



## PROTOCOL FOR COX® TECHNIC FLEXION DISTRACTION AND DECOMPRESSION OF CERVICAL SPINE DISC HERNIATION

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4/21/2021

**Protocol I is administered manually until Protocol II is instituted as adequate radicular pain relief (50% Rule) and tolerance testing allows.**

**All protocols start with and are continually monitored by tolerance testing.**

### 1. Preparatory Care.

- A. Ensure all locks are secure.
- B. Patient lies prone with the face on the headpiece with eyes in center of cutouts in the headpiece. This places C5-C6 at the opening between the cervical and thoracic pieces.

2. Following **clinical determination of the disc level of stenotic disc herniation**, apply tolerance testing for Protocol I, applying 2-3 pounds of distractive force from foramen magnum to the level of disc herniation to be distracted.

3. One of two spinal contacts for treating cervical spine disc herniation may be used:

- a) **Hand Contact** - Contact the posterior arch superior to the level of disc herniation determination, e.g. if it is a C5-C6 disc herniation, the C5 arch is contacted. Doctor hand contact of the web of the hand on the spinous process and the thumb and index contact on the transverse processes. This allows a cephalward distraction force applied superior to the disc herniation.
- b) **Occipital restraint** - The occipital restraint can be placed on the segments superior to the disc herniation. Doctor hand contact is on the vertebra inferior to the disc herniation. Distraction of the headpiece is delivered as the doctor hand contact exerts caudad force resistance to the distraction force applied.

4. Distraction manipulation and mobilization **with hand contact**:

- a) Five four second distraction forces are delivered for a time of 20 seconds. This 20 second distraction force is given 3 times and between each 20 second delivery trigger point, acupuncture point, or acupressure is applied. As taught in didactic lecture, test at low force (2 lbs) increasing to 6 lbs incrementally by 2 lbs until 6 lbs is reached. Always continue treatment from the determined tolerance level. The force application is taught by visualizing the computer graph of forces, so the doctor learns the tissue tension of such forces. Some doctors retest their force levels in their practice by watching the force graph.
- b) Apply manual distraction from the taut point, which is the point of interspinous process tautening and separation, at the chosen level. Patient tolerance at levels of

2, 4, 6 pounds of distraction force are delivered while asking if this causes any discomfort to the patient. If so, decrease to lesser force. Always contact the arch of the vertebra superior to the disc herniation for applying the contact described at A. and at the inferior cervical level as described in B above. Tolerance testing if constant as the distraction is applied. The force applied is that which causes no discomfort to the patient.

- c) Protocol II is started as adequate pain relief is attained and tolerance testing allows full range of motion to be started. Range of motion is applied with the cervical and upper thoracic spines under distraction. At this distracted point, lateral flexion, flexion, extension, rotation and circumduction are performed at each cervical and upper thoracic level. These motions are delivered with coupled motions under distraction.

5. Distraction manipulation and mobilization ***with the occipital restraint:***

- a) Place the occipital restraints on the patient, asking for any discomfort and affording appropriate attention to any complaint.
- b) 2 applications of distraction can be delivered with the occipital restraint in place:
  - i. ***Contact the spinous process of the vertebral segment*** to be distracted, and ***apply long y axis force*** while moving the headpiece cephalward. This includes the foramen magnum when it is distracted.
  - ii. ***Contact the spinous process inferior to the vertebral segment*** to be distracted, and apply ***a caudad force*** as the headpiece is moved cephalward.
  - iii. Protocol II is given while distraction is applied and lateral flexion, rotation, flexion, extension, and circumduction are performed.
  - iv. Doctor hand force can decrease or increase lordosis as deemed appropriate.

6. Appropriated electrical stimulation can be applied to trigger points before or after distraction manipulation.

7. Ultrasound, acupuncture, gua sha, vibration, heat or cold, or other modalities as deemed needed are given.