Clinical Pearl: Manual Lumbar Segmental Traction

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Technique: Manual lumbar segmental traction to decompress lower lumbar spine.

Indication: Hypomobility in lumbar spine, especially L3-S1. Works well with patients who have symptomatic facet joint arthrosis, foraminal stenosis, or discogenic pain.

Positioning: Patient is positioned in side-lying with their hips and knees flexed.

Instruction: The therapist (PT) positions the side of their body against the patient's thighs (a pillow between the PT and the patient is helpful for patient comfort). For L5 segmental traction, the PT will hold/anchor the spinous process (sp) of L5 with their cranial hand (left hand in photo) and pull the sp of S1 with caudal hand (right in photo). Most of the traction force comes from the PT pushing their body into the patient's thighs to develop the traction force.

Note: Focusing the traction force at L4-5 or L3-4 is accomplished by flexing the hips to get ligamentous "locking" of the segment below. Having your hands directly on the lumbar spine allows you to perform segmentally specific traction and to monitor how much traction you are delivering to the patient. Although static traction/stretching works well, this technique can be performed at a variety of speeds and amplitudes including a TJM (thrust joint manipulation).