ICS 11.020

SCM

世界中医药学会联合会
World Federation of Chinese Medicine Societies

SCM 84-2005

国际中医技术操作规范
中医整脊治疗腰椎间盘突出症

International standardized manipulations of Chinese medicine
Chinese spinal orthopedic for lumbar disc herniation
（草案，以最终出版稿为准）

世界中联国际组织标准
International Standard of WFCMS

2025-5-29 发布实施
Issued & implemented on May 29, 2025

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前　言

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本文件的起草程序遵守了世界中医药学会联合会发布的 SCM1.1-2021《标准化工作导则第 1 部分：标准制修订与发布》。

引　言

为适应中医药国际化的发展趋势和要求，促进中医医师管理的规范化建设，提高国际中医医师队伍的学术地位和整体素质，保障其合法权益，增加社会认可度，保证中医医疗质量和医疗安全，特制定本文件。

本文件的制定，既要重视与世界各国医师管理法律法规相协调，又要充分反映中医专业技术人员诊疗规律；既要考虑世界各国中医药专业技术人员的现实情况，又要利于未来国际中医医师队伍的健康发展；既要与国际中医医疗市场需求相适应，又要有利于中医药学术发展和事业发展。

本文件在分析各国医师医学专业技术的诊疗成功经验的基础上，从前瞻性地引领和规范国际中医医师诊疗的视角，科学、合理地确定了疾病规律和相关指标体系；是根据中医整脊学研究发现腰椎间盘突出症是椎曲紊乱及临床经验而制定的。

本文件旨在规范中医整脊治疗腰椎间盘突出症的临床操作流程，指导相关医师正确使用该法，以保障中医整脊治疗规范应用于腰椎间盘突出症的临床、医学教育、科研等方面，确保其安全性、有效性，以便更好地推动中医整脊治疗的国际推广与应用。

本文件的发布机构提请注意，声明符合本文件时，可能涉及到“整脊调曲牵引床”相关的专利的使用。

本文件的发布机构对于该专利的真实性、有效性和范围无任何立场。

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专利持有人姓名：韦以宗。

地址：北京市昌平区水库路朝凤山庄 8501 宅。

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国际中医技术操作规范 中医整脊治疗腰椎间盘突出症

1 范围

本文件规定了中医整脊技术治疗腰椎间盘突出症的术语和定义、治疗原则、应用范围、操作步骤与要求、注意事项、调护与预防。

本文件适用于中医整脊治疗腰椎间盘突出症的临床技术操作。

2 规范性引用文件

下列文件中的内容通过文中的规范性引用而构成本文件必不可少的条款。其中，注日期的引用文件，仅该日期对应的版本适用于本文件；不注日期的引用文件，其最新版本（包括所有的修改单）适用于本文件。

ZYYXH/T4426—2012 中医整脊常见病诊疗指南 腰椎间盘突出症

T/CACM 1256-2019 中医整脊科临床诊疗指南 腰椎间盘突出症

GB/T 15657-2021 中医病证分类与代码

3 术语和定义

下列术语和定义适用于本文件。

3.1

腰椎间盘突出症

由于外力作用、劳损或感受风寒湿邪引起腰椎骨关节旋转、侧弯、椎曲改变，导致椎间盘突出椎间孔或椎管，刺激脊神经或脊髓；或因骨关节错位、椎间孔移位，导致神经根位移与椎间盘产生卡压，引起腰椎活动障碍、腰痛、下肢放射性疼痛的疾病。

注：有关腰椎间盘突出症的中医诊断参照 GB/T 15657-2021 中医病证分类与代码，诊断分类代码为“A03.06.04.06.01”，归属于“腰椎病”类别之内，诊断分类代码 A03.06.04.06。

3.2

中医整脊

运用中医原创思维研究人体脊柱系统功能解剖、运动力学，用手法为主的中医疗法调整气血、筋骨，使气血协调并恢复或改善脊柱力学平衡以防止脊柱劳损病。

3.3

理筋

运用膏摩、药熨、针灸、推拿手法等方法改善肌肉、肌腱、韧带、筋膜等软组织的症状和恢复其功能的方法。

3.4

骨空针法

以针骨膜、骨孔、筋结和神经为主的针刺法。

3.5

调曲

通过整脊手法疗法、器具整脊疗法和中药内服疗法恢复或者改善脊柱曲度的解剖生理和力学关系的治疗方法[6]。

3.6

正脊骨法

一种旨在通过调整脊骨关节位置以恢复其生理解剖结构的中医整脊手法。

注：主要包括按脊松枢法、寰枢端转法、牵颈折顶法、颈椎旋提法、提胸过伸法、胸腰旋转法、腰椎旋转法、腰骶侧扳法、过伸压盆法、手牵顶盆法。

3.7

练功

在脊柱运动力学指导下的导引行气方法。

注：可使筋骨柔顺、气血充盈，以增强脏腑机能，维系筋骨形态结构。是固本培元、强健筋骨的自主诊疗方法。

4 治疗原则

按急性期和缓解期分期论治，急性期以理筋为主，缓解期以理筋、调曲、练功为原则[2-4]。

5 应用范围

中医整脊治疗方法应用于以下情况：

a) 急性期：急性期通常指椎间盘突出引起的充血、炎症和水肿，导致剧烈的腰腿疼痛或单下肢放射性窜痛，一般持续 3-5 天，需严格卧床休息。

b) 缓解期：缓解期为急性症状缓解后，持续时间为 1-3 个月，逐步恢复日常活动。

6 操作前准备

6.1 治疗环境及其他要求

治疗室内清洁、光线明亮、温度适宜、空气清新，空间满足受术者接受治疗所需。

治疗环境需安静、温度适宜，患者需在舒适的环境中接受治疗，以增强疗效。

常规治疗应用的治疗床需符合医疗标准，具备高度和角度调节功能，床垫需为软硬适中

材料。

调曲治疗应用四维牵引床。牵引治疗设备包括一维、二维、三维和四维牵引床，操作时根据患者体型和舒适度调整参数。

6.2 受术者准备

着装宽松，暴露治疗部位。避免过饥过饱。

6.3 施术者准备

施术前去掉戒指、手表、手链等硬物。

施术者用洗手液清洗双手，清水冲干净后用一次性擦手纸擦干。

无特殊消毒要求。

7 治疗方法与操作

7.1 急性期

急性期避免行强刺激性的推拿或正骨手法。

注：腰椎间盘突出症在青壮年患者发病多为原发性，突出后出现充血炎症、水肿，与椎间盘一起压迫神经根，引起剧烈的腰痛腿痛，或单下肢放射性窜痛，夜不能寐，强迫性体位，甚至站立、步行困难[5-6]。

