

Support for the Use of the
Cervico2000™
For the Treatment of Cervical
Spine Disorders



**A Summary of Medical Literature
and Testimonials**

All About the Cervico 2000

Cervical pathologies were treated for years with various methods of cervical traction but, unfortunately, with poor results. After many years of research we came to the conclusion that the poor results attained by previous cervical traction methodology were the result of poor technique and not the fundamental principles of traction. On this basis we decided to make cardinal changes in the design of traction devices. The result of this development project is the new Cervico2000 traction device and it is already achieving excellent results. A dynamic, portable traction facility, such as the Cervico2000, is a very cost-effective treatment for neck pain and obtains more rapid improvement than previous methods of care.

Cervico2000 is a unique cervical traction device which provides upward and slanting distraction force, greater than the weight-bearing force (5-7Kg on each side) and which is applied so as to achieve prolongation of physiological cervical lordosis. The power and direction of the traction is adjusted to cause equal distraction of all parts of the discs, to decrease the subsequent intradiscal pressure and to create a sufficient suction to enable the reposition of extruded parts of the disc. In this way, the compression and ischemic conditions have been eliminated and the patient immediately benefits from pain relief.

The other factor contributing to the success of treatment with Cervico2000 is the introducing of a horizontal force pressure pad which presses on the spinous processes of C3 and C4 and causes tightening of the longitudinal ligament. In this way it produces centripetal pressure on the disc and thus assists in the reposition of its extruded parts.

The important advantage of Cervico2000 is the facility for independent adjustment of the traction on each side, when differential traction is required to obtain maximal relief of symptoms.

Cervico2000 has many more advantages. The treatment is very simple and allows self-treatment in chronic cases. The device is small and portable. **Trying is Believing!**

We wish you a successful treatment with the Cervico2000!

The effect of a new type of cervical traction for treatment of cervical disc symptoms

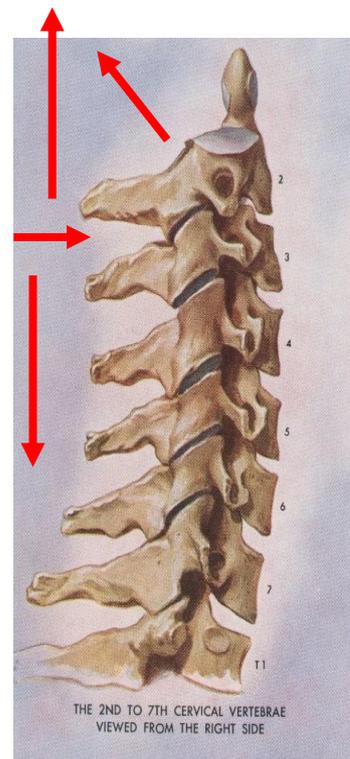
Authors:

Arieh Grober MD, Orthopaedic Surgeon –
Spine Center 28B De-Haaz Tel Aviv, Israel.

Yigal Mirovsky MD, Orthopaedic Surgeon –
Head of Spinal Unit – “Assaf Harofeh” Hospital, Zerifin, Israel

Ludvik Stabholz MD, PhD, Surgeon –
Spine Center, Tel Aviv, Israel

* Full Article



Correspondence: Yigal Mirovsky MD 18, Greenboim St. Rishon Letsion, 75250 ISRAEL.

Reprints request: Arieh Grober MD Spine Center, 28b De-Haaz St. Tel Aviv, ISRAEL.

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Abstract

Introduction: Various methods of traction for treatment of neck pain have existed for years. Many pathologies are involved in cervical pain syndromes. The pain experienced by these patients is a result of compression, inflammation and fibrosis of the nerve roots, and local interference with the blood supply to these roots.

Medical opinion has been that cervical traction may also be utilized. However, all the available traction devices are complicated, and difficult to use. The idea behind the CerviCo 2000™ was to develop a small, portable, powerful, symmetrical and asymmetrical effective traction.

Methods: Fifty patients, 28 males and 22 females aged 24-56 years. The major complaints were:

1. Pain in the cervical region with or without radiation to the hands.
2. Reduced range of motion (ROM).
3. Headache.

Each patient underwent 8-12 sessions of 10-15 minutes daily with a CerviCo 2000™.

Results: After the initial treatment of 8-12 sessions, a definite improvement was found in 69.3% of patients. Six weeks after follow-up, they were able to conduct their normal daily lives and return to regular employment. 74.6% had definite improvement 12 weeks after follow-up, and they too were able to resume their normal daily activities.

Conclusions: CerviCo 2000™ is a unique cervical traction device, which provides vertical and upward distraction along the cervical lordosis, only traction in such direction produces a hyperextension force acting equally on all parts of the discs.

Introduction

Various methods of traction for treatment of neck pain have existed for years, and even centuries. Many pathologies are involved in cervical pain syndromes, some of which are: degenerative, protrusion of the intervertebral disc, osteophyte, osteoarthritis and peri-arthritis of the facets and joints, whiplash, torticollis and others. The pain experienced by these patients is a result of compression, inflammation and fibrosis of the nerve roots, and local interference with the blood supply to these roots. Clinical symptoms in these patients may include neck pain radiating to the upper limbs, chest tingling, headache and vertigo. Clinically, decreased range of motion, muscle stiffness and possible neuralgic deficit signs may be involved.

