The Circular Traction Box™
And
Traction L-Frame™
Device Description

The CTBox™ and Traction L-Frame™ provide seven different types of motorized intermittent cervical traction to a patient. Three in the seated posture and four with the patient lying on a bench table in a supine posture. In the supine patient, the device can provide either extension traction or extension traction with an anterior transverse load or axial traction with an anterior transverse load. This transverse load, as well as the extension load, is applied to restore a more normal cervical structure/ posture. The “Traction L-Frame” has been designed to allow the connection of the head halters and/or traction sling via traction rope and ratchet hooks to a CTBox™. The CTBox is a metal box that houses a simple gear motor that revolves rope hook-ups that will slightly and constantly increase and decrease the transverse and/or extension traction load by one to seven pounds as it rotates. The rope hook-ups also rotate. The CTBox is connected to the wall component of the Traction L-Frame via a slide-in anchor plate.

Indications

The “CT Box™” and Traction L-Frame™ traction system is intended for use as a conservative treatment alternative in patients presenting with cervicogenic pain symptoms of mechanical origin related to reduced cervical lordosis/extension and altered saggital head posture. It temporarily positions the cervical spine into an extension posture of varying degrees, as determined by the clinician. This device is for prescription use only and is not provided in a sterile condition.

Contraindications

1. Patients with notable posterior spurring of their cervical vertebra.
2. Patients with large posterior disc bulges or herniations.
3. Patients with cervical spinal stenosis.
4. Patients with structural disease secondary to tumor or infection.
5. Patients with cervical vascular compromise.
6. Patients with acute sprain, strain and/or inflammation of the cervical joints.
7. Patients with cervical joint instability.
8. Patients with internal spinal fixation hardware.
9. Patients with severe osteoporosis or vertebral fractures.

Traction Poundage

Always start the patient with low traction poundage and progressively increase the traction poundage with each session till you reach their tolerance level or the maximum recommended amount of 40 pounds. The clinician should try to encourage the patient to build up to at least 25 to 30 pounds of traction pull for good structural correction.
All cervical segments are behind the arch line.
Upper and lower cervical spine has decreased curve.
CTBox: Supine Two-Way Compression Extension (use a medium to high cervical sling setting).
Exercises: Mirror-image head protrusions with extension

Flatten, hypokyphotic upper thoracic spine:
CTBox: Supine Two-way Axial Extension (use a medium to high cervical sling setting).
Exercise: Mirror-image head retractions with extension

Warning: If you exceed the poundage capacity of the in-line spring scale, you will deform the internal spring and render it inaccurate.

During the first few minutes of the traction session, muscles will relax and mostly elastic elongation of the soft tissues will occur. For this reason, you will usually see the traction poundage slightly decrease shortly after the start of the traction session. It is therefore recommended that the patient’s traction poundage be slightly increased, if physically tolerable, after approximately the first five minutes of the traction session. You will now be maximally affecting true viscoelastic elongation and remodeling of the soft tissues involved.

Traction Time

Three to five minutes for the first session is recommended. If no notable reaction, such as headache, moderate/severe neck pain or radicular upper extremity symptoms are experienced, the traction time can be increased three to four minutes per session. Both the clinician and patient should be aware that the only side effect of traction is short term muscular soreness, usually near or at the area of complaint, which diminishes with either time or icing and rest.

The eventual minimum recommended traction treatment time is ten minutes. The maximum recommended traction treatment time is 15–20 minutes per session.

A treatment frequency of at least three times per week is recommended. More than this will result in faster structural/postural change. Less than this will result in mediocre structural/postural change.

Patient Safety

1. The patient should never be left unattended while in traction.
2. It is the responsibility of the clinician to inform the patient about safe methods of releasing the traction, in case it is necessary. These methods include: removing the head halter and sitting up and/or grabbing onto the cervical traction crossbar. All of these methods will immediately relieve the applied tension.

WARNING:

IF THE PATIENT EXPERIENCES ALTERATIONS OF SPEECH, SIGHT, TASTE, HEARING, SMELL OR FACIAL PAIN, NUMBNESS OR WEAKNESS WHILE OR AFTER THE TRACTION SESSION, IT IS RECOMMENDED THAT YOU IMMEDIATELY DISCONTINUE THEIR USE OF THIS DEVICE.