7.1.1 刺血拔罐疗法

腰僵严重者，可选用腰部双侧腰肌刺血拔罐[7-8]。

7.1.2 药熨

腰部和痛肢予活血化瘀、温通经络类药物行膏摩药熨[9]。

7.1.3 骨空针法

选用胸12～腰5的华佗夹脊穴，加上髎、中髎，下肢选秩边、委中、承山、光明等穴位。

7.1.4 痛肢牵引

急性期不宜采用牵引疗法。在专家评估下宜采用二维调曲法，具体操作方法见附录A.1。每次牵引时间宜为20分钟，每日1次[10]。

7.1.5 辨证内服中药

急性期多为湿热瘀滞型，选用二妙汤，如大便秘结者加大黄6 g、厚朴10 g、芒硝10 g。

7.1.6 外敷膏药

亦可腰部外贴活血化瘀，舒筋活络膏药。

注：急性期经上述处理，一般1周左右症状缓解，按缓解期治疗。

7.2 缓解期

7.2.1 理筋

7.2.1.1 药熨膏摩法

腰背部每天进行药熨膏摩。

7.2.1.2 骨空针刺法

同急性期选用穴位及操作。

7.2.1.3 针刀或刃针松解疗法

病程日久，调曲效果不明显，可用针刀或刃针松解法。选用腰 5 骶 1 和腰 2、3 棘突旁松解[11]。

7.2.1.4 推拿按摩法

宜行腰背肌的推拿理筋。

7.2.1.5 辨证内服中药

可在缓解期选用中药汤剂进行调理，如二妙汤以祛湿通络止痛，具体剂量由医师决定。

7.2.2 正脊调曲疗法

7.2.2.1 对 MRI 显示椎间盘突出压迫椎间孔或炎症反复刺激脊神经引起的单侧下肢激惹症状，可行腰椎旋转复位法或斜扳法，具体操作方法见附录 A.2、A.3。

7.2.2.2 四维牵引调曲法：青壮年患者可先行一维调曲法，后改用四维调曲法。中老年患者选用二维调曲法和四维调曲法，具体操作方法见附录 A.1。

7.2.2.3 以上操作均为每日 1 次，10 次为 1 个疗程，休息 1 日，再行第 2 个疗程。

7.2.3 练功

缓解期建议在专业康复师指导下进行，如八段锦、“健脊强身十八式”等传统功法，训练强度应根据患者状态调整。“健脊强身十八式”中常用的练功疗法有第十三式、第十四式和第十五式，每天 2 次[12]。具体操作见附录 B。

8 注意事项

8.1 治疗后患者多卧床休息。
8.2 急性期建议避免剧烈活动，患者应佩戴腰围以固定脊柱，减少对受损部位的二次伤害。
8.3 正脊手法操作前应进行影像学检查，以确保患者不具备操作禁忌症。
8.4 每周治疗频次应控制在 1 至 2 次，避免频繁的治疗导致病情恶化。
8.5 康复练功每次 20 分钟，根据患者的耐受能力逐步增加，避免超过患者承受范围。老年患者练功时应根据体力情况酌情减少运动量，避免过度疲劳。
8.6 练功时应避免脊柱大幅度弯曲，尤其是对椎间盘突出患者，应特别注意防止练功不当加重病情。
8.7 治疗前后的影像学检查可用来评估治疗效果，建议在治疗后 1 个月进行复查。

9　调护与健康宣教

9.1　治疗后卧床 1 周，逐步增加活动，以避免长期卧床对肌肉和血管系统的影响。
9.2　对于病程较长的患者，需制定长期治疗计划，包括定期评估和康复练功，确保持续性管理。
9.3　健康教育内容应包括对患者的疾病管理、自我护理方法、饮食建议等，需详细解释康复中可能遇到的问题。
9.4　患者应避免长期不良工作及生活姿势，平素加强腰背肌及腹肌的功能锻炼。
9.5　翻身活动时注意全身以脊柱为轴缓缓滚动，下床时要俯卧位，一腿先着地，另一腿再着地，然后全身站起。坐起及如厕时要佩戴腰围，以减轻椎间盘的压力，保持脊椎骨之间的稳定关系，减轻疼痛。
9.6　患者应避免久卧湿地，做到饮食起居有节。
9.7　治疗计划应根据患者的具体病情和影像学检查结果，由多学科团队制定，避免单一治疗模式。
9.8 治疗后患者需注意避免重体力劳动，逐步恢复日常活动，特别是在恢复期需要注意保护腰部。

附录 A

（资料性）

腰椎间盘突出症四维牵引调曲法、正脊骨法和整脊分型

A.1 四维牵引调曲法

“四维整脊治疗仪”经中国医学科学院查新为海内外首创，取得国家专利号两项：1.专利号：ZL03261021.1，2.专利号：ZL 200720101109.5（图 A.1）。同时于 2012 年由中国国家中医药管理局列为推广中医诊疗设备器械。

图 A.1　挂臂式四维整脊牵引床

A.1.1 一维调曲法

A.1.1.1 操作方法

患者俯卧于四维整脊治疗仪上，将上端牵引带束于胸下部，下端牵引带束于髂骨上。然后根据病情、体重等来调整重量进行纵轴牵引。

牵引时间为 30~40 分钟，牵引重量为 20~40 公斤，每日 1~2 次（图 A.1.1）。

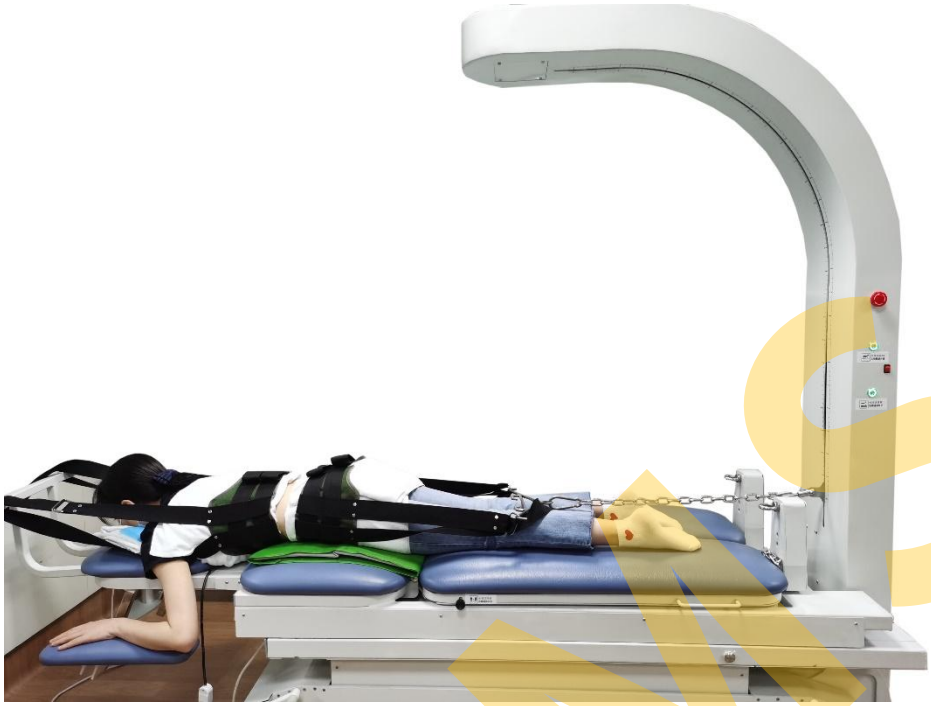

图 A.2 一维调曲法示意图

A.1.1.2 适应证

A.1.1.2.1 胸、腰、骨盆损伤。
A.1.1.2.2 腰椎间盘突出症。
A.1.1.2.3 腰椎管狭窄症。
A.1.1.2.4 腰椎滑脱症。
A.1.1.2.5 脊柱侧凸症。
A.1.1.2.6 腰骶关节病。
A.1.1.2.7 脊柱相关性月经紊乱症。
A.1.1.2.8 脊柱相关性下肢骨性关节炎。
A.1.1.2.9 强直性脊柱炎脊柱畸形症。

