

TERREBONNE

Bulging Disc Treatment in Terrebonne.

The condition explained.
Spinal decompression.
Your care journey.

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

[Prepare for my consultation](#) →



Your situation comes first.
Assessment · options · follow-up

Illustrative image from the TAGMED website.

COMPLETE GUIDE / TERREBONNE

- ☒ Understand
- ☒ Prepare
- ☒ Move forward

Your path through this guide

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ENGLISH EDITION / OCTOBER 23, 2026

01 / THE CONDITION

Understanding the terms. Relating them to your situation.

A bulging disc describes a fairly diffuse widening of a disc's contour. It can occur in the neck or lower back. This imaging term does not, on its own, mean that a nerve is compressed or that treatment is needed. [3] [5]

A disc distributes loads between two vertebrae. With changes in its composition and shape, its edge may extend more broadly beyond its usual boundaries. In lumbar nomenclature, this diffuse bulging is distinct from a localized herniation. The word's presence in a report must be considered alongside your pain, its pattern and examination findings. Many disc changes are also observed in people without pain. [3] [5]

Bulging and localized herniation

Bulging affects an extensive portion of the disc contour. A protrusion or extrusion describes a more localized herniation. These words express an anatomical shape, rather than obligatory stages of worsening. A bulging disc does not necessarily become herniated, and each image must be placed in context. [3]

An image and a clinical problem

A visible bulge can coexist with pain without being its main cause. Conversely, its location may contribute to reducing the space for a nerve root. The side, neighbouring structures and clinical signs help distinguish an imaging finding from an abnormality that may contribute to symptoms. [5] [2]

The connection with symptoms

Nerve roots leave the spine toward the limbs. Bulging near a root may be part of a narrowing of its space, sometimes alongside osteoarthritis or loss of disc height. Nerve irritation can produce pain in an arm or leg. However, the word "contact" alone cannot identify the source of symptoms with certainty. [2] [1]

Numbered references and clickable links on page 18.

02 / THE STRUCTURES INVOLVED

Understanding the structures.

A disc includes a fibrous outer layer and a softer central portion. Nerve structures pass behind it and along its sides. A widened disc contour may be described without any neurological abnormality on examination. [1] [3]

What matters in this region

The direction of the bulging and the space available around it matter more than an isolated label. A bulge may be relatively symmetrical or more pronounced on one side. Changes in the joints, ligaments and bony edges may also influence the space. Imaging describes this overall picture; it must be read alongside the clinical picture, especially if several levels are mentioned. [3] [2]

Changes over time

Disc composition and shape change with age. Bulging can be part of these common changes. Its presence is not enough to explain when pain began. [5]

Everyday loads

Repeated movements, loads and positions can influence your symptoms. Their effect varies from person to person. The assessment explores these loads without asserting that one position or effort created the bulge. [4]

Available nerve space

A diffuse protrusion can add to bony or joint changes that narrow a foramen. This combination may matter if symptoms and examination match a nerve root's distribution. [2]

Several possible causes

Muscles, joints, discs and nerves can contribute to pain. Sleep, activities and overall health also influence the experience. The assessment looks for factors that can be modified, beyond the report. [4]

Numbered references and clickable links on page 18.

03 / SIGNS AND SYMPTOMS

Symptom distribution and activities. Changes to observe over time.

A bulging disc may cause no symptoms, be associated with local discomfort or be present in a clinical picture involving radiating pain. Note what you actually feel and which tasks are limited rather than using only the word in the report. [5] [4]

Two patterns to distinguish

Discomfort near the spine

Low back or neck pain may vary with movements and positions. This discomfort is not specific to bulging; the examination also considers the joints, muscles and other factors. [4]

Pain in a limb

Radiating pain, tingling or numbness may point toward a nerve root. The pattern in the leg or arm, strength and reflexes must be assessed. [1] [2]

What changes over time tell us

Changes in a bulge on imaging and changes in pain do not necessarily follow the same pace. A person may regain activities while an abnormality remains visible. It is therefore useful to track tolerance for walking, work or arm use. New weakness or a neurological change requires prompt review of the assessment. [5] [2]

Numbered references and clickable links on page 18.