Apart from the use of analgesics and nonsteroid anti-inflammatory drugs (NSAIDs), for years medical opinion has been that cervical traction may also be utilized, usually with good results. However, all the available traction devices are complicated, and difficult to use. The idea behind the CerviCo 2000™ was to develop a small, portable, one-size-fits-all and directly applied to the spine effective traction unit, specially designed to apply powerful, cervical, directly-controlled, symmetrical or asymmetrical traction.

In order to avoid repeated visits, patients can undergo initial treatment at the clinic, followed by self-treatments at home, thereby achieving better results. Furthermore, some patients are able to benefit from using traction on a long-term basis, when needed.

P a t i e n t s a n d M e t h o d s

Fifty patients, 28 males and 22 females aged 24-56 years, were included in the study. The occupations of most patients were secretarial, high-tech personnel, and drivers.

All patients were referred by the Israeli Medicare Insurance due to failure of other previous treatments, such as: transelektro-nerve stimulation (TNS) heat massage, analgesics and NSAIDs, common traction methods, physiotherapy and alternative medicine. The patients were examined by our qualified orthopedic surgeon.

The major complaints were:

1. Pain in the cervical region with or without radiation to the hands.
2. Reduced range of motion (ROM).
3. Headache, especially posterior.

All patients presented their X-Rays, computed tomography or magnetic resonance imaging scans. In some cases a bone scan had also been performed (post-trauma or older patients).

M e t h o d o f T r e a t m e n t

Each patient underwent 8-12 sessions of 10-15 minutes daily with a CerviCo 2000™ traction unit. In some patients, especially those with severe muscle spasm, TNS heat and massage were added prior to traction to relieve pain and decrease spasm, and to facilitate better traction performance. All treatments were performed by a qualified physiotherapist (PT). After the first session the patient was re-examined by the same doctor.

A patient whose history was chronic, was advised to continue home treatment for 6-12 weeks, twice daily according to their clinical needs. Patients who had an improvement in range of motion and had pain relief after completing the entire course were recommended to continue with preventive treatment twice weekly for 6-12 weeks.

Results

After the initial treatment of 8-12 sessions, a definite improvement was found in 69.3% of patients. Six weeks after follow-up, they were able to conduct their normal daily lives and return to regular employment. 74.6% had definite improvement 12 weeks after follow-up, and they too were able to resume their normal daily activities and return to work without any difficulties. Eight patients were lost to follow-up. Four patients had an adverse response to traction that included dizziness and pain in the temporomandibular joint (TMJ).

The X-ray result of patient No. 23, a student aged 24 years, who had neck pain and severe decrease in the range of motion (ROM).



Before



During

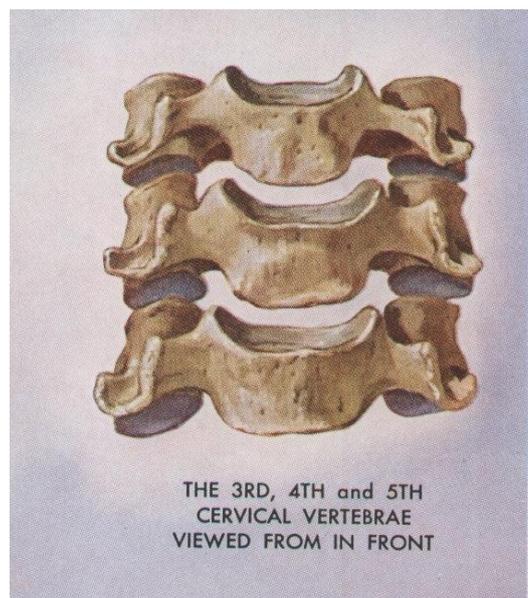
After 10 minutes traction, shows: Widening
of the intervertebral space
Decompression of nerve root

Summary

CerviCo 2000™ is a unique cervical traction device, which provides vertical and upward distraction along the cervical lordosis. The investigation proved that only traction in such a direction produces a hyperextension force acting equally on all parts of the discs, thereby increasing the normal height of the intervertebral disc and restoring the normal intervertebral space. The use of this device was found most comfortable for the patient, often providing immediate improvement in discogene pain, especially at C5-C6 levels.

References

- Nonoperative management of herniated cervical intervertebral disc with radiculopathy. - Saal, Spine Journal JS 1996-p1877-1883.
- Cervical traction as a therapeutic tool – Valtonen EJ, Kiuru E. Scandinavian Journal of Rehabilitation Medicine (1978).
- Cervical radiculopathy – Ellenberg – Physical Medicine and Rehabilitation (1994).



Nonoperative management of herniated cervical intervertebral disc with radiculopathy

**Saal JS, Saal JA, Yurth EF. Spine 1996 Aug 15;21(16):1877-83
SOAR, Physiatry Group, Menlo Park, California, USA.**

STUDY DESIGN: A longitudinal cohort study design was used. All patients underwent a systematically and uniformly applied treatment program with increasing intervention as further pain control was needed. All patients were followed up by questionnaire evaluating function and symptoms.