A.1.1.3 禁忌证

A.1.1.3.1 诊断不明确，未具备 X 线照片诊断骨关节力学改变者。
A.1.1.3.2 腰椎间盘突出症急性期牵引后疼痛加重者。
A.1.1.3.3 合并严重高血压、心脏病、哮喘及甲亢者。
A.1.1.3.4 孕妇及严重骨质疏松患者。
A.1.1.3.5 腰椎手术后患者。
A.1.1.3.6 脊柱骨结核。
A.1.1.3.7 脊柱骨髓炎。
A.1.1.3.8 脊柱骨肿瘤。

A.1.1.4 注意事项

A.1.1.4.1 牵引时密切观察患者病情，若有疼痛、麻木加重者，及时撤除牵引。
A.1.1.4.2 临床上牵引时间和重量均从最小值逐渐增加，儿童患者据体重酌减，最大牵引力

不能超过体重的二分之一。

A.1.1.4.3 牵引重量不能过重。

A.1.1.4.4 牵引后需卧床休息与牵引相同的时间。

A.1.1.4.5 老年患者可选用腋下牵引带。

A.1.2 二维调曲法

A.1.2.1 操作方法

患者俯卧于四维脊柱牵引仪上，按照一维调曲法固定好上、下两端牵引带，然后用单下肢牵引带束于有症状的下肢，并使其外展 30° 角，如图 A.1.2 所示。先按照一维调曲法调整好重量，牵引重量为 20~40 公斤，再调整痛肢牵引重量至 6~8 公斤，儿童患者重量酌减。牵引调整好重量后，根据患者腰椎曲度异常情况，进行加压调曲治疗。牵引时间为 30~40 分钟，每日 1 次。

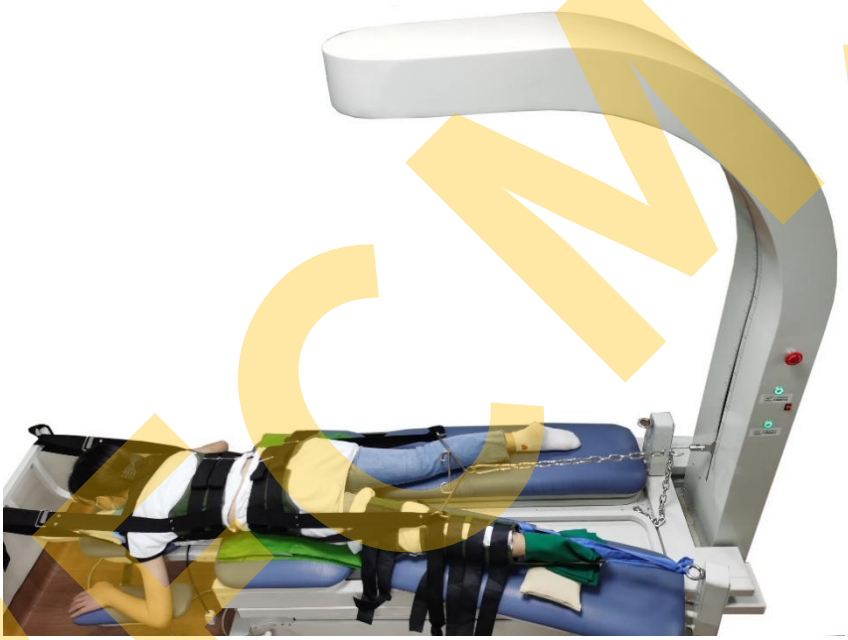

图 A.1.2 二维调曲法示意图

A.1.2.2 适应证

A.1.2.2.1 腰椎间盘突出症伴有单侧下肢麻木或疼痛。

A.1.2.2.2 腰椎滑脱症伴有单侧下肢麻木或疼痛者。

A.1.2.2.3 腰椎管狭窄症伴有单侧下肢麻木或疼痛者。

A.1.2.2.4 脊柱侧凸症骨盆倾斜者。

A.1.2.3 禁忌证

同一维调曲法禁忌证。

A.1.2.4 注意事项

A.1.2.4.1 同一维调曲法。

A.1.2.4.2 患肢有严重骨性关节病者慎用。

A.1.3 三维调曲法

A.1.3.1 操作方法

患者仰卧于四维整脊治疗仪上，将双下肢牵引带束于膝关节上下端。

调整牵引仪，使双下肢缓慢逐渐升起，随时观察患者变化。角度以下肢伸直，髋关节与躯干呈 90°角为标准。牵引时间为 20~30 分钟，以患者耐受为度。每日 1~2 次。（图 A.1.3）

图 A.1.3 三维调曲法示意图

A.1.3.2 适应证

A.1.3.2.1 腰椎滑脱症。

A.1.3.2.2 腰椎后关节错缝症。

A.1.3.2.3 腰曲加大需要调曲类伤病。

A.1.3.2.4 腰骶轴交角变小类伤病。

A.1.2.3 禁忌证

A.1.2.3.1 同一、二维调曲法禁忌证。

A.1.2.3.2 严重下肢骨性关节病患者。

A.1.2.3.3 严重静脉曲张患者。

A.1.3.4 注意事项

A.1.3.4.1 束于下肢的带子不能固定在髌骨上，而且要松紧适度，不能太紧，以免影响血液循环。

A.1.3.4.2 悬吊牵引需逐步升高，并随时观察患者病情变化。

A.1.3.4.3 悬吊牵引力的支点在腰骶枢纽关节处。

A.1.3.4.4 牵引时间以患者耐受为度，逐渐增加牵引时间。

A.1.3.4.5 牵引时密切观察患者足背动脉搏动情况。

A.1.3.4.6 撤除牵引时要匀速、缓慢。

A.1.4 四维调曲法

A.1.4.1 操作方法

患者卧于四维整脊治疗仪上，将上半身用环套过腋下，双下肢牵引带束于膝关节上下端（图 A.1.4)。用升降板将下半身托起，胸腰段与上半身呈 25°~45°角，调整牵引仪，使双下肢缓慢逐渐升起，下肢与下半身呈悬吊状，后将托板放至离下肢约 30 厘米处，以下腹部离开托板为宜。下肢与牵引床的角度根据患者腰椎曲度进行调整，一般情况下力的支点作用在胸腰枢纽关节处。牵引时间为 20~30 分钟，以患者耐受为度。每日 1~2 次。

图 A.1.4 四维调曲法示意图

A.1.4.2 适应证

A.1.4.2.1 屈曲型胸腰椎骨折脱位。
A.1.4.2.2 腰椎曲度变直、反弓的腰椎间盘突出症。
A.1.4.2.3 腰椎曲度变直、反弓的腰椎管狭窄症。
A.1.4.2.4 腰椎曲度变直、反弓的腰椎后关节错缝症。
A.1.4.2.5 脊柱侧凸症。

