MONTREAL

Back Pain Treatment in Montreal.



The condition explained.
Spinal decompression.
Your care journey.

Practical guidance to prepare for your visit and track what matters in everyday life.

Your situation comes first.

Assessment · options · follow-up

Prepare for my consultation →

Illustrative image from the TAGMED website.

COMPLETE GUIDE / MONTREAL

- **Understand**
- **Prepare**
- **Move forward**

Your path through this guide

Understanding the condition	02	Everyday movement	13
Warning signs	06	Prepare & track progress	15
Our decompression treatment	07	Clinics & references	17

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01 / THE CONDITION

Understanding the terms. Relating them to your situation.

Back pain describes a symptom, rather than a single cause. This guide focuses on the lower back, between the lowest ribs and the buttocks. A consultation considers your situation, restricted activities and associated symptoms before discussing care options. Having back pain does not automatically mean that a disc is responsible. [1] [4]

The onset, duration and course help guide assessment. An acute episode generally lasts days or weeks; pain lasting beyond three months is described as persistent or chronic. That duration does not prove a disc herniation or an injury that is getting worse. Repeated episodes, previous care and its effects also deserve attention. [1]

Local pain or radiating symptoms

Low back pain mainly affects the lumbar area. Pain travelling down a leg may suggest nerve involvement, particularly with tingling, numbness or weakness. Discomfort in a buttock alone does not establish sciatica. Describe each symptom's location and its effect on your activities separately. [6]

Real pain, sometimes an uncertain source

Symptoms cannot always be attributed to one specific tissue. The term “non-specific” expresses that uncertainty; it does not make the pain any less real. Assessment remains useful for identifying conditions needing particular care and selecting actions suited to a person's abilities and priorities. [4]

The connection with symptoms

Nerve roots leave the spine and supply the limbs. Irritation or compression can cause radiating pain and sometimes changes in sensation or strength. A herniation and narrowing of nerve passages are possible contributors, but back pain does not always involve a nerve. Leg pain and lower back pain can also follow different courses. [6] [7]

Numbered references and clickable links on page 18.

02 / THE STRUCTURES INVOLVED

Understanding the structures.

The back combines vertebrae, discs, joints, muscles, tendons and ligaments. Discs help distribute loads; the posterior joints, called facet joints, contribute to movement. These structures work together. An anatomical illustration cannot, on its own, determine which structure explains your symptoms. [1]

What matters in this region

Disc and joint changes can accompany ageing. Findings in a report need to be considered alongside your history and examination, without attributing every symptom to the first radiology term mentioned. Equally, a reassuring imaging description does not erase the difficulties you experience. Care looks for ways to improve the activities that are actually restricted. [1] [2]

Muscles and supporting tissues

An unfamiliar effort, muscle or ligament injury, and some repeated demands can contribute to symptoms. The consultation considers tasks, transitions and loads that are currently difficult to tolerate. It avoids turning a temporarily uncomfortable position into a permanent restriction on movement. [1] [2]

Discs and joints

A disc contribution, joint changes or other spinal changes may be considered. Several factors can coexist in one person. The pain's location and an MRI finding do not always distinguish pain arising from a disc from pain associated with facet joints or nearby tissues. [1]

Nerve involvement

A herniation may irritate a nerve root; stenosis can reduce the space around nerves. Leg pain while walking, tingling or weakness changes the questions that need asking. Their cause and importance require assessment, rather than a conclusion based on self-diagnosis. [6] [7]

Medical causes or referred pain

An inflammatory disease, fracture, infection or, less commonly, a tumour can cause back pain. Pain originating in another organ may also be felt in the back. Flank pain with urinary symptoms, fever or nausea needs medical advice; it is not automatically a problem for mechanical treatment. [1] [8]

Numbered references and clickable links on page 18.

03 / SIGNS AND SYMPTOMS

Symptom distribution and activities. Changes to observe over time.

