

A brief discussion of nerve flossing & Slump test

This question comes up often and we talk about this aspect of testing and treatment with some detail at the seminar. It encompasses several important concepts which are (or should be...) contemplated by those using traction/decompression therapy. They include: whether you should treat a flexion-provocative condition (e.g. +Slump) with a pronounced flexion-based treatment i.e. supine traction? IF adhesion-provocative testing is positive is a vertebral dis-traction treatment likely to help? IF flossing techniques help will axial traction be pointless? And of course doesn't a positive slump test reveal nerve encroachment and thus always point *toward* traction/decompression?

These and several other questions are pertinent in the face of flexion-positive, neuro-dynamic testing. Neuro-dynamics is a catch phrase which describes the moveable, slide-able nature of the nerves through the conduit of the spine and extra-spinal structures and tests meant to deduce restrictions. The slump test additionally creates a marked compressive burden on the lower lumbar discs and thus can be indicative of both a foraminal encroachment as well as an in-tact, migrating posterior disc lesion. However as with other neural-dynamic tests provocation in one direction (flexion) rectified by movement in the opposite (extension) can more definitively enlighten the doctor as to the "disc" vs. "nerve" issue. IF the slump with leg extension creates marked pain which is vitally relieved when the skull is extended one assumes a neural-dynamic component. If the pain remains it is more likely in the back or disc etc. predominantly.

As with the SLR that these tests enjoy a fair to good degree of reliability doesn't dismiss a relatively fair (to poor) validity i.e. that is *exactly* what is wrong can't be *exactly* determined. An intact, un-adhered nervous system affords ample and pain-free motion throughout the entire range-of-motion and stressed ROM. When adhesion is present the floss/glide of the nerve, revealed by global stressed ROM tests can theoretically reveal it. David Butler and Michael Shacklock are the two most notable proponents and educators on these techniques.

If you operate a predominant axial traction/decompression clinic to address disc/nerve/referral pain syndromes nerve adhesion conditions present a troubling aspect to treatment (*if all you have is a hammer you tend to treat everything like a nail*). In my clinical experience alternative treatment choices are likely to give the patient the most advantageous treatment outcome. Interestingly I've found many patients' suffering from chronic "sciatic" and have found a modest (or well tolerated) benefit to hamstring-stretching are often actually suffering, not from tight hams but from a nerve adherence (The McKenzie system refers to this as nerve-adherence and describes it as a flexion-dysfunctional syndrome. Pain is triggered down the leg with flexion but no corresponding "directional preference" is found). Finally, McGill's DVD series section: McGills' techniques offers the newcomer to flossing an excellent 'real world' view of seated, side-lying and prone flossing procedures.