



Meditrac
SMALL DEVICE, BIG RELIEF



By Meditrac

Vertetrac

Protocols



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INFORMATION ABOUT THE VERTETRAC

INDICATIONS FOR USE

Lumbar Disc Disorders

- Degenerative Disc Disease
- Disc bulge
- Disc herniation

Sciatica

Spinal stenosis (due to disc herniation)

Osteoarthritis

Scoliosis

CONTRAINDICATIONS FOR USE

STRUCTURAL

- Osteopenia/osteoporosis
- Osteomyelitis
- Bone cancer
- Pott's Disease
- Spondylolisthesis
- Vertebral fracture - within 6 months
- Fusion with internal fixation
- Ligamentous stretching injury
- Pregnancy from 4 months gestation
- Open wounds

NEUROLOGICAL

- Cord compression
- Cauda Equina Syndrome

SYSTEMIC

- History of cardiac disease
- Severe respiratory problems

INFORMATION ABOUT THE VERTETRAC

Adverse Reactions

Although extremely uncommon, if you experience any of the following reactions, discontinue use of the Veretrac, and contact the administering medical professional:

- Dizziness
- Breathing difficulties
- Abnormal fatigue
- Aggravation of symptoms

Treatment Frequency

For patients suffering from *acute back pain*, we recommend 12 consecutive daily treatments of 30 minutes duration with the Vertetrac.

From our experience, patients suffering from *chronic back pain* require more sessions before recovering. We recommend a treatment course of 3-5 weeks with a week or two of daily sessions, followed by two weeks with 2-3 sessions per week. After discharge from the formal treatment program, many patients maintain their gains with a maintenance program consisting of weekly or bimonthly veretrac sessions.

Note: The following protocols are shared for the purpose of providing treatment guideline suggestions. Every patient and case is different and is subject to the expertise and discretion of a licensed healthcare practitioner. We recommend adding on these secondary treatments for patients with chronic lower back pain who may require a complementary therapy method to reduce inflammation, edema, and/or pain.

The full instructions for putting on the Vertetrac can be found in the User Manual accompanying the device or on the available video instructions.

VERTETRAC WITH TENS THERAPY PROTOCOL

WHEN: Apply TENS unit electrodes prior to donning the Vertetrac

WHO: TENS is indicated for patients with sacroiliac pain

MODE: Conventional

PULSE RATE: Allow patient to determine rate by slowly increasing the pulse rate until the patient feels a localized tingling sensation without any feelings of pain.

DURATION: Initial 20 minutes of traction session

FREQUENCY: Every traction session

ELECTRODE PLACEMENT: Placement should be determined by the administering healthcare professional. Palpate the point of pain. If the pain is bilateral, place an electrode on each side of the body on the point of pain. If the pain is unilateral, place an electrode on both sides of the point of pain.

PATIENT MONITORING: Confirm that patient still feels the stim every 5-7 minutes. Increase pulse rate accordingly.

CONTRAINDICATIONS:

- Do not use TENS on a patient who is non-compliant
- Do not use TENS on a patient who has dementia
- Electrodes cannot be placed directly over:
 - Open wounds
 - Eyes
 - Through chest
 - Spinal cord (electrodes may be placed on either side)
 - Pacemaker
 - Malignant tumor
 - Areas of diminished sensation
 - Infected areas

NOTE: For patients receiving daily TENS treatment alongside traction, they should place an ice pack on the point of pain for ten minutes twice a day, once in the morning and once in the evening.



VERTETRAC WITH TREADMILL PROTOCOL

SPEED: Set the walking pace at a slow, safe, and comfortable speed for the patient.

ELEVATION: Zero incline

DURATION: At the start of the Vertetrac treatment program, the treadmill ambulation should be slowly ramped up during the first few sessions until the patient can tolerate a 30 minute duration. For patients with severe pain or patients who cannot move or walk freely, the first 3 Veretrac sessions should be with traction only. With a positive response to the first 3 treatments and improved range of motion, the patient may walk for the last 10 minutes of the 4th session. Treadmill ambulation while wearing the veretrac device should be performed safely under the direct supervision of a nurse, PT, or DC. The goal of the patient and the provider should be to get the patient to the point of being able to walk for the full 30-minute session.

PATIENT MONITORING: Confirm that the patient is feeling well and walking at a comfortable pace every 5-7 minutes. It is strongly suggested that the patient hold onto the rails of the treadmill to prevent falls while wearing the Vertetrac. The patient should maintain a comfortable walking pace, nothing faster.



VERTETRAC WITH ACUPUNCTURE PROTOCOL

FREQUENCY: Acupuncture should be performed 2-3 times a week after every other Vertetrac session. It is not recommended after every Vertetrac session in order to give the body a chance to recover from both treatments.

WHO: Acupuncture is a pain-relieving alternative that is beneficial for patients suffering from inflammation who can't take or don't respond well to drugs like NSAIDs.

PROXIMITY TO VERTETRAC SESSIONS: Acupuncture should be administered immediately after the traction session for 30 minutes.

NEEDLE PLACEMENT: Needle placement should be determined by a licensed acupuncturist based on the location of the patient's pain.

PATIENT MONITORING: Confirm that the patient is feeling okay and not experiencing any pain every 10-15 minutes.



ABOUT THE SECONDARY TREATMENTS

TENS Therapy

Transcutaneous electrical nerve stimulation (TENS) is a device that activates nerves with electric current for treatment purposes, primarily indicated to manage both acute and chronic pain. The TENS unit is a handheld device that is attached via wires to electrodes placed on the skin at the desired location. There are very few side effects of using the TENS device and unlike many medications, cannot cause an overdose. We recommend the use of a basic, two-lead TENS unit for treatment.⁵

Two studies examined the effects of TENS therapy on patients with lower back pain. They found that TENS was effective in relieving the symptoms of pain when used on its own and in conjunction with an orthosis/traction. Both studies mentioned that TENS should be combined with another treatment method to relieve the cause of pain, such as traction therapy with the Vertetrac.^{3,4}

Treadmill

It is highly recommended that patients with lower back pain remain as active as possible, and exercise is considered one of the best rehabilitation modalities to treat it. Walking is a very common form of exercise, and it can be affected in patients with lower back pain, especially those with sciatica.²

A 2006 study researched the results of patients with lower back pain who used the Vertetrac alone and with treadmill walking, looking at changes in pain intensity and range of motion. They found that pain improvement in the latter group was significantly better than in the former. Both groups had high levels of satisfaction with the Vertetrac after one year of use.²

Acupuncture

Acupuncture is a form of treatment originating from China that involves applying small needles or pressure to specific points in the body. Acupuncture is most commonly indicated for both chronic and acute pain, as well as nausea and vomiting. Regarding low back pain specifically, many studies have shown that acupuncture improves functional status and reduces pain.⁶

A group of researchers did a systematic review and meta-analysis of seventeen RCTs of studies that combined acupuncture with traction for lumbar disc herniation. They found that in total effective and curative rates, the combination of acupuncture and traction therapy was better than one of them alone. They also found that the combination of the treatments more effectively reduced pain than traction alone.¹

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