Before the visit, choose one or two concrete examples: walking time, sitting, driving, rising from a chair or household tasks. Note when symptoms begin, the breaks you need and recovery afterwards. Include waking at night and associated symptoms. These reference points allow follow-up to consider more than a pain score alone. [2]

Two patterns to distinguish

Pain mainly in the lower back

Local stiffness or pain may change with movement, position or effort. This pattern helps organize the examination, without proving a muscular, disc or joint origin. Also report unusual pain at rest, steady worsening or a change in your overall health. [1]

Pain and symptoms in a leg

Explain how far the pain travels and whether it comes with numbness, tingling or difficulty using your foot. Discomfort when standing or walking that eases on sitting also deserves mention. These observations guide assessment; they do not establish spinal stenosis on their own. [6] [7]

What changes over time tell us

Many recent episodes improve, but some persist or recur. The pace varies and cannot be guaranteed for an individual. When pain lasts, sleep, work demands, reduced activity and apprehension about certain movements can complicate daily life. Considering these factors helps adapt care; it does not mean that the pain is imaginary. A new symptom needs reassessment even when previous episodes felt familiar. [1] [2]

Numbered references and clickable links on page 18.

04 / THE ASSESSMENT

Connecting your history, the examination and the images.

Assessment brings together your symptoms, health history and clinical observations. Bring reports already available, a medication list and a short chronology of previous care, including benefits and difficulties. Not having imaging does not prevent you from asking for an initial assessment and direction. [2]

1

Understand the problem and check precautions

Explain the onset, episodes, medical history, procedures and current medicines. Urinary changes, fever, trauma and neurological symptoms change the next steps. Some situations call for medical advice before discussing traction or exercises. Your history helps identify which questions must be resolved first. [1] [2]

2

Observe movement and function

The examination may assess mobility, walking, restricted tasks, strength, sensation and reflexes. Findings are interpreted together in relation to your history; an isolated test does not necessarily explain all the pain. [2]

3

Choose options and a review point

The discussion may combine information, adapted activity, rehabilitation and measures for relief. A physician or pharmacist can explain medication options in light of your health. Some situations need specialist care. Agree on an observable outcome and a review point, coordinating with professionals already involved. [2]

An X-ray or MRI is not routine for low back pain without warning signs. Clinical assessment helps determine whether investigations are needed for a particular cause. NICE reserves imaging in specialist settings for situations where its result is likely to change management. Bring existing reports, without assuming that a new scan is essential before you can receive guidance. [2] [3]

In a report: “Low back pain” identifies a painful area. “Disc disease” describes a disc change; “stenosis” means narrowing of a space. “Sciatica” describes symptoms along a nerve distribution. None of these terms alone summarizes severity, abilities or the appropriate treatment, and they should be explained in the context of your presentation. [1] [6]

05 / SEEKING HELP

When to seek care.

Do not wait for a routine session if the signs below appear: seek immediate medical assessment. Back pain with chest pain or following a serious accident is also an emergency. A known back problem does not automatically explain a new change in your symptoms. [5] [6]

GO TO THE EMERGENCY DEPARTMENT IMMEDIATELY

- New difficulty starting urination, urinary retention or loss of bladder or bowel control. [6]
- New loss of sensation between the legs, around the genitals or around the anus. [6]
- Substantial or rapidly progressive weakness in one or both legs, particularly when walking becomes difficult. [1] [6]

Call 911 if you need immediate assistance.

Prompt medical advice

• Pain with fever, chills, feeling generally unwell or urinary symptoms: obtain medical advice promptly. [5] [8]
• Severe pain that begins suddenly or worsens quickly: request a prompt medical assessment. [5]
• Unusual persistent pain, unexplained weight loss, pain after a fall or progressing numbness: have the situation reassessed. [1]

A visit to arrange

If pain persists, worsens or interferes with sleep and your activities, seek an assessment. Describe changes since the onset, measures already tried and a specific activity that has become difficult.

Numbered references and clickable links on page 18.

06 / OUR TREATMENT

Spinal decompression at TAGMED.

Spinal decompression uses motorized traction to apply controlled mechanical forces. That operation does not demonstrate disc repair or regeneration and does not guarantee relief. A device's features and instructions describe its use; they do not replace the clinical evidence needed to judge its relevance to a particular situation. [9]



Illustrative image of the care journey.

