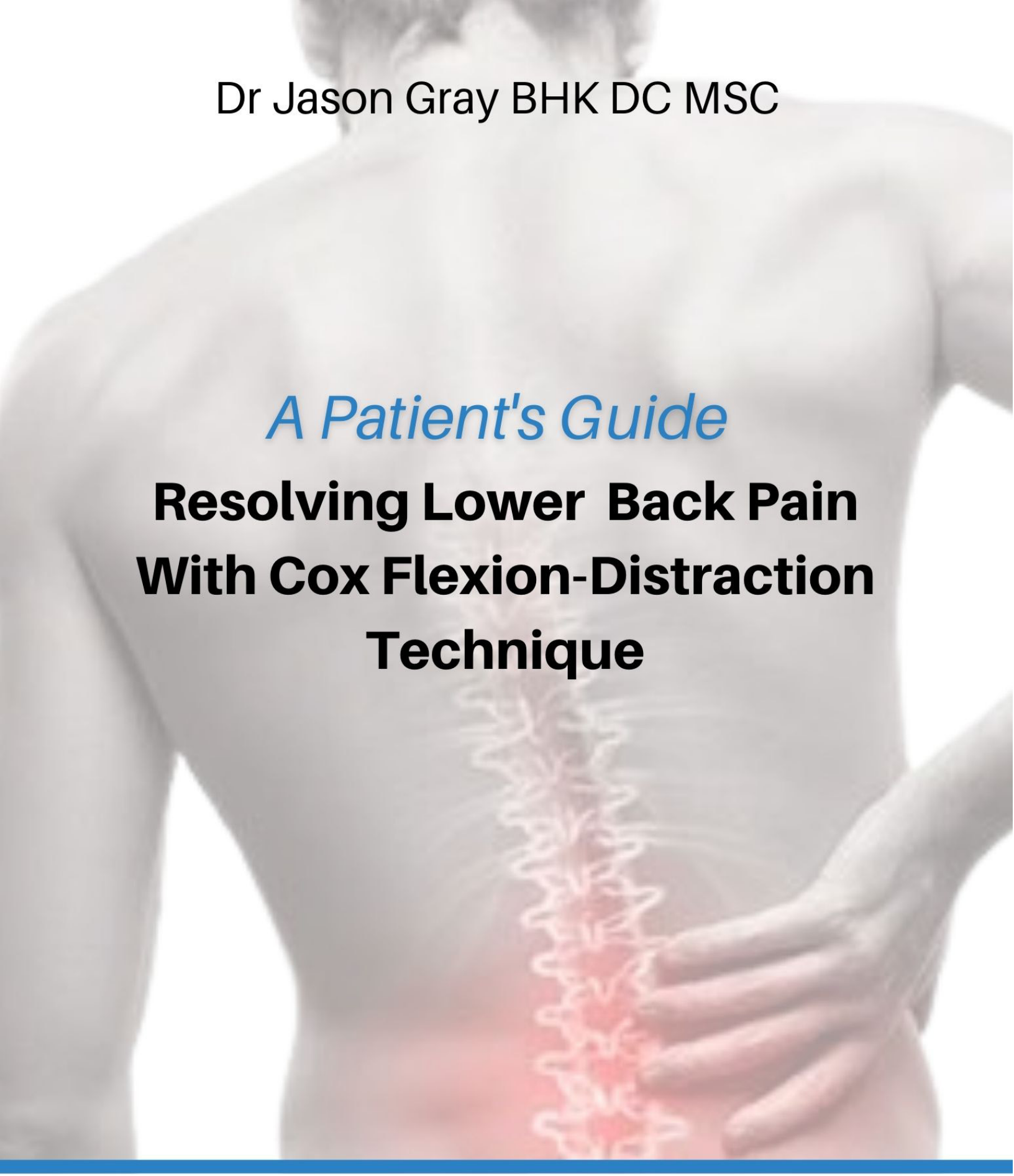
Dr Jason Gray BHK DC MSC



*A Patient's Guide*

# Resolving Lower Back Pain With Cox Flexion-Distraction Technique

GRAY CHIROPRACTIC
Spine & Joint Clinic

# Resolving Lower Back Pain With Cox Flexion-Distraction Technique

By Dr Jason Gray BHK DC MSc

Low back pain is one of the most common musculoskeletal problems in our modern world. According to the World Health Organization (WHO), it's the single leading cause of disability in the world. Studies estimate that 84% of adults will experience back pain. Even worse, for up to 23% of these patients, this back pain will become chronic and unremitting, affecting every aspect of their day-to-day lives.

You may even be reading this because you're looking for a solution to your back pain. But before we get too far I should point out that just reading this report is not going to solve your problem. At least not without taking further action.

