

Intermittent cervical traction and thoracic manipulation for management of mild cervical compressive myelopathy attributed to cervical herniated disc: a case series.

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Author information

Abstract

STUDY DESIGN:

Case series.

OBJECTIVE:

To describe the management of 7 patients with grade 1 cervical compressive myelopathy attributed to herniated disc using intermittent cervical traction and manipulation of the thoracic spine.

BACKGROUND:

Intermittent cervical traction has been indicated for the treatment of patients with herniated disc and has been suggested to be helpful for patients with cervical compressive myelopathy. Manipulation of the thoracic spine has been utilized to safely improve active range of motion and decrease pain in patients with neck pain.

METHODS AND MEASURES:

Seven women with neck pain, 35 to 45 years of age, were identified as having signs and symptoms consistent with grade 1 cervical compressive myelopathy. Symptom duration ranged from less than 1 week to 52 weeks. All patients were treated with intermittent cervical traction and thoracic manipulation for a median of 9 sessions (range, 2-12 sessions) over a median of 56 days (range, 14-146 days). Numeric Pain Rating Scale and Functional Rating Index scores served as the primary outcome measures.

RESULTS:

The median decrease in pain scores was 5 (range, 2-8) from a baseline of 6 (range, 4-8), and median improvement in Functional Rating Index scores was 26% (range, 10%-50%) from a baseline of 44% (range, 35%-71%). Dizziness was eliminated in 3 out of 4 patients and chronic headache symptoms were improved in 3 out of 3 patients. There were no adverse events or outcomes.

CONCLUSIONS:

Intermittent cervical traction and manipulation of the thoracic spine seem useful for the reduction of pain scores and level of disability in patients with mild cervical compressive myelopathy attributed to herniated disc. A thorough neurological screening exam is recommended prior to mechanical treatment of the cervical spine.

Clinical outcome from mechanical intermittent cervical traction for the treatment of cervical radiculopathy: a case series.

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Erratum in

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Abstract

STUDY DESIGN:

Case series.

OBJECTIVE:

To describe the clinical outcomes of 15 patients with cervical radiculopathy treated with mechanical intermittent cervical traction.

BACKGROUND:

Effectiveness of traction for the treatment of cervical spinal syndromes is controversial and the outcome of this treatment has not been established in the literature.

METHODS AND MEASURES:

Fifteen patients (45.5 +/- 13 years) completed a course of treatment using mechanical intermittent cervical traction. Eleven patients presented at baseline with radicular symptoms of 12 weeks duration or less, and 4 patients had long-standing radicular symptoms lasting more than 12 weeks. Outcome was measured using the Neck Disability Index (NDI) and the Numeric Pain Rating Scale (NPRS).

RESULTS:

Eight of the 15 cases (53%) in this series demonstrated complete pain resolution; these patients had symptom duration of 12 weeks and less. Seven of these 8 cases displayed a final NDI of 10% or less. Three out of 4 of the patients with symptom duration more [corrected] than 12 weeks showed no reduction in pain or increased pain rating, with minimal change in perceived disability of 12% or less.

CONCLUSION:

In this case series, patients with radicular symptoms lasting for 12 weeks and less demonstrated a reduction in pain and perceived disability. The NDI, when used in conjunction with the NPRS, provides a more comprehensive assessment of the patient with cervical radiculopathy, thus allowing the clinician to make a better judgment about the clinical effects of cervical traction.

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