PROCEDURE

Lateral traction

Lateral traction is a manual therapy technique that gently pulls a joint sideways to reduce pressure and improve movement.

PURPOSE
Reduce joint pressure and improve movement temporarily

PROCEDURE TYPE
Therapeutic - bedside manual joint mobilisation

WHERE IT IS DONE
Outpatient physiotherapy or rehabilitation clinic

ANAESTHESIA
None

HOW LONG IT TAKES
Usually 5 to 15 minutes per application

PREPARATION
Comfortable clothing; no fasting or medicine changes

RECOVERY
Same day; driving is usually allowed

MAIN RISKS
Temporary soreness, symptom flare, nerve or skin irritation

RESULTS
Immediate response assessed; benefit reviewed over several visits

Overview

Lateral traction is a manual therapy technique. A physiotherapist or another trained professional gently pulls a joint sideways, away from its socket or usual resting position. It is most often used on the hip, although similar techniques may be used on the shoulder or other joints.

The term "traction" means applying a controlled pulling force. "Lateral" means toward the side. Lateral traction is also called joint distraction in some rehabilitation settings.

This is not the same as traction used to hold a broken bone in position. It is also different from the traction used during some operations. If "lateral traction" appears in instructions for surgery, fracture care, or orthodontic treatment, ask what the term means in that setting; the information here may not apply.

Lateral traction does not repair damaged cartilage or cure arthritis. It may provide short-term pain relief or help a stiff joint move more freely. It is usually one part of a broader rehabilitation plan that includes exercise and advice about daily activity.

Why the procedure is performed

A clinician may offer lateral traction when a joint is painful or does not move normally. The goal is to reduce pressure between the joint surfaces and gently stretch the surrounding capsule. The capsule is the strong tissue that encloses a joint.

It may be considered for:

Your response can also provide useful information. For example, moving more comfortably after traction may help your clinician choose suitable exercises. However, lateral traction cannot by itself identify the cause of joint pain.

- Joint stiffness associated with osteoarthritis
- Reduced movement after an injury has healed enough for mobilisation
- Pain during certain joint movements
- A trial to see whether joint distraction makes movement more comfortable
- Supporting an exercise-based rehabilitation programme

Who should and should not have it

Lateral traction may be reasonable if you have a stable but painful or stiff joint and gentle mobilisation is appropriate for your condition. Before starting, your clinician should ask about your symptoms, injuries, operations, bone health, medicines, and other medical conditions. They may examine your movement, strength, sensation, and circulation.

It is not suitable for every painful joint. Traction is generally avoided or delayed when pulling on the joint could cause further injury. Reasons may include:

Tell the clinician if you take a blood thinner like warfarin or apixaban , bruise easily, have osteoporosis, or have previously had surgery in the area. These factors do not always prevent treatment, but the technique may need to be changed or avoided.

- A suspected or unhealed fracture
- A recent dislocation or an unstable joint

- A recent operation without clearance for joint mobilisation
- An active infection in the joint or nearby skin
- Severe bone weakness or a bone tumour in the treatment area
- Major ligament damage or marked joint hypermobility
- Unexplained severe pain, swelling, or inability to use the limb
- Reduced blood flow or new nerve problems affecting the limb

How to prepare

The treating facility's own instructions take priority over general information in this article.

Lateral traction normally requires little preparation. You can usually eat, drink, and take your regular medicines as usual. Do not stop a blood thinner or any other prescribed medicine unless the clinician who manages it tells you to do so.

Wear loose clothing that allows access to the joint and does not restrict movement. You may be asked to change into shorts or a gown.

Before treatment, explain where you feel pain and whether you have numbness, tingling, weakness, or recent swelling. Tell the clinician about recent falls or injuries, even if they seemed minor. You should also discuss what level of discomfort is acceptable to you. You can ask for the traction to be reduced or stopped at any time.

What happens during the procedure

You will usually lie on a padded treatment table. Your position will depend on the joint being treated. For hip traction, you may lie on your back with the hip and knee slightly bent.

The clinician stabilises one part of your body and supports the limb. They then apply a slow, controlled pull across the joint. They may use their hands, a padded belt, or both. A belt allows the clinician to maintain a steady force without gripping the limb tightly.

The pull may be held for several seconds or applied in gentle repeated movements. The amount of force is adjusted according to your comfort, joint movement, and response. Treatment may be repeated a few times during the session.

You may feel stretching, pressure, or a sense that the joint is being gently opened. Sharp pain, increasing pins and needles, numbness, dizziness, or a feeling that the joint is unstable is not expected. Tell the clinician immediately if any of these occur.