A.1.4.3 禁忌证

同三维调曲法禁忌证。

A.1.4.4 注意事项

同三维调曲法。

A.2 正脊手法

A.2.1 腰骶侧扳法

A.2.1.1 操作方法

患者取侧卧位。以左侧卧位为例，医者面向患者站立，右手或前臂置于患者右腋前，左手前臂置于患者右臀部，在患者充分放松情况下，两手相对同时瞬间用力，力的交点在腰骶枢纽关节处。右侧卧位与此相反。

A.2.1.2 适应证

腰骶侧扳法的适应证包括腰椎后关节错缝症、腰椎间盘突出症、腰骶后关节病、骶髂关节错缝症。

A.2.1.3 禁忌证

A.2.1.3.1 不明确诊断，未排除骶骨、髂骨结核、肿瘤者。
A.2.1.3.2 椎弓峡部不连、椎弓崩解、椎体滑脱者。
A.2.1.3.3 骨质疏松患者。
A.2.1.3.4 孕妇。
A.2.1.3.5 胸腰椎手术后。

A.2.1.4 注意事项

A.2.1.4.1 侧卧体位，躯体和下肢在一中轴线上。
A.2.1.4.2 如怀疑一侧椎间孔压迫神经根者，应取健侧卧位，而且不宜左右侧扳。
A.2.1.4.3 腰僵者慎用。

A.2.2 过伸压盆法

A.2.2.1 操作方法

患者取俯卧位，医者立于患侧，用一肘托起患侧大腿，使其后伸，另一手与托腿手相握，肘部按压患侧骶髂关节处，后慢慢使患侧下肢后伸至极限，按压之手肘部稍用力往下按压，听到“咯嗒”声，复位成功。

A.2.2.2 适应证

过伸压盆法的适应证包括骶髂关节错缝症、腰骶后关节病、骨盆倾斜者。

A.2.2.3 禁忌证

同腰骶枢纽侧扳法禁忌证(见 A1.1.3)。有髋关节病变者也不可使用过伸压盆法进行治疗。

A.2.2.4 注意事项

后伸下肢注意保护髋关节，防止过伸导致股骨颈骨折。

A.2.3 手牵顶盆法

A.2.3.1 操作方法

患者侧卧位，患侧在上，健侧屈膝，医者用一足跟蹬住健侧小腿，双手握住患侧踝部，待患者放松后，手足同时协调突然用力上牵下蹬动作。

A.2.3.2 适应证

同过伸压盆法适应证的相关要求(见 A.1.2.2)。

A.2.3.3 禁忌证

A.2.3.3.1 诊断不明者。
A.2.3.3.2 椎弓裂、脊椎滑脱者。
A.2.3.3.3 孕妇。
A.2.3.3.4 有下肢疾患者慎用。

A.2.3.4 注意事项

患者身体与下肢保持在同一水平位，手足用力协调。

A.3 整脊分型

A.3.1 椎间孔型

椎间盘突出于后外侧椎间孔部位，压迫神经根。症见单下肢放射性疼痛、麻痹。直腿抬高试验阳性。CT 检查可显示椎间盘突出压迫椎间孔。

A.3.2 椎管型

椎间盘突出于后方突入椎管，压迫硬脊膜，马尾神经，也称“中央型”，症见双下肢麻痹疼痛（可有一侧较重），鞍区麻痹，大小便无力或排便困难。部分患者有腹胀，直腿抬高试验多为弱阳性。CT 和 MRI 可显示突出的椎间盘的形态及对硬脊膜的压迫程度。

A.3.3 退化刺激型

椎间盘退化，自身的炎症刺激脊神经，引起以腰痛，并单下肢放射性麻痹。直腿抬高试验阳性或弱阳性，此类型往往反复发作。X 线摄片椎曲轻度改变，侧弯不明显；有唇样增生，CT、 MRI 检查可显示突出的椎间盘是否破坏或有囊性气泡。

附录 B

（资料性）

韦以宗健脊十八式（十三式、十四式、十五式）

B.1 第十三式 剪步转盆式

损伤病理：腹部肌肉如腹直肌，腹内、外斜肌，腹横肌，均与髂腰肌相连，与脏器形成腹内压维持腰椎平衡。同时，腰大肌在腹腔后下连腿部内收肌群，止于股骨小转子。长期坐位，腹肌、腰大肌容易松弛，维系力减弱，导致腰椎不稳，另外，下肢外展的阔筋膜张肌因劳损而导致臀上皮神经卡压，出现疼痛。

防治机制：剪步（双下肢交叉运动）运动内收肌群及腹肌群，使髂腰肌、阔筋膜张肌粘连松解，改善缺血情况，恢复下肢内收外展及腰部屈伸肌力平衡。

体操方式：立正，右脚起步跨至左下肢前方，后左脚起步跨至右下肢前方呈剪刀步态，向前 8 步；退后反交叉步态 8 步，前、后各 8×4 次，见图 B.1。

注意事项：交叉步态时，避免双下肢冲撞，并保持身体平衡。

图 B.1 健脊十八式之第十三式 剪步转盆式

B.2 第十四式 前弓后剪式

损伤病理：同十三式。

防治机制：在十三式基础上加强内收肌、腰大肌的锻炼。

体操方式：站立，双手叉腰，右下肢前跨，身体前倾，并屈膝（前弓），左下肢后伸直（后箭）后退回伸右膝，身体后倾，一前一后反复 8×4 次，见图 B.2。

注意事项：如膝关节有病变者，运动时避免屈膝引起疼痛。

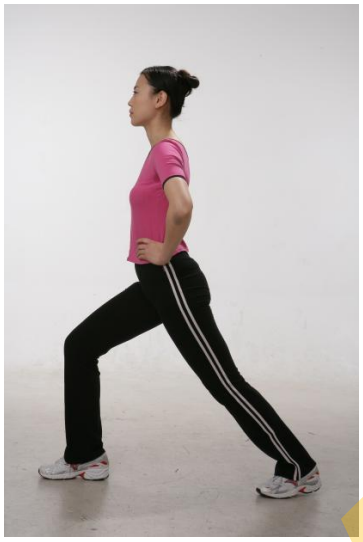

图 B. 2 健脊十八式之第十四式 前弓后剪式

B. 3 第十五式 金鸡独立式

损伤病理：骨盆是脊柱的基础，维系腰椎、胸椎中轴位的骶棘肌、腰背筋膜起源于骨盆两侧髂骨。髂骨承载腰椎。骨盆损伤失稳出现倾斜可继发腰椎侧凸。骶骨与髂骨通过骶髂韧带等连接，当出现劳损、松弛、痉挛，对骶髂关节维系力减弱，伴随下肢步行垂直应力作用，容易出现胯骨错缝引起的腰腿疼痛。

防治机制：运用身体垂直弹性力，锻炼骶髂韧带，使之劳损者恢复，维持力平衡。

体操方式：双手叉腰，单下肢直立，弹跳，左右下肢交替各 8×4 次，见图 B.3。

注意事项：如患者有膝关节病变或下肢伤病者，改为单下肢站立。如在弹跳中腰痛，说明骶髂关节已有损伤。

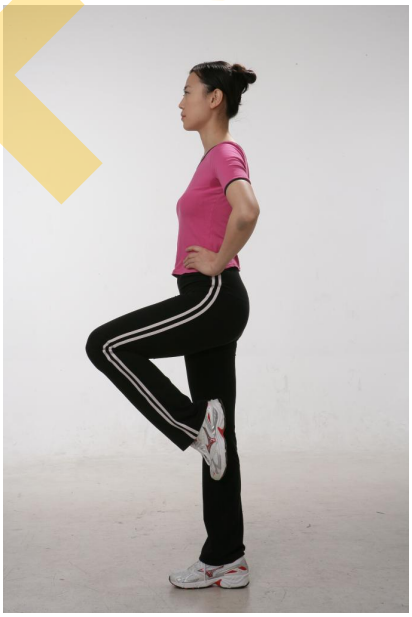

图 B. 3 健脊十八式之第十五式 金鸡独立式

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Content

Foreword

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The drafting process of this document follows the SCM 1.1-2021 *Directives for Standardization-Part 1: Procedures or Standard Development, Revision and Publication*, issued by the World Federation of Chinese Medicine Societies [1].

