

Important Points for the Proper Use of The XZ Traction Wall Unit™ with “3D Traction Wings”

Indications:

1. Abnormal alterations of the normal cervical or lumbar lordosis, thoracic kyphosis and/or pelvic inclination.
2. Abnormal anterior, posterior and/or lateral translation postures of the head, thorax or pelvis.
3. Abnormal lateral flexion postures of the head or thorax.
4. Abnormal flexion or extension postures of the head, thorax or pelvis.

Contra-indications:

1. Patient's with notable posterior spurring of their vertebra.
2. Patient's with large posterior disc bulges or herniations.
3. Patient's with spinal stenosis.
4. Patient's with structural disease secondary to tumor or infection.
5. Patient's with cervical vascular compromise.
6. Patient's with acute sprain, strain and/or inflammation of the spinal joints.
7. Patient's with spinal joint instability.
8. Patient's with aortic aneurisms.
9. Patient's with internal spinal fixation hardware.
10. Patient's with severe osteoporosis or vertebral fractures

Traction Poundage:

Always start the patient with a low traction poundage and progressively increase the traction poundage with each session till you reach their tolerance level.

During the first few minutes of the traction session, muscles will relax and mostly elastic elongation of the soft tissues will occur. It is therefore recommended that the patient's traction poundage be slightly increased, if physically tolerable, after approximately the first five minutes of the traction session. You will now be maximally affecting true viscoelastic elongation and remodeling of the soft tissues involved.

Traction Time:

Five minutes for the first session is recommended. If no notable reaction, such as headache, moderate/severe spinal/pelvic pain or radicular upper or lower extremity symptoms are experienced, the traction time can be increased three to four minutes per session.

The eventual minimum recommended traction treatment time is ten minutes. The maximum recommended traction treatment time is 15–20 minutes per session.

A treatment frequency of at least three times per week is recommended. More than this will result in faster structural/postural change. Less than this will result in mediocre structural/postural change.

With the 3D Traction Wings™ you should also receive:

- Two neoprene padded traction belts with Load Locks and Ratchets.
- One foam padded traction bar with Load Locks and Ratchets.
- Two S-hook traction lines with Load Locks and Ratchets.
- One foam padded cervical traction sling with Load Locks and Ratchets.
- One white traction head halter
- One black traction head halter
- One metal cross bar
- One magnetic digital traction timer

To install the “3D Traction Wings”, unscrew and remove the two Load Lock Tracks from the XZ Traction Wall Unit (see figure 1), align the Traction Wing’s hinge attachment holes to the wall unit’s Load Lock Track attachment holes (see figure 2) and re-screw the Load Lock Track back into place over the Traction Wing’s hinges, attaching them to The XZ Traction Wall Unit (see figure 3).



Figure 1



Figure 2



Figure 3

Always put the 3D Traction Wing’s Cross Bar in place before applying any strong traction force to the patient’s thoracic, lumbar or pelvic region. Also, always use the thicker, stronger traction rope/belt or rope/bar ratchet attachments when applying these stronger spinal/pelvic tractions.

Fourteen different possible spinal traction set-ups are illustrated in this “Traction Wings” booklet. Many other set-ups as well as combinations of these set-ups are possible. Please attend a Clinical Biomechanics of Posture™ Cervical or Lumbar Rehabilitation Seminar for more detailed instruction. Go to their web-site at www.idealspine.com for seminar schedule and locations.

WARNING:

IF THE PATIENT EXPERIENCES ALTERATIONS OF SPEECH, SIGHT, TASTE, HEARING, SMELL OR FACIAL PAIN, NUMBNESS OR WEAKNESS WHILE OR AFTER THE TRACTION SESSION, IT IS RECOMMENDED THAT YOU IMMEDIATELY DISCONTINUE THEIR USE OF THIS DEVICE.

IF THE PATIENT EXPERIENCES ALTERATIONS OF BOWEL, BLADDER OR SEXUAL ORGAN FUNCTION OR EXPERIENCES NUMBNESS OR WEAKNESS OF THE UPPER OR LOWER EXTREMITIES WHILE OR AFTER THE TRACTION SESSION, IT IS RECOMMENDED THAT YOU IMMEDIATELY DISCONTINUE THEIR USE OF THIS DEVICE.

IF THE PATIENT RE-OCCURRING EXPERIENCES DIZZINESS OR A LIGHT-HEADED SENSATION WHILE OR AFTER THE TRACTION SESSION, IT IS RECOMMENDED THAT YOU REDUCE THE TRACTION POUNDAGE. IF THIS DOES NOT ALIVIAE THE SYMPTOMS, IT IS RECOMMENDED THAT YOU IMMEDIATELY DISCONTINUE THEIR USE OF THIS DEVICE.

THE XZ WALL UNIT™ AND 3D TRACTION WINGS™ SHOULD BE USED ONLY IN ACCORDANCE WITH INSTRUCTIONS AND UNDER THE SUPERVISION OF A LICENSED PHYSICIAN, CHIROPRACTOR OR PHYSICAL THERAPIST. THE MANUFACTURER IS NOT AND CANNOT BE RESPONSIBLE FOR ANY INJURY FROM NON-APPROVED USE, INCORRECT USE OR MISUSE.

XZ Traction Wall Unit™ with “3D Traction Wings™”

14 Major Traction Set-ups

Cervical Set-ups

Seated 2-way Axial Extension Traction

Indicated when there is a loss of the cervical lordosis and mild to moderate forward head posture.

Especially helpful with patients that have a flattened thoracic kyphosis or occipital/C1 hyperextension.

(Use S-hook ratchet lines and white head halter)



Seated 2-way Compression Extension Traction

Indicated when there is a loss of the cervical lordosis and mild forward head posture.

(Use S-hook ratchet lines and black head halter)



Seated Compression Extension Traction

Indicated when there is a loss of the cervical lordosis and mild to moderate forward head posture.

(Use S-hook ratchet lines and black head halter)



Seated or Standing Head Retraction

Indicated when there is moderate to severe forward head posture with occipital/C1 hyperextension and a loss of the lower cervical lordosis.

(Use the shorter traction strap with small ratchets)



Seated or Standing Lateral Flexion Traction

Indicated when there is an aberrant head on thorax lateral flexion fixation/posture.

(Use the shorter traction strap with small ratchets)



Seated or Standing Lateral Translation Traction
Indicated when there is an aberrant head on thorax
lateral translation fixation/posture.

(Use the traction bar with small ratchets)



Thoracic Set-ups

(Use the padded traction belts and traction bar with large ratchets)

Seated or Standing 2-way Extension Traction
Indicated where there is an increased thoracic
kyphosis.



Standing Thoracic Posterior Translation Traction
Indicated where there is an aberrant thorax on pelvis
anterior translated fixation/posture.



Standing Thoracic Anterior Translation Traction
Indicated where there is an aberrant thorax on pelvis
posterior translated fixation/posture.



Standing Thoracic Lateral Translation Traction
Indicated where there is an aberrant thorax on pelvis
lateral translated fixation/posture.



Standing Thoracic Lateral Flexion Traction
Indicated where there is an aberrant thorax on pelvis
lateral flexion fixation/posture.



Lumbar/Pelvis Set-ups

(Use the padded traction belts and traction bar with large ratchets)

Standing Lumbar 2-Way Extension Traction
Indicated where there is a loss of the lumbar lordosis.



Standing Pelvic Extension Traction
Indicated where there is an aberrant pelvic flexion fixation/posture.



Standing Pelvic Flexion Traction
Indicated where there is an aberrant pelvic extension fixation/posture.





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