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[www.mastertrakk.be](http://www.mastertrakk.be)

**MASTERTR@KK**



Back-A-Traction®  
The Swedish Back  
Care System

Guidelines for a first treatment using the Mastercare Back-A-Traction for people suffering from back complaints.

1. Make sure you adjust the right body height. Pull the height and balance adjustment knob and slide the bar according to the guideline markings provided.
2. Starting position  
Take care of a neutral pelvic position, use support pillow and/or knee-support (supine position). Experience shows prone position is best to start the treatment. Prone position on the Mastercare Back-A-Traction is not comparable with prone position on a common massage table or bed: the construction of the table allows knees and hips to stay in a light flexion during prone position. The use of support pillows allows you to flex the hips even more to facilitate lumbar traction by flattening the lumbar spine and decreasing the loading effect of the psoas muscle on the lumbar spine during traction. Also when stepping into and out of the Mastercare Back-A-Traction, especially when there are disc problems involved, prone position shows to be a better position because of keeping the neutral pelvic position, especially when stepping out. Coming out of supine position gives flexion of the lumbar spine, causing pain in case of postero- and posterolat. disc protrusions. Is it though for one or another reason impossible to put the patient on the stomach, then certainly use the knee-support for the first treatment(s) (knee-support is to be adjusted individually). If you want to arch the pelvic even more, put the support pillow under the buttocks. Mostly after a few treatments, the patient feels comfortable in both positions.  
In studies of C. Norman Shealy and Pierre C. Leroy (1997) with the DRS-system, we read that when the problem is located at level L5 – S1, an extra pelvic arching is not necessary; is the problem located at level L4 – L5, optimal distraction occurs at an inclination of 10°; is the problem located at level L3 – L4 or L2 – L3, an inclination of 20° is recommended.

3. Method  
Unlock one safety catch. This allows you as a therapist to make all adjustments from one side and to assist while inverting the table. Bring the patient gently to the horizontal position and start with some breathing and/or relaxation exercises for optimal relaxation. The support leg allows you to increase the inclination angle (and thus the traction) very slowly (0° to 15°) in case of severe muscle spasm. On the other hand, the support leg is used to stabilize the table when using mobilizations and/or manipulations or other soft tissue techniques. Keep the patient at least 3 minutes in the same position, except when the patient should feel uncomfortable or is in pain. The degree of inversion and the continuance of the traction depends the first treatment on what the patient can bear. When muscle tension is high and muscle spasm or pain should increase during traction, we bring the patient back to the horizontal position. In this case, we let the patient do some more breathing or relaxation exercises or use

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some other techniques to take the muscle spasm away. Then we go back to the inverted position. We increase the inclination angle progressively till we have our patient in 15°, where the patient is completely relaxed, without pain and we get a full range of motion of the table.

The average length of treatment, counting the non-continuous character of traction during the first session is +/- 45 min. First 2 weeks, we treat daily. Duration depends on the pathology.

The exercise program starts from the moment the patient is relaxed and pain free in traction, mostly from the second or third treatment.

#### 4. Purpose (general)

- decreasing pain and muscle spasm, decreasing EMG activity;
- increasing mobility;
- increasing circulation;
- posture correction, re-alignment pelvic-spine;
- increasing muscle-balance and power in an unloaded position;
- relaxation.

#### 5. Indications

- 'Postural syndrome';
- 'CLBP' ;
- Posterior dysfunction syndrome ;
- Lumboglut. pain. With prolonged restriction of SLR;
- Discprotrusion level L1 – L2;
- Nuclear lumbago;
- Stenotic concept;
- Nerve compressions.

Conclusion: every condition where we intend to increase the intradiscal space, centripetal suctionforce within the disc, more space at the apophyseal joints and intervertebral foraminae.

Yours sincerely,



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