This document was translated by the Translation Professional Committee of the World Federation of Chinese Medicine Societies, with the translators being ***. In case of any disputes, the Chinese text shall prevail.

Introduction

To adapt to the development trends and requirements of the internationalization of traditional Chinese medicine (TCM), promote the standardization of TCM physician management, enhance the academic status and overall quality of the international TCM physician team, safeguard their legal rights, increase social recognition, and ensure the quality and safety of TCM medical services, this document has been formulated.

The formulation of this document must emphasize coordination with the laws and regulations governing physicians in various countries, while also fully reflecting the clinical practices of traditional Chinese medicine professionals. It must consider the current circumstances of traditional Chinese medicine professionals worldwide, facilitate the healthy development of the international traditional Chinese medicine physician workforce in the future, align with the demands of the global traditional Chinese medicine market, and promote the academic and professional advancement of traditional Chinese medicine.

Based on the analysis of the successful diagnostic and treatment experiences of physicians' medical specialties in various countries, this document prospectively guides and standardizes the diagnostic and treatment practices of international TCM physicians, scientifically and reasonably determining the patterns of diseases and relevant indicator systems. It is formulated according to the findings of spinal orthopedics in Chinese medicine, which identified lumbar disc herniation as a disorder of spinal curvature and clinical experience.

The purpose of this document is to regulate the clinical procedures of spinal orthopedics in Chinese medicine for lumbar disc herniation, guiding relevant physicians in the correct use of this method to ensure its standardized application in the clinical, medical education, and research aspects of lumbar disc herniation. This ensures its safety and effectiveness, thereby better promoting the international dissemination and application of spinal orthopedics in Chinese medicine.

The issuing organization of this document draws attention to the fact that compliance with this document may involve the use of patents related to the "Spinal Adjustment and Traction Bed."

The issuing organization of this document holds no position regarding the authenticity, validity, or scope of this patent. The patent holder has committed to

the issuing organization of this document that he is willing to negotiate patent licensing with any applicant under reasonable and non-discriminatory terms and conditions. The patent holder's statement has been filed with the issuing organization of this document.

Relevant information can be obtained through the following contact: Patent holder's name: Wei Yizong.

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Please note that in addition to the above-mentioned patent, some contents of this document may still involve other patents. The issuing organization of this document does not assume responsibility for identifying patents.

International standardized manipulations of Chinese medicine

Chinese spinal orthopedic for lumbar disc herniation

1 Scope

This document specifies the terms and definitions, treatment principles, application scope, operating procedures and requirements, precautions, care, and prevention of techniques of spinal orthopedics in Chinese Medicine for treating lumbar disc herniation.

This document is applicable to the clinical technical operations of spinal orthopedics in Chinese medicine for lumbar disc herniation.

2 Normative references

The following referenced documents are indispensable for the application of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ZYYXH/T4426—2012 Common Diseases Diagnosis and Treatment Guidelines of Spinal Orthopedics in Chinese Medicine: Lumbar Disc Herniation

T/CACM 1256-2019 Clinical Diagnosis and Treatment Guidelines of Spinal Orthopedics in Chinese Medicine: Lumbar Disc Herniation

GB/T 15657-2021 Classification and Codes of TCM Diseases and Syndromes

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

3.1
Lumbar Disc Herniation

Due to external forces, overuse, or exposure to wind, cold, and dampness, the lumbar spine joints rotate, bend laterally, or alter curvature, leading to disc protrusion into the intervertebral foramen or spinal canal, stimulating spinal nerves or the spinal cord; or due to joint misalignment or displacement of the intervertebral foramen, causing nerve root displacement and disc compression, resulting in lumbar mobility disorders, lower back pain, and radiating pain in the lower limbs [2].

Note: For TCM diagnosis of lumbar disc herniation, refer to the national standard of the People's Republic of China "Classification and Codes of TCM Diseases and Syndromes". The diagnostic classification code is "A03.06.04.06.01", under the category of "Lumbar Disease", with the diagnostic classification code A03.06.04.06.

3.2 Spinal Orthopedics in Chinese Medicine

involves using original TCM thinking to study the functional anatomy and biomechanics of the human spinal system, employing primarily manual techniques to adjust Qi and blood, and musculoskeletal structures, thereby harmonizing Qi and blood and restoring or improving spinal biomechanical balance to prevent spinal overuse disorders [2].

3.3 Soft Tissue Manipulation

techniques such as ointment application, medicinal compresses, acupuncture, and Tuina to alleviate symptoms and restore function of muscles, tendons, ligaments, fascia, and other soft tissues.

3.4 Bone Hollow Needle

An acupuncture method targeting bone periosteum, bone hollows, tendon knots, and nerves [3,4].

3.5 Tui Na

Under the guidance of TCM and modern scientific theories (including modern medicine), it uses manual techniques and exercises applied to specific parts of the body, limb joints, and internal organs to diagnose, regulate physiological and pathological states, achieving diagnosis, prevention, treatment, and health care. It is one of the external therapies of TCM, falling under the category of natural therapies [5].

3.6 Spinal Curve Adjustment

Restoring or improving the anatomical, physiological, and mechanical relationships of spinal curvature through manual therapy, devices, and internal TCM medication [6].

3.7 Spine Osteopathy

A spinal orthopedics in Chinese medicine technique that restores dislocated spinal joints to their normal anatomical positions, primarily including methods such as spinal axis relaxation, atlantoaxial rotation, cervical traction flexion, cervical rotation and lifting, thoracic hyperextension, thoracolumbar rotation, lumbar rotation, lumbosacral side pulling, hyperextension pelvis pressing, and manual pelvic traction [6,7].

3.8 Therapeutic Exercises

Qi-guiding methods under the guidance of spinal biomechanics, making muscles and bones flexible and Qi and blood abundant, enhancing organ functions, maintaining the structural integrity of muscles and bones. It is a self-therapy method for strengthening the foundation and fortifying the muscles and bones [8].

4 Treatment Principles

Treatment is staged according to acute and remission phases, with soft tissue manipulation being primary in the acute phase, and soft tissue manipulation, spinal curve adjustment, and therapeutic exercises being the principles in the remission phase [9,10].