The clinician will often reassess your pain and movement afterward. Exercises may then be used to help you keep or control the available movement.

Recovery and what to expect afterward

Pain: Mild aching or temporary muscle soreness can occur. It should usually settle rather than steadily increase. A warm or cold pack may be suggested, depending on your condition and preference.

Eating: There are normally no restrictions. You can eat and drink as usual.

Activity: Most people can continue ordinary light activities on the same day. Follow any limits related to the underlying injury or joint condition. Do not test the joint with unusually heavy activity simply because it feels temporarily better.

Driving: You can usually drive after manual traction because no sedative or anaesthetic is used. Do not drive if pain, weakness, restricted movement, or another part of your treatment prevents you from controlling the vehicle safely.

Work: Many people can return to work immediately. If your job involves lifting, climbing, prolonged standing, or other demanding activity, you may need temporary changes based on the condition being treated.

Risks and possible complications

Lateral traction is non-surgical, but it can still cause unwanted effects. The most common are temporary soreness or a short-lived increase in the symptoms that were already present.

Other possible problems include:

Serious injury is not expected with properly selected, gentle treatment. The risk is higher if there is an unrecognised fracture, severe bone weakness, joint instability, or a circulation or nerve problem. Screening before treatment is therefore important.

- Bruising or skin irritation from hands, straps, or a belt
- Muscle spasm around the treated joint
- Temporary tingling caused by pressure or nerve irritation
- Increased pain if too much force is used
- Worsening instability in a joint with damaged ligaments

Results and follow up

Your immediate response is usually checked before you leave. The clinician may compare your pain, walking, or range of motion with measurements taken before traction.

Some people notice short-term relief during the first session. Others notice little change. A lack of improvement does not necessarily mean that your condition is worsening, but it may mean that this technique is not useful for you.

Longer-term progress is usually reviewed over several appointments. The focus should be on meaningful changes, such as easier walking, dressing, sleeping, or completing exercises-not only on how the joint feels for a few minutes after treatment.

Routine follow-up may involve adjusting the traction, progressing exercises, or stopping traction if it provides no worthwhile benefit. Persistent or unexplained symptoms may require further assessment or imaging, depending on the suspected cause.

Alternatives

The appropriate alternatives depend on why your joint is painful or stiff.

You can also choose not to have lateral traction. Ask what is likely to happen without it and whether an exercise-only plan is reasonable.

- Exercise therapy builds strength and improves movement control. It requires regular participation but offers more lasting functional benefits than passive treatment alone.
- Activity changes and education reduce strain while helping you remain active. They may not provide immediate pain relief.
- Heat, cold, or other comfort measures are easy to use but usually have temporary effects.
- Pain medicines or anti-inflammatory medicines may reduce symptoms but can cause side effects and do not restore joint movement by themselves.
- Joint injections may offer temporary relief for selected conditions. They are invasive and do not correct the underlying joint damage.
- Other manual therapy techniques use different directions or types of movement. They may feel more or less comfortable but still tend to provide short-term benefit.
- Surgery may be considered for major structural damage or severe symptoms that have not improved with non-surgical care. It can offer greater structural change but has more risk and a longer recovery.

When to call your healthcare team

Contact your healthcare team routinely if soreness lasts longer than expected, symptoms repeatedly flare after treatment, or traction is not helping you perform everyday activities.

Seek urgent medical advice if you develop:

Seek emergency care for a limb that becomes cold, pale, blue, or suddenly difficult to move, especially when accompanied by severe pain or loss of sensation. These symptoms may indicate a circulation or major nerve problem rather than an expected reaction to traction.

- New or persistent numbness or weakness
- Severe or steadily increasing pain
- New major swelling or inability to use the limb
- Loss of balance or repeated giving way after treatment

Common questions

Will I be asleep?

No. Lateral traction is performed while you are awake. It does not normally require an anaesthetic or sedative.

Can I drive home?

Usually, yes. Do not drive if you cannot move the treated limb comfortably and safely or if another treatment given at the appointment affects driving.

How painful is it?

You may feel pressure or stretching, but the procedure should remain tolerable. Sharp or increasing pain is a reason to stop and reassess the technique.

When will I know if it worked?

Your pain and movement are usually checked immediately. Whether it provides useful functional improvement may become clearer after several sessions combined with exercise.

How many sessions will I need?

There is no fixed number. Continued treatment should be based on measurable improvement and your goals, not on completing a preset course.

Is lateral traction a cure for arthritis?

No. It may ease symptoms or improve movement for a time, but it does not regrow cartilage or

reverse arthritis.

Sources

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