The unfortunate fact is that back pain can be complicated and difficult to treat. Even though many different lower back conditions may feel similar, it doesn't mean they're all the same. There are many different muscles, ligaments, or joints that can become injured. And in some cases the discs or nerves of the lower back can be involved. (So getting a proper diagnosis is important!)

The fact that there are many different causes of back pain also means that not all cases of cases or conditions should be treated the same. Even though the symptoms may be similar, what needs to be done to help your back feel better may be different than what your friend, colleague, or neighbours' back needs.

This is why looking on YouTube or social media is unlikely to help. Attention grabbing headlines like "5 Exercises To Cure Back Pain" or "The 3 Best Exercises For Your Spine" may sound enticing, but these articles assume that all back pain should be treated the same. These are false assumptions that often do more harm than good.

The complex nature of back pain also makes writing a report like this challenging. Because you are likely reading this to learn more about your specific back pain. And the last thing I want to try to do is diagnose your lower back pain here. Nor do I want to suggest that the treatments we provide in our clinic are a one-size-fits-all approach.

To reiterate, a proper diagnosis and individualized treatment is important.

But what I do want to do here is go over some key themes and principles that apply to the vast majority of lower back pain. And I want to review some very important things that often get neglected and overlooked with many traditional approaches to lower back pain treatment. In doing so, I'll also review some of the unique ways that we approach lower back pain in our clinic.

### The Different Types Of Back Pain (And Why It Matters To You)

As noted above, there are many different types and causes of back pain. But to help us narrow this discussion, what we can do is separate back pain into two basic categories; acute back pain and chronic back pain.

With acute back pain, symptoms will be relatively short lived–typically days to weeks. And there will often be a precipitating event that has caused the problem. In some cases this could be obvious (like a fall or accident), but it doesn't necessarily have to be. It could also be something simple and mundane like bending over to pick something up from the floor. Or it may be that pain shows up after an activity like golfing or running, or doing some yardwork.

In any event, with acute back pain your symptoms usually start after doing something.

In contrast, chronic low back pain is more persistent, often lasting for months or even years. In many cases there may not be an obvious injury or event that initiated the symptoms—the symptoms just seemed to show up for no reason, but won't go away. In other cases, the symptoms may have started after a specific injury, but the pain has lasted long past the expected healing time.

In either case, we see that the low back pain is no longer behaving like we would expect of other injuries like a twisted ankle or shoulder strain.

This differentiation between acute and chronic low back pain is important because what is actually causing the pain, and how these conditions need to be treated, are quite different. So here, in this report, we'll start our discussion with acute low back pain. Following that, we'll move into chronic low back pain.

## Part 1: Acute Low Back Pain

Let's begin by talking about acute lower back pain. Remember this type of back pack pain is typically caused by some type of tissue damage or injury. (As a side note, this is how most people think about all types of back pain, but as we'll discuss later, this is not always the case.) As noted above, there could be various structures or tissues involved such as the facet joints, the spinal ligaments, the intervertebral disc, or any of the deep or superficial surrounding muscles.

While the exact treatment may vary depending on the specific diagnosis, the general principles and treatment approach is similar regardless of which tissues or structures are involved. In these cases the critical goal of treatment is focused on getting the tissue to heal as quickly as possible, and making sure everything goes back to normal. This is important not just to help with the pain itself, but also to help make sure the issue doesn't become chronic. This is a big deal. Recall from above that almost a quarter of the population suffers from chronic back pain!

The critical factor in trying to promote healing and get the spine back to normal is to restore normal joint movement as quickly as possible. Not only do your joints (including your spine) need movement to be healthy, but with injury movement is a powerful stimulus to control symptoms and stimulate proper tissue healing. This concept is a well established principle that applies to virtually all forms of tissue damage and injury (the one exception is bone which requires immobilization when fractured–but this is rare in lower back pain).

But the vital importance of movement doesn't mean we just ignore the symptoms and push through the pain. When I say movement is essential we need to know which movements (i.e., which stretches and exercises) will be helpful, and which to avoid. How many and how often these movements and exercises are performed are

also factors to consider. The basic fact is that too little movement is bad, but too much can cause more irritation and slow tissue healing.

Sometimes these principles can be difficult to grasp when it comes to the spine. But remember, these are well established principles that apply to all areas of your body. So let's use an ankle sprain as an example to make our point.

## Healing An Injured Ankle (And Why This Matters For Your Back Pain)

Let's say you sprain your ankle by stepping awkwardly off a curb, or stair. As this injury occurs there will be a very predictable series of events that follow. First, the area gets swollen and inflamed. This will not only make the ankle stiffer and less mobile, but these inflammatory chemicals will also stimulate nerve receptors in the area that cause pain.

Now even basic movements like walking or bending the foot will hurt.

