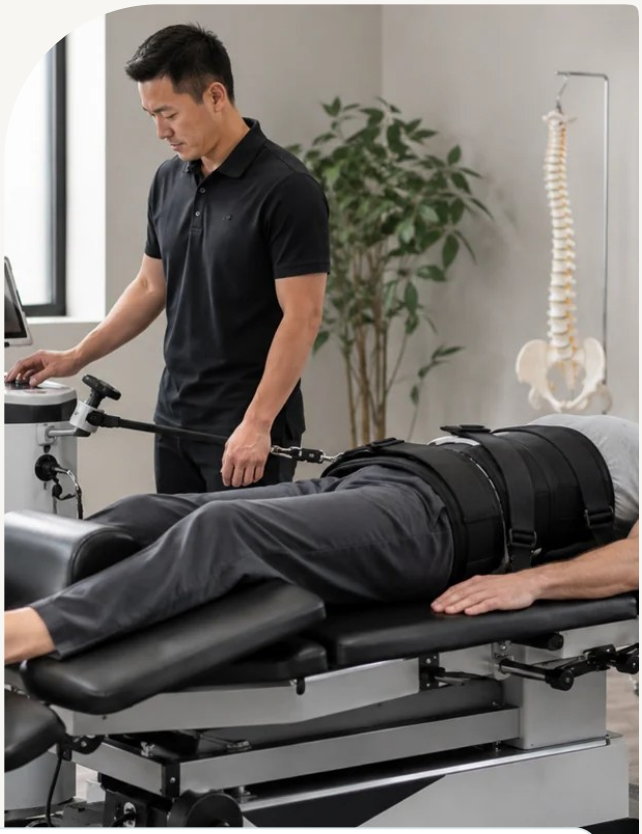
MONTREAL

Spinal Decompression Treatment in Montreal.

The treatment 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

Understanding the treatment 02
Warning signs 06
Our decompression treatment 07
Everyday movement 13
Prepare & track progress 15
Clinics & references 17

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01 / THE CONDITION

Understanding the terms. Relating them to your situation.

The spinal decompression described here is non-surgical motorized traction of the spine. A device applies controlled tension and adapted positioning to the neck or lower back. It is a care option to discuss after assessment, rather than a disease or a diagnosis. [9]

The word “decompression” describes the intention to temporarily alter mechanical stresses through distraction and positioning. It does not mean that a nerve has definitely been freed or a disc repaired. The choice depends on the plausible cause of symptoms, the examination, precautions and other options. A herniation, neck pain or osteoarthritis in your records is not enough to make this treatment appropriate. [9] [3] [4]

Traction and decompression surgery

Traction is applied through external supports, without an incision. Surgery may remove part of a disc or bone to relieve pressure on a nerve structure. The indications and risks differ. A table does not replace a surgical opinion when one is needed. [9] [2]

Traction and active rehabilitation

Traction is a passive intervention; active rehabilitation gradually builds capacity through adapted movement and exercise. Possible relief on the table does not replace returning to activities. Depending on the situation, the plan may prioritize education, exercise or other care. [9] [2]

The connection with symptoms

An irritated nerve root can produce pain in an arm or leg. This differs from mainly local pain and from spinal cord involvement in the neck. Loss of strength, clumsy hands or an unusual walking pattern requires a specific assessment; pain intensity alone cannot establish how well the nerves are functioning. [3] [5]

Numbered references and clickable links on page 18.

02 / THE STRUCTURES INVOLVED

Understanding the structures.

The cervical region is the neck and the lumbar region is the lower back. Discs lie between the vertebrae, with nerve structures nearby. The area in which symptoms are felt helps guide which region needs to be examined. [3]

What matters in this region

The assessment considers discs, joints, nearby tissues and nerve passages. Age-related changes can be present without pain. Cervical traction does not automatically treat a lumbar problem, or vice versa. The region, side and limited activities need to be clarified before discussing a mechanical intervention. [4] [2]

A disc and a nerve root

A herniation may contribute to radiating pain when it affects a nerve structure. Its location must correspond to the observed findings. An isolated image of a herniation establishes neither the cause of all pain nor the expected benefit of traction. [3]

Degenerative changes

Osteoarthritis and disc changes may coexist with pain or cause few symptoms. Their presence is not an automatic indication for treatment. In the neck, distinguishing nerve root irritation from spinal cord involvement is particularly important. [4] [5]

Mainly local pain

Back or neck pain can involve several tissues without nerve-related signs in a limb. Work demands, positions and tolerated movements help guide care. The term “discogenic” must not take the place of this assessment. [2]

Another explanation to investigate

New weakness, trauma, fever or an unusual course may change the priority. Before any traction, the history and contraindications must be reviewed, with referral for medical assessment when the presentation calls for it. [9] [3]

Numbered references and clickable links on page 18.

