MONTREAL

Sciatica Treatment in Montreal.

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

Illustrative image from the TAGMED website.

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 →

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.

Sciatica describes pain that travels from the buttock down the leg. Irritation of a nerve root in the lower back can explain this pattern, but the word alone does not identify its cause. [1] [6] [11]

Pain may travel through the buttock, thigh and calf, sometimes reaching the foot. It is often felt on one side and may come with burning, electric shock sensations, tingling or numbness. Low back pain can also be present. Sciatica describes a group of symptoms rather than a complete diagnosis. The first goal is to connect your symptoms, examination findings and the most likely cause. [1] [6]

Sciatica and low back pain

Low back pain is felt mainly in the lower back. Sciatica includes pain that radiates into the lower limb. The two can occur together, but pain in the back alone does not describe the same pattern as pain travelling down the leg. [1]

Pain and radiculopathy

An affected nerve root can also change muscle strength, sensation or reflexes. These findings are checked during the examination. Describing the pain is useful, but the assessment also considers how the nerve is functioning. [3] [6]

The connection with symptoms

Nerve roots in the lower back contribute to the nerves that provide sensation and movement in the leg. Irritation near the spine can therefore be felt well away from the back. The path of the pain helps guide the examination, but it cannot establish the cause on its own. Strength, sensation and reflexes provide other useful information. [6] [11]

Numbered references and clickable links on page 18.

02 / THE STRUCTURES INVOLVED

Understanding the structures.

Discs between the vertebrae help distribute loads. Nerve roots travel through the spinal canal and leave through openings called foramina. Changes around a disc or one of these passages can contribute to nerve irritation. [12]

What matters in this region

A disc has a fibrous outer ring and a softer centre. Protruding disc material can irritate a nerve root through mechanical contact and inflammation. The size of a protrusion does not tell the whole clinical story. A herniated disc may be visible without causing sciatica, so imaging findings must be compared with your symptoms and examination. [1] [12]

Herniated or protruding disc

Disc material may protrude near a nerve root and irritate it. The affected side and the path of the symptoms need to fit the clinical picture; a disc finding alone does not establish the cause. [1] [12]

Foraminal stenosis

The opening through which a nerve root exits becomes narrower. Disc changes and osteoarthritis can contribute. The assessment considers the location of the narrowing and its relationship to the symptoms. [6] [11]

Lumbar spinal stenosis

The passage for the nerve roots becomes narrower within the spinal canal. Depending on the pattern, standing and walking may become difficult. The examination helps relate these limits to the likely mechanism. [6]

Other possible causes

A vertebral slip, an injury or other conditions can produce similar symptoms. Hip pain and pain from other structures may also resemble sciatica. The assessment helps distinguish these possibilities. [6]

Numbered references and clickable links on page 18.

03 / SIGNS AND SYMPTOMS

Symptom distribution and activities. Changes to observe over time.

Pain can vary with sitting, certain movements, coughing or exertion. Note the affected side, the farthest point the pain reaches and the activity that is most limited. Changes in strength or sensation also matter. [1] [6]

Two patterns to distinguish

A possible L5 pattern

Pain or altered sensations may involve the outer side of the leg, the top of the foot and the big toe. Patterns overlap, so this is a guide for the examination rather than a self-diagnosis. [1] [3]

A possible S1 pattern

Symptoms may involve the back of the calf, the heel, the sole or the outer edge of the foot. The professional also checks strength, sensation and reflexes before drawing conclusions. [1] [3]

What changes over time tell us

Many cases improve with time and non-surgical care; some persist or return. Cause, duration, neurological signs and activity limits guide care. New or increasing weakness or numbness, fever, a significant fall, uncontrollable pain or pain with unexplained weight loss need prompt medical advice. New difficulty urinating, loss of bladder or bowel control, numbness between the legs or around the genitals or anus, or severe or rapidly worsening weakness require immediate emergency assessment. Call 911 for immediate assistance. [2] [4] [6] [12]

Numbered references and clickable links on page 18.

