How Much Should I Spend On A Decompression System?

by Dr. Jay Kennedy

This is a question that I still hear a lot. Of course just a few years ago many doctors might have anticipated $40,000 to $125,000.00 as a realistic answer. However today if I said $40,000.00 most informed clinicians would assume I meant four tables, not just one. If you still are living in the past let me give a definitive answer to the question, "Do I need to spend more than $10,000 to $12,000.00 for a high quality, multi-purpose and eclectic decompression (traction) system?" The answer is no, not at all.

It should come as no surprise to those who might occasionally read my musings that I am none too happy that some decompression manufacturers continue to foster high cost machines with unacceptably limited attributes and the unsupportable myth that they are somehow not traction tables. It appears that some gullible chiropractors with passable credit continue to be targets of sales representatives and their advertising hyperbole. The entirety of the physical therapy and the orthopedic professions, as well as the FDA, know the reality of traction versus decompression (and the necessity of a multi-positional table), yet somehow the manufacturers selling to the chiropractic profession continue to slam us with high cost, limitations and unsupportable nonsense. Along with the utterly indefensible marketing jargon — "ours is a true decompression system" — these manufactures and their clinical shills also continue to proffer supine-only traction as the only "true decompression" option as well.

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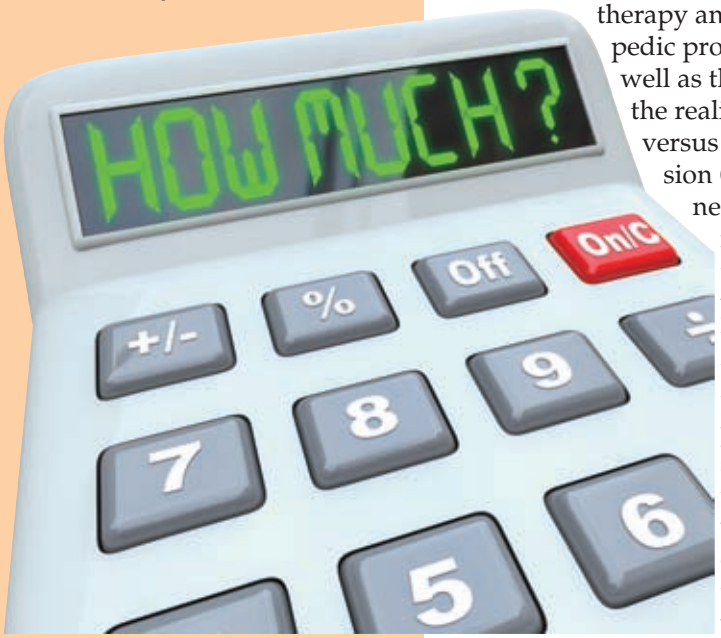

It is no surprise 90 percent of those advertising "true or real decompression systems" are also supine-only; a lack of sense and of science seems to go hand-in-hand. I would politely ask any of these people if in fact they insist that their patients ever only have their cervical spines adjusted supine, or only seated, or only prone, or only on the right side? Is the thoracic area only to be adjusted prone? Are all exercises only ever done lying on the floor? Is ultrasound only ever pulsed? Are disc cases only ever treated with extension or flexion? Obviously my point is clear. Limited treatment options are "imposed" on you; they are certainly not required by some objective, rational matrix. And most perplexing is that clinicians will be swayed by a manufacturer charging considerably more for fewer treatment options. "Well Dr. Kennedy if you buy the car without the sunroof, automatic transmission and air-conditioning it will be $8000.00 more — how does that sound?"

Supine decompression therapy appears to those inexperienced with traction to be more comfortable therefore potentially more sellable to the general public. Many manufactures (beginning in 1996 with the DRS) attempted to contrast themselves from the prone-only VAX-D by adopting supine-only positioning. To the best of my knowledge there have been at least a dozen such systems. This was not due to

clinical efficacy or research, but rather was pandering to the perception (though clinically untrue) that lying on one's back is most comfortable, therefore most effective. Also the engineering reality that prone and supine attributes (and the development of a stand-alone traction motor) require considerably more research, development, and production costs than a supine only table.

