TERREBONNE

Neck Pain 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.

Your situation comes first.

Assessment · options · follow-up

Illustrative image from the TAGMED website.

Prepare for my consultation →

COMPLETE GUIDE / TERREBONNE

- **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

ENGLISH EDITION / OCTOBER 25, 2026

01 / THE CONDITION

Understanding the terms. Relating them to your situation.

Neck pain describes discomfort in the cervical region, sometimes accompanied by stiffness. The term does not identify a single cause: muscles, joints, discs or nerves may contribute to the presentation. The first step is to understand your symptoms and their effects on everyday life. [2]

Pain may appear on waking, after an effort or without a particular event. It may also return in episodes or become persistent. Its intensity alone does not identify the tissue involved. Before discussing treatment, distinguish discomfort in the neck, pain felt elsewhere and activities that have become difficult: turning your head, working, sleeping or using your arm. This description helps organize a coherent assessment. [3]

Local or referred pain

Pain may stay in the neck or be felt towards the shoulder, shoulder blade or head. Referred pain does not necessarily mean nerve compression. Describe its path and the movements that change it, without assuming that every painful area represents a new injury. [2]

Radiation and nerve function

Arm pain with tingling, numbness or weakness may suggest a cervical nerve root. The shoulder and peripheral nerves can produce similar symptoms. Hand clumsiness or a change in walking requires separate medical attention. Explain these changes even when neck pain itself seems manageable. [5] [6]

The connection with symptoms

Nerve roots leave the neck to reach the upper limb; the spinal cord passes through the cervical canal. An irritated root may explain certain arm symptoms, while a spinal cord problem may affect the hands, balance or walking. These situations differ from simple stiffness. Record pain, sensation and strength separately: less pain is not enough to conclude that weakness has resolved. Changes in function remain part of the assessment even when discomfort improves. [5] [6]

Numbered references and clickable links on page 18.

02 / THE STRUCTURES INVOLVED

Understanding the structures.

The neck includes vertebrae, discs, small joints, ligaments and muscles. These structures support the head and allow it to move; they work together rather than each functioning in isolation. Understanding this helps explain why neck pain has several possible contributors. [2]

What matters in this region

Words such as osteoarthritis or degeneration describe anatomical changes, sometimes present without pain. Assessment considers their possible relationship with your current situation. Bring previous reports and explain what has changed since those investigations: an older image cannot replace an examination of a new symptom. [3]

Muscles and supporting tissues

Unfamiliar exertion, a prolonged position or tension may accompany a painful episode. Describe your tasks and breaks. The aim is to identify useful adjustments, without attributing all the pain to a muscle described as tight or in spasm. [2]

Joints and mobility

Cervical joints may contribute to stiffness or pain during particular movements. Changes associated with age are not always symptomatic. Focus on what becomes difficult, such as looking to one side or looking upwards, rather than relying on an imaging label alone. [2]

Discs and nerve roots

A disc or narrowing near a nerve root may contribute to some cervical presentations. However, neck pain is not automatically discogenic. The path of arm symptoms and the neurological examination help clarify this possibility and its relevance to the care being considered. [5]

Trauma and general context

An accident, a fall or unusual signs change the priorities. Also report your medical conditions and general health. Pain after significant trauma requires medical assessment before trying neck exercises or treatment; ordinary self-care advice may not apply to that situation. [4] [3]

Numbered references and clickable links on page 18.

03 / SIGNS AND SYMPTOMS

Symptom distribution and activities. Changes to observe over time.

To prepare for the consultation, choose a specific example from your day. Explain where the pain begins, how far it extends, how long it has been present and what changes your comfort. Distinguish neck symptoms from those in the shoulder, arm and hand. [5]

Two patterns to distinguish

Stiffness and activity tolerance

Discomfort may limit rotation, reading or a sleeping position. Compare specific situations and how long you tolerate them. If you cannot turn your head sufficiently to drive safely, arrange another way to travel rather than testing your limits on the road. [1]

Arm, hand and associated changes

Identify the side, numb fingers and difficult tasks. Reduced strength, dropping objects or altered balance differ from pain alone. Report when they start without waiting for them to become very painful; the degree of discomfort does not capture every relevant change. [5] [6]

What changes over time tell us

Many recent episodes ease within a few weeks, but recurrences and persistent pain do occur. The pace varies; a difficult day does not describe the whole course. Also observe sleep, the breaks you need and your return to a task. If pain persists or continues to restrict activities, request an assessment and review the goals. Any new neurological change requires earlier attention. Explain both the activities you have regained and those that remain difficult. [1] [3]

Numbered references and clickable links on page 18.

04 / THE ASSESSMENT

Connecting your history, the examination and the images.