04 / THE ASSESSMENT

Connecting your history, the examination and the images.

An assessment begins with your story: when symptoms started, where they travel, how they have changed, your health history and the effects on daily activities. The aim is to understand your situation before choosing care. [3] [11]

1 Describe and track the problem

Record the side, farthest point reached and activity that most limits you. For seven days, note leg pain (0 = none; 10 = worst imaginable), walking and sitting minutes, pain-related waking, care tried and its effects. Include what improves and what remains difficult.

2 Check the clinical signs

The examination may include walking, muscle strength, sensation, reflexes and nerve tension tests. These findings are interpreted together. Changes in the nerve examination, an unusual course or persistent pain may justify medical assessment, further tests or a specialist opinion. [3] [11]

3 Connect the images to your symptoms

An MRI can show discs and nerve roots. An abnormality needs to fit the clinical picture; a report does not replace an examination. Bring the reports and images you already have, along with previous opinions and details of care you have tried. [1] [3] [12]

An MRI is not automatically required before a first consultation. The need for imaging depends on the signs, the course of the symptoms and whether the result would help guide care. Bring any reports and images already available. [3] [5]

In a report: “L4-L5” names a level in the spine. “Foraminal” describes a location near a nerve root exit. “Nerve root contact” must be interpreted alongside symptoms and examination findings. “Radiculopathy” can involve changes in strength, sensation or reflexes as well as pain. [3] [6]

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 or loss of control.
- Loss of sensation between the legs, around the genitals or the anus.
- Severe or rapidly progressing weakness in one or more limbs.

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.

TAGMED uses a computerized DOC table to apply controlled distraction to the lumbar region. Position, angle and cycles are adjusted to the selected profile and tolerance. The aim is to improve symptoms and activity. A proposed mechanical effect or reduced pain does not prove that a herniated disc has disappeared. [14] [15]

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. [13]

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. [14]

Goals to discuss

- Reduce the impact of leg pain on daily activities.
- Improve tolerance for walking, sitting and sleep.
- Gradually return to activities chosen with your practitioner.

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. [13]

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. [13] [15]

Numbered references and clickable links on page 18.

08 / IS IT SUITABLE FOR ME?

The right treatment begins with the right clinical profile.

Calling pain “sciatica” is not enough to decide on decompression. The probable cause and the precautions in your history must be clarified. Nerve root pain associated with a herniated or protruding disc may warrant discussion; other profiles require their own assessment. [13] [10]

Check the fit and precautions

Symptoms, examination, available reports, strength, sensation and previous care are considered together. Report fractures, spinal instability, infection, tumours, advanced osteoporosis, spinal implants, pregnancy and previous surgery. The DOC manual includes contraindications and precautions; this list is not exhaustive. Eligibility is assessed individually. [3] [13]

Agree on goals and reassessment

Choose practical markers such as leg pain, walking, sitting, sleep or a valued activity. Discuss the proposed frequency, costs and first reassessment before agreeing to a plan. Tolerance and clinical changes guide whether to continue, adjust, stop or seek another opinion. Alternatives belong in that discussion. [10]

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. [13]

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. [15]

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. [13]

3. **Apply the selected program**

   The force and cycles are set. Describe your sensations; an increase in symptoms warrants stopping and checking. [13]

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. [13]

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. [15]

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.

Decompression aims to improve symptoms and function, but results vary. Traction studies use different devices, patient populations and protocols. Their findings do not provide a success rate for TAGMED or the DOC table.

