

MONTREAL

Disc Space Narrowing 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.

Disc space narrowing is a reduction in the height of the space between two vertebrae, generally related to disc changes. It can affect the neck or lower back. This term does not automatically mean that a nerve is “pinched.” [2] [4]

On an X-ray, the disc itself is not clearly visible; its height is assessed from the space between the vertebrae. With disc degeneration, this space may decrease. MRI provides other information about the disc and neighbouring tissues when indicated. Narrowing remains an anatomical description. To determine whether it contributes to pain, the symptoms, region and associated changes, such as osteoarthritis or foraminal narrowing, must be examined. [2] [5]

Disc height and pain

A reduced disc space may be observed with or without pain. The number of millimetres does not directly measure your disability. Long-standing narrowing can coexist with recent pain arising from several structures; the assessment seeks the best clinical explanation rather than automatically identifying the narrowest level. [5]

Disc space narrowing and an irritated nerve

Loss of height may contribute to a reduction in the space where a nerve root exits, particularly alongside bony changes. But disc space narrowing is not synonymous with nerve compression. Radiating pain, weakness or sensory changes must be considered alongside the level, side and examination. [2]

The connection with symptoms

The foramina are the lateral passages for nerve roots. Changes in the discs and joints can alter their dimensions. If a root is irritated, symptoms may travel down a limb. Pain limited to the neck or back represents a different clinical picture. Clinical consistency is therefore essential before attributing symptoms to loss of height observed on an image. [2] [4]

Numbered references and clickable links on page 18.

02 / THE STRUCTURES INVOLVED

Understanding the structures.

The disc and small posterior joints work together in the functioning of a spinal segment. A change in disc height may be accompanied by changes in neighbouring structures. It must be interpreted within this overall picture. [2]

What matters in this region

Disc height depends on its structure and composition. Degenerative changes may combine loss of height, an altered contour and bony growths called osteophytes. Not all these observations cause symptoms. The practitioner distinguishes disc space narrowing, which describes the disc space, from foraminal or spinal stenosis, which describes narrowing around nerve structures. [2] [4]

Changes in disc composition

Over time, a disc may lose some of its water and height. This change is common and variable. It does not automatically indicate symptom intensity. [2]

Associated bony changes

Osteophytes and joint changes may accompany loss of height. Their contribution depends on their position and relationship to nerves, rather than simply their presence in a report. [2]

Loads and tolerance

Certain movements, efforts or positions may increase symptoms without explaining the narrowing on their own. A history of work, activities and previous episodes helps clarify what limits function. [4]

Several sources of pain

The disc, joints, muscles and nerves may contribute to the clinical picture. Narrowing may also be a secondary observation. The assessment keeps several hypotheses in consideration and looks for signs supporting them. [4]

03 / SIGNS AND SYMPTOMS

Symptom distribution and activities. Changes to observe over time.

Disc space narrowing does not have one single symptom. Some people have no discomfort; others report local or radiating pain. The useful question is what limits you today and what has changed. [5]

Two patterns to distinguish

Stiffness or local pain

Neck or lower back discomfort may vary with movements and the duration of positions. This presentation does not prove that disc height is the main cause. [4]

Pain radiating into a limb

Pain, tingling or weakness in an arm or leg point toward a nerve assessment. The practitioner looks for consistency between the distribution, examination and neighbouring structures. [2] [1]

What changes over time tell us

Narrowing may remain visible over the long term without preventing improvement in pain or activities. The radiology report alone does not predict an individual's course. Tracking walking abilities, positions and everyday tasks provides more useful reference points than waiting for the disc to "reopen." Worsening neurological signs or an unusual change requires another assessment. [5] [4]

Numbered references and clickable links on page 18.

Connecting your history, the examination and the images.

The assessment seeks to distinguish a disc-height observation from a clinical problem that deserves care. The practitioner examines symptoms, abilities and medical history, then compares this information with the available documents. [4]

1 Clarify the actual impact

Indicate limited tasks, tolerated positions and when the episode began. Specify whether pain stays near the spine or travels into a limb. The history helps define a care priority without starting solely from the degree of narrowing. [4]

2 Look for nerve involvement

Depending on the region, strength, sensation and reflexes are assessed using appropriate tests. Loss of height may coexist with foraminal narrowing, but this combination must match the clinical picture before being accepted as an explanation. [2] [1]

3 Interpret each level

The report may describe narrowing at several levels. The practitioner compares their locations with symptoms and also looks for other explanations. Degenerative changes occur in people without pain; the narrowest level is therefore not automatically the one to treat. [5]