5 Application

Scope treatment of spinal orthopedics in Chinese medicine are applied in the following situations:

a) Acute Phase: In young and middle-aged adults, disc herniation is often primary. Once it protrudes, congestion, inflammation, and edema occur, compressing the nerve root along with the disc, causing severe lower back and leg pain, or radiating pain in a single lower limb, insomnia, forced posture, and even difficulty standing or walking.

b) Remission Phase: The stage after acute symptoms have been alleviated through treatment.

6 Preparations

6.1 Environmental Requirements

The facility should have medical qualifications. The treatment room should be

clean, well-lit, appropriately heated, and well-ventilated, with enough space to accommodate the patient's treatment needs. The treatment bed used for routine treatments must be stable and durable. To facilitate the doctor's operations, the height and angle of the bed should be adjustable. The surface of the bed should be made of soft and breathable materials to ensure patient comfort during treatment. Four-dimensional traction beds are required for curve adjustment treatments.

6.2 Patient Preparation

Wear loose clothing and expose the treatment area. Avoid being too hungry or too full.

6.3 Practitioner Preparation

Remove rings, watches, bracelets, and other hard objects before the procedure. Practitioners should wash their hands with hand soap, rinse thoroughly with water, and dry with disposable paper towels. No special disinfection requirements.

7 Operation Procedure

7.1 Acute Phase

In young and middle-aged patients, disc herniation is often primary. After herniation, congestion, inflammation, and edema occur, compressing the nerve root along with the disc, causing severe lower back and leg pain, or radiating pain in a single lower limb, insomnia, forced posture, and even difficulty standing or walking [9]. Treatment should include:

7.1.1 Bloodletting and cupping therapy: For severe lumbar stiffness, bilateral lumbar muscle bloodletting and cupping can be used.

7.1.2 Medicinal compresses: Apply blood-activating and stasis-resolving, warming, and meridian-unblocking medicated ointments to the lower back and affected limbs.

7.1.3 Bone hollow needle method: Select Huatuo Jiaji points from T12 to L5, plus Yaoyangguan, Zhongliao, and lower limb points such as Huantiao, Weizhong, Chengshan, and Guangming.

7.1.4 Traction for painful limbs: Use the two-dimensional curve adjustment method, detailed in Appendix A.1. The traction time should be 20 minutes each session, once a day.

7.1.5 Syndrome differentiation and internal use of TCM: The acute phase is often of the damp-heat stagnation type, using Er Miao San. For constipation, add 6g of Rhubarb, 10g of Magnolia Bark, and 10g of Glauber's Salt.

7.1.6 External application to the lower back of blood-activating and stasis-resolving, muscle-relaxing, and meridian-unblocking plasters can also be used.

After the above treatments in the acute phase, symptoms generally alleviate in about a week, followed by remission phase treatment.

7.2 Remission Phase

7.2.1 Soft Tissue Manipulation

7.2.1.1 Medicinal compress and ointment massage method: Apply medicinal compresses and ointment massage to the lower back daily.

7.2.1.2 Bone hollow acupuncture method: Use the same acupuncture points as in the acute phase.

7.2.1.3 Needle knife or blade needle release therapy: For prolonged cases with unsatisfactory curve adjustment results, use needle knife or blade needle release therapy. Select release points beside the spinous processes of L5-S1 and L2-L3 [11].

7.2.1.4 Tui Na method: Perform Tui Na on the lumbar and back muscles.

7.2.1.5 Use of Chinese Medicine Based on Syndrome Differentiation: During the remission phase, Chinese herbal decoctions may be used for conditioning, such as Er Miao Tang (a formula to eliminate dampness, unblock meridians, and relieve pain). The specific dosage should be determined by the physician.

7.2.2 Spine osteopathy and spinal curve adjustment

7.2.2.1 For unilateral lower limb irritative symptoms caused by MRI-confirmed disc herniation compressing the intervertebral foramen or repeated inflammation stimulating the spinal nerves, perform lumbar rotation repositioning or oblique pulling method. See Appendix A.2 and A.3 for detailed procedures.

7.2.2.2 Four-dimensional traction curve adjustment method: Young and middle-aged patients may start with one-dimensional curve adjustment and then switch to four-dimensional curve adjustment. Middle-aged and elderly patients should use the two-dimensional and fourth-dimensional curve adjustment methods. See Appendix A.1 for detailed procedures.

7.2.2.3 Each of the above operations should be performed once daily, with 10 sessions as one course of treatment. Rest for one day, then proceed to the second course.

7.2.3 Therapeutic Exercises

Common therapeutic exercises include the “Form Thirteen: Scissor Step Pelvic Rotation”, “Form Fourteen: Forward Bow and Rear Scissor”, and “Form Fifteen: Flamingo with stand on one leg” of the "Eighteen Forms of Spinal Strengthening

and Body Conditioning", performed twice daily [12]. See Appendix B for detailed procedures.

8 Patients Precautions

8.1 After treatment, the patient should rest in bed for an extended period.
8.2 During the acute phase, it is recommended to avoid intense activities. The patient should wear a lumbar brace to stabilize the spine and reduce secondary injury to the affected area.
8.3 Imaging examination should be conducted before performing spinal manipulation to ensure that the patient does not have any contraindications for the procedure.
8.4 The frequency of treatments should be controlled at 1 to 2 times per week to avoid frequent treatments that could worsen the condition.
8.5 Rehabilitation exercises should last 20 minutes per session, gradually increasing based on the patient's tolerance, and should not exceed the patient's capacity. For elderly patients, the exercise intensity should be adjusted based on their physical condition to avoid excessive fatigue.
8.6 During exercise, large spinal flexion should be avoided, especially for patients with disc herniation. Special attention should be given to prevent improper exercise from exacerbating the condition.
8.7 Pre- and post-treatment imaging can be used to assess the treatment outcome. A follow-up examination is recommended one month after treatment.

9 Patients Care and Health Education

9.1 After treatment, the patient should stay in bed for 1 week, gradually increasing activity to avoid the negative impact of prolonged bed rest on the muscles and vascular system.
9.2 For patients with a prolonged illness, a long-term treatment plan should be developed, including regular assessments and rehabilitation exercises to ensure continuous management.
9.3 Health education should cover disease management, self-care methods, dietary advice, etc., and the potential issues that may arise during rehabilitation should be explained in detail.
9.4 Patients should avoid prolonged poor posture during work and daily life and should regularly strengthen their back and abdominal muscles.
9.5 When turning over, the whole body should roll slowly with the spine as the axis. When getting out of bed, the patient should first place one leg on the ground,

then the other, and then stand up. A lumbar brace should be worn when sitting up or using the toilet to reduce pressure on the intervertebral discs, maintain the stability of the spinal bones, and reduce pain.

9.6 Patients should avoid staying in damp areas for long periods and should maintain a regular routine for diet and daily activities.

9.7 The treatment plan should be tailored to the patient's specific condition and imaging results, and should be developed by a multidisciplinary team to avoid a one-size-fits-all treatment approach.

9.8 After treatment, patients should avoid heavy physical labor and gradually resume daily activities, especially during the recovery phase when protecting the lumbar area is essential.