But the injury response doesn't stop there. The muscles around your calf and ankle, and even at your knee and hip will also start to change. This will help to splint the ankle and cause you to limp and change how you walk to take pressure off your injured ankle.

In the short term, all of these changes are normal and helpful. This is your body's way to limit the stress at the foot and ankle. These are protective responses that help limit further injury and help the tissue to heal.

But it is critical to make sure this inflammatory response doesn't spin out of control.

One of the most important things with acute pain is to actively manage this injury process. Here there are things that we need to do to manage the pain and to guide the healing response so the injury not only heals quickly, but also properly.

This is where the importance of movement comes in.

Think of it this way. With an ankle sprain we wouldn't just ignore the pain and go running. That would be foolish and just lead to more pain and damage. But we also wouldn't want to just put our foot up on the couch and not move it for a week or two. Keeping the foot immobile may feel better in the moment, but when we try to stand and walk again the foot isn't going to be any better. If we don't keep the foot moving the ankle joint and surrounding muscles are just going to get stiffer and tighter. And if there's no movement the injured ligaments around the ankle won't heal properly.

So the key in these early stages of acute pain is to perform movements that are safe that keep the foot and ankle moving, but that also won't create further damage and injury.

For an ankle sprain this may include performing movements like ankle "crosses" or "circles". Here the patient would simply move their foot up and down and/or in a circular motion. These motions help reduce pain and stiffness by "pumping" the swelling and inflammation away from the site of injury. These movements also help to guide healing as they stimulate the body to produce new connective tissue at the site of injury.

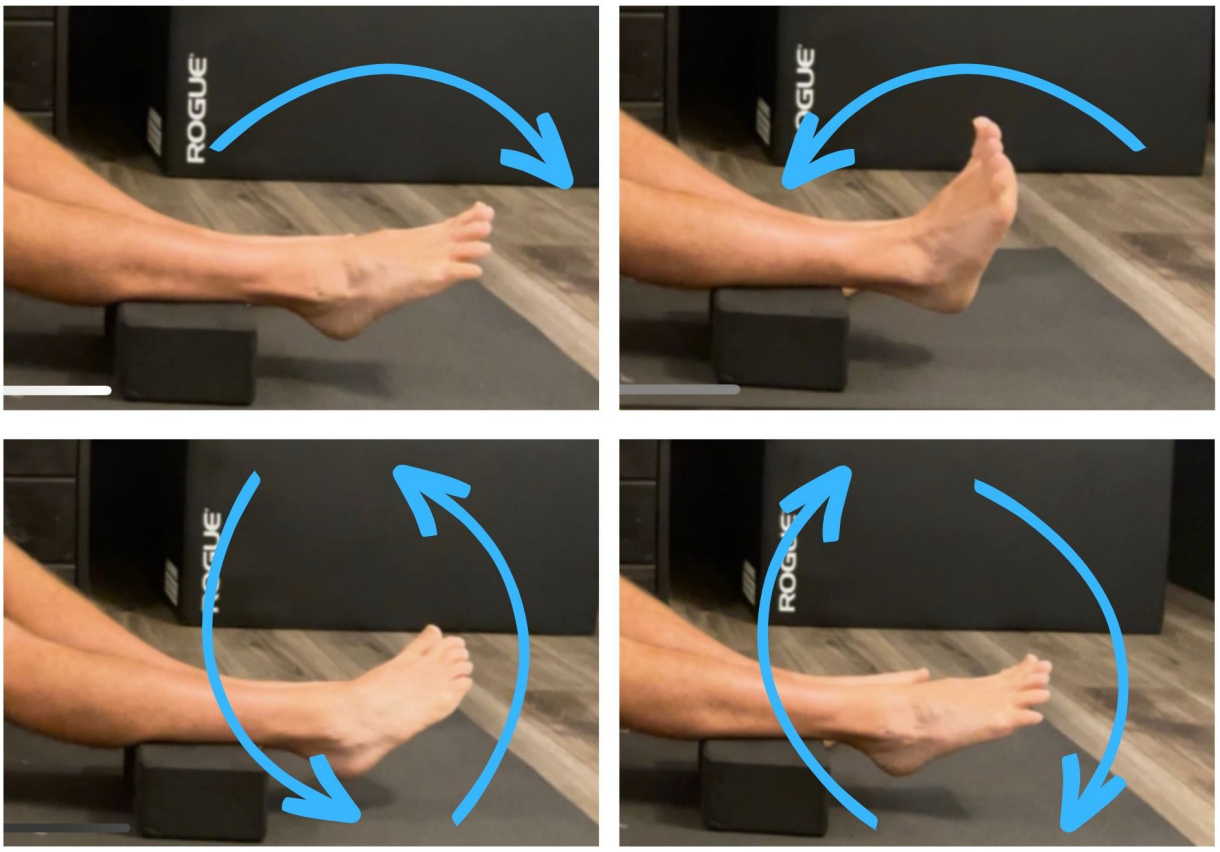
I should also point out here that these motions may cause some symptoms. But these symptoms are going to be related to the area being hyper-sensitive as a result of the swelling and inflammation that accumulates in the area, not as a result of more tissue damage or injury.

