

Spinal Decompression

A Natural, Non-Surgical Path to Back Pain Relief

If you've been dealing with back pain, sciatica, or disc-related symptoms that just won't settle down, you're not alone — and you're not out of options.

At WellSpine KC, we offer spinal decompression therapy as a non-surgical, drug-free approach designed to relieve pressure on irritated spinal discs, joints, and nerves. Our goal is simple:

Reduce pain. Restore motion. Support long-term healing.

This guide explains:

- What spinal decompression is (and what it isn't)
- How it works
- Who may benefit
- What care looks like at WellSpine KC
- What the research suggests
- Risks and safety considerations
- Frequently asked questions

Your journey toward lasting relief starts with understanding your options.

What Is Spinal Decompression?

Spinal decompression is a non-invasive therapy designed to reduce pressure within the spinal discs and surrounding nerve structures.

It is often considered for individuals experiencing:

- Disc bulges or herniations
- Sciatica or radiating nerve pain
- Degenerative disc changes
- Certain types of chronic neck or low back pain
- Mechanical spinal joint irritation

During decompression, a specialized motorized table gently applies controlled traction to specific spinal regions. This may:

- Reduce mechanical stress within the disc
- Lower intradiscal pressure (creating a “negative pressure” effect)
- Encourage movement of water, oxygen, and nutrients into the disc
- Help calm irritated nerve structures

Spinal decompression does not “force a disc back into place.” Instead, it creates conditions that may support the body’s natural healing process over time.

How Does It Work?

Spinal discs function as shock absorbers between vertebrae. Because discs have limited direct blood supply, they rely on pressure changes and movement to exchange nutrients.

Decompression therapy uses carefully controlled pull-and-relax cycles to:

- Create measurable reductions in intradiscal pressure¹
- Reduce compression on surrounding tissues
- Improve fluid exchange within disc structures
- Decrease protective muscle guarding

Unlike traditional static traction, modern decompression systems use computer-controlled force patterns designed to improve patient comfort and specificity.

Most sessions are described as gentle stretching and pressure relief. Some patients experience mild temporary soreness early in care, similar to beginning a new exercise routine.

What the Research Suggests

Clinical literature has explored the biomechanical and clinical effects of spinal decompression and traction-based therapies.

Research has demonstrated:

- Significant reductions in intradiscal pressure during vertebral axial decompression¹
- CT-documented changes in lumbar disc contour following distraction therapy³
- Improvements in pain and function in selected patient populations

As with most conservative treatments, outcomes depend on:

- Accurate diagnosis
- Duration of symptoms
- Patient health and lifestyle factors
- Adherence to care recommendations
- Incorporation of stabilization and rehabilitation

At WellSpine KC, decompression is used as part of a comprehensive plan — not as a stand-alone solution.

Who May Benefit?

Spinal decompression may be considered for patients with:

- Lumbar or cervical disc bulge
- Herniated nucleus pulposus (HNP)
- Sciatica
- Degenerative disc disease
- Certain stenosis-related symptom patterns
- Spondylolisthesis
- Chronic discogenic back or neck pain

Each patient must be evaluated individually to determine candidacy.

When Decompression May Not Be Appropriate

Spinal decompression is not recommended in certain cases, including but not limited to:

- Recent spinal fractures
- Spinal tumors or infection
- Certain surgical histories
- Severe or progressive neurological deficits

A thorough examination and review of medical history are essential prior to beginning care.

The Decompression Process at WellSpine KC

Step 1: Comprehensive Evaluation

Your first visit includes:

- Detailed health history
- Orthopedic and neurological testing
- Range of motion assessment
- Functional evaluation
- Imaging review or recommendations when appropriate

Our priority is identifying the true source of your symptoms.