A non-surgical approach

Motorized traction applies controlled tension to the lumbar region. Setup and settings take into account the selected clinical profile, precautions and the sensations you describe during the session. [9]

DOC equipment from Pivotal Health Solutions

The device allows adjustment of position, force and cycles. Program selection is based on assessment and tolerance; a device’s capabilities alone do not predict a clinical outcome. [10]

Goals to discuss

- Improve tolerance for a daily activity chosen together.
- Reduce the impact of symptoms on getting around and sleep.
- Gradually resume activities with greater independence.

07 / HOW IT WORKS

Controlled force. Individualized settings.

Traction and positioning aim to modify mechanical stresses. The program can vary the force, its gradual increase, its hold and the relaxation phases. [9]

1

Position

The region and position are chosen according to the clinical profile, precautions and your comfort.

2

Program

The practitioner adjusts the force, duration and pattern of the traction cycles.

3

Adjust

Tension follows the selected program, with phases of reduced tension.

4

Reassess

Your sensations and response guide whether to continue, adjust or stop treatment.

What “decompress” means

A reduction in pressure and fluid exchange within the disc are among the proposed mechanisms. They do not demonstrate disc regeneration, lasting widening of bony structures or the certain disappearance of a herniation. A useful effect is assessed in your daily life and during reassessments. [9] [11]

Numbered references and clickable links on page 18.

08 / IS IT SUITABLE FOR ME?

The right treatment begins with the right clinical profile.

TAGMED lists non-surgical spinal decompression among its services. A consultation discusses its possible relevance, precautions and other options. The expression “chronic back pain” is not enough to select it, and the number of visits cannot be determined from a word on an MRI report. [11] [9]

Selection needs an explanation

Your health, clinical findings and device-specific precautions require consideration before traction. Suspected systemic illness, fracture or an urgent neurological problem calls for a different pathway. Having access to a treatment table does not demonstrate that your pain comes from a disc or will respond to that technique. [9] [1]

Follow-up needs measurable outcomes

If this option is discussed, ask about the intended benefit, possible adverse effects and criteria for stopping or modifying treatment. Compare a specific activity under similar conditions. Worsening symptoms or no useful progress calls for reassessment. Follow-up should retain a place for activity and other appropriate care. [9] [2]

Medical history to disclose before any session

The DOC manual lists fracture, spinal instability, infection, tumour, advanced osteoporosis and certain spinal implants among the contraindications. Pregnancy and previous surgeries also require particular attention. [9]

This list is not exhaustive. Bring details of your medical conditions, procedures and treatments.

If warning signs are present: appropriate medical assessment is the priority. See the emergency guidance on page 6.

Numbered references and clickable links on page 18.

09 / THE SESSION

What happens during a decompression session.

The first consultation establishes the clinical profile and the proposed plan. On the day of a session, setup and settings depend on what has been selected for you. [11]

1

Review your situation before starting

Report changes since the last visit: pain, symptom distribution, sensations, strength and reactions to care.

2

Get comfortably positioned

The support system suited to the region is positioned. The operation of the stop control is explained to you. [9]

3

Apply the selected program

The force and cycles are set. Describe your sensations; an increase in symptoms warrants stopping and checking. [9]

4

Check the response after the session

Tension is released, then you get up gradually. Instructions and what to monitor before the next visit are explained. [9]

Time to allow: the discussion, setup, treatment phase and final check. Your appointment length is confirmed when you book.

Numbered references and clickable links on page 18.

10 / THE PLAN AND REASSESSMENTS

A structured care journey. Progress to measure.

The frequency and number of sessions are individualized. Reassessments allow comparison of your response and adjustment of care, rather than automatically continuing a program. [11]

01

Establish the starting point

Describe the main problem and choose measures to track: low back or limb pain, walking, sitting and sleep.

02

Assess tolerance and response

Compare observations over the course of visits. Function, tolerance and clinical signs contribute to the decision to continue.

03

Adapt the next steps

Depending on progress, modify the parameters, frequency, advice or referral. Persistent or new symptoms may warrant another opinion.

Before agreeing on the plan, clarify together:

The goals, proposed frequency, costs, first reassessment and options if progress is insufficient.

Numbered references and clickable links on page 18.