We know this because these basic ankle motions are performed from non-weight bearing postures. This means the force on the ankle is quite low and not enough to cause more damage.

To be clear, this doesn't mean that the goal is to just push through the pain. The idea is to move to tolerance. So some mild, achy symptoms are okay to work through, but the motions can be performed more gently as needed to keep the symptoms at a tolerated level.

Then over time as the ankle heals and pain improves the range of motion and intensity of contraction can be slowly increased. Over the coming days or weeks we may add a resistance band to the movements or progress to more weight bearing exercises to further strengthen the ankle. (Remember the goal is not only to improve the pain itself, but also to get the ankle back to normal so you can resume all activities, prevent the problem from becoming chronic, and minimize the chances of this happening again).

These principles of early and directed motion is a well established and critical principle when dealing with acute pain and injury. It applies to all areas of the body–ankles, knees, shoulders, and the lower back.
But when applying these principles to the lower back there's a catch, which is where we need to turn next.




Basic movements like "foot crosses" and "foot circles" are very effective with an acute ankle sprain. These movements help to flush swelling and inflammation from the area, and promote proper tissue healing.

The importance of movement to control pain and healing applies to lower back pain as well. But traditional stretches and lower back exercises are not very effective as they don't create movement at the individual joints of the spine.

## Movement For Lower Back Pain - Why It's Just A LIttle Different

In order for movement to help with pain and healing there is one important caveat—the movement needs to occur at the injured area. For our ankle sprain example above, moving the hip or elbow doesn't help. It's the injured ankle that needs to move. Directing the stimulus is easy with the ankle because you only have one at the end of each leg. To affect the ankle we can just move the foot.

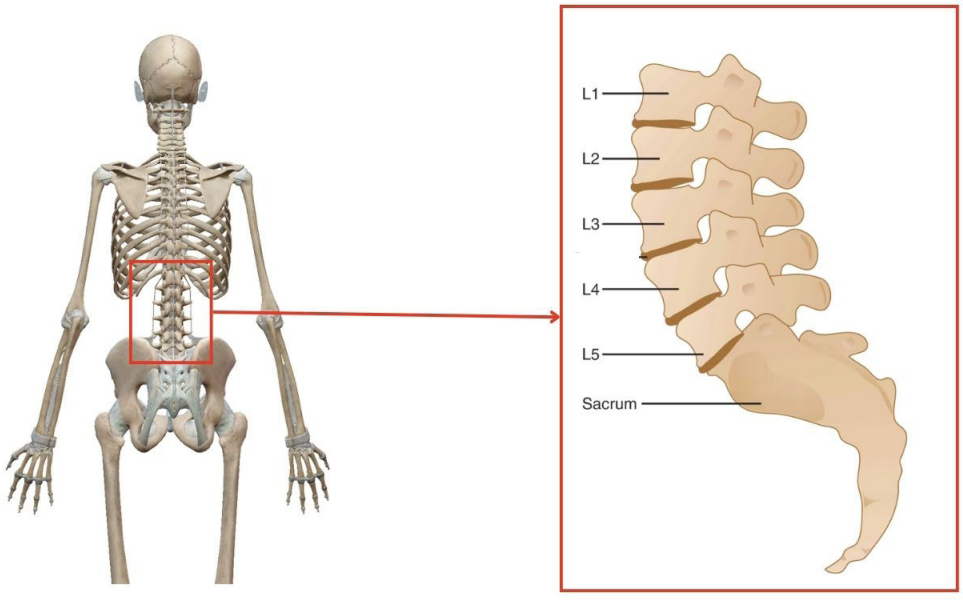
But your spine is different. It's not like other areas.

When we talk about a hip or ankle, we are referring to single-joint systems. So, these areas are easier to target. But we don't have a lumbar spine in the same way that we have a hip or ankle. The spine is not a single-joint system. It is a series of individual joints connected in series. And with acute pain, it's not the entire lower back that is injured. The injury (and thus the source of pain we need to specifically target), will typically occur at an individual joint segment.

This means for treatment, movement needs to occur at that one specific joint segment. But as important as this is, it can be challenging to do. And it is certainly not what is done in so many treatment approaches.