IF THE PATIENT RE-OCCURRING EXPERIENCES DIZZINESS OR A LIGHT-HEADED SENSATION WHILE OR AFTER THE TRACTION SESSION, IT IS RECOMMENDED THAT YOU REDUCE THE TRACTION POUNDAGE. IF THIS DOES NOT ALIVIATE THE SYMPTOMS, IT IS RECOMMENDED THAT YOU IMMEDIATELY DISCONTINUE THEIR USE OF THIS DEVICE.

THE CTBOX™ AND L-FRAME SHOULD BE USED ONLY IN ACCORDANCE WITH INSTRUCTIONS AND UNDER THE SUPERVISION OF A LICENSED PHYSICIAN, CHIROPRACTOR OR PHYSICAL THERAPIST. THE MANUFACTURER IS NOT AND CANNOT BE RESPONSIBLE FOR ANY INJURY FROM NON-APPROVED USE, INCORRECT USE OR MISUSE.
Twelve (12) month warranty

Circular Traction Supply, Inc. ("Company") warrants that the CTBox™ is free of defects in material and workmanship.

This warranty shall remain in effect for one (1) year from the date of original consumer purchase of this Product and extends to any owner of the Product during the warranty period. If this Product fails to function during the one year warranty period because of a defect in material or workmanship, the Company or the selling dealer will replace or repair this Product without charge within a period of 30 days from the date on which the defective Product is returned to the Company or the dealer. Company or the dealer will ship the replacement or the repaired Product to the consumer’s place of business. The Product must be returned to the Company or the selling dealer by the owner.

The warranty does not cover:

1. Replacement parts or labor furnished by anyone other than the Company, the dealer or an approved Company service agent.
2. Defects or damage caused by labor furnished by someone other than the Company, the dealer or an approved Company service agent.
3. Any malfunction or failure in the Product while it is in the possession of the owner during the warranty period if the malfunction or failure is not caused by a defect in material or workmanship or if the malfunction or failure is caused by unreasonable use.

Form 9

C3-C7 segments are behind the arch line.
C1-C2 are forward of the arch line.
Upper and lower cervical spine has decreased curve.
CTBox: Supine Two-Way Compression Extension (use a medium cervical sling setting).
Exercises: Mirror-image head retractions with extension

Flatten, hypokyphotic upper thoracic spine:
CTBox: Supine Two-way Axial Extension (use a medium cervical sling setting).
Exercise: Mirror-image head retractions with extension.
Form 8

C4-C7 segments are behind the arch line.
C1-C3 are forward of the arch line.
Upper and lower cervical spine has decreased curve.
CTBox: Supine Two-Way Compression Extension (use a medium to low cervical sling setting).
Exercises: Mild mirror-image head retractions with extension.

Flatten, hypokyphotic upper thoracic spine:
CTBox: Supine Two-way Axial Extension (use a medium to low cervical sling setting).
Exercise: Mirror-image head retractions with extension.

Circular Traction Box™
Traction Set-ups

IMPORTANT: Always use the snap swivel to connect the head halter rope or cervical sling rope to the motor. Never connect rope/ratchet directly to the motor hook-ups.

SEATED AXIAL
Use the more lateral motor hook-up.

SEATED AXIAL EXTENSION
Use the more lateral motor hook-up.

SEATED COMPRESSION EXTENSION
Use the more medial motor hook-up.
SUPINE COMPRESSION EXTENSION

Use the more medial motor hook-up.
The cervical sling rope/ratchet is disengaged from motor and connected to the eye hook.

SUPINE TWO-WAY COMPRESSION EXTENSION
Use the more medial motor hook-up for both the head halter and cervical sling rope/ratchet.

SUPINE AXIAL EXTENSION
Use the more medial motor hook-up.

SUPINE TWO-WAY AXIAL EXTENSION
Use the more lateral motor hook-up.

C5-C7 segments are behind the arch line. C1-C4 are forward of the arch line.
Upper and lower cervical spine has decreased curve.
CTBox: Supine Two-Way Compression Extension (use a low to extra low cervical sling setting).
Exercises: Mirror-image head retractions with extension.

