

Dear Doctor,

In response to requests for a comparative discussion of decompression and Cox® Technic, Dr. Cox has prepared the following response based on the mechanism and efficacy of Cox® Technic as he has studied it for nearly 45 years and asks that I share those (below) plus the latest research from Dr. Gudavalli (*European Spine Journal* (online-December 2005, in print-July 2006) and encourage you to see **the website research list (www.coxtechnic.com/research.asp) and review **the textbook** (*Low Back Pain, 1999*) published by Lippincott Williams and Wilkins on the technic. You will enjoy your study of decompression. Additionally, as of July 2007, he has also compiled a point-by-point list of comparison. That is on pages 2 to 3 of this document.**

Sincerely,

Julie Cox-Cid

In response to requests for comparison of Cox® flexion distraction adjusting procedures (of which decompression [reduction of intradiscal pressures] is a part) to traction units sold under a variety of names, please note my comments:

1. Cox® Technic flexion distraction makes decompression an integral part of the chiropractic adjustment delivered to the cervical, thoracic, lumbar, lumbosacral, or sacro-iliac spine joints at each patient visit.
2. Cox® Technic flexion distraction adjusting is specific vertebral segment adjusting, delivered at the level necessary for relief of stenosis and subluxation. Traction alone is not specific adjusting. It pulls a column of lumbar vertebrae.
3. Cox® Technic flexion distraction adjusting has research documentation showing the following mechanical advantages to treating spinal subluxation, altered spinal mechanics, and neural compression that causes back, arm and leg pain:
 1. Increase of the intervertebral disc space height.
 2. Drop of intradiscal pressure from a positive pressure of 25 mm Hg to negative pressures up to a **NEGATIVE** 192 mm Hg pressure, creating a centripetal suction affect within the disc.
 3. Increase of intervertebral foraminal area up to 28%.
4. Adjustment of the facet joints into normal ranges of motion while decompression is applied to the vertebral segment.
5. Cox® Technic flexion distraction adjusting is given at all levels of the spine, most significant is the recent cervical and thoracic spine long-Y-axis distraction procedures for neck, thoracic, and arm pain in addition to the lumbar spine and pelvic long-Y-axis distraction adjusting techniques. Traction units referenced above are to traction the low back only.
6. Traction alone is not chiropractic spine adjusting. Cox® Technic flexion distraction chiropractic adjusting allows facet adjustment and restoration of normal joint motion for conditions that otherwise could not be adjusted with conventional high velocity, low amplitude adjusting. These conditions would include - spinal stenosis due to degenerative disc disease, disc herniation, ligamentum flavum hypertrophy, facet hypertrophic degeneration, endplate hypertrophy, and congenital developmental anomalies. Many of these conditions will be seen in middle aged to older individuals with increasing frequency in clinical practice.
7. Cox® Technic flexion distraction adjusting is complete chiropractic spinal manipulation, allowing decompression traction to be incorporated with the adjustment, not attempting to replace the chiropractic adjustment.
8. Cox® Technic flexion distraction adjusting can be specifically delivered at every spinal level with accuracy, safety, efficiency, and economically on every patient seeking chiropractic treatment. It is long standing relief, deliverable to every patient without discrimination of a mechanical spinal condition (after careful tolerance testing per **protocol -- abbreviated version is attached**).
9. For patients or doctors who desire traction alone, the latest generation (7th) Cox® instrument (The Cox® Table manufactured by TRACK www.coxtable.com) has a thoracic restraint belt so lumbar or thoraco-lumbar unattended long-Y-axis distraction can be given; however, the doctor further has the ability to apply the distraction at a specific spine level by his spinal contact during application of long-Y-axis distraction.
10. Cox® Technic flexion distraction adjusting delivers spinal adjusting and decompression to all levels of the spine and sacro-iliac joints. Traction delivers only one of the seventeen benefits of Cox® Technic.

prepared by

James M. Cox, D.C., D.A.C.B.R.

1/16/06

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COX® DECOMPRESSION VERSUS THE OTHERS

The chiropractic profession is bombarded with decompression tables to replace chiropractic hands on manipulation for stenosis and disc herniation conditions in treating our patients. Claims of high income, a practice within a practice are heard that are embarrassing and detrimental to the image of our profession. It sounds like chiropractic is not capable of handling these spinal conditions and these decompression tables are the savior of our inabilities. I don't see it that way. I feel chiropractic hands on adjusting has adjusting procedures that are of superior benefit to these tables in the treatment of spinal conditions including disc herniation and stenosis.

