Webinar Wednesday FEBRUARY 17, 2021

COX® DISTRACTION SPINE MANIPULATION PROTOCOL FOR DEGENERATIVE CERVICAL SPINE DISC DISEASE (SPONDYLOSIS)

1. 2 mobilization manipulation approaches: Prone with and without occipital restraint
2. All protocols start and continually monitor tolerance testing
3. Preparatory care.
    A. Ensure all locks are secure
    B. Patient face on headpiece with eyes in center of cutout in the headpiece. This places C5-C6 at the opening between the cervical and thoracic pieces.
4. Distraction manipulation and mobilization **without the occipital restraint**
    A. Two doctor hand contacts are used:
        1. One at foramen magnum
        2. At the desired cervical segment or upper thoracic segment to be distraction manipulated.
    B. Tolerance test by contacting and applying low force distraction from the foramen magnum level to T5 level. Ask for patient input as to any discomfort and reduce force to non-painful level.
    C. 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 narrowed disc level and moved caudally under tolerance testing to adjacent levels of disc space degeneration.
    D. Protocol I for radicular cases and Protocol II for non-radicular patients are delivered. The force applied is that which causes no discomfort to the patient.
    E. 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:
        1. 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.
        2. Contact the spinous process inferior to the vertebral segment to be distraction and apply a caudad force as the headpiece is moved cephalward.
        3. Protocol I is delivered as described in points 1 and 2. Protocol II is given while distraction is applied and lateral flexion, rotation, flexion, extension, and circumduction are performed.
        4. Doctor hand force can decrease of increase lordosis as deemed appropriate.
        5. Appropriated electrical stimulation can be applied to trigger points before or after distraction manipulation.
        6. Ultrasound, acupuncture, gua sha, vibration, heat or cold, or other modalities as deemed needed are given.

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developer of Cox® Distraction Spine Mobilizing Manipulation