## Traditional Lower Back Stretches And Exercises Are Often Ineffective

For example, traditional stretches or exercises that are so commonly prescribed for the lower back only target the spine as a broad or general region. Think of a knee-to-chest or spinal rotation stretch or common yoga movements such as a cat-camel or child's pose (see image below). These stretches may stretch and elongate some of the muscles that surround the spine. They may even create some general motion through some of the lumbar joints. But which joints are really stimulated and affected with these movements?




The lower back is not a single-joint system like the hip or ankle. It is composed of multiple joints arranged to form a moveable column. **Each individual joint must be flexible and work properly for the lower back to be healthy.**

The fact is we don’t know, because none of these movements make any attempt to create focused or deliberate motion at the individual spinal joints. In fact, without a more targeted approach it is unlikely that the injured spinal joints will experience the movement stimulus needed.

Recall from our ankle sprain example above the muscle spasm and contraction around the injured joint is one of the predictable consequences of pain and injury. This is a protective mechanism to protect the injured area. This same process occurs with acute lower back pain as well. This muscle tension helps to protect the injured area with general movements like walking, bending, and twisting. It a muscular cast that limits motion in an effort to prevent further injury. But this will also carry over to traditional lower back stretches and exercises as well.

In other words, general motion (including traditional stretches and exercises to stretch and move the lower back) won’t necessarily create or restore motion through a painful joint. It is more likley to create movement at the adjacent joints. This is your body’s way to compenstate for the problem.

So we are faced with a two-pronged problem. We need to utilize joint movement to help reduce pain, stimulate healing, and restore proper function to the injured spinal joints. But we need to find an effective way to (1) actually get this movement to occur at the specific lower back joints that are injured, and (2) apply this movement in a way that is safe and doesn’t further damage the spine.

One of the treatments that we have found most effective for acute lower back pain in our office is a specialized technique known as Cox Flexion-Distraction.

**These stretches may feel like they’re stretching some of the muscles around the spine. But these stretches won’t target the individual joints of the spine. That is a major limitation that makes them much less effective if treating lower back pain.**

## Resolving Acute Lower Back Pain With Cox Flexion-Distraction Technique

Cox Flexion-Distraction technique is a safe, effective, research-proven, gentle treatment technique used to correct tight, painful, and dysfunctional joints in the spine. The technique is performed using a specially engineered treatment table that gently pulls and stretches the spine.

Here is how Cox Flexion-Distraction works….

With the patient lying face down on the table, the lower section of the table (the part of the table supporting the patient's legs) can be slowly pulled down and away. This motion lengthens the spine, which gently pulls the spinal bones away from each other and acts to "decompress" and stretch the tight and inflamed joints.

Cox Flexion-Distraction technique is a safe, effective, research-proven, gentle treatment technique used to correct tight, painful, and dysfunctional joints in the spine. The technique is performed using a specially engineered treatment table that gently pulls and stretches the spine.

As the spine stretches the doctor is able to focus the stretch and joint release at very specific levels of the lower back by stabilizing the vertebra above the restricted vertebrae using a specific hand contact. This focal pressure applied by the doctor makes Cox Technique more effective than traditional traction therapies, devices, stretches, or traditional joint adjustments/manipulations which apply only a very generalized stretch/motion to the spine (which as noted above, will be less effective at targeting the specific joint that is injured).

Each decompression stretch is applied in a rhythmical push-pull action 5-10 times, for a total of about 60 seconds. This process is repeated several times within each treatment session.

As noted above, promoting movement at the affected spinal joint(s) has a number of important effects which help to reduce pain and promote healing. To expand on our discussion above, this procedure has been shown to dramatically reduce pressure within the intervertebral disc, which reduces strain and stimulates healing of the damaged discs. It also helps to reduce pressure and irritation of the posterior facet joints of the spine, and stretch the ligaments and deep muscles surrounding the spine (and remember, with this approach this stretch can be specifically applied to the restricted, tight, and painful areas).

At our clinic we've been using this technique for more than a decade. While it's not a miracle cure or magic bullet for every condition, we've found it to be one of the most effective treatments available for most cases of both acute and chronic back pain (see discussion below for how it helps with chronic low back pain).

### What About Stretches and Exercises?

At this point in time you may wonder if you still need to perform stretches and exercises as part of your lower back pain treatment. The short answer is yes.

An effective home exercise routine is an essential and non-negotiable part of proper rehabilitation and pain management.

But as noted above, we have found that many traditional stretches and exercises just don't work very well. So, over the past decade we have devised a series of specific exercises for acute lower back pain based on the principles described above.

The actual exercises—including the specific form that must be used, what's OK and not OK as far as any symptoms you may feel during the exercise, and the frequency and duration of each exercise—are beyond the scope of this report. But know that our approach to acute lower back pain always includes a home stretching and exercise routine that we tailor to each pain.