What is this decompression? DECOMPRESSION IS AN INTEGRAL PART OF EVERY CHIROPRACTIC ADJUSTMENT. EVERY CHIROPRACTIC ADJUSTMENT SEEKS TO DECOMPRESS NERVE ROOT AND DORSAL ROOT GANGLION. IT IS A BASIS OF THE CHIROPRACTIC ADJUSTMENT. DECOMPRESSION IS CHIROPRACTIC. IT IS NOTHING NEW. WHY LET IT NOW BE PIRATED INTO A REPLACEMENT OF THE HANDS ON CHIROPRACTIC ADJUSTMENT? AFTER ALL OF THIS HYPE IS OVER, OUR PROFESSION WILL STILL BE GIVING THE CHIROPRACTIC ADJUSTMENT FOR DECOMPRESSION OF THE NERVE COMPLEX FOR RELIEF OF HUMAN PAIN AND DISEASE”

WHAT HAVE WE SHOWN AS THE EFFECT OF COX® DECOMPRESSION? Cox® flexion distraction decompression adjusting is a chiropractic adjusting procedure. It is a specific level application of long y axis and flexion distraction vector force to treat the following spinal conditions: disc herniation, spinal stenosis, disc degeneration, spondylolisthesis, facet syndrome subluxation, transitional segment, scoliosis, and nerve compression.

HERE ARE THE COMPARISONS OF COX® FLEXION DISTRACTION DECOMPRESSION ADJUSTING TO THE LONG Y AXIS DECOMPRESSION TRACTION TABLES:

COMPARISON OF COX® FLEXION DISTRACTION DECOMPRESSION ADJUSTING WITH DECOMPRESSION TRACTION:

COX® FLEXION DISTRACTION DECOMPRESSION

UNATTENDED DECOMPRESSION UNITS

GENERAL STATEMENT

19 specific vertebral applications of decompression

1 general application of traction

This is a chiropractic adjustment

Not a chiropractic adjustment

DOCTOR INVOLVEMENT IN APPLICATION

Doctor with hands on application if force

No doctor, no hands on application

Chiropractic adjustment application

Not a chiropractic adjustment

Doctor monitored manipulation force

No doctor monitored control

Patient tolerance tested constantly

No doctor present

Specific spinal level application of force

No specific level – full column of spine is tractioned

Concentrated decompression at specific level

No specific level application

No belts or pulleys necessary

Belts and pulleys necessary

All spinal motions are applied at each level

Only motion is traction

PUBLISHED LITERATURE

Federal funded published studies on biomechanics of Cox® decompression

No federal studies on biomechanics of decompression

Supported in peer reviewed literature

No support in peer reviewed literature

91% of 1000 patients relieved within 90 days in a peer reviewed journal

No such peer reviewed published outcome studies

LOW BACK PAIN: MECHANISM, DIAGNOSIS TREATMENT. 6TH EDITION. Author James M. Cox, D.C., D.A.C.B.R. Lippincott, Williams & Wilkins

None

DOCUMENTED CLINICAL BIOMECHANICAL CHANGES

COX®

Increases disc space height

No known change

Increases foraminal area up to 28%

No known change

Full facet joint mobilization adjusting in full range of motion

No facet adjusting possible

Drops intradiscal pressure up to -192mm Hg.

Drops intradiscal pressure in one study

CERVICAL SPINE DECOMPRESSION ADJUSTING

Allows cervical spine Cox® decompression adjusting with full range of motion of articular facets

Not possible

Adjust thoracic spine for degenerative disc disease, stenosis, disc herniation, facet arthrosis, scoliosis, rib subluxation

Not possible

Side lying distraction decompression adjusting ability in treating patients unable to lie on their back or abdomen due to pain

Not possible

Pregnant women treated

Unknown

Decompression adjusting of sacroiliac joints

Not possible

Unattended decompression at a specific level using thoracolumbar restraint

Not possible

Ongoing funded research

None known

Economical cost for doctor and patient

Expensive

Further information at: (www.coxtechnic.com/research.asp)

OTHER DECOMPRESSION UNITS