03 / SIGNS AND SYMPTOMS

Symptom distribution and activities. Changes to observe over time.

Describe local pain, its radiation, numbness and strength separately. Explain what limits you in daily life and what has recently changed. The same pain score can reflect very different problems. These observations help establish a useful starting point. [2]

Two patterns to distinguish

Neck, shoulder, arm or hand

Neck pain may remain local. Symptoms in the arm or hand may suggest nerve root involvement, which needs confirmation. Walking or coordination problems must not be treated as ordinary neck stiffness. [4]

Lower back, buttock or leg

Low back pain may remain in the back; sciatica-type pain travels down a limb. Its pattern, sensation and strength are examined separately. These presentations alone do not determine whether traction should be offered. [3] [1]

What changes over time tell us

The course depends on the initial problem and measures already tried. Symptoms may gradually improve without every change being attributable to a device. Follow-up therefore compares a specific activity, sleep, pain and nerve-related signs. A brief effect after a session does not demonstrate a lasting correction; worsening symptoms call for reassessment without waiting. [2] [9]

Numbered references and clickable links on page 18.

04 / THE ASSESSMENT

Connecting your history, the examination and the images.

Assessment first aims to understand your situation and choose a direction for care. It must go beyond checking whether you can lie on the table. Bring your existing reports and information about the care you have already received. [2] [9]

1 Clarify the main problem

Describe the onset, symptom pattern, limited activities and response to previous care. Report operations, implants, medications and health changes so that precautions can be checked before any treatment is proposed. [2] [9]

2 Relate findings to the region

The examination may include movement, walking, sensation, reflexes and strength. For neck symptoms, hand coordination and balance may change the direction of care. A single test does not capture the whole presentation. [2] [5]

3 Compare useful options

Discuss the working explanation, the uncertain benefits of traction and the alternatives. Agree on goals and a reassessment point. An investigation or another opinion is considered according to what it could change in care. [1] [2]

MRI shows discs and nerve tissues, among other structures; X-rays mainly show bones. Findings must fit the symptoms and examination. Imaging is not routine for low back pain, and an abnormality does not amount to a prescription for traction. [2] [1]

In a report: “Radicular” relates to a nerve root; “myelopathy” means spinal cord involvement. “Distraction” describes mechanical tension. “Non-surgical” means no operation is involved; it does not mean that precautions are unnecessary or that effectiveness is assured. [5] [9]

05 / SEEKING HELP

When to seek care.

Seeking treatment must not overshadow new signs of significant nerve compression. These situations require immediate assessment; do not wait for a scheduled decompression session. New neurological changes take priority over the routine treatment plan. [3] [4]

GO TO THE EMERGENCY DEPARTMENT IMMEDIATELY

- Urinary retention, new loss of bladder or bowel control, or numbness in the perineum: seek immediate assessment. [3]
- Severe or rapidly progressive weakness in one or more limbs, with difficulty getting around: seek immediate assessment. [5]
- With neck symptoms, new difficulty walking or sudden loss of hand coordination: seek immediate assessment. [4]

Call 911 if you need immediate assistance.

Prompt medical advice

• New or increasing weakness or numbness. [4]
• Pain after trauma or accompanied by fever or an unusual change in overall health. [3]
• Increasing limitation despite the measures already proposed. [2]

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.

At TAGMED, the DOC device allows distraction and positioning to be adapted to the cervical or lumbar region selected after assessment. The goal discussed is a useful improvement in symptoms and activities. Device settings alone do not demonstrate a lasting effect, disc regeneration or the ability to avoid surgery. [9] [10]

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

- Improve a specific activity: walking, working, sleeping or using the arm.
- Track pain, sensation and strength separately in the affected region.
- Review the plan according to function and tolerance.

07 / HOW IT WORKS

Controlled force. Individualized settings.

Traction and positioning aim to modify mechanical stresses. The program can vary the force, its gradual increase, its hold and the relaxation phases. [9]

1

Position

The region and position are chosen according to the clinical profile, precautions and your comfort.

2

Program

The practitioner adjusts the force, duration and pattern of the traction cycles.

3

Adjust

Tension follows the selected program, with phases of reduced tension.

4

Reassess

Your sensations and response guide whether to continue, adjust or stop treatment.

What “decompress” means

A reduction in pressure and fluid exchange within the disc are among the proposed mechanisms. They do not demonstrate disc regeneration, lasting widening of bony structures or the certain disappearance of a herniation. A useful effect is assessed in your daily life and during reassessments. [9] [11]

Numbered references and clickable links on page 18.

08 / IS IT SUITABLE FOR ME?