Firstly, approximately one-third of the adult population, and up to 70 percent of children, are prone or modified prone sleepers. Many HNP patients become acutely aware that the only relief they achieve is when prone. Secondly, aren't we chiropractors? Don't 70 percent of us use Activators and adjusting tools prone? Don't we buy flexion/distraction tables which only treat HNP conditions prone? It seems indefensible to proffer clinical education and claim clinical acumen while perpetuating a wholly unsupportable and theoretically unfeasible theory. If we look at studies (and the diverse clinicians involved) over the last 50 years: Cyrix, Mathews, Grieves, Saunders, Maitland and recently Fritz et al, Chow, Dyer and many others, we see prone position traction is either the predominant position or at least a considered option. To utterly eliminate it clinically (and produce tables which will not even allow it), seems to border on malpractice.

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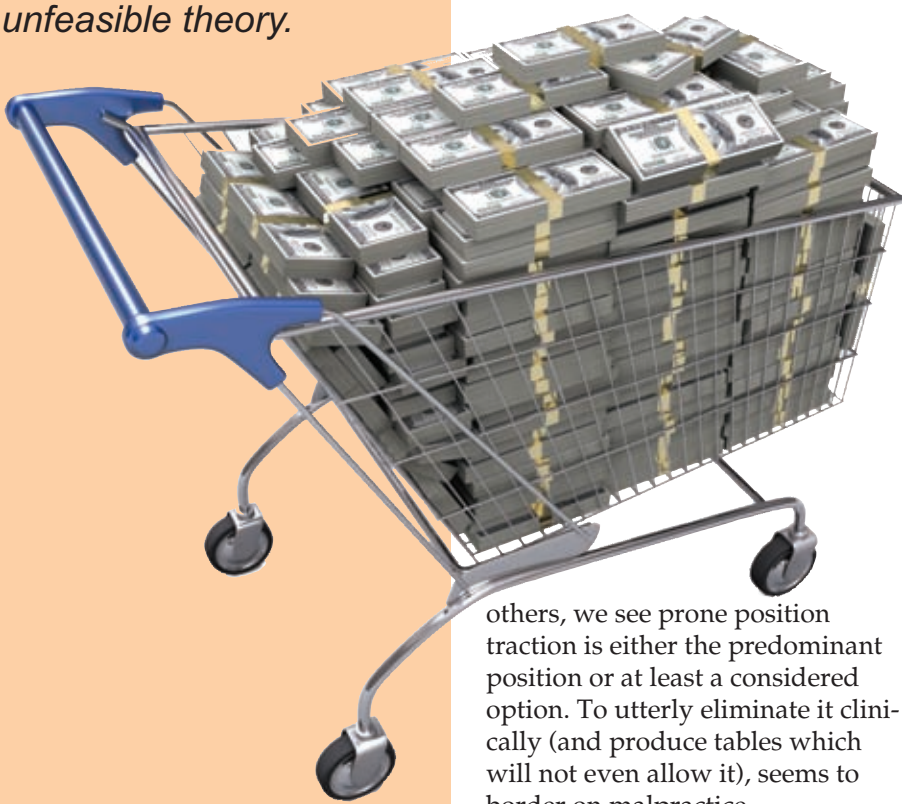

We believe that variability of position is potentially the most important aspect of traction. It also requires a manufacturer to design a system amenable to prone, supine and side-lying treatments, recognizing there can never be "one-position-fits-all." It requires a minimizing of "the magic is in our machine" rhetoric and a focus on real clinical design acumen and education. If we first recognize that science has yet to understand the essence of most back troubles (at least 85 percent being considered idiopathic) and that HNP and "pinched nerves" are, in terms of the general population, rare events (a lifetime prevalence of ~ 8 percent according to Burton et al) limiting any treatment options seems foolhardy. McKenzie proposed in the late 1970s that extension may be a reasonable direction to foster initial relief to HNP/disc derangement conditions. He was/is no fan of any modality (traction included), but other equally insightful investigators have proposed traction fostering prone and or prone extension is a viable traction treatment option.

Simply put, proffering supine traction as "true decompression" is clinically untenable and indefensible. If we can at least grant 40 years of McKenzie research some modest validity (and the epidemiological predominance of an extension direction preference), we recognize overt, supine flexion fosters posterior migration and potential pain peripheralization in many cases of HNP. Many sub-acute disc-compression conditions simply respond better and faster to prone treatment (see also McGill's comments on simple posterior disc cases and extension). This, more than anything, casts supreme doubt on those who continue to bellow supine position is "true decompression"…and "true decompression" is not cheap.

About The Author — Dr. Kennedy has developed, tested and taught a highly effective, easy-to-learn chiropractic decompression therapy technique.