VERTETRAC AMBULATORY TRACTION AND THE LUMBAR FACET SYNDROME

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The lumbar facet syndrome refers to pain emanating from the tissues in the posterior joints. The compression forces in the capsules can be the result of trauma, degeneration and/or mechanical postural changes. When there is overriding of the facets of adjacent vertebrae, the patient can complain of unilateral or bilateral low back pain, with or without sciatic radiation. There may be hip and buttock pain. Usually the pain increases with motion, particularly extension. The patient does find relief with rest. Typically, coughing and sneezing do not increase the pain.

If the patient presents with acute pain and inflammation from these tissues, the doctor may have trouble working on the mechanical causes that functionally irritate this area. The patient can be in so much pain as to have difficulty getting on the table, let alone getting off. Prior to the availability of Vertetrac ambulatory traction, we have utilized a variety of procedures (flexion-distraction table, spinal adjustments, ice, ultrasound, electrical muscle stimulation) in the acute stages, with mixed results. Since employing Vertetrac ambulatory therapy, our results in eliminating the acute symptoms of the facet syndrome have improved significantly.

Vertetrac is an apparatus that the chiropractor applies to the standing patient that results in an increase in the length of the lumbar column. Vertetrac ambulatory traction differs from prone or supine traction in that the patient walks around. The rationale for use of ambulation makes sense. The patient is weight bearing. Researchers (Stabholtz and Gruber) have demonstrated that larger amounts of traction force are needed to get physiological responses.

The subjects utilized in this study were facet syndrome patients in acute pain, with difficulty moving. These patients range in age from 25 to 65 and include both male and female. A total of 10 patients were used. Each patient was asked to classify his/her pain both statically and dynamically on a scale of 0 to 10, with 10 being the worst (emergency). At the beginning and end of each treatment session, each patient was again asked to evaluate his/her pain in the same manner.

If patients were already on oral medication, they were not told to stop taking it. Otherwise, patients were encouraged to avoid it. The patients were treated with no other modalities except Vertetrac ambulatory traction. In general, exercises were not initiated until pain-free range of motion was achieved.

Vertetrac traction apparatus was applied to each patient who demonstrated facet syndrome. Symptoms included either lumbar, hip or buttock pain; if leg pain was present it had to be above the knee; low back stiffness; pain aggravated by Kemp's test (rotation and hyperextension).

The X-ray findings associated with facet syndrome are:

1. Increase in sacral base angle.
2. Posteriority of the gravity line.
3. Increase in the lumbosacral disc angle.

Each patient was positioned in the standing posture. Patients are not set up in a sitting position. The method of application was followed as recommended by the inventor of the Vertetrac, Dr. Ludwig Stabholz. The steps are:

1. Fit the lower portion of the apparatus carefully above the iliac crests and strap it on firmly.
2. Apply the upper strap firmly, with the ratchet below the sternum.
3. Apply the traction evenly until the skin adjacent to the lumbar spine is tightly stretched and there is some resistance to the movement of the levers.
4. Horizontal pressure can now be applied by turning the lordosis screw, which literally increases the lumbar lordosis.

The two U-shaped padded frames are used to apply the friction and vertical upward distraction. The first application of traction was timed for 15 minutes. If the patient had any radiating leg pain from the traction, the apparatus was taken off and applied again. On the second attempt there was no leg discomfort. The pain decrease was made by having the patient re-evaluate his/her pain on the 10 point scale.

This type of traction provides a plastic deformation stretch: with the unit in place the patient gets a stretch, whereas without the unit on the patient would be unable to accomplish the same degree of motion; the muscle retains its new stretched configuration, the Golgi tendon organ is triggered, and the unit allows for little risk of tearing.

The effects of traction on facet syndrome are:

1. Elicits the stretch reflex and exercises the sacrospinalis muscles.
2. Relief of nerve root entrapment

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NUCCA/NUCCRA boards was to "kaizen" everything. *Kaizen* (ky'zen) is a Japanese word meaning gradual, incremental, constant and unending improvement. In essence, it is doing "little things" better, setting and achieving ever-higher standards. It is kaizen that is perceived to be the key to Japan's economic miracle.

In early 1990, the long-time president of NUCCA and editor of the **Upper Cervical Monograph,** Dr. R.R. Gregory, died. The directors of the board met in emergency session and unanimously elected Dr. Albert Berti as president. Dr. Berti was widely respected and admired as a superb adjuster and highly successful chiropractor who had deep roots in NUCCA. As president, he has been well-focused, astute, creative, and a dynamic leader.

As president, Dr. Berti's first two priorities were (1.) to assess the status of the organization, because he realized that "where you are now is where you were," and (2.) to stabilize it. It is my impression that he realized "If it (NUCCA) is to be, it is up to me." He realized that as good as NUCCA was, it could be better. To be a great president he had to *make* it better; and he had to build his team. Problems needed addressing. He realized what John Foster Dulles had once articulated, "The measured of success is not whether you have a tough problem to deal with, but whether it's the same problem you had last year."

Under President Berti's leadership and with the assistance of a well-seasoned board of directors, a new mission statement was adopted and a new set of by-laws was produced, one which focuses on empowerment of membership through a dynamic system of committees. Also four strategic goals for NUCCA-NUCCRA were established to (1.) validate technique, (2.) develop an international data base of clinical parameters of patients of NUCCA doctors, (3.) develop standards of practice and care both for NUCCA doctors in particular and as the lead organization in standards of practice for upper cervical practice in general, and (4.) build a strategic capacity of NUCCA board-certified doctors.

Quality of fact (that which can be measured) to a large degree had been realized. Quality in perception needed to be directly addressed. The 125-page document submitted to the Mercy Conference was the first major effort to address quality in perception within the greater chiropractic community. In my opinion, the achieving of NUCCA's four strategic goals will result in quality of perception within the greater chiropractic community. Once the organization's committees become as active as the president, the directors of the boards and the certified doctors, all the strategic goals will become achievable.

Within the NUCCA organization, great efforts have been made by certified doctors to improve the semiannual conferences. Certified doctors meet before, during and after the conferences to discuss how things could have been done better. They literally share their mistakes as members of a team. The equivalence of this is carried to the floor of the conference session with the general audience of doctors.

One of the most satisfying things to me as an educator is to witness certified instructors sharing their mistakes more than their successes during planned sessions of the conference. A typical routine is to ask participants "What would you do?" and "Why would you do it that way?" Lively discussions ensues. This is followed by the certified doctor stating what he/she did and then discussing their results, even if it was not as successful as was hoped. The result has been an overwhelmingly positive response from conference participants. They know that the teaching/instruction is of high quality and is continually improving.

The NUCCA board and president have been proactive in making technical changes where appropriate. They test proposed changes in their practices and then reach a consensus on whether to adopt the change based on the efficacy of the experienced results.

It is clear that Total Quality Management (TQM) is alive and well in NUCCA. ■

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by opening the intervertebral foramen.

3. Separation of the articular surfaces.

4. Distraction of the intervertebral disks.

In this trial, all the patients had a reduction in symptoms at the conclusion of their first session. At the end of each following session the patient continued to notice a reduction in symptoms. This trial indicates that Vertetrac ambulatory traction is an effective treatment for the acute symptoms of facet syndrome.

Because these patients typically have difficulty getting on and off the treatment table, this technique is generally received well by them. As always, the causative factors in this syndrome should be identified and corrected to prevent recurrence and/or a progression into advanced stages of low back disease. Quick relief of the acute symptoms allows the patient to function in his/her daily life. It also allows the doctor to prescribe exercises at an earlier stage. ■

For further information on Vertetrac, call (800) 732-0170.

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