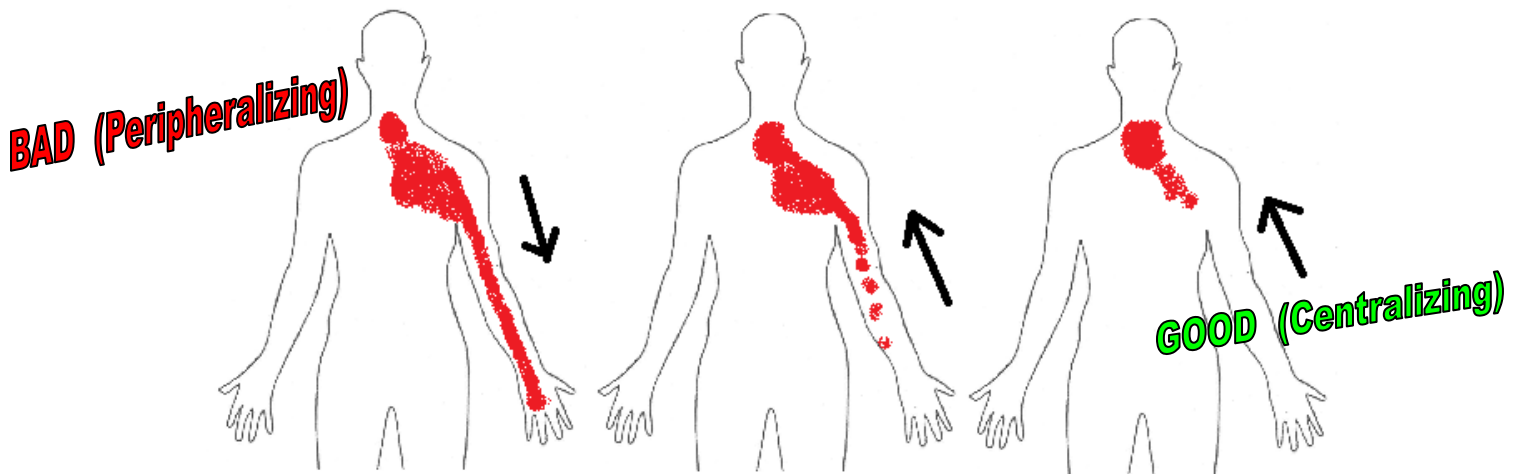
As symptoms move towards the center of your spine (centralize), this indicates improvement. Less pressure is on the nerve.

As symptoms move away from the midline of the body (peripheralize), into the arm, forearm or hand, this indicates the condition is getting worse. More pressure is being put on the nerve.

Avoid positions that peripheralize your symptoms and perform stretches and exercises in positions that centralize your symptoms.

If you are using traction, see “Monitoring response to traction” above.

Symptoms may increase or intensify a bit near the spine as symptoms centralize. This is normal.



Adapted from Source: *\_Starkey, Chad.. Therapeutic Modalities. Philadelphia: F.A. Davis, 1999. Print.*

Agresta PT,DC, J. and LeFebvre DC, R., n.d. Cervical Traction. [ebook] Available at: [https://ftp.uws.edu/udocs/public/CSPE\\_Protocols\\_and\\_Care\\_Pathways/Protocols/Cervical\\_Traction.pdf](https://ftp.uws.edu/udocs/public/CSPE_Protocols_and_Care_Pathways/Protocols/Cervical_Traction.pdf) [Accessed 16 March 2021].

Lockenour, J., n.d. *Traction, Ultraviolet, Combination of Therapies, & Stages of Healing.*