Flatten, hypokyphotic upper thoracic spine:
CTBox: Supine Two-way Axial Extension (use a low to extra low cervical sling setting).
Exercise: Mirror-image head retractions with extension.
C5-C7 segments are behind the arch line. C1-C4 are forward of the arch line.
Upper cervical spine has increased curve. Lower cervical spine has decreased curve.
CTBox: Supine Two-Way Axial Extension (use a low to extra low cervical sling setting).
Exercises: Mild mirror-image head retractions

Cervical Sling Settings

- Extra Low
- Low
- Medium
- High
Seventeen Major Aberrations of The Cervical Curve And Their Ideal Corrective Traction/Exercise

Form 1A
All cervical segments are forward of the arch line.
Upper cervical spine has increased curve. Lower cervical spine has decreased curve.

Upper thoracic spine has hyper flexion (Dowengers Hump).
CTBox: Seated or Supine Axial Extension (T4 at chair/table edge).
Exercises: Mirror-image head retractions and/or anterior head weighting

Entire thoracic spine has hyper flexion.
CTBox: Seated or Supine Axial Extension (T4 at chair/table edge).
Exercises: Mirror-image head and shoulder retractions and/or anterior head weighting
Ambulatory use of the Spinal Remodeling Brace

Relatively normal upper thoracic spine.
CTBox: Seated or Supine Axial Extension (T1/T2 at chair/table edge).
Exercises: Mirror-image head retractions and/or anterior head weighting

Form 6A
C6-C7 segments are behind the arch line. C1-C5 are forward of the arch line. Upper cervical spine has increased curve. Lower cervical spine has decreased curve.
CTBox: Supine Two-Way Axial Extension (use a low to extra low cervical sling setting).
Exercises: Mirror-image head retractions and/or anterior head weighting

Form 6b
C6-C7 segments are behind the arch line. C1-C5 are forward of the arch line. Upper and lower cervical spine has decreased curve.
CTBox: Supine Two-Way Compression Extension (use a low to extra low cervical sling setting).
Exercises: Mirror-image head retractions with extension and/or anterior head weighting

Flatten, hypokyphotic upper thoracic spine.
CTBox: Supine Two-Way Axial Extension (use cervical sling setting that will provide anterior pull into the area of maximum curve loss).
Exercises: Mild mirror-image head retraction with extension and/or anterior head weighting.
Form 5

C1-C3 segments are forward of the arch line. C4-C7 are on the arch line. Upper cervical spine has decreased curve.

Lower cervical spine has decreased curve.
CTBox: Supine Two-Way Compression Extension (use cervical sling setting that will provide anterior pull into the area of maximum curve loss).
Exercises: Mild mirror-image head retractions and/or light (1-3lb) anterior head weighting.

Lower cervical spine has normal curve.
CTBox: Supine Compression Extension (use cervical sling at medium setting, but remove in-line scale), or Seated Compression Extension.
Exercises: Mild mirror-image head retractions and/or light (1-3lb) anterior head weighting.

Flatten, hypokyphotic upper thoracic spine.
CTBox: Supine Two-Way Axial Extension (use cervical sling setting that will provide anterior pull into the area of maximum curve loss).
Exercises: Mirror-image head retractions and/or light (1-3lb) anterior head weighting.

Form 1B

All cervical segments are forward of the arch line.
Upper and lower cervical spine has decreased curve.

Upper thoracic spine has hyper flexion (Dowengers Hump)
CTBox: Seated or Supine Axial Extension (T4 at chair/table edge).
Exercises: Mirror-image head retractions with extension and/or anterior head weighting.

Entire thoracic spine has hyper flexion
CTBox: Seated or Supine Axial Extension (T4 at chair/table edge).
Exercises: Mirror-image head retractions with extension, shoulder retractions and/or anterior head weighting. Ambulatory use of the Spinal Remodeling Brace.

Relatively normal upper thoracic spine.
CTBox: Supine Compression Extension. No sling (T1/T2 at table edge).
Exercises: Mirror-image head retractions with extension and/or anterior head weighting.

Flatten, hypokyphotic upper thoracic spine.
CTBox: Supine Two-Way Axial Extension (use cervical sling setting that will provide anterior pull into the area of maximum curve loss).
Exercises: Mild mirror-image head retraction with extension and/or anterior head weighting.
All of the cervical segments are forward of the arch line.
Upper and lower cervical spine has increased curve.

Upper thoracic spine has hyper flexion (Dowengers Hump).
CTBox: Seated Axial
Exercises: Mirror-image head retractions and/or anterior head weighting

Entire thoracic spine has hyper flexion.
CTBox: Seated Axial
Exercises: Mirror-image shoulder/head retractions. Ambulatory use of the Spinal Remodeling Brace

Relatively normal upper thoracic spine:
CTBox: Seated Axial.
Exercises: Mirror-image head retractions and/or head weighting.