11 / POSSIBLE BENEFITS AND EVIDENCE

What you can expect. What remains uncertain.

Options need comparison in light of your presentation, expected benefits and limitations. A technique intended for some disc-related symptoms does not become appropriate for all back pain. Improvement immediately after a session must also be distinguished from lasting progress in daily life. [2] [3]

RECOMMENDATIONS

The reservation about traction needs explanation

NICE advises against offering traction for low back pain, with or without sciatica. This unfavourable recommendation is relevant to an informed decision. Table settings and a proposed mechanism are not enough to demonstrate a benefit for every patient. Ask how this limitation is considered in the options being presented. [3]

ACTIVITY AND REHABILITATION

Keep an adapted progression

Information, gradual activity and physiotherapy are common options. Avoid prolonged bed rest; instead, adjust duration, loads and breaks according to your abilities and precautions. An exercise that clearly aggravates symptoms needs review. The programme is chosen for your circumstances and for what helps you function, rather than a universal routine for everyone. [2]

PERSISTENT PAIN

Review the overall plan

For lasting pain, combining rehabilitation, sleep strategies and support with pain-related difficulties may help. Manual care or medicines may be discussed according to indications and risks. Procedures or surgery concern selected situations; their necessity cannot be inferred from duration alone. The discussion should explain what each option is intended to address. [2]

Key point: Choose one or two repeated reference points: walking, driving, sleeping or finishing a task. Compare tolerated duration, breaks and recovery as well as pain. Results should allow the approach to change and help avoid continuing a treatment indefinitely without a useful benefit in your daily activities. [2]

12 / DAILY LIFE

Simple actions. A pace to adjust.

In the absence of warning signs, the goal is to continue activities you can tolerate. Advice and exercises are adapted to your symptoms and abilities; ask what is appropriate for your situation.

01

Keep moving

Break activities into periods you can tolerate. A gradual return may be preferable to prolonged immobility, taking into account the advice you have received.

02

Vary your positions

Alternate tasks and postures, particularly at work or during travel. Record how long you can tolerate them rather than seeking a perfect posture.

03

Find comfort at night

Look for a comfortable position. A support cushion may help, depending on your tolerance. Avoid maintaining a position that clearly increases symptoms.

04

Ask for advice

Discuss medications with your physician or pharmacist. Report any decline in strength, sensation or function instead of pushing through these changes.

A specific goal to choose with your practitioner

The activity I want to resume: _____

My starting measure (time, discomfort or distance): _____

Numbered references and clickable links on page 18.

13 / YOUR QUESTIONS

Answers to help you make an informed decision.

Does chronic back pain always come from a disc?

No. Muscles, joints, nerves and other conditions can contribute. Sometimes a precise source cannot be established. Assessment looks for findings that change the next steps, rather than immediately attributing all pain to a herniated disc. Several contributing factors can exist together. [1]

Should I wait for an MRI before consulting?

Not routinely. History and examination often provide initial direction. Investigation is considered if a particular cause is suspected or the result could change care. Bring reports already obtained and their dates, so that existing information can be considered before discussing further tests. [2]

Can I keep moving when my back hurts?

Adapted activity is generally preferable to prolonged bed rest. Break tasks into smaller parts and resume gradually according to tolerance and advice received. Clearly worsening pain, new weakness or another unusual symptom warrants reviewing the activity and seeking advice, rather than simply pushing through. [2]

Is spinal decompression an automatic treatment choice?

No. Its possible relevance, precautions, alternatives and review criteria need discussion. NICE advises against traction for low back pain with or without sciatica. No device guarantees disc repair or resolution of symptoms. The proposed approach must address your presentation and explain these limitations. [3] [9]

How can I prepare for a useful consultation?

Summarize important stages, previous care and its effects. Bring your documents and medication list. Choose a priority activity to regain and explain what makes you stop doing it. This provides a concrete reference point for decisions and follow-up, alongside the description of your pain. [2]

When should the approach change?

If abilities remain restricted without useful progress, review the goals and options with your professional. Worsening symptoms or a new sign needs earlier reassessment. New urinary difficulties, loss of sensation in the saddle area or substantial rapidly progressive weakness require urgent medical assessment. [2] [6]

Numbered references and clickable links on page 18.

