



*Special Issue Reprint*

## Spine Rehabilitation in 2022 and Beyond

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Recent randomized trials using spine extension traction methods in conjunction with various conventional physiotherapeutic methods have demonstrated that patients with cervical, thoracic, and lumbo-pelvic sagittal plane abnormality-induced symptoms achieve greater long-term health outcomes versus patients who only receive conventional treatments that do not improve spinal alignment. In fact, although all patient groups showed initial symptomatic relief, the groups not receiving spine extension traction methods to improve sagittal plane alignment do not typically show structural improvements in their spine. Furthermore, the conventional treatment (non-spine corrective) only groups had regression of their symptoms back to pre-study values as early as 3 months following the cessation of treatment. In contrast, patient groups receiving the spine extension traction to improve physiologic lordosis, reduce hyper-kyphosis, and reduce anterior head translation posture maintained their structural realignments, maintained symptomatic improvements, and also had a number of positive health measures continue to improve after the cessation of treatments for up to 2 years. High-quality evidence points to spine corrective methods offering superior long-term outcomes for treating patients with various craniocervical, thoracic, and lumbosacral disorders. The economic impact, health benefits, and generalized awareness of the posture and spine deformities along with newer sagittal spine rehabilitation treatments demands continued attention from clinicians and researchers alike and this is the purpose of this collection of publications.



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