



**Fig. 7-6** Patient entering LTX 3000 lumbar traction device.

- The LTX 3000 is adjusted for patient height and size, ensuring that the device is correctly adjusted for patient comfort and safety.
- To enter, the patient grasps the lock releases with the fingers of each hand while assuming a sitting position on the sling located under the buttocks.
- The full weight is not borne by the sling but is partially supported by the patient's hands. With release of the locks, the torso pads move toward the body to support the torso and allow traction to the lower spine.
- Note that the knees are flexed and help support the weight of the patient as seating is completed. The torso is to maintain a near vertical position as the device is adjusted.
- Note the white rectangular sheet to the left of the device; this is the instruction sheet for the operator and the patient. (Courtesy Spinal Designs, Minneapolis, Minn.)



**Fig. 7-7** Patient assuming a seated position in LTX 3000 traction device.

- Patient is fully seated, and the feet are relocated, with a right angle bend of the knees. The full weight is borne by the seat, and the torso pads press against the body.
- After a few seconds in this position, the torso pads are released to create an improved position against the body and the seat sling is released about 1 inch, increasing the traction on the lower spine.
- This process of increased release of the sling coupled with adjustment of the torso pads can be repeated 2 or 3 times, until the appropriate traction in the lower spine is achieved.
- All the adjustments should initially be performed by the operator.
- With supervision, the patient can become proficient in making most of the adjustments. (Courtesy Spinal Designs, Minneapolis, Minn.)

The Back-A-Traction inversion device incorporates high quality and heavy-duty construction. The patient is fastened into the foot clamps, which then allow control of the inversion process through stages. When the table tilts backward and the patient is positioned, the first stop is at full parallel to the ground. A release of this position

must be initiated by the patient, and the second and third positions are accessed. The greatest inversion of this device is approximately 15 degrees below horizontal, and stops are automatic at each subsequent position toward the maximum inversion. Release from the position is initiated with the handle that is held constantly by the patient. (Fig. 7-15.)

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