The right treatment begins with the right clinical profile.

The question is which option suits your clinical presentation. The DOC's technical capabilities and listed uses do not prove a benefit for every person. Assessment must also allow for a decision not to use traction. [9]

A proposal that needs an explanation

If traction is proposed, ask why your presentation might be suitable, what other options exist and how the response will be judged. For low back pain, NICE advises against offering traction, with or without sciatica; this reservation must be part of the discussion. [1]

Reasons to change direction

A contraindication, a non-spinal explanation or neurological worsening may rule out this option. Spinal cord involvement is not a problem to try treating on the table. Temporary relief never removes the need for appropriate follow-up. [9] [5]

Medical history to disclose before any session

The DOC manual lists fracture, spinal instability, infection, tumour, advanced osteoporosis and certain spinal implants among the contraindications. Pregnancy and previous surgeries also require particular attention. [9]

This list is not exhaustive. Bring details of your medical conditions, procedures and treatments.

If warning signs are present: appropriate medical assessment is the priority. See the emergency guidance on page 6.

Numbered references and clickable links on page 18.

09 / THE SESSION

What happens during a decompression session.

The first consultation establishes the clinical profile and the proposed plan. On the day of a session, setup and settings depend on what has been selected for you. [11]

1. **Review your situation before starting**

   Report changes since the last visit: pain, symptom distribution, sensations, strength and reactions to care.

2. **Get comfortably positioned**

   The support system suited to the region is positioned. The operation of the stop control is explained to you. [9]

3. **Apply the selected program**

   The force and cycles are set. Describe your sensations; an increase in symptoms warrants stopping and checking. [9]

4. **Check the response after the session**

   Tension is released, then you get up gradually. Instructions and what to monitor before the next visit are explained. [9]

Time to allow: the discussion, setup, treatment phase and final check. Your appointment length is confirmed when you book.

Numbered references and clickable links on page 18.

10 / THE PLAN AND REASSESSMENTS

A structured care journey. Progress to measure.

The frequency and number of sessions are individualized. Reassessments allow comparison of your response and adjustment of care, rather than automatically continuing a program. [11]

01 Establish the starting point

Describe the main problem and choose measures to track: painful region, arm or leg use, sleep and a chosen activity.

02 Assess tolerance and response

Compare observations over the course of visits. Function, tolerance and clinical signs contribute to the decision to continue.

03 Adapt the next steps

Depending on progress, modify the parameters, frequency, advice or referral. Persistent or new symptoms may warrant another opinion.

Before agreeing on the plan, clarify together:

The goals, proposed frequency, costs, first reassessment and options if progress is insufficient.

Numbered references and clickable links on page 18.

11 / POSSIBLE BENEFITS AND EVIDENCE

What you can expect. What remains uncertain.

Evidence must be read according to the region, the population studied and the treatment used for comparison. A result for traction combined with exercise does not establish the effectiveness of DOC alone or of every method called “decompression.” [6] [7]

LUMBAR REGION

Explicit reservations about traction

NICE NG59 advises against traction for low back pain, with or without sciatica. In the Thackeray trial, adding mechanical traction to extension-oriented care did not provide greater improvement in pain or disability for patients with signs of lumbar nerve root compression. [1] [6]

CERVICAL REGION

Results differ between trials

In patients with cervical radiculopathy, Fritz and colleagues observed an advantage from adding mechanical traction to exercise at some follow-ups. Young and colleagues found no additional short-term benefit compared with sham traction added to care. These populations do not represent everyone with neck pain. [7] [8]

SCOPE OF THE EVIDENCE

A device is not a guarantee

The manual describes DOC operation and precautions; it does not replace a clinical comparison. The cited trials do not support a success rate specific to this device. Interpretation must distinguish changes in symptoms, ability to perform activities and demonstrated anatomical change. [9] [6] [7]

Key point: The discussion should make uncertainties understandable and goals measurable. No individual outcome is guaranteed. Continuing care is decided using functional and clinical measures, with the option of changing direction when improvement is insufficient. The response should remain open to reassessment. [2]

12 / DAILY LIFE

Simple actions.
A pace to adjust.

In the absence of warning signs, the goal is to continue activities you can tolerate. Advice and exercises are adapted to your symptoms and abilities; ask what is appropriate for your situation.

01

Keep moving

Break activities into periods you can tolerate. A gradual return may be preferable to prolonged immobility, taking into account the advice you have received.

02

Vary your positions

Alternate tasks and postures, particularly at work or during travel. Record how long you can tolerate them rather than seeking a perfect posture.

03

Find comfort at night

Look for a comfortable position. A support cushion may help, depending on your tolerance. Avoid maintaining a position that clearly increases symptoms.