ANNEX A
（Informative）
Four-Dimensional Traction for Spinal Curve Adjustment, Spine Osteopathy, and Classification for Lumbar Disc Herniation

A.1 Four-Dimensional Traction for Spinal Curve Adjustment

The "Four-Dimensional Treatment Device of Spinal Orthopedics in Chinese Medicine" has been confirmed by the Chinese Academy of Medical Sciences as a domestic and international innovation, obtaining two national patent numbers: 1. Patent No.: ZL03261021.1, 2. Patent No.: ZL 200720101109.5 (Figure 4-94). It was also listed as a promoted TCM diagnostic and therapeutic equipment by the State Administration of Traditional Chinese Medicine in 2012.

Figure A.1 Four-Dimensional Traction Device for Spinal Curve Adjustment

A.1.1 One-Dimensional Traction for Spinal Curve Adjustment

A.1.1.1 Operating Method

The patient lies prone on the four-dimensional treatment device of spinal orthopedics in Chinese Medicine, with the upper traction belt fastened below the chest and the lower traction belt fastened above the iliac bones. Then, adjust the weight for longitudinal traction based on the condition and weight of the patient. The traction time is 30-40 minutes, and the traction weight is 20-40 kg, performed 1-2 times daily (Figure A.1.1).

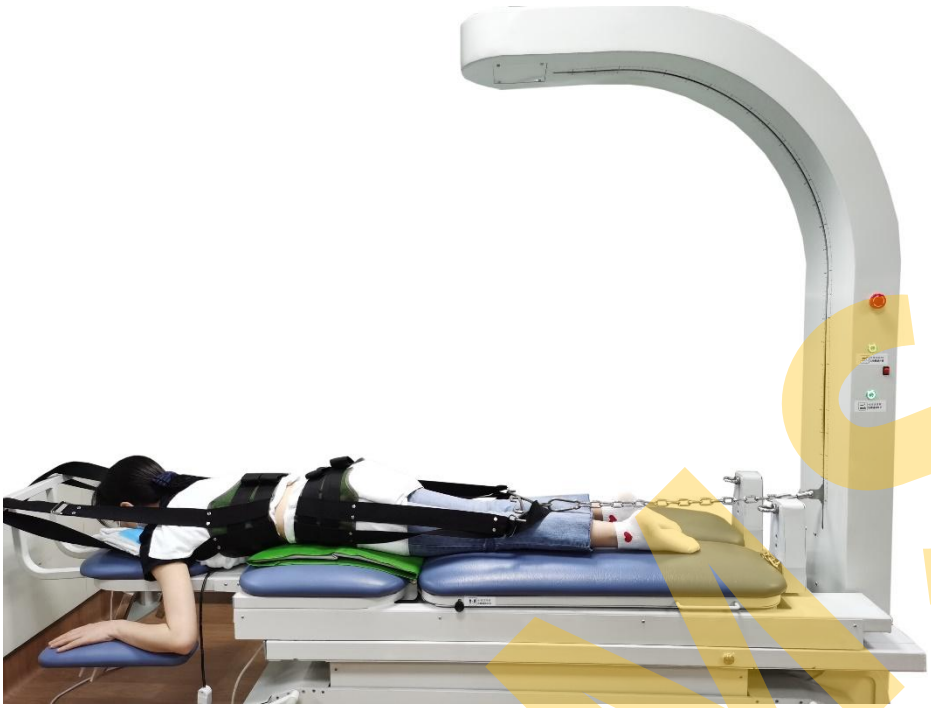

Figure A.1.1 One-Dimensional Traction for Spinal Curve Adjustment

A.1.1.2 Indications

A.1.1.2.1 Thoracic, lumbar, and pelvic injuries.
A.1.1.2.2 Lumbar disc herniation.
A.1.1.2.3 Lumbar spinal stenosis.
A.1.1.2.4 Lumbar spondylolisthesis.
A.1.1.2.5 Scoliosis.
A.1.1.2.6 Lumbosacral joint disease.
A.1.1.2.7 Spine-related menstrual disorders.
A.1.1.2.8 Spine-related lower limb osteoarthritis.
A.1.1.2.9 Ankylosing spondylitis spinal deformity.

A.1.1.3 Contraindications

A.1.1.3.1 Patients with unclear diagnoses without X-ray confirmation of bone and joint mechanical changes.
A.1.1.3.2 Patients whose pain worsens after traction during the acute phase of lumbar disc herniation. A.1.1.3.3 Patients with severe hypertension, heart disease, asthma, or hyperthyroidism.
A.1.1.3.4 Pregnant women and patients with severe osteoporosis.
A.1.1.3.5 Patients who have undergone lumbar surgery.
A.1.1.3.6 Spinal tuberculosis.
A.1.1.3.7 Spinal osteomyelitis.
A.1.1.3.8 Spinal bone tumors.

A.1.1.4 Precautions

A.1.1.4.1 Closely monitor the patient's condition during traction. If pain or numbness worsens, immediately stop the traction.
A.1.1.4.2 In clinical practice, traction time and weight should gradually increase from the minimum value. For pediatric patients, reduce according to weight, and the maximum traction force should not exceed half of the body weight.
A.1.1.4.3 The traction weight should not be too heavy.
A.1.1.4.4 After traction, bed rest should be maintained for the same duration as the traction.
A.1.1.4.5 Elderly patients may use an underarm traction belt.

A.1.2 Two-Dimensional Traction for Spinal Curve Adjustment

A.1.2.1 Operating Method

The patient lies prone on the Four-Dimensional Spinal Traction Device, with the upper and lower traction belts fixed as in the one-dimensional curve adjustment method. Then, use a single lower limb traction belt on the symptomatic limb, abducting it at a 30° angle, as shown in Figure A.1.2. First, adjust the weight according to the one-dimensional curve adjustment method, with a traction weight of 20-40 kg, then adjust the symptomatic limb traction weight to 6-8 kg, reducing the weight for pediatric patients. After adjusting the traction weight, perform pressure curve adjustment treatment according to the patient's abnormal lumbar curvature. The traction time is 30 minutes, once daily.

Figure A.1.2 Two-Dimensional Traction for Spinal Curve Adjustment

A.1.2.2 Indications

A.1.2.2.1 Lumbar disc herniation with unilateral lower limb numbness or pain.
A.1.2.2.2 Lumbar spondylolisthesis with unilateral lower limb numbness or pain.

A.1.2.2.3 Lumbar spinal stenosis with unilateral lower limb numbness or pain.
A.1.2.2.4 Scoliosis with pelvic tilt.

A.1.2.3 Contraindications

Same contraindications as the one-dimensional curve adjustment method.

A.1.2.4 Precautions

A.1.2.4.1 Same as the one-dimensional curve adjustment method.
A.1.2.4.2 Use with caution in patients with severe osteoarthritis of the affected limb.

A.1.3 Three-Dimensional Traction for Spinal Curve Adjustment

A.1.3.1 Operating Method

The patient lies supine on the treatment device, with the traction belts fastened above and below the knees. Adjust the traction device so that the legs are slowly and gradually raised, continuously observing the patient's condition. The standard angle is with the legs straight and the hips at a 90° angle to the torso. The traction time is 20 minutes, based on patient tolerance. Perform 1-2 times daily (Figure A.1.3).

Figure A.1.3 Three-Dimensional Traction for Spinal Curve Adjustment

A.1.3.2 Indications

A.1.3.2.1 Lumbar spondylolisthesis.
A.1.3.2.2 Lumbar facet joint dislocation.
A.1.3.2.3 Conditions requiring curve adjustment due to increased lumbar

curvature.