To get an idea of the type of exercises I'm talking about, here is a link to an article where I discuss and outline some of the exercises I often prescribe for acute lower back pain.

Just remember, you do need to be careful when finding exercises on the internet -- That includes the program that we've developed and use in our clinic. But this will at least provide some examples of what we're talking about here.

## Part 2: Chronic Low Back Pain

Up to this point, our discussion has focused on acute lower back pain. These are cases in which the symptoms are relatively short lived, and can typically be traced back to a specific event. But now let's shift our attention to chronic lower back pain.

This type of lower back pain is more persistent. Symptoms here can last for months, or even years. Sometimes the symptoms will seem to improve, only to come back again with a vengeance.

It is often difficult to identify a single, specific cause of this type of lower back pain. In many cases pain seems to just show up for no obvious reason. Other times the lower back starts to hurt after basic tasks or activities that you wouldn't expect to cause pain. In some cases the pain may have initially started after a specific event, but then the symptoms last far longer than what would have been expected expected of a typical injury.

This type of lower back pain is different from acute lower back pain. Which means it requires a different treatment approach.

As noted above, acute lower back pain is related to tissue injury. So treatment centers around rehabilitation and getting injured tissues to heal. But, as a general rule, chronic lower back pain is more related to problems with how the spine is working and moving*

In other words, with the vast majority of chronic or recurrent low back pain, the spine simply doesn't work properly. The back cannot bend, twist, or move the way it's supposed to. Yet your life still requires you to do things that require a healty, mobile spine (like bend, walk, sit, stand, lift, get gorceries, pick up kids, etc...).

These mechanical problems can cause stress and overload to gradually accumulate in the lower back. In many cases this stress/overload is small at first, so you don't really notice the issue right away. But as this process continues the stress can accumulate, and over time the strain can start to build up.

It is important to point out here that we're not talking about the same type of damage that occurs with acute back pain and injury. The type of damage we're talking about here is small. The real problem is that it's repetitive.

That's why scans and imaging often come back normal (or normal and expected age-related findings like disc bulges or arthritis are so often misinterpreted as the cause of the pain). It's also why the symptoms will often fluctuate so much. It's like the physical health of the back is constantly hovering around some symptom threshold. If you don't do too much, the symptoms stay in check. But the symptoms are always there, hovering, ready to re-ignite when you push things too far.

## With Chronic Lower Back Pain We Must Restore Function

The key with these cases of low back pain is to focus on restoring proper physical health and function of the lower back. In other words, to help with chronic back pain, the focus is to build a better back. A lower back that works properly has less pain, and will be better able to do all the things that a healthy spine is supposed to do (like bend, twist, flex, and walk).

On this surface, this probably makes sense. And I'd be willing to bet you've heard this before.

Maybe you think you've even tried this approach in the past. Perhaps you've done lower back stretches, or taken up yoga. Maybe you've tried to strengthen your core with planks and bridges and bird dogs. Maybe this has even been done under the guidance of a healthcare professional, like a chiropractor or physical therapist.

But there is a major problem here.

Almost every type of traditional back pain therapy is simply too generalized. Most interventions focus on targeting the lower back as a whole— as a general area or region of your body.

But remember, the spine is not like other areas. It's not a single joint system like the hip, shoulder, or ankle. In fact, the spine is not a joint at all. Rememeber, as we discussed in detail above, the spine is actually a series of individual joints that interconnect to form a moveable column.

And with treatment, we must correct problems not at the spine in general, but at the individual joints of the spine. But, as I said, this is not what is done with most traditional low back pain treatment approaches.

Let's look at flexibility as a specific example.

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**I should note here that many factors can contribute to the symptoms of chronic lower back. Beyond mechanical problems like poor flexibility, muscle coordination, or weakness, things like diet, stress/anxiety, and even what a person thinks or believes about the nature or meaning of their pain can impact their level of symptoms. But virtually every case of lower back pain will also have a mechanical component that needs to be addressed.*

## The Critical Importance of Spine Flexibility (And Why This Is So Misunderstood)

Joint flexibility is perhaps the most basic requirement of physical health. In fact, allowing motion between 2 adjacent bones is the most basic and fundamental purpose of any joint. Looking through this lens one can clearly see that a certain degree of flexibility is critical at each and every joint. That is true of the hip, knee, and elbow. And the spine is no different. So if our goal is to build a healthy and functional spine, developing joint flexibility is an absolute, fundamental requirement.

But this is not what we typically see with traditional treatment approaches for lower back pain.

For example, various spinal stretches and yoga exercises are commonly prescribed by clinicians and therapists to help improve spine flexibility. (We talked about these stretches earlier when discussing acute lower back pain - see the figure above for some examples of these stretches that are really not very effective).