14 / MY PREPARATION CHECKLIST

Your first visit, with a clearer mind.

Check the items you have prepared. Bring this sheet, your symptom journal and the documents you already have.

Initials (optional): _____ Date: _____

- [ ] **The location and distribution of my pain**
  How long? Which side? How far do the symptoms extend?
- [ ] **Activities that have become difficult for me**
  Walking, stairs, sitting, sleep, work or leisure activities.
- [ ] **Reports and images I already have**
  MRI scans, X-rays, reports and previous opinions, if I have them.
- [ ] **Medications and care I have already tried**
  Effects experienced, procedures, implants and important medical history.
- [ ] **My questions and goals**
  What I want to understand and the activity I want to return to.

Questions to ask

- What is the most likely cause, and what supports this hypothesis?
- Which options suit my clinical profile, with their benefits and limitations?
- How should we measure progress, and when should I seek another medical opinion?

Personal sheet to keep and bring to the visit.

15 / MY 7-DAY JOURNAL

Observe changes, as well as pain.

Fill in one row per day. Choose an activity to compare and record your reactions to care. Function and changes in sensation are as useful as the pain score.

Pain: 0 = none; 10 = worst pain imaginable. Specify the region.
Activity: minutes tolerated or chosen measure. **Sleep:** awakenings due to pain.

Date	Back / leg 0 to 10	Walking minutes	Sitting minutes	Sleep awakenings	Notes / care tried and effect experienced

What has improved

What remains difficult

New or progressing weakness must be reported promptly.
For emergency signs, see page 6.

16 / YOUR NEXT STEP

Review your situation in Montreal.

Sylvain Desforges, docteur en ostéopathie

Montreal

Mont-Royal

1140, avenue Beaumont
Mont-Royal (Québec) H3P 3E5

1 (877) 672-9060

Book an appointment →

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Terrebonne

Lanaudière

1150, rue Lévis, bureau 200
Terrebonne (Québec) J6W 5S6

(450) 704-4447

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Choosing the right appointment portal

Montreal / Mont-Royal

Medexa displays “Le Centre Neurothérapie de Montréal”. Select the new patient osteopathy pathway and check the selected practitioner.

Terrebonne

On GOrendezvous, select the new client pathway and osteopathy treatment, then Sylvain Desforges in Terrebonne and an available appointment.

View fees

Sylvain Desforges’s profile

Availability is shown in the portals. Services are not covered by RAMQ; osteopathy receipts may be issued. Check your insurance policy conditions.

17 / REFERENCES

Learn more and find the sources.

Numbers in square brackets refer to the sources below. Titles are clickable. Sources accessed on October 22, 2026.

[1] NIAMS. Back Pain - Overview, Symptoms, and Causes.

Anatomy, course, mechanical and medical causes, and symptoms needing assessment.

[2] NIAMS. Back Pain: Diagnosis, Treatment, and Steps to Take.

History, examination, investigations, adapted activity and care options.

[3] NICE. Low back pain and sciatica in over 16s: assessment and management - NG59, recommendations.

Role of imaging and recommendation 1.2.6 against traction with or without sciatica.

[4] World Health Organization. Low back pain.

Specific and non-specific low back pain, referred pain and functional impact.

[5] NHS. Back pain.

Signs needing prompt or immediate assessment and general information.

[6] NHS. Sciatica.

Radiating symptoms, neurological features and emergency signs.

[7] NIAMS. Spinal Stenosis - Overview, Symptoms, and Causes.

Narrowing of nerve passages and symptoms associated with standing or walking.

[8] NIDDK. Symptoms & Causes of Kidney Stones.

Example of a non-spinal cause: back or flank pain with urinary or systemic symptoms.

[9] Pivotal Health Solutions. DOC Manual, rev. E.

Device operation, settings and precautions.

[10] Pivotal Health Solutions. DOC Decompression Table.

Device features and parameters.

[11] Clinique TAGMED. Spinal decompression.

Overview of the treatment offered by the clinic.

General information document from TAGMED Clinic. It does not replace an individual assessment or medical advice. Parameters, suitability and the care plan are determined on a case-by-case basis.