OBJECTIVES: The role of surgical versus nonsurgical treatment of patients with cervical disc herniation has not been adequately studied. The majority of published data reflects surgical outcomes, with little available data regarding the outcome of nonoperatively treated patients. Frequently, these patients are treated surgically if they have neurologic loss or radiculopathy that persists after rest or minimal intervention. In the authors' clinic, patients with cervical herniated nucleus pulposus and radiculopathy are treated with an aggressive physical rehabilitation program.

SUMMARY OF BACKGROUND DATA: All patients treated by the authors during a specified time period with a clearly defined diagnosis of cervical herniated nucleus pulposus were evaluated for outcome.

METHODS: Twenty-six consecutive patients with cervical herniated nucleus pulposus and radiculopathy were evaluated by an investigator other than the treating physician. The follow-up time was more than 1 year in all patients. Data analyzed included symptom level, activity and function level, medication and ongoing medical care, job status, and satisfaction. Inclusion criteria included a focal cervical disc protrusion of less than 4 mm identified on magnetic resonance imaging and a major complaint of extremity pain compatible with cervical radiculopathy. Exclusion criteria included severe central canal stenosis, symptomatic cervical myelopathy, or condition that precluded participation in the rehabilitation program. Management consisted of traction, specific physical therapeutic

exercise, oral anti-inflammatory medication, and patient education. The majority of patients presented with neurologic loss.

RESULTS: Twenty-four patients were successfully treated without surgery. Twenty patients achieved a good or excellent outcome of these 19 had disc extrusions. Two patients underwent cervical spine surgery. Twenty-one patients returned to the same job. One patient retired.

CONCLUSION: Many cervical disc herniations can be successfully managed with aggressive nonsurgical treatment (24 of 26 in the present study). Progressive neurologic loss did not occur in any patient, and most patients were able to continue with their preinjury activities with little limitation. High patient satisfaction with nonoperative care was achieved on outcome analysis.

Whiplash-associated chronic headache treated with home cervical traction.

**Olson VL. Phys Ther 1997 Apr; 77(4):417-24
Health East-St John's Hospital, Maplewood, Minn, USA.**

The subject of this case report was a 56-year-old woman who sustained a whiplash-associated disorder as a result of a motor vehicle accident. Within a few hours after the accident, she developed a headache, which became chronic, creating disability and hindering the quality of her life. In the following year, a variety of diagnostic tests, medications, and physical therapy were unsuccessful in determining the cause of her complaints or in relieving them. After this year, she expressed anger, frustration, and a reluctance to undergo additional physical therapy. By listening to her explain how she coped with her problem and observing that she lacked the ability to reduce her cervical lordosis, the therapist developed and implemented a home program of supine cervical traction and exercise. After 30 days of treatment, she was able to reduce and control her headache. This treatment and the approach used to develop the treatment may benefit other patients who have whiplash-associated chronic headache.

Few of our Testimonials

"For all the years that I have been using multiple Vertetrac units for the successful treatment of lumbar disc lesions, IVF stenosis, etc., I kept asking myself when someone was going to design a similar unit for the cervical spine. I would like to thank Meditrac for having the vision to do so in its manufacture of the CerviCo 2000. I have used several different types of cervical traction units over the years with sub optimal results.

With the CerviCo, I am able to impart sufficient, constant distractive forces to the patient with minimal discomfort to them. The constant high load distractive forces allow for an improved ability of the body to heal the soft tissue components of the lesions. The individual traction rods allow different levels of distraction to be performed on the right and left at the same time, this is especially helpful with cases of torticollis. Thank you again for this fine product ".

Dr. Gregory J. Gingell, Gingell Chiropractic Center

"I am using extensively both units Verterac and the Cervico 2000. My patients are doing well using them in the course of their treatment.

As for the Cervico 2000 unit I use it myself and I have patients on it, too. I must say I have remarkable results, and the patients notice the difference, as well" .

Kevin J. Rodrigues, DC - New Bedford, MA, USA

"I have tried several different Cervical Traction devices in over my 19 years in practice. I have even developed my own. The problem with mine and so many others, they apply a force on the temporal mandibular joint This makes the patients uncomfortable. I received my Cervico 2000 soon after you introduced the unit and have not had one complaint It works great on our acute, as well as chronic patients, without any force on the TMJ.

Mr. Snow came in after his 5 year old work Injury was getting to the point where he was going to have to retire. The prescription pain pills, muscle relaxants, and daily home traction no longer helping. He was now having Radiculopathy in the right arm into the hand. After 10-15 Treatments with Adjustments and your traction device, he was not only feeling better, he was off the medications. He commented that using the Cervico 2000 for 10 minutes 3 times a week was far better than daily home traction for a half hour of more. I would recommend your units to anyone. They will improve the outcome in their practice. I also want to thank your fine company for standing behind your products, and providing excellent customer service. I will be purchasing more Cervico 2000's. I see patients buying your product for home use and adding more units to our treatment area".

Dr. Leonard A. Valentine DC - Valentine Chiropractic Healthcare, CA, USA