On the surface this may seem like a reasonable and effective strategy. After all, the efficacy of stretching to improve joint ROM is well established. And this seems to work so well at other areas like the ankle or shoulder. But remember, the spine is not like other areas.

Areas like the hip, ankle, or shoudler are easier to target with traditional stretches. Move the foot and you affect the ankle joint. Likewise, we can specifically target the shoulder joint by moving the upper arm.

But the spine is made up of a series of interconnected joints. So when we say the spine needs to be flexible, what we really mean is that each individual spinal joint needs to be flexible.

But traditional stretches don't consider this. They only target the spine as a broad or general region. Again, think of a knee-to-chest or spinal rotation stretch. Or common yoga movements such as a cat-camel or child's pose. These stretches may feel like they're stretching some of the muscles around the spine. They may even create some general motion through some of the lumbar joints.

But these stretches won't target the individual joints of the spine. Remember, movement occurs though joints. It's the joints that need to move.

## With The Spine, Specificity Is Critical

To truly understand the critial importance of this concept we need to look a bit deeper into the anatomy of the spine itself. As noted many times, the spine is a series of interconnected joints that forms a moveable column. This configuration creates a system of shared movement. So as you bend or twist your spine it's not just one joint that moves. Each joint will contribute to the overall motion. This allows stress to be dispersed across a broader area, preventing the accumulation of high loads at any single joint segment.

But as elegant and effective as this system is, there's a catch. It requires each joint in the system to be flexible and work properly.

But if one or more spinal joints lack basic flexibility, it cannot contribute to overall movement of the spine. Of course when this happens your spine doesn't stop moving all together. You can still pick things up off the floor and swing a golf club.

But how these movements occur will change. Other joints in the spine need to move more in an effort to make up for the lack of motion at the inflexible segment. This is a movement compensation. It's your bodys way to allow you to keep moving and functioning even though the back is not fully healthy.

So what are the consequences of these compensations in the spine?

Well, here's where things get a little interesting and controversial. Because as far as symptoms go, there probably aren't any. At least not initially. This has led some clinicians to suggest that these things don't really matter.

But the detrimental tissue changes that develop over time with abnormal tissue stress and movement is well established.

Evidence of this is seen following spinal fusion surgeries. These are surgeries where two bones in the spine are surgically fused together so the joint is competely immobilzed and cannot move at all. Here it is common for the joints adjacent to the surgically fused segment to develop arthritis and degenerative changes (Harrop et al. 2008). In the literature these conditions are referred to as adjacent segment disease (ASD), or adjacent segment degeneration (ASDeg).

Studies have estimated up to 43% of patients will develop ASDis (symptomatic) following lumbar joint fusion. The prevalence of ASDeg (asymptomatic) is even higher, occurring in up to 84% of patients post surgery (Louie et al. 2020). The major factor driving these conditions seems to be the increased stress at these adjacent segments following fusion. Studies have reported that motion increased up to 73% (hyper-mobility) and increased shear loads of 115% (Ebrahimkhani et at. 2021). The idea here is that when one joint is fused it forces the surrounding joints to compensate by moving more.

Of course spinal fusion is an extreme example of the altered stress and strain that occurs with inflexibility and limited motion of the spinal jonts. But these same processes are at play with motion that is limited but tight or restricted muscles or ligaments that surround the spine.

## It's Not Just Too Much Motion That Causes Pain and Joint Degeneration

But it's not just excessive, compensatory motion that will impact spine health. We now know that the restricted joint can suffer a similar fate of arthritis and joint degeneration through a process known as immobilization degeneration.

Remember, the body needs to move to stay healthy. This is the use-it-or-lose-it principle. If you go to the gym and perform dumbbell curls your biceps become bigger and stronger. Cancel that gym membership and muscles get smaller and less capable. We are all familiar with this concept.

But it's not just muscles that atrophy in the absence of physical stress and load. The same process will happen with other tissues as well. In the literature this is referred to as immobilization degeneration.

Studies demonstrate that following joint immobilization, ligaments that surround and stabilize joints become thinner and weaker. This lowers their failure rate, making them less capable of resisting stress and protecting joints, and makes the spine more susceptible to larger scale damage and injury. Joint cartilage suffers a similar fate. Here breakdown of the joint surfaces occurs in an immobilized joint segment (In other words, immobilization accelerated arthritis and degenerative breakdown of the joint).

So contrary to widely held beliefs, thinking of joint degeneration and osteoarthritis as primarily a wear-and-tear disease is simply not accurate. Or at least it's not the full picture. Too little load also has far-reaching, detrimental effects on joint health. This further emphasizes the importance of maintaining motion of each and every joint in the spine.

