

METHODS OF USE FOR THE ERICKSON THORACOLUMBAR TRACTION FULCRUM™

Extension Traction for the Hypolordotic Lumbar Spine

Step One:

The patient sits with the back flush against the steep side of the top foam fulcrum. The top edge of the fulcrum should strike the patient at approximately the L-4 level. If it is below this level, add the one and/or two inch spacer blocks.



Step Two:

The patient relaxes backward over the fulcrum in a supine position. The buttocks should be slightly off the base board, about an inch or two. If the buttock is resting on the base board, add one and/or two inch spacer blocks. The inferior and superior straps are adjusted so as to be beneath the femur heads and the mid to lower rib cage respectively.



Step Three:

Start first with the superior strap located below the lower rib cage and tighten the traction straps. Once the rib cage is firmly anchored to the base board, tighten the inferior strap over the femur heads.



Step Four:

The correct position for lumbar extension traction is having the pelvis slightly elevated above the floor and the lower thoracic rib cage firmly anchored. The traction force is exerted by means of the downward pull of the inferior strap extending the spine over the foam wedge. Once the patient has increased the lordosis enough so that the buttock is constantly touching the floor, add the one and/or two inch spacer block beneath the top wedge. The hip and legs may be placed in a slightly flexed position for patient comfort if desired, although the fully extended position is more bio-mechanically advantageous.



THE ERICKSON THORACOLUMBAR TRACTION FULCRUM™ 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.

Flexion Traction for the Hyperlordotic Lumbar Spine

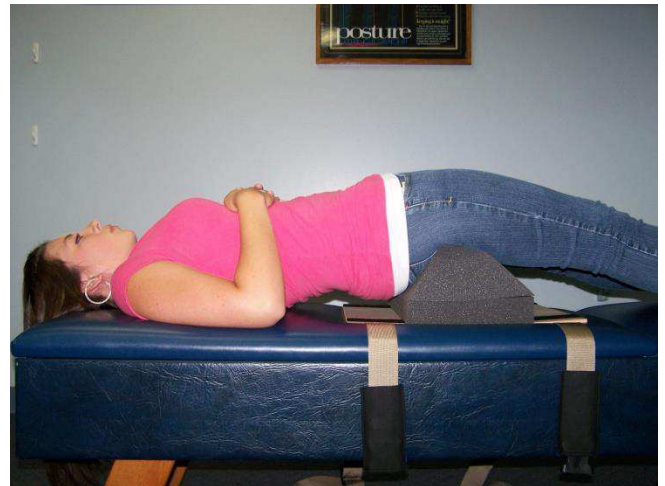
Step One:

The supine patient positions themselves over the fulcrum with their ischia over the apex of the foam wedge. This will allow the spine to traction into a flexed, more hypolordotic state. Note: the fulcrum is placed with the steep angle facing the upper body and the more slanted side toward the feet. This is the opposite fulcrum placement as previously described for the hypolordotic lumbar spine.



Step Two:

The patient relaxes with the hips in an extended position relative to the pelvis. Note: the legs must be fully extended in order to maximally extend the Ilio-femoral joint.



Step Three:

Tighten the traction straps starting with the inferior strap over the femur heads. Once the femur heads are firmly anchored to the base board, tighten the superior strap located at approximately the mid-lumbar region. Note: With hyperlordotic spines the objective is to **extend** the pelvis on the femur heads while **flexing** the lumbar spine relative to the pelvis.

Once the lumbar spine has become flexible enough to allow the surface of the lower back to touch the floor it will be necessary to add a one and/or two inch spacer blocks to increase the fulcrum height.



Flexion Traction for the Hypokyphotic Thoracic Spine

Step One:

The prone patient positions themselves with their anterior upper thoracic region over the fulcrum. Female patients should place the fulcrum snugly up under their breasts. Note: the fulcrum is placed with the steep angle facing the upper body and the more slanted side toward the feet.



Step Two:

Start first with the inferior strap located behind the lower rib cage and tighten the traction strap. Once the lower rib cage is firmly anchored to the base board, tighten the superior strap over the posterior shoulders until a desired and patient tolerable amount of thoracic flexion is induced.

Additional one and/or two-inch spacer blocks can be added at the beginning for a taller or heavier patient to create a taller fulcrum. They can also be added as the patient finds that traction with the top block alone is getting easier.

Using a chin block to prevent anterior head carriage is also suggested.



Extension Traction for the Hyperkyphotic Thoracic Spine

Step One:

The supine patient positions themselves with their posterior mid thoracic region over the fulcrum. Note: the fulcrum is placed with the steep angle facing the upper body and the more slanted side toward the feet.

Step Two:

Tighten the superior strap over the anterior shoulders until a desired and patient tolerable amount of thoracic extension is induced. Be careful to keep the superior strap off the patient's throat region.

Additional one and/or two inch spacer blocks can be added at the beginning for a taller or heavier patient to create a taller fulcrum. They can also be added as the patient finds that traction with the top block alone is getting easier.



Lateral Traction for the Scoliotic Thoracic Spine

Step One:

Place a CBP™ Scoliroll on the base board. Have the patient lay with the apex of their scoliosis on top of the Scoliroll.

Step Two:

Start first with the inferior strap located behind the lower rib cage and tighten the traction strap. Once the lower rib cage is firmly anchored to the base board, tighten the superior strap over the superior shoulder until a desired and patient tolerable amount of thoracic lateral flexion is induced.



Adding Spacers:

The unit comes with both one and two inch spacer blocks. Spacer blocks may be used individually or in combination to increase the height of the top fulcrum. Velcro secures the bottom spacer in position and onto the base board. **Note: Please be sure to use two hands to un-attach the bottom spacer block from the base board using one hand on the upper Velcro piece and one hand on the base board. This will prevent the Velcro from being torn apart from the foam.**

All of these tractions should first be performed for only 3-5 minutes at first. As long as no adverse reactions (such as prolonged soreness or pain) are experienced, the traction sessions can be increased by 1-2 minutes daily until 20 minutes of usage is well tolerated.