Bring your existing X-rays, MRI images and reports. The clinical examination helps determine whether further imaging would change management. For low back pain, guidelines avoid routine imaging without a useful indication; measuring disc height again is not an automatic goal after care. [6]

In a report: “Disc space narrowing” describes reduced height. “Foraminal stenosis” describes a narrowed nerve exit. “Osteophyte” means a bony growth. “Degenerative disc disease” groups together various disc changes. These words may appear together in a report while describing distinct elements. [2] [4]

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 applies controlled motorized traction, adapted after assessment. In a selected symptomatic situation, the potential aim is to reduce discomfort and facilitate activities. It is not justified to guarantee a lasting increase in height, disc regeneration or removal of bony changes. Isolated narrowing on an image is not enough to offer care.



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

- Better tolerate a chosen task based on limitations observed during your day.
- Track discomfort near the spine and any limb symptoms separately.
- Reassess benefits and tolerance without promising restoration of disc height.

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.

Disc space narrowing does not establish eligibility for spinal decompression. The decision must clarify the symptoms being targeted, their plausible origin, precautions and options. Height alone can neither select treatment nor predict its result.

Define a symptomatic problem

Local pain with degenerative changes is a different clinical picture from lumbar radicular pain with a consistent herniation. Cervical narrowing also requires reasoning specific to that region. Selection must explain why care is being considered for your symptoms, without turning every reduction in height into an indication for traction. [2] [7]

Track function, not millimetres

If a trial is chosen after assessment, reference points may include walking duration, sitting tolerance, sleep or arm use. Neurological symptoms are tracked separately. The expected improvement must be clinical and functional; an X-ray height measurement should not be used as a promise of disc repair. [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 on traction concerns defined clinical pictures and does not provide the same answer for every case of narrowing. Clinical relief must be distinguished from a mechanical hypothesis and evidence of anatomical restoration, which are different questions.

DEGENERATIVE CHANGES

Imaging alone is not enough for diagnosis

Brinjikji's research reminds us that degenerative disc changes occur in people without pain. Loss of height must therefore be interpreted alongside the full case. This finding does not rule out a level contributing to symptoms; it avoids treating every abnormality as an obligatory treatment target. [5]

GUIDELINES AND REVIEW

Reservations about lumbar traction

NICE advises against traction for low back pain with or without sciatica. Vanti describes a possible short-term benefit in certain comparisons involving lumbar radiculopathy, with low certainty. These findings do not validate traction for every loss of disc height or demonstrate permanent restoration of the space. [6] [7]

OPEN-LABEL TRIAL · 2025

A targeted symptomatic herniation

The Bernhard trial concerns radicular pain with a clinically consistent lumbar herniation and traction added to medical care. Its favourable short-term results are not evidence for narrowing without nerve root involvement or for cervical narrowing. They do not justify promising disc regeneration. [8]

Key point: The discussion must focus on your symptoms and function. Improvement does not necessarily require a measurable change in height. Potential benefits, uncertainties, other options and reassessment criteria must be explained before choosing a therapeutic trial.

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.

Does narrowing mean that a nerve is being crushed?

No. The term primarily describes a decrease in disc space between two vertebrae. Nerve irritation may occur if neighbouring structures sufficiently reduce the space for a root, but it is determined by consistency between symptoms, the examination and, when necessary, imaging. [2]

Can spinal decompression reopen the disc permanently?

The goal presented must be possible relief and better function in a selected situation. A permanent increase in height or regeneration must not be guaranteed. Studies of radicular pain do not prove that a narrowed disc will regain its original shape or composition. [7] [8]

Is the narrowest level necessarily responsible?

Not necessarily. Several changes may be visible without symptoms, and several structures can produce pain. The side, pattern, movements and neurological signs help interpret the report. An impressive image therefore does not replace an assessment of the current problem. [5]

Are disc space narrowing and osteoarthritis identical?

They may coexist, but they do not describe exactly the same thing. Narrowing concerns disc height; osteoarthritis describes joint and bony changes. Their combination may alter nerve spaces. Clinical significance depends on symptoms and examination rather than simply the accumulation of terms. [2]

Can my function improve without a change on the X-ray?

Yes. Abilities and pain are not a simple measurement of disc space. The plan may target gradual activity and strategies adapted to tolerance. Progress is tracked through concrete tasks, with reassessment if symptoms change or progress is insufficient. [6]

Should tests be repeated to monitor narrowing?

New imaging is not routine. It is discussed if it could change a decision, particularly with an unusual clinical picture or neurological changes. For usual low back pain, guidelines favour a useful clinical indication over repeated radiological checks with no effect on care. [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, 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 Montreal.

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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.

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[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.