Assessment connects your history, abilities and examination. It aims to provide a useful explanation, recognize signs requiring medical advice and discuss options suited to your situation, rather than selecting a technique from the term neck pain alone. Your priorities help make that discussion concrete. [3]

1

Establish the onset and difficulties

Present a short timeline, any accidents, the care you have tried and its effects. Describe a priority activity and the difficulty you face. Existing documents and a list of current treatments complete the discussion; a long written account is not essential. [9]

2

Examine movement and nerve function

The examination may include the neck, shoulder and upper limb. Depending on symptoms, the professional checks sensation, strength and reflexes. Changes in hand function or walking may justify a specific medical assessment. Describe your limitations without forcing a movement to demonstrate them or repeatedly testing a painful position. [5] [6]

3

Determine which investigations would help

Imaging is not automatically needed for an uncomplicated neck episode. Its value depends on the clinical question: trauma, neurological signs or another cause to investigate. Ask which finding could change the decision and bring existing investigations so the discussion does not rely on an isolated report. [3]

An X-ray mainly provides information about bone structures; MRI can clarify tissues and nerve structures when the situation warrants it. No image replaces comparison with symptoms and the examination. The absence of a recent MRI therefore does not, by itself, mean that a consultation is impossible or that a new scan must come first. [5]

In a report: Cervicalgia means neck pain. Discogenic suggests a disc origin. Radiculopathy concerns a nerve root; myelopathy concerns the spinal cord. These terms describe different problems and do not, on their own, determine the appropriate treatment or explain your individual activity limitations. [5] [6]

05 / SEEKING HELP

When to seek care.

Most neck pain does not have a serious cause. The signs below concern important changes or an unusual situation. A medical emergency must not wait for a routine consultation or a spinal decompression session; the severity and speed of the changes matter. [3]

GO TO THE EMERGENCY DEPARTMENT IMMEDIATELY

- Severe or rapidly progressive weakness, substantial loss of hand coordination, or a marked new walking or balance difficulty, especially when these changes develop within hours or days. [4]
- New bladder or bowel problems, particularly retention or loss of control, with neurological symptoms; or rapidly deteriorating function in the arms or legs. [2] [6]
- Pain after significant trauma, or neck pain with paralysis, sudden speech, vision or swallowing problems, a serious collapse or loss of consciousness. [3]

Call 911 if you need immediate assistance.

Prompt medical advice

• New weakness or hand clumsiness: seek urgent medical advice. [6]
• Worsening numbness, radiating pain or balance: seek prompt medical advice. [4]
• Unusual persistent pain, feeling unwell or a history of cancer: seek prompt advice. [3]

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 non-surgical spinal decompression uses controlled motorized traction. Settings are adapted to the selected profile and tolerance. For neck pain, the question is a possible benefit in comfort and function, without promising disc repair. The number of sessions and subsequent follow-up cannot be inferred from a word on an MRI. An explanation of the approach should include how response will be checked. [8] [9]



Illustrative image of the care journey.

A non-surgical approach

Motorized traction applies controlled tension to the cervical region. Setup and settings take into account the selected clinical profile, precautions and the sensations you describe during the session. [7]

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. [8]

Goals to discuss

- Regain useful rotation for a chosen activity, with movement and comfort that are better tolerated.
- Better tolerate work, reading or sleep, with fewer interruptions and a more manageable daily routine.
- Follow neck pain, arm symptoms and any change in strength or coordination as separate observations.

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. [7]

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. [7] [9]

Numbered references and clickable links on page 18.

08 / IS IT SUITABLE FOR ME?

The right treatment begins with the right clinical profile.

At TAGMED, non-surgical spinal decompression is one option to discuss after assessment. General neck pain establishes neither a disc origin nor suitability for this technique. The choice must consider your symptoms, history, precautions and other care options, with a clear explanation of the proposed goals. [9]

Choose a relevant trial

If spinal decompression is considered, clarify the intended benefit, limitations and first reassessment point. Also discuss adapted activity, exercises or medical advice. A useful plan explains why this option is proposed and how you will decide whether to continue. Your priorities should remain visible throughout that discussion. [9]

Check the precautions

Report fractures, instability, surgery, implants, important medical conditions and current treatments. The DOC manual describes contraindications that must be reviewed before a session. Neurological deterioration gives priority to medical assessment; simply reducing the traction force is not enough to justify continuing care in that situation. [7] [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. [7]

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. [9]

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. [7]

3

Apply the selected program

The force and cycles are set. Describe your sensations; an increase in symptoms warrants stopping and checking. [7]

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. [7]

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. [9]

01 **Establish the starting point**

Describe the main problem and choose measures to track: neck or arm pain, hand 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.