04 / THE ASSESSMENT

Connecting your history, the examination and the images.

The assessment begins with your reason for consulting, even if the MRI report is old or detailed. The practitioner looks for a consistent clinical picture and clarifies what needs monitoring before considering care. [4]

1 Describe a real day

Indicate the positions you tolerate, distances you cover and movements that have become difficult. Distinguish local pain from radiating pain and identify the side. These reference points help assess the problem's impact and set a useful priority. [4] [1]

2 Examine nerve function

Depending on the region concerned, the assessment may examine strength, sensation and reflexes, then use appropriate clinical tests. The aim is to look for nerve root involvement and identify signs requiring medical advice. [1] [2]

3 Relate the report to symptoms

The level and side of the bulge are compared with current complaints. A description at several levels does not mean they are all symptomatic. Common painless abnormalities must be interpreted cautiously, without dismissing your discomfort. [5]

For low back pain, additional imaging is mainly discussed if its result could change a management decision. Bring existing documents. A new MRI is not automatically used to check whether a bulge has changed after care; clinical progress remains central. [6]

In a report: "Diffuse" describes an extensive contour; "focal" a more localized abnormality. "Protrusion" is a form of herniation. "Foraminal" concerns a nerve root's exit. "Consistent" means that the image, side and clinical picture can plausibly be connected. [3] [2]

05 / SEEKING HELP

When to seek care.

New or unusual symptoms may require immediate assessment. Worsening neurological symptoms must not wait until a scheduled treatment session.

GO TO THE EMERGENCY DEPARTMENT IMMEDIATELY

- New bladder or bowel problems, retention, loss of control or loss of sensation between the legs and around the perineum.
- Severe or rapidly progressing weakness in one or more limbs, particularly with new difficulty walking or using a hand.
- If the neck is involved: significant new difficulty walking, loss of balance or loss of hand coordination, with or without bladder or bowel control problems. [12]

Call 911 if you need immediate assistance.

Prompt medical advice

- Progressing weakness or numbness.
- Fever, trauma or an unusual change in your general health.
- Uncontrollable pain or worsening limitations.

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.

DOC spinal decompression is controlled motorized traction, offered after assessment and adapted to the region. In a selected clinical picture, it may be considered with the aim of relieving symptoms and facilitating activities. It must not be presented as a necessary correction for every bulging disc or as a method guaranteeing that the disc will return to a normal contour.



Illustrative image of the care journey.

A non-surgical approach

Motorized traction applies controlled tension to the cervical or 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 a limited activity by tracking its duration or tolerance in concrete terms.
- Distinguish changes in local pain from changes in limb symptoms.
- Adapt care to clinical changes without requiring the bulge to disappear.

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.

The right treatment begins with the right clinical profile.

Eligibility for spinal decompression does not follow from the word “bulging” alone. It depends on the clinical problem, region, medical history and precautions. A finding without symptoms is not, on its own, an indication for care.

Identify the target of care

A lumbar clinical picture with leg pain and signs compatible with a nerve root must be distinguished from isolated local pain or a cervical bulge without neurological signs. This distinction avoids applying results from studies in another population to every bulging disc. The assessment seeks a clinical target and realistic goals. [7]

Choose useful reference points

Before any potential trial, choose an activity to improve, such as tolerating a seated journey or using the arm for a specific task. Also track radiating pain and strength. If care is poorly tolerated or brings no relevant progress, the plan must be reassessed rather than continued solely on the basis of the image. [6]

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.

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: painful region, arm or leg use, sleep and a chosen activity.

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.

Research must be read according to the problem studied. Evidence on lumbar radiculopathy does not establish effectiveness for every bulge discovered on MRI, for neck pain or for anatomical correction of the disc.

