

## **The Evolution of Flexion Distraction: From Ancillary Therapy to Specific Adjusting Technique**

By W. Patrick Danzey, DC

Flexion distraction has been a valuable technique since Dr. McManis, an osteopath, patented the first flexion table in 1909. Traditionally, flexion distraction has been performed by the chiropractic profession as an intermittent type of intersegmental traction. Performing flexion distraction as a specific adjusting technique, rather than as an ancillary therapy, is a more focused approach. It takes traditional flexion distraction to a higher level, utilizing 1) a specific spinal contact; 2) a specific thrust vector; and 3) a specific traction movement, all with the goal of correcting a specific subluxation / spinal distortion pattern.

In clinical practice, commonly treated spinal conditions will exhibit particular and predictable distortion patterns. For example, a left posterolateral disc protrusion at the L4-5 level will produce left lumbar pain and/or radicular symptoms of the left lower extremity. The predictable distortion pattern will be left lumbar convexity (right antalgia) and left posterior (process right) vertebral body rotation.

Traditional flexion distraction technique for this condition would dictate a midline contact cupping the L4 spinous process, slowly flexing the table slightly past tissue tautness and repeating approximately 12 times. While beneficial, this technique does nothing to reduce the subluxation/distortion.

The specific flexion distraction approach places the doctor on the right side of the table using a thenar or hypothenar contact on the L4 left mammillary process. The thrust vector is downward and to the patient's left to correct the left posterior (process right) vertebral body rotation. The traction handle is moved downward and to the patient's right to open the left L4-5 disc space and centralize the disc protrusion.

This technique utilizes a flexion/lateral flexion table movement of greater velocity and shorter duration than traditional flexion distraction. The motion is delivered over a 1-2 second duration at an increasing velocity. This movement is very similar to a manual chiropractic adjustment. It will work with any flexion distraction table; however, tables that produce a greater amount of distraction will produce better results. This

common-sense approach to contact, thrust vector and table movement can be adapted to any spinal condition and subluxation / distortion pattern.

Whatever method a chiropractor utilizes to determine spinal listings / subluxations, correction can be achieved with flexion, lateral flexion and distraction. Elevate your flexion distraction technique to an adjustment and see the results.

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**Dr. W. Patrick Danzey** is a 1983 graduate of National College of Chiropractic and the president of [Axial Trac Corporation](#). He practices in Avon Park, Fla.



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