

TRACTION

Its role in the treatment of lower-back conditions

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Medicine in general – and spine surgery, in particular – is a rapidly evolving discipline. It takes great effort for most clinicians to keep abreast of the latest developments in their field. This is why there is so much more specialization in medicine than there used to be.

It would be impossible to be a Jack-of-all-trades these days. Even within a specialized field such as neurosurgery, those of us who specialize in spine surgery are frequently out of the loop of the latest development in, say, the surgical treatment of epilepsy.

Even with this rapid pace of development, it amazes me to see how some ideas hang around for long periods of time despite a paucity of evidence to support their continued existence. Often these ideas are perpetuated at the level of a surgeon's training, with all new residents being indoctrinated in the methods of their surgeon instructors, who were in turn taught by the leading surgeons of their time.

Sometimes, though, ideas are perpetuated because they are simply recycled in modern, technologically sexy packaging and marketing. Lumbar traction, in all its various forms, seems to be one of those cases.

Lumbar traction has been used for centuries in the treatment of complaints involving the lower back. Typically, this treatment involved the application of a belt or corset to the patient; the belt or corset was then attached to a rope and pulley system, and the weight was hung upon it. Although this was only marginally helpful to patients, it was at least not typically harmful, unlike many other treatments pioneered in the 17th and 18th centuries (like leaches).

This treatment persisted well into the 20th century as an often-employed therapy for patients suffering from a variety of lower-back ailments. The problem is, when these treatments were studied for their actual effectiveness at improving outcomes, it was found that they were not very helpful.

In other words, although temporary relief during the application of the traction and for a brief period afterward may have been experienced by some during studies in which traction was examined against other types of treatments, the patients who received the traction typically did no better over the long run.

This lack of impressive results hasn't stopped traction from hanging around as a treatment option. It is still used by some who treat lower-back conditions. The only difference is that now the cost for providing this treatment has gone up significantly.

I have had many patients who have come to see me for help and have stated a ready willingness to spend hundreds – even thousands – on an inversion system that will allow them to hang upside-down. Most people don't realize it, but this is just another way of providing traction to the lumbar spine, albeit with a system that is considerably more expensive than the old-fashioned corset and pulley system.

Even more recently, specialized new devices have been marketed as being able to provide miraculous results for patients searching for help with a lower-back problem. These devices are equipped with computers that are purported to provide more specialized traction so that the benefits can be targeted to a specific disc. There is even a television screen built into these units, as well as DVRs, so you can catch up on your favorite show while you're getting your treatment. Again, the problem with these claims is that they do not have very much data to support them. A search of online medical research databases will yield nothing in the way of convincing studies that support the use of these devices.

No doubt, some will say I am only bashing this treatment for financial reasons – to keep as many patients as possible from getting better without surgery. Nonsense. In general, I will recommend surgery to only one out of every 10 patients I see. This is because so many patients I see do not have something that can be fixed with surgery. There are definite limits to what I, as a surgeon, can do.

When my patients do well with a treatment that I recommended, regardless of whether that treatment involved surgery, my reputation is enhanced in the community, which leads to more success and a busier practice for me.

No doubt lumbar traction will continue to be utilized for the foreseeable future by those seeking relief from lower-back trouble. With any luck, the supporters of these types of therapies will come forward soon with the evidence needed to support the claims of these devices. If this evidence is provided, those of us on the front lines of treating these patients can begin to make use of this therapy. And if the evidence does not support their use, we can avoid wasting our scarce health care resources on this. But as I said before, some ideas are hard to kill.

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