IMAGING AND SYMPTOMS

A common finding without pain

The review by Brinjikji and colleagues shows that bulging and other degenerative changes frequently occur in asymptomatic people, increasingly with age. This does not make your pain less real. It indicates that an image must be interpreted alongside the history and examination before attributing a symptom to the disc. [5]

LUMBAR TRACTION

Conclusions that remain limited

NICE advises against traction for low back pain with or without sciatica. The review by Vanti nevertheless reports short-term benefits in certain comparisons involving lumbar radiculopathy, with low certainty. These findings do not prove traction effective for a painless bulge or local pain without nerve root involvement. [6] [7]

TARGETED TRIAL · 2025

The studied population matters

The Bernhard trial studies traction added to medical care for radicular pain with a clinically consistent lumbar disc herniation. A favourable result in this group does not demonstrate that an isolated diffuse bulge requires this treatment. Nor does the open-label trial justify promising normalization of the disc contour. [8]

Key point: A useful result is a measurable clinical improvement, rather than a promise of a changed contour on MRI. The relevance of a trial depends on the full picture. Potential benefits, study limitations, other options and stopping criteria must be discussed.

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): _____

Answers to help you make an informed decision.

Is a bulging disc a herniated disc?

In lumbar nomenclature, more diffuse bulging is distinguished from a localized herniation, which may be described as a protrusion or extrusion. Reports sometimes use different wording. Ask what the term means in your report and whether it corresponds to the current problem. [3]

Will it inevitably become a herniation?

The terminology does not describe an obligatory sequence of stages. Bulging does not, on its own, predict worsening or a future intervention. Monitoring focuses mainly on symptoms, abilities and neurological signs; it adapts to your situation rather than an automatic scenario. [3] [5]

Should a painless bulging disc be treated?

A disc abnormality without symptoms does not automatically create a need for spinal decompression. Changes of this kind are common in people who feel well. A discussion about activity and general health may be relevant, without systematically seeking to correct the image through treatment. [5]

Why are several levels mentioned?

Disc changes can involve several levels over time. This does not mean that each one produces symptoms. The practitioner compares the region, side, symptom pattern and examination to determine what may contribute to the problem and what remains an imaging observation. [5] [2]

Can spinal decompression make the bulge disappear?

The discussion must focus on possible relief and functional goals, with limitations clearly explained. It is not justified to guarantee disappearance of a bulge or to treat every bulging disc in the same way. A lack of progress leads to review of the hypothesis and options.

What should I monitor between appointments?

Record tolerated activities, the farthest area reached by pain and any change in strength or sensation. New or increasing weakness, unusual walking difficulties or urinary problems require prompt medical assessment. Do not wait for these signs before seeking advice. [1] [2]

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, arm use, sitting, sleep or work.

☐ **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.

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	Region / 0 to 10	Activity 1 minutes	Activity 2 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 Terrebonne.

Sylvain Desforges, docteur en ostéopathie

Terrebonne

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Mont-Royal

1140, avenue Beaumont
Mont-Royal (Québec) H3P 3E5
1 (877) 672-9060

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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] AAOS / OrthoInfo. Herniated Disk in the Lower Back.

Anatomy, symptoms, examination and course of lumbar disc herniations.

[2] AAOS / OrthoInfo. Cervical Radiculopathy (Pinched Nerve).

Cervical disc herniation and degeneration; arm symptoms and examination.

[3] Fardon et al. (2014). Lumbar disc nomenclature: version 2.0.

NASS, ASSR and ASNR consensus on lumbar disc bulging, herniation, protrusion and extrusion.

[4] NIAMS. Back Pain: overview, symptoms and causes.

Spinal structures, degenerative changes, associated factors and symptoms.

[5] Brinjikji et al. (2015). Imaging Features of Spinal Degeneration in Asymptomatic Populations.

Disc abnormalities in people without pain; interpretation of imaging.

[6] NICE. NG59: Low back pain and sciatica in over 16s, recommendations.

Lumbar management and recommendation against traction; scope distinct from the neck.

[7] Vanti et al. (2021). Effectiveness of Mechanical Traction for Lumbar Radiculopathy.

Possible short-term benefit in certain comparisons; low certainty of the evidence.

[8] Bernhard et al. (2025). Lumbar Traction in Radicular Pain Caused by Herniated Disc.

Open-label trial of 424 participants, traction added to medical care for radicular pain with a clinically consistent lumbar disc herniation.

[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.

[12] NHS Inform. Degenerative cervical myelopathy.

Signs affecting walking, coordination and the hands.

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.