Clearly, joint restriction and movement dysfunction have significant consequences for spine health. We can now easily see how developing and maintaining lower back flexibility is critical not only from a functional per-

spective, but also with respect to tissue health and structure. In other words, if the spine can't or doesn't move on a regular basis, it is deprived of the stresses needed to keep the spine joints (and thus the lower back in general) healthy.

This brings us back to the need for better exercise interventions to develop and maintain optimal spine mobility.

So how do we target the spine and improve flexibility in a more specific, effective way? This is where Cox Flexion-Distraction comes in.

## Improving Spine Health with Flexion-Distraction Treatment

One of the treatments that we have found most effective for chronic/long standing lower back pain in our office is a specialized technique known as Cox Flexion-Distraction.  This is the same treatment we talked about when discussing acute lower back pain.

But here, instead of using this treatment to stimulate an injured joint to heal, we're changing the focus towards improving the mobility and flexibility of each joint in the lower back.

Recall here that Cox Flexion-Distraction uses a specially designed treatment table that allows the doctor to create motion through the lower spine.

With the patient lying face down on the table, the lower section of the table (the part of the table supporting the patient's legs) can be slowly pulled down and away. This motion lengthens the spine.

As the spine stretches, the doctor is able to focus the stretch at very specific levels of the lower back by stabilizing the vertebra above the restricted vertebrae using a specific hand contact. This focal pressure applied by the doctor makes Cox Technique more effective than traditional manipulation, traction therapies or inversion devices, which apply only a very generalized stretch to the spine. And it is more effective than traditional stretches and exercises (which as noted above, will be less effective at targeting the specific joint that is injured).

Cox Flexion-Distraction technique is a safe, effective, research-proven, gentle treatment technique used to correct tight, painful, and dysfunctional joints in the spine. The technique is performed using a specially engineered treatment table that gently pulls and stretches the spine.

## What About Stretches and Exercises?

At this point in time you may wonder if you still need to perform stretches and exercises as part of your lower back pain treatment. The short answer is yes. An effective home exercise routine is an essential and non-negotiable part of proper rehabilitation and pain management.

But as noted above we have found that many traditional stretches and exercises just don't work very well. So, over the past decade we have devised a series of specific exercises for lower back pain based on the principles described above.

We started to introduce these exercises in our discussion of acute lower back pain. But those exercises (the focus there was control pain and guide tissue healing) were just the tip of the iceberg.

As important as reducing pain and controlling symptoms is, that is ultimately not the end goal. Remember, a lack of pain is not the same as optimal spine health. So our exercise program also includes exercises to help improve flexibility, strength, and control/coordination of the spine as well.

To get an idea of the type of exercises I'm talking about, here is a link to an article where I discuss and outline some of the exercises I often prescribe for chronic/recurrent lower back pain.

Just remember, you do need to be careful when finding exercises on the internet -- That includes the program that we've developed and use in our clinic. But this will at least provide some examples of what we're talking about here.

## Make An Appointment To See If Cox-Flexion Distraction Can Help Your Lower Back Pain

Does Cox Flexion Distraction, and our unique approach to lower back pain treatment, sound like something you want to explore to help with your low back pain? Do you want to see if working together with us will be a good fit for you, and help get you on the road to recovery and a better, more capable, healthier spine?

Then call our office at **905-685-7227**. Our staff will be happy to answer any questions you may have, including clinic fees and billing practices, and what to expect with your first appointment.

Alternatively, you can book an Initial Assessment online using our automated appointment system. Just scan the QR code below, or go to our website: **https://www.graychiropractic.ca/make-an-appointment/**

Make An Appointment

## About The Author

**Dr. Jason Gray BHK DC MSc (Kinesiology)**

Dr. Jason Gray is an honors graduate (Cum Laude) of Logan College of Chiropractic in St. Louis, Missouri (2004), and holds a Bachelor of Human Kinetics (Honors, Movement Science) from the University of Windsor. Dr. Gray also received a Master of Science degree in Kinesiology from Dalhousie University (2011), with a focus on running biomechanics and clinical assessment.

Dr. Gray takes a “movement-based” approach when assessing and treating patients and clients. The goal is to get people to move better, more freely, and with less pain and reduced risk of injury.

In addition to his chiropractic training, Dr. Gray has advanced training in musculoskeletal rehabilitation, strength training and conditioning, and biomechanics. He has been has been a full-body certified Active Release Techniques provider since 2004. He is a certified provider of Functional Range Release, Functional Range Assessment, and is a certified Functional Range Conditioning Mobility Specialist (FRCms).

Dr. Gray has published several articles in chiropractic trade journals and has written about and taught sport performance & injury prevention programs for a number of sports, including Crossfit, golf, running, swimming, and triathlon.

He is also the founder of My Rehab Connection. A rehabiliation and exercise prescription app/software company that helps doctors and therapists more easily provide high quality exericse programs to their patinets and clients around the world.

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