

## Decompression Facts, Myths and Hyperbole, Part 3

*By James Edwards, DC and Cynthia Vaughn, DC, FICC*

*Editor's Note:* **Part 2** of this series appeared in the July 15 issue.

In this series, our focus is to separate the facts from the myths and hyperbole regarding spinal decompression therapy. This article continues our discussion on the unfounded claims being made by a host of decompression system manufacturers.

In our opinion, the seven biggest decompression myths currently being promoted are as follows:

1. Logarithmic pulls are the only way to get "real" decompression.
2. Traction raises disc pressure, decompression lowers disc pressure.
3. Overcoming muscle guarding is the key to achieving decompression.
4. Decompression systems can target a specific disc.
5. The FDA clears decompression devices and traction devices differently.
6. Only a few systems can provide "real" or "true" decompression.
7. All the doctor has to do is push a button with our *magic* decompression system.

As we were preparing to address and refute each of these mythical claims with supporting documentation of our positions, we realized that an article by Jay Kennedy, MA, DC, had addressed five of these issues far better than we could.<sup>1</sup>

For those of you not familiar with Dr. Kennedy, allow us to explain why we believe it's more beneficial to liberally quote him rather than paraphrase his remarks. In our opinion, he is the chiropractic profession's premier expert on decompression, having performed many thousands of decompression treatments utilizing a variety of systems over the last decade.

Further, he has taught more than 100 continuing education seminars on the subject of spinal decompression therapy. With that qualifying preamble, here are Dr. Kennedy's positions regarding the first five myths:

**Logarithmic pulls are the only way to get "real" decompression** - "It is interesting that there is not a single published study that cross-compares a logarithmic device to a linear device. In my experience, having cross-compared my VAX-D to less expensive linear devices, the result was identical."

**Traction raises disc pressure, decompression lowers disc pressure** - "This assertion is based upon blatant misinformation. Supposedly supporting this is the 1983 Nachemson study comparing auto-traction where the patient pulls themselves via their arms, versus passive 'traction' by a machine that showed no 'muscle guarding.' The passive (machine-based) traction that showed there was NO muscle guarding was done with a regular plain-Jane linear traction device, not an expensive logarithmic decompression machine! Finally, the recent Fritz et al. study for clinical prediction rules in *Spine* (October 2007) proved traction efficacy in a specific patient population. This study used linear traction machines ... they worked and did not create muscle guarding."

**Overcoming muscle guarding is the key to achieving decompression** - "No science exists to support the notion that elongating muscles/soft tissue will trigger contraction at the speed that traction forces are normally applied, regardless of the linear or logarithmic nature of the pull. Biomechanically speaking, if the paraspinal muscles did contract in response to being elongated, it is obvious that we would see the patient driven into hyperextension. Having tractioned/decompressed thousands of patients, I have yet to see this occur. Additionally, there are no fewer than four published trials that show vertebral separation during inversion therapy which further debunk the notion of reflexive guarding."

**Decompression systems can target a specific disc** - "Angles are pure and exact math. The most differential thing you could ever hope to attach to a decompression table is a human being! As improbable as it sounds, there are still clinicians who believe that a specific angle can reach a specific level in the spine. Again, this is a biomechanical impossibility. For any angle to be accurate, EVERYTHING must be consistent, including: exact patient position on the table, spinal height, disc height, ligamentous tension, curvature/lordosis angle, etc.

"In short, no two people are the same and the most we can know about angulation is that (supine) a steep angle will transmit more of the force higher in the spine. How much and

how high is speculative at best. The best information comes from a 1968 traction study (Colachis and Strom) and Rene Cailliet, MD ... [the] authors suggest that acute pull angle create less flexion than obtuse angulation. It is hardly \$100,000 information, and thus exact degree angles are best suited for a sales pitch not a viable treatment."

**The FDA clears decompression devices and traction devices differently** - "This is absolutely false and misleading. All these devices, regardless of the use of the word 'decompression' in the product name are regulated by the US FDA under the Food Drug and Cosmetic Act Section 809.5900 as EQUIPMENT, TRACTION POWERED. In fact the FDA has warned various manufacturers in the past regarding their use of the word *decompression* and has required the caveat be included that decompression is 'unloading due to distraction and position.' Another revealing tidbit of information is that all these 'decompression devices' were 510K-cleared as 'substantially equivalent' to another device. If you bother to trace their substantial equivalency, they admit that they are equivalent to a regular, plain old linear traction device, cleared by the FDA almost 30 years ago."

Before moving to our responses to Myths 6 and 7, we want to add and amplify that the \$100,000+ units and the less expensive ones have the very same FDA status, with all being under the same product code (ITH), regulatory class (II), regulation number (21 CFR 890.5900) and regulation name (Powered Traction Equipment).

**Only a few systems provide "real" or "true" decompression** - While some manufacturers have trademarked catchy marketing phrases like "real" decompression and "true" decompression, they are just that - catchy marketing phrases. The truth is those trademarked phrases give the manufacturer and its decompression system no advanced standing with the FDA in any way. To illustrate the absurdity, we will give you a case in point. Our practice corporation has trademarked the phrase "In pain? We'll see you today!" We use it in several marketing ventures. Does that trademarked phrase mean we are the only office in the country that sees patients promptly or does it give us any advanced standing with our state licensing board? Of course not!

**All the doctor has to do is push a button with our *magic* decompression system** - Of all the manufacturer myths, this one concerns us the most because it implies that practitioner clinical skills are not necessary. We believe that is a serious mistake and why we encourage all decompression doctors to obtain the requisite training. Sure, marketing the fact you are a "certified decompression therapy practitioner" can be beneficial, but that is secondary to the risk-management aspect. Should an adverse incident occur in your office,

do you really want to testify before a jury that the only training you had was provided by the salesman when the table was delivered? We think not.

Hopefully, this discussion has debunked the plethora of major myths currently being propagated by manufacturers and their sales representatives. However, new misinformation is being formulated on almost a daily basis. Therefore, if you have questions or want our objective advice on any decompression issue (coding, decompression systems/training, marketing compliance, etc.) please feel free to contact us.

### *Reference*

1. Kennedy J. Debunking the Myths of Decompression. In: *KDT Newsflash Extra*, April 2008.

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Click [here](#) for more information about James Edwards, DC.

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