C1-C4 segments are forward of the arch line. C5-C7 are on the arch line. Upper cervical spine has decreased curve. Lower cervical spine has a decreased curve. CTBox: Supine Two-Way Compression Extension (use cervical sling setting that will provide anterior pull into the area of maximum curve loss).
Exercises: Mirror-image head retractions with extension and/or anterior head weighting

Lower cervical spine has a normal curve.
CTBox: Supine Compression Extension (use cervical sling at medium setting, but remove in-line scale), or Seated Compression Extension.
Exercises: Mild mirror-image head retractions and/or light (1-3lb) anterior head weighting

Flatten, hypokyphotic upper thoracic spine.
CTBox: Supine Two-Way Axial Extension (use cervical sling setting that will provide anterior pull into the area of maximum curve loss).
Exercises: Mild mirror-image head retraction with extension and/or anterior head weighting.
Form 4A

C1-C4 segments are forward of the arch line. C5-C7 are on the arch line. Upper cervical spine has increased curve.

Lower cervical spine has a decreased curve.

CTBox: Supine Axial Extension (firm cervical roll – C5 at table edge).

Exercise: Mirror-image head retractions and/or anterior head weighting

Lower cervical spine has a normal curve.

CTBox: Supine Axial Extension (firm cervical roll – C5 at table edge).

Exercises: Mild mirror-image head retractions and/or light (1-3lb) anterior head weighting

Form 2A

C1-C6 segments are forward of the arch line. C7 is on the arch line. Upper cervical spine has increased curve. Lower cervical spine has decreased curve.

Upper thoracic spine has hyper flexion (Dowengers Hump).

CTBox: Seated or Supine Axial Extension (T4 at chair/table edge).

Exercises: Mirror-image head retractions and/or anterior head weighting

Entire thoracic spine has hyper flexion.

CTBox: Seated or Supine Axial Extension (T4 at chair/table edge).

Exercises: Mirror-image head and shoulder retractions and/or anterior head weighting

Ambulatory use of the Spinal Remodeling Brace

Relatively normal upper thoracic spine.

CTBox: Seated or Supine Axial Extension (T1/T2 at chair/table edge).

Exercises: Mirror-image head retractions and/or anterior head weighting
Form 2b

C1-C6 segments are forward of the arch line. C7 is on the arch line. Upper and lower cervical spine has decreased curve.

Upper thoracic spine has hyper flexion (Dowengers Hump)
CTBox: Seated or Supine Axial Extension (T4 at chair/table edge).
Exercises: Mirror-image head retractions with extension and/or anterior head weighting

Entire thoracic spine has hyper flexion
CTBox: Seated or Supine Axial Extension (T4 at chair/table edge).
Exercises: Mirror-image head retractions with extension, shoulder retractions and/or anterior head weighting. Ambulatory use of the Spinal Remodeling Brace.

Relatively normal upper thoracic spine.
CTBox: Supine Compression Extension. No Sling. (T1/T2 at table edge).
Exercises: Mirror-image head retractions with extension and/or anterior head weighting

Flatten, hypokyphotic upper thoracic spine.
CTBox: Supine Two-Way Axial Extension (use cervical sling setting that will provide anterior pull into the area of maximum curve loss).
Exercises: Mild mirror-image head retraction with extension and/or anterior head weighting.

Form 3b

C1-C5 segments are forward of the arch line. C6-C7 are on the arch line. Upper and lower cervical spine has decreased curve.

CTBox: Supine Compression Extension. No Sling. (T1/T2 at table edge).
Exercises: Mirror-image head retractions with extension and/or anterior head weighting

Flatten, hypokyphotic upper thoracic spine.
CTBox: Supine Two-Way Axial Extension (use cervical sling setting that will provide anterior pull into the area of maximum curve loss).
Exercises: Mild mirror-image head retraction with extension and/or anterior head weighting.

Form 3A

C1-C5 segments are forward of the arch line. C6-C7 are on the arch line. Upper cervical spine has increased curve. Lower cervical spine has decreased curve.

CTBox: Seated or Supine Axial Extension (T1/T2 at chair/table edge).
Exercises: Mirror-image head retractions and/or anterior head weighting