

MONTREAL

Discogenic Low 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.

[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.

Low back pain is pain in the lower back. A disc contribution may be considered in some cases, but examination and imaging cannot always identify a single responsible structure. The aim is to understand the factors that can usefully guide action. [1]

The intervertebral disc contributes to mobility and load distribution. Disc changes can coexist with low back pain, joint changes or sensitivity in nearby tissues. The expression “discogenic” is a clinical hypothesis to consider in context. An MRI showing dehydration, a protrusion or disc space narrowing does not, on its own, explain all the pain being experienced. [1] [2]

Local or nerve root pain

Low back pain mainly concerns the lumbar region. Sciatica or femoral neuralgia refers to pain following a nerve distribution in a limb. Both manifestations may occur in the same person, in which case their follow-up goals must be distinguished. [1]

An image and your daily life

The radiology description provides information about structures. Difficulty also depends on movement, physical condition, sleep and nervous system sensitivity. Measuring a limited activity often helps guide follow-up more than repeatedly reading a single term in the report. [2]

The connection with symptoms

The discs, joints, ligaments and muscles of the back contain sensitive structures. Several may contribute to pain together. Pain radiating towards the buttock does not necessarily prove nerve root involvement. The examination separately looks for loss of strength, altered sensation or changes in reflexes to clarify the presentation. [1] [2]

Numbered references and clickable links on page 18.

02 / THE STRUCTURES INVOLVED

Understanding the structures.

Each lumbar segment combines a disc at the front, posterior joints and supporting tissues. These elements share stresses during movement; their function cannot be reduced to the thickness of a disc. [1]

What matters in this region

Over time, a disc may lose some of its hydration and height. These changes may accompany other spinal changes. They do not automatically mean that an everyday movement is dangerous or that a back has become unable to tolerate activity. The assessment helps build a progression compatible with current abilities and necessary precautions. [1] [2]

A disc contribution

A disc change may contribute to the presentation, but the relationship must remain consistent with the history and examination. The origin of pain is not inferred from a word such as “degenerative” on an MRI without analysing the clinical findings. [1]

Nearby structures

Joints, muscles and ligaments can also be sensitive. Several factors may combine. Identifying limited movements and associated signs helps select options, without necessarily seeking a single anatomical cause for all persistent pain. [2]

Stresses to adjust

A repeated task, an unusual load or a long period in the same position may change symptoms. The aim is to examine your actual tolerance and possible adjustments, rather than indefinitely prohibiting all activity or movement of your back. [2]

Factors in persistence

Disrupted sleep, reduced activity and apprehension about moving can complicate recovery. Considering them does not mean the pain is imaginary. A comprehensive approach to care can support a gradual return to activities that matter to you. [4]

Numbered references and clickable links on page 18.

03 / SIGNS AND SYMPTOMS

Symptom distribution and activities. Changes to observe over time.

Describe the lumbar area, episodes and activities that change symptoms. Time spent sitting, getting up from a chair, driving or a work task provide practical reference points. Avoid repeatedly performing painful tests at home. [2]

Two patterns to distinguish

Pain mainly in the lower back

The discomfort remains mainly in the back, sometimes with a nearby sensation in the buttock. The professional looks for factors that reproduce or relieve the symptom, without treating this pattern alone as proof of a disc origin. [1]

Associated nerve signs

Pain farther down a limb, numbness or weakness changes the analysis. These must be described separately, because possible nerve root involvement may require different investigations or referral. [2]

What changes over time tell us

Low back pain may occur in episodes, and a recurrence does not necessarily mean structural worsening. When symptoms persist, goals concern function and independence as much as pain. A program can be adjusted according to the actual response, abilities and factors maintaining the problem. Any new or unusual sign must be reconsidered rather than immediately attributed to the known disc problem. [4] [2]

Numbered references and clickable links on page 18.

04 / THE ASSESSMENT

Connecting your history, the examination and the images.

The assessment brings together the history, limitations and clinical observations. The practitioner checks precautions and signs that would warrant medical advice before discussing a mechanical approach or an adapted activity program. [2]

1 Define the priority problem

Choose an activity that matters to you and describe how long you can tolerate it, the difficulty and adjustments already helping. Review episodes, care tried and its effects. Follow-up will use these same reference points. [2]

2 Observe movement and function

The examination may include mobility, certain tasks, walking and a neurological assessment. Tests are interpreted together. They aim to guide a reasonable strategy, rather than automatically prove that a single disc is responsible for all pain. [2]

3 Decide on the next steps

Depending on the findings, the discussion may include information, progressive activity, rehabilitation, relief measures and medical advice. Additional investigations are chosen when they could change care or when another condition is suspected. [2]

Imaging is not routinely necessary for low back pain without warning signs. Tests already performed may be useful. NICE advises reserving specialist imaging for situations where the result is likely to change care. [3]

In a report: “Disc disease” describes a change in the disc. “Disc space narrowing” refers to a reduction in the disc space. “Low back pain” describes a painful location. These terms answer different questions; their presence in the same record does not, on its own, demonstrate a single causal relationship. [1]

When to seek care.

