MONTREAL

Disc Protrusion 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.

Prepare for my consultation →

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

Illustrative image from the TAGMED website.

COMPLETE GUIDE / MONTREAL

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

Your path through this guide

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01 / THE CONDITION

Understanding the terms. Relating them to your situation.

A disc protrusion is a localized displacement of disc material, described by its shape on imaging. In lumbar nomenclature, it is a form of herniation. Its presence is not enough to explain pain or choose treatment. [3]

The term “protrusion” is often discovered in an MRI report. It indicates how part of the disc extends beyond its usual boundaries, but does not in itself mean that a nerve is compressed. The location, side and neighbouring structures must be considered alongside your symptoms. A protrusion may cause no symptoms, cause local discomfort or contribute to radiating pain when a nerve root is irritated. [3] [5]

Protrusion and bulging

A protrusion describes a localized displacement. Bulging refers to a more extensive extension of the disc contour. This distinction improves report precision; it is not a simple scale from a risk-free disc to serious disease. [3]

Protrusion and symptoms

The useful question is whether the protruding material matches the side, pattern and signs found. A visible protrusion may be painless. Significant pain with few visible changes also deserves a careful clinical assessment. [5]

The connection with symptoms

A protrusion near a nerve root may contribute to its irritation. Mechanical and inflammatory processes can then produce pain, tingling or numbness in the affected limb. Contact described on an image does not, on its own, indicate how the nerve is functioning. Examination of strength, sensation and reflexes complements this interpretation. [1] [2]

Numbered references and clickable links on page 18.

02 / THE STRUCTURES INVOLVED

Understanding the structures.

A disc combines a fibrous outer layer and a softer centre. It distributes loads between the vertebrae. Nerve roots run close to its contours; the direction of the extension helps explain possible symptoms. [1]

What matters in this region

In lumbar nomenclature, the words protrusion and extrusion describe the geometry of displaced material relative to its base. They do not guarantee that the outer layer is perfectly intact, do not necessarily date the onset of the lesion and do not predict its course on their own. The report must therefore be read as a full description rather than by isolating a single word. [3]

Disc composition

Ageing alters the disc's water content and mechanical properties. Changes in shape may appear gradually. The degree of change on imaging and the level of pain do not automatically correspond. [4]

Accumulated loads

Some tasks involve repeated loads, driving or prolonged positions. They can influence symptoms and tolerance. They do not establish with certainty that one posture or a specific movement caused the protrusion. [4]

Location of the protruding material

A protrusion near a nerve passage can have a different effect from an extension away from a nerve root. The radiologist describes the location; the clinical assessment clarifies consistency with your sensations, strength and limited activities. [1]

Associated changes

Disc space narrowing, osteoarthritis or stenosis can coexist with a protrusion. Care targets the symptomatic and functional picture, rather than a series of words in the report. This approach avoids assuming that every observation requires a separate treatment. [4]

Numbered references and clickable links on page 18.

03 / SIGNS AND SYMPTOMS

Symptom distribution and activities. Changes to observe over time.

A protrusion may be found without symptoms or accompanied by neck or back discomfort. When a nerve root is irritated, sensations in the arm or leg can guide the examination. Also describe your capacity for activity. [5]

Two patterns to distinguish

Local discomfort and positions

Stiffness, pain near the spine or discomfort during certain tasks may be present. The assessment must look for structures and factors contributing to this discomfort, without drawing a conclusion from imaging alone. [4]

Pain radiating into a limb

Tingling, numbness or pain in the arm or leg may accompany nerve root irritation. New weakness and progression of symptoms should be reported promptly. [1] [2]

What changes over time tell us

A protrusion does not necessarily progress to an extrusion or surgery. Symptoms can fluctuate and change over time, with abilities and care. Disc findings also occur in people without pain. Follow-up must distinguish a fluctuation in pain from a change in nerve function that requires more prompt reassessment. [3] [5]

Numbered references and clickable links on page 18.

04 / THE ASSESSMENT

Connecting your history, the examination and the images.

The assessment begins with your concrete problem: work, walking, sleep or use of the arm. It seeks to determine whether the protrusion is consistent with the symptoms, whether there is nerve involvement and which options are relevant to your situation.