Information about a condition and a description of equipment answer different questions. The clinical resources presented here explain assessment and options; they do not demonstrate that a particular table is suitable for everyone with neck pain. The proposed treatment still needs an individual rationale. [3] [8]

CARE APPROACH

Keep an active approach

Hospital resources encourage adapted movement and activity. Alternating positions may be more useful than seeking a perfect posture all day. Ask about progression suited to your tasks: reading, manual work or computer use. Comfort and your response to changes guide adjustments rather than a rigid position rule. [4]

THE PLACE OF TRACTION

A specific clinical context

The AAOS describes traction among possible options in some cases of cervical radiculopathy. This does not establish effectiveness for every muscular, joint-related or isolated neck pain presentation. Distinguishing these situations is necessary before explaining what a possible trial might offer and which outcomes should be followed. [5]

YOUR OWN OUTCOME

Check for useful change

Before follow-up, select an observable measure: reading duration, night waking or a better-tolerated task. Compare it across visits. An immediately pleasant sensation does not replace useful improvement during the day. An insufficient response calls for review of the plan and options, including what matters most to you. [9]

Key point: An informed decision combines a clinical explanation, alternatives and reassessment. No device guarantees the same result for everyone. If a spinal decompression trial is selected, continuing depends on functional benefit and tolerance discussed with you, with medical referral when the situation calls for it. [9]

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 with suitable neck support. Avoid forcing a position or stretch that increases arm 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 my neck pain necessarily come from a disc?

No. Muscles, joints and other structures may contribute to pain. Some episodes do not have a clearly identifiable single anatomical cause. A changed disc on an image therefore does not automatically explain your symptoms; the history and examination help establish useful connections and clarify what requires attention now. [3]

Can shoulder or arm pain come from the neck?

Yes, through referred pain or nerve root irritation. The shoulder and upper-limb nerves may also be involved. Describe the path, affected fingers and any weakness. These details help distinguish possibilities without confirming a diagnosis from the path alone. Mention whether the arm symptoms change independently of the neck discomfort. [2] [5]

Should I immobilize my neck and stop all activity?

For an episode without warning signs, advice generally encourages tolerated movement and temporary task adjustments. Vary positions and ask how to progress. A collar is not routinely needed; particular medical instructions or trauma require a different approach. Explain which tasks are manageable so advice reflects your actual day. [1] [4]

Do I need a new MRI before a consultation?

Not necessarily. The relevance of imaging depends on symptoms, examination and the decision being considered. Bring reports and their dates. A consultation may first clarify the question to resolve; booking an appointment is not an MRI prescription and does not mean that everyone needs a new investigation before discussing options. [3]

How can I tell whether follow-up is really helping?

Compare an important activity with your starting point: turning your head, reading or sleeping with fewer interruptions. Also note responses between visits. Discuss a lack of progress and any new difficulty; the goals, methods and referral plan may need review. Agree on what would count as a worthwhile change for you. [9]

Which changes should not wait until the next session?

New or progressive weakness, hand clumsiness or a walking problem requires urgent medical advice. New bladder or bowel changes must also be reported immediately. If onset is rapid, substantial or associated with trauma or other serious signs, seek emergency care rather than waiting for an ordinary treatment appointment. [6] [4]

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**

  Arm or hand use, work, sleep or driving.

- [ ] **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	Neck / arm 0 to 10	Arm use minutes	Other task 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

Lanaudière

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

(450) 704-4447

Book an appointment →

Web guide / Terrebonne

Page on cliniquetagmed.com

Montreal

Mont-Royal

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

1 (877) 672-9060

Book an appointment →

Web guide / Montreal

Page on cliniquetagmed.com

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] NHS. Neck pain: advice and seeking care.

Usual course, adapted activity, prolonged positions and driving safety.

[2] Dynamic Health, NHS. Understanding and managing neck pain.

Anatomy, muscles, joints, referred pain, nerve roots and warning signs.

[3] Chelsea and Westminster Hospital NHS Foundation Trust. Neck pain.

Different causes, clinical examination, investigations, general options and emergency situations.

[4] Newcastle Hospitals NHS Foundation Trust. Neck pain: physiotherapy advice.

Position variation, adapted return to activity, work and neurological changes requiring assessment.

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

Arm symptoms, neurological examination, imaging and possible traction use in radiculopathy.

[6] NHS Inform. Degenerative cervical myelopathy.

Hand coordination, balance, walking, strength and bladder or bowel changes.

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

Device operation, settings and precautions.

[8] Pivotal Health Solutions. DOC Decompression Table.

Device features and parameters.

[9] 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.