Step 2: Personalized Care Plan

If you are a candidate, we design a plan based on:

- Diagnosis
 - Severity and duration of symptoms
 - Your personal goals
 - Safety considerations
 - Expected progression
-

Step 3: What a Session Is Like

A typical decompression session includes:

- Comfortable positioning on a specialized decompression table
- Gentle, customized pull-and-rest cycles
- Ongoing monitoring for comfort and response
- Post-treatment guidance

Most patients find sessions relaxing. Adjustments are made as needed to ensure comfort and safety.

Step 4: Stabilization and Strengthening

As symptoms improve, we focus on:

- Core stability
- Spinal support
- Mobility improvements
- Postural correction
- Long-term resilience

The goal is not just symptom reduction — but improved function and reduced recurrence risk.

Benefits of Spinal Decompression

Patients may experience:

- **Pain Relief**
By reducing mechanical pressure on discs and nerves.
 - **Improved Mobility**
As inflammation decreases and guarding resolves.
 - **Enhanced Quality of Life**
Improved sleep, activity tolerance, and daily function.
 - **Conservative Alternative**
A non-surgical, drug-free option that may be considered before invasive procedures in appropriate cases.
-

Risks and Safety Considerations

Spinal decompression is generally well tolerated, but potential temporary effects may include:

- Mild soreness
- Temporary muscle tightness
- Brief symptom flare-up

We minimize risk through:

- Careful screening
- Conservative force progression
- Continuous monitoring
- Individualized settings
- Clear patient communication

Frequently Asked Questions

Is decompression the same as traction?

No. Modern decompression uses computer-controlled force patterns and targeted angles, distinguishing it from traditional static traction.

Is it painful?

Most patients find it comfortable. Mild temporary soreness is possible early in care.

How many sessions are needed?

Treatment plans vary depending on diagnosis and response. Many cases involve a series of visits over several weeks.

How soon will I notice improvement?

Some patients notice early relief; others improve gradually. Consistency matters.

Is it covered by insurance?

Unfortunately not. Because of this, our office has multiple options of affordable Care Plans. We create these by bundling services together and providing discounts. All Care Plan options will be discussed with you in order to find the right plan.

What if I'm not a candidate?

We will recommend the most appropriate next step, including referrals when necessary.

Conclusion

Spinal decompression therapy offers a conservative, non-surgical approach for individuals experiencing disc-related spinal pain.

At WellSpine KC, we focus on:

- Accurate diagnosis
- Personalized care
- Evidence-informed treatment

- Long-term functional improvement

If you're ready to explore whether decompression is right for you, the first step is a comprehensive evaluation.

Contact WellSpine KC

WellSpine KC

8665 W 96th St, Suite 203
Overland Park, KS 66212

Call or Text: 913-624-3888

Website: www.wellspinekc.com



References

1. Ramos G, Martin W. Effects of vertebral axial decompression on intradiscal pressure. *Journal of Neurosurgery*. 1994;81:350–353.
2. Shealy CN, et al. New concepts in back pain management: decompression, reduction, and stabilization. In: *Pain Management: A Practical Guide for Clinicians*. 1998.
3. Onel D, Tuzlaci M, Sari H, Demir K. Computed tomographic investigation of the effect of traction on lumbar disc herniations. *Spine*. 1989;14(1):82–90.
4. Pal B, Mangion P, Hossain MA, et al. A controlled trial of continuous lumbar traction in back pain and sciatica. *Br J Rheumatol*. 1986;25:181–183.
5. Weber H. Traction therapy in sciatica due to disc prolapse. *J Oslo City Hosp*. 1973;23(10):167–176.
6. Nachemson AL. Measurement of intradiscal pressure. *Acta Orthop Scand*. 1960;Suppl 43.
7. McDevitt CA. *Proteoglycans of the intervertebral disc*. CRC Press; 1988.

Disclaimer

This material is provided for educational purposes only and is not intended as medical advice, diagnosis, or treatment. Individual health conditions vary. Consultation with a licensed healthcare provider is required to determine appropriate care. Treatment decisions should always be made in partnership with a qualified professional.