04

Ask for advice

Discuss medications with your physician or pharmacist. Report any decline in strength, sensation or function instead of pushing through these changes.

A specific goal to choose with your practitioner

The activity I want to resume: _____

My starting measure (time, discomfort or distance): _____

Numbered references and clickable links on page 18.

13 / YOUR QUESTIONS

Answers to help you make an informed decision.

Is this the same treatment as surgery?

No. Motorized traction uses an external device. Decompression surgery may remove tissue to relieve pressure on a nerve or the spinal cord. Indications differ; a necessary specialist opinion must not be delayed by a trial of traction. [9] [2]

Is a herniation on MRI enough to begin?

No. Some herniations cause no symptoms. Assessment checks the match with your difficulties, nerve-related signs, history and precautions. The imaging report does not automatically determine a treatment or number of sessions. It must be interpreted in context. [3] [9]

Is the evidence the same for the neck and back?

No. Trials involve different populations and interventions. Cervical results do not remove NICE's recommendation against lumbar traction. A benefit observed in a group does not predict your personal response, and the treatment comparison also matters. [1] [7]

Which other options should be compared?

Depending on the problem, discussion includes information, gradually returning to activities and rehabilitation. Medication requires medical or pharmacy advice. Some situations warrant an injection or surgical assessment. The choice depends on the cause and the signs observed. [2]

How can I tell whether the proposal helps?

Choose a measurable task before starting, then compare your tolerance and symptoms. Distinguish immediate comfort from progress that lasts between visits. A lack of progress or worsening symptoms should reopen the discussion about the plan and next steps. [2]

Can disc repair be promised?

No. The mechanical principle of distraction does not demonstrate regeneration, disappearance of a herniation or certain avoidance of surgery. Ask for an explanation of possible benefits, limitations and reasons to seek another opinion if your situation changes. [9]

Numbered references and clickable links on page 18.

14 / MY PREPARATION CHECKLIST

Your first visit, with a clearer mind.

Check the items you have prepared. Bring this sheet, your symptom journal and the documents you already have.

Initials (optional): _____ Date: _____

- [ ] **The location and distribution of my pain**
  How long? Which side? How far do the symptoms extend?
- [ ] **Activities that have become difficult for me**
  Walking, arm use, sitting, sleep or work.
- [ ] **Reports and images I already have**
  MRI scans, X-rays, reports and previous opinions, if I have them.
- [ ] **Medications and care I have already tried**
  Effects experienced, procedures, implants and important medical history.
- [ ] **My questions and goals**
  What I want to understand and the activity I want to return to.

Questions to ask

- What is the most likely cause, and what supports this hypothesis?
- Which options suit my clinical profile, with their benefits and limitations?
- How should we measure progress, and when should I seek another medical opinion?

Personal sheet to keep and bring to the visit.

15 / MY 7-DAY JOURNAL

Observe changes, as well as pain.

Fill in one row per day. Choose an activity to compare and record your reactions to care. Function and changes in sensation are as useful as the pain score.

Pain: 0 = none; 10 = worst pain imaginable. Specify the region.
Activity: minutes tolerated or chosen measure. **Sleep:** awakenings due to pain.

Date	Region / 0 to 10	Activity 1 minutes	Activity 2 minutes	Sleep awakenings	Notes / care tried and effect experienced

What has improved

What remains difficult

New or progressing weakness must be reported promptly.
For emergency signs, see page 6.

16 / YOUR NEXT STEP

Review your situation in Montreal.

Sylvain Desforges, docteur en ostéopathie

Montreal

Mont-Royal

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1 (877) 672-9060

Book an appointment →

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Terrebonne

Lanaudière

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

(450) 704-4447

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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] NICE. NG59: Low back pain and sciatica, recommendations.

Recommendation against lumbar traction; imaging and care selection.

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

Examination, imaging, activity and non-surgical or surgical options.

[3] NHS. Slipped disc.

Symptomatic or asymptomatic herniation, care and lumbar emergency signs.

[4] NHS. Cervical spondylosis.

Cervical symptoms, nerve involvement and emergencies.

[5] Royal Free London NHS. Degenerative cervical myelopathy.

Spinal cord involvement, walking, hands and bladder or bowel function.

[6] Thackeray et al. (2016). Mechanical traction in low back and leg pain. Randomized trial, JOSPT.

No demonstrated additional benefit from adding lumbar traction.

[7] Fritz et al. (2014). Exercise and mechanical traction for cervical radiculopathy. Randomized trial, JOSPT.

Favourable findings at some follow-ups in a selected cervical population.

[8] Young et al. (2009). Manual therapy, exercise, and traction for cervical radiculopathy. Randomized trial.

No additional short-term benefit compared with sham traction.

[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.

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.