Known low back pain does not protect against a new condition. Some changes require an immediate medical assessment rather than a trial of mechanical treatment or waiting for a scheduled session. [1]

GO TO THE EMERGENCY DEPARTMENT IMMEDIATELY

- New difficulty urinating, urinary retention or loss of bladder or bowel control requires an urgent assessment.
- New loss of sensation between the legs, around the genitals or anus requires an urgent assessment, even if the pain remains moderate.
- Severe or rapidly progressive weakness in one or both legs, particularly when walking has become difficult, requires an urgent assessment.

Call 911 if you need immediate assistance.

Prompt medical advice

- New weakness or numbness that progresses.
- Pain with fever, significant trauma or a decline in overall health.
- Unusual, nighttime or increasing pain that greatly limits activities.

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.

06 / OUR TREATMENT

Spinal decompression at TAGMED.

DOC decompression applies controlled traction forces to the lumbar region. The proposed aim is to alter stresses and assess whether symptoms improve in a selected clinical presentation. This is not proof of restored disc height, nor a reason to focus all care on the disc alone. [5]



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. [5]

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. [6]

Goals to discuss

- Increase tolerance for a chosen daily task.
- Reduce the impact of pain on sleep and activities.
- Return to an adapted progression of activity and 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. [5]

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. [5] [7]

Numbered references and clickable links on page 18.

The right treatment begins with the right clinical profile.

Non-surgical spinal decompression may be part of an individualized discussion, but the term “discogenic low back pain” is not enough to indicate it. Precautions, alternatives and how a possible benefit would be assessed must be explained. [3] [5]

Functional expectations

If a traction approach is chosen after assessment, goals may concern sitting tolerance, a work task or sleep. A temporary decrease in pain does not demonstrate disc repair. The plan must include observable measures of progress and reassessment. [5]

A broader strategy

Treatment forms part of a discussion that includes adapted activity, exercise, education and other relevant options. A return to activity should not be made entirely dependent on an image presumed to be normal. An unfavourable course or new signs may lead to a change in approach and a request for medical advice. [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. [5]

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. [7]

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. [5]

3 Apply the selected program

The force and cycles are set. Describe your sensations; an increase in symptoms warrants stopping and checking. [5]

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. [5]

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. [7]

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.

The evidence must match low back pain that is mainly local. A result observed in a herniation with nerve root pain does not establish the same benefit for every case of low back pain attributed to a disc. Selection and follow-up remain crucial. [3]

RECOMMENDATIONS

Traction: an unfavourable recommendation

NICE advises against traction for low back pain with or without sciatica. This reservation must be included in honest information about the different options. A table's settings do not, on their own, establish that clinical benefit has been demonstrated for a given case of local low back pain, or that this approach should replace active care and reassessment. [3]

ACTIVITY AND REHABILITATION

Care focused on function

NIAMS information describes a role for adapted activity, physiotherapy and learning useful strategies for daily life. These measures are chosen according to abilities and precautions. They aim to support important movements and tasks; they do not require every abnormality seen on imaging to disappear. [2]

PERSISTENT PAIN

Reassess all the factors

When pain lasts, sleep, activities, work and factors contributing to chronicity deserve examination. A coordinated approach may be more appropriate than indefinitely repeating passive care without measurable progress. Goals and the first review point must be agreed upon so the plan can be adapted if abilities remain limited over time. [4]

Key point: Ask what benefit is being sought and how it will be assessed. Any trial must include follow-up criteria and fit alongside the other possibilities. Getting up, working or walking more comfortably is a useful result, even if the disc's appearance remains unchanged. [2] [5]

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 visible disc disease prove the origin of my pain?

It describes a disc change, but the relationship to pain must be considered alongside the rest of the record. Several structures and factors may contribute together. The assessment aims to clarify the findings useful for care. [1]

Can disc-related pain occur without sciatica?

A disc contribution may be considered in pain mainly affecting the lower back. Sciatica describes a nerve-related manifestation in a limb and may be absent. However, the presence or absence of radiating pain does not allow self-diagnosis of the exact origin. [1]

Should I rest until the pain disappears?

Prolonged bed rest is generally discouraged. Activity is adjusted to abilities, precautions and the course of symptoms. A gradual return and breaks can be discussed with the professional supporting you. [2]

Will decompression regenerate the disc?

A proposed unloading mechanism cannot guarantee regeneration in a patient. Assessment primarily concerns pain, function and tolerance. The limitations of traction must be explained when making the decision. [5] [3]

What should I measure to know whether I am progressing?

Choose a consistent activity: sitting time, walking or a usual household task. Note the duration, discomfort and sleep. This comparison is often more useful than a single pain score collected just after a session. [2]

What if the symptoms change?

New weakness, unusual pain, fever or trauma calls for reassessment. New urinary or bowel problems or loss of sensation in the perineum require an immediate assessment. Do not automatically attribute these changes to known low back pain. [1]

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.

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

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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.

Causes, structures and symptoms of low back pain.

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

Examination, imaging, activity and care options.

[3] NICE. NG59, recommendations.

Imaging, an active approach and reservations about traction.

[4] Assurance Maladie. Subacute and chronic low back pain.

Persistent pain and factors contributing to chronicity.

[5] Pivotal Health Solutions. DOC, user manual, rev. E.

Controlled traction and device-specific precautions.

[6] Pivotal Health Solutions. DOC Decompression Table.

Device features and parameters.

[7] 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.