GUIDELINE AND REVIEW

NICE and Cochrane

NICE advises against traction for low back pain with or without sciatica. The 2013 Cochrane review reported little or no benefit in the studies it pooled. These findings explain the reservations in some recommendations and should be included when discussing the options. [5] [7]

SYSTEMATIC REVIEW · 2021

A possible short-term benefit

Vanti and colleagues found a possible benefit from traction while lying on the back, added to physiotherapy, for lumbar radiculopathy. The certainty of the evidence was low and results varied across comparisons. This does not establish the response of an individual patient or a specific device. [8]

RANDOMIZED TRIAL · 2025

424 participants with a herniated disc

Bernhard and colleagues reported better results at one month when traction was added to medical care: about 62% versus 51% achieved at least a 25% improvement in nerve root pain. The trial was open-label, without blinding. Its population and protocol matter when interpreting the result. [9]

Key point: The evidence supports a discussion of possible benefits, uncertainty and alternatives, with individual monitoring. It does not establish a success rate for TAGMED or the DOC table. Progress is judged by symptoms, function, tolerance and clinical findings.

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.

Does decompression put a herniated disc back in place?

Treatment aims to change mechanical loading. A proposed mechanism or reduced pain cannot show that a herniated disc has disappeared in an individual person. Response is assessed clinically. Decompression does not guarantee a particular result. [15] [12]

Is this a surgical procedure?

The table treatment described here is non-surgical. Surgical decompression means an operation and is a medical decision in selected situations. A neurological deficit, an unusual course or persistent symptoms may call for medical or specialist assessment. [3] [15]

Should treatment cause strong pain?

Tell the professional about any increase in symptoms. The stop control and monitoring allow the session to be interrupted so the situation can be checked and the next step adjusted. Mention changes in pain, sensation or strength before each session. [13]

How many sessions will I need?

The probable cause, duration of symptoms, precautions and initial response guide the plan. The proposed number, frequency, costs and reassessments should be explained. A plan may span several weeks; persistent or new symptoms can justify a different opinion. [10]

Do activity and other care still have a place?

Yes. Keep tolerated activities, build up gradually and vary positions. A pillow between the knees on your side, or support under them on your back, may help. Ask your pharmacist or doctor about medication. Protect your skin when using heat, especially with reduced sensation. Information, adapted activity and exercise remain part of the discussion. [2] [4] [5]

Are consultations reimbursed?

Osteopathy receipts may be provided. Reimbursement depends on your insurer and the terms of your plan. Check coverage, practitioner recognition and fees before starting. These services are not covered by the RAMQ.

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, 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.

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	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

Montreal

Mont-Royal

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Mont-Royal (Québec) H3P 3E5

1 (877) 672-9060

Book an appointment →

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Page on cliniquetagmed.com

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] Assurance Maladie. Sciatique : la reconnaître.

Anatomy, symptoms and causes of sciatica.

[2] Assurance Maladie. Sciatique : quand consulter.

Activity, comfort measures and warning signs.

[3] Assurance Maladie. Consultation et traitement de la sciatique.

Assessment, investigations and treatment options.

[4] NHS. Sciatica.

Symptoms, activity and emergency warning signs.

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

Recommendations, including the advice against traction in recommendation 1.2.6.

[6] NLM / MedlinePlus. Sciatica.

Causes, assessment and management.

[7] Wegner and colleagues (2013). Traction for low-back pain with or without sciatica.

Cochrane review CD003010; little or no benefit in the pooled studies.

[8] Vanti and colleagues (2021). Effectiveness of Mechanical Traction for Lumbar Radiculopathy.

Possible short-term benefit when some forms of traction are added to physiotherapy; low-certainty evidence.

[9] Bernhard and colleagues (2025). Lumbar Tractions in Radicular Pain Caused by Herniated Disc.

Open-label randomized trial of 424 participants; traction added to medical care for radicular pain with a herniated disc.

[10] Clinique TAGMED. Décompression et sciatique.

Patient selection, limits and follow-up for the clinic's proposed approach.

[11] AAOS / OrthoInfo. Sciatica.

Symptoms, causes and examination.

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

Discs, herniation and nerve irritation.

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

Device operation, settings and precautions.

[14] Pivotal Health Solutions. DOC Decompression Table.

Device features and parameters.

[15] 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.