1 Clarify the region and pattern

Indicate the levels in the report, then describe the region actually causing discomfort and the affected side. The neck, back, arm and leg do not use the same assessment. A limited activity helps define a goal you can compare over successive visits. [1] [2]

2 Check neurological function

Strength, sensation and reflexes are examined when the clinical picture warrants it. The examination may also include appropriate movements and tests. Pain reproduced by a test should not be interpreted on its own; it forms part of a broader set of information. [1]

3 Review imaging in context

The age of the images, the side of the extension and its relationship to nerve roots are compared with the current history. The need for further tests depends on the signs and decisions being considered. An asymptomatic protrusion does not automatically require a series of follow-up scans or treatment. [5] [6]

Bring any images and reports you already have. An MRI is not necessarily required before an initial discussion. For low back pain, guidelines reserve imaging for situations in which it could change management, taking the signs and course into account. [6]

In a report: “Protrusion” describes a form of localized herniation in lumbar nomenclature. “Bulging” describes a more diffuse extension. “Nerve root contact” indicates a relationship to a root on the image. “Foraminal” specifies a location toward an exit opening. These terms are best read together. [3]

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. For a selected symptomatic protrusion, the potential aim is to improve pain and function. No proposed mechanism can justify promising that the protrusion will disappear, that the disc will regenerate or that every protrusion will respond in the same way.

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

- Identify a limited activity and document tolerance before care begins.
- Observe local pain, radiating pain and unusual sensations separately.
- Adjust the plan according to function, tolerance and clinical signs.

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.

Spinal decompression may be discussed if a disc contribution seems plausible and precautions allow it. A protrusion without symptoms must be distinguished from one associated with a consistent radicular picture. Treatment is not justified by the word in the report alone.

Look for useful clinical consistency

The side, pattern, neurological signs and tolerance for activities are compared with available images. A lumbar protrusion with radicular pain resembles certain research profiles; this observation should not automatically be applied to a cervical protrusion or local discomfort without radiating pain. [7]

Define a cautious trial

Goals focus on the main symptom and an activity to regain. The professional checks the medical history and the device's contraindications. Reassessment steps and alternatives must be explained. Continuation depends on the actual response, rather than a commitment to making an imaging finding disappear.

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: 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 mainly addresses defined symptoms and populations rather than the word “protrusion” in isolation. Lumbar results involving radiculopathy must remain separate from conclusions about a cervical protrusion or a painless imaging finding.

IMAGING AND CLINICAL FINDINGS

A visible shape does not predict everything

The nomenclature defines what a protrusion is. Imaging research also shows that protrusions occur in people without symptoms. These observations do not make your pain less real; they explain why an examination remains essential to understand whether the disc contributes to the clinical picture and which function to track. [3] [5]

LUMBAR TRACTION

Evidence that remains debated

NICE advises against traction for low back pain with or without sciatica. However, a 2021 meta-analysis suggests a possible short-term benefit in certain comparisons involving lumbar radiculopathy, with low certainty. These findings must be discussed together; none provides a guaranteed result for every protrusion. [6] [7]

TRIAL · 2025

A signal in a targeted radicular profile

A 2025 open-label trial studied traction added to medical care for radicular pain with a clinically consistent lumbar disc herniation. It provides a favourable short-term signal in this population. It does not prove anatomical restoration of every protrusion or test all devices or cervical situations. [8]

Key point: The possible role of a protrusion must be explained without confusing an image with an inevitably progressive disease. Any potential trial of spinal decompression requires clinical goals, discussion of options and follow-up. Continuation depends on a useful improvement in symptoms and activities.

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.

Is a protrusion an early herniation?

In lumbar nomenclature, it is a form of herniation defined by its geometry. The term is not enough to say when it appeared or how it will evolve. An obligatory sequence from bulging to protrusion and then extrusion should therefore not be inferred. [3]

Is the disc’s outer layer necessarily intact?

The word primarily describes the shape of displaced material. It should not be used on its own as proof that all fibres of the outer layer are intact. The complete report and professional interpretation are more useful than a conclusion drawn from a single term. [3]

Why do I have pain if the protrusion is small?

Location and the relationship to a nerve root can matter as much as dimensions. Inflammation and other structures can also contribute. The assessment seeks an explanation consistent with the history and examination. Pain intensity cannot be read directly from an MRI measurement. [1]

Should a painless protrusion be treated?

An imaging finding alone is not an automatic indication for care. Protrusions are present in people without symptoms. The assessment and decision to treat must have a clear clinical or functional goal rather than seeking to correct every visible variation in the spine. [5]

Is spinal decompression suitable for a neck protrusion?

A cervical assessment and discussion of evidence specific to this region are needed. Studies of lumbar radiculopathy cannot predict the outcome for a cervical protrusion. Selection, precautions and follow-up must therefore be adapted; no result can be promised from the word “protrusion” alone.

How can I prepare for useful follow-up?

Record an important activity, its tolerated duration and the effects in the affected limb. Bring existing reports and your reactions to care already tried. Promptly report weakness, progressively reduced sensation or new walking difficulties rather than considering them simply an expected discomfort.

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.

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	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 Montreal.

Sylvain Desforges, docteur en ostéopathie

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Book an appointment →

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Terrebonne

Lanaudière

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

(450) 704-4447

Book an appointment →

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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 Tractions 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.