A.1.3.2.4 Conditions with a decreased lumbosacral axis angle.

A.1.3.3 Contraindications

A.1.3.3.1 Same contraindications as the one- and two-dimensional curve adjustment methods.

A.1.3.3.2 Patients with severe lower limb osteoarthritis.

A.1.3.3.3 Patients with severe varicose veins.

A.1.3.4 Precautions

A.1.3.4.1 The belt on the lower limbs should not be fixed on the patella, and it should be appropriately tight, not too tight, to avoid affecting blood circulation.

A.1.3.4.2 The suspended traction should gradually increase and continuously observe the patient's condition changes.

A.1.3.4.3 The pivot point of the suspended traction force is at the lumbosacral joint.

A.1.3.4.4 The traction time should be based on patient tolerance, gradually increasing the duration.

A.1.3.4.5 Closely monitor the patient's dorsalis pedis artery pulsation during traction.

A.1.3.4.6 Remove the traction steadily and slowly.

A.1.4 Four-Dimensional Traction for Spinal Curve Adjustment

A.1.4.1 Operating Method

The patient lies on the treatment device, with the upper body looped under the armpits and the traction belts fastened above and below the knees (Figure A.1.4). Use a lifting board to elevate the lower body so that the thoracolumbar section forms a 25°-45° angle with the upper body. Adjust the traction device to gradually lift the lower limbs until they are suspended. Place the support board about 30 cm below the lower limbs, ensuring the lower abdomen is off the board. Adjust the angle between the lower limbs and the traction bed according to the patient's lumbar curvature, with the force pivot generally at the thoracolumbar joint. The traction time is 20-30 minutes, based on patient tolerance. Perform 1-2 times daily.

Figure A.1.4 Four-Dimensional Traction for Spinal Curve Adjustment

A.1.4.2 Indications

A.1.4.2.1 Flexion-type thoracolumbar fracture dislocation.
A.1.4.2.2 Lumbar disc herniation with straightened or reverse-curved lumbar spine.
A.1.4.2.3 Lumbar spinal stenosis with straightened or reverse-curved lumbar spine.
A.1.4.2.4 Lumbar facet joint dislocation with straightened or reverse-curved lumbar spine.
A.1.4.2.5 Scoliosis.

A.1.4.3 Contraindications

Same contraindications as the three-dimensional curve adjustment method.

A.1.4.4 Precautions

Same as the three-dimensional curve adjustment method.

A.2 Spine Osteopathy

A.2.1 Lumbosacral Side-Bending Method

A.2.1.1 Operating Method

The patient lies on their side. For left side lying, the doctor stands facing the patient, placing the right hand or forearm in front of the patient's right armpit and the left forearm on the patient's right hip. With the patient fully relaxed, both hands apply force simultaneously at the lumbosacral joint. Reverse this for the

right-side lying position.

A.2.1.2 Indications

Indications for the lumbosacral side-bending method include lumbar facet joint dislocation, lumbar disc herniation, lumbosacral joint disease, and sacroiliac joint dislocation.

A.2.1.3 Contraindications

A.2.1.3.1 Unclear diagnosis, sacral or iliac bone tuberculosis, or tumors not ruled out.
A.2.1.3.2 Spondylolysis, spondylolisthesis.
A.2.1.3.3 Patients with osteoporosis.
A.2.1.3.4 Pregnant women.
A.2.1.3.5 After thoracolumbar surgery.

A.2.1.4 Precautions

A.2.1.4.1 Side-lying position with the body and lower limbs aligned on the same axis.
A.2.1.3.4.2 If unilateral intervertebral foramen nerve root compression is suspected, lie on the healthy side, and avoid side-bending on both sides.
A.2.1.3.4.3 Use with caution in patients with lumbar stiffness.

A.2.2 Hyperextension Pelvic Compression Method

A.2.2.1 Operating Method

The patient lies prone, the doctor stands on the affected side, uses one elbow to lift the patient's affected thigh to extend it backward, and the other hand grasps the lifting hand. The elbow presses on the affected sacroiliac joint. Slowly extend the affected lower limb to its limit while pressing down with the elbow. A "click" sound indicates successful repositioning.

A.2.2.2 Indications

The hyperextension pelvic compression method includes sacroiliac joint dislocation, lumbosacral joint disease, and pelvic tilt.

A.2.2.3 Contraindications

Same contraindications as the lumbosacral side-bending method (see A.1.1.3). Do not use this method for patients with hip joint disorders.

A.2.2.4 Precautions

Protect the hip joint when extending the lower limb to prevent hyperextension leading to femoral neck fracture.

A.2.3 Manual Pelvic Traction Method

A.2.3.1 Operating Method

The patient lies on their side with the affected side up and the healthy side's knee bent. The doctor uses one heel to press the healthy lower leg, grasps the affected ankle with both hands, and when the patient relaxes, simultaneously pulls upward and pushes downward with coordinated force.

A.2.3.2 Indications

Same indications as the hyperextension pelvic compression method (see A.1.2.2).

A.2.3.3 Contraindications

A.2.3.3.1 Unclear diagnosis.
A.2.3.3.2 Spondylolysis, spondylolisthesis.
A.2.3.3.3 Pregnant women.
A.2.3.3.4 Use with caution in patients with lower limb disorders.

A.2.3.4 Precautions

Keep the patient's body and lower limbs in the same horizontal position, with coordinated hand and foot force.

A.3 Spinal Orthopedics of Chinese Medicine Classification

A.3.1 Intervertebral Foramen Type

The disc herniates to the posterolateral intervertebral foramen, compressing the nerve root. Symptoms include unilateral lower limb radiating pain and numbness. Straight leg raise test is positive. CT scans can show disc herniation compressing the intervertebral foramen.

A.3.2 Spinal Canal Type

The disc herniates posteriorly into the spinal canal, compressing the dura mater and cauda equina, also known as the "central type". Symptoms include bilateral lower limb numbness and pain (one side may be more severe), saddle area numbness, weakness or difficulty in urination or defecation. Some patients may have abdominal distension, and the straight leg raise test is often weakly positive. CT and MRI can show the herniated disc's shape and the degree of compression on the dura mater.

A.3.3 Degenerative Irritation Type

Disc degeneration causes inflammation that irritates the spinal nerves, leading to lower back pain and unilateral lower limb radiating numbness. The straight leg raise test is positive or weakly positive, and this type often recurs. X-rays may show mild changes in spinal curvature without obvious scoliosis; there may be lipping, and CT or MRI can show whether the herniated disc is broken or has cystic bubbles.

ANNEX B
（Informative）
Wei Yizong's Eighteen Forms of Spinal Strengthening (Forms Thirteen, Fourteen, Fifteen)

B.1 Form Thirteen: Scissor Step Pelvic Rotation

Pathology of Injury: Abdominal muscles such as the rectus abdominis, internal and external obliques, and transverse abdominis connect with the iliopsoas muscle, forming intra-abdominal pressure to maintain lumbar spine balance. Additionally, the psoas major muscle connects the lower abdomen to the leg's adductor muscle group, ending at the femur's lesser trochanter. Prolonged sitting causes these muscles to relax and weaken, leading to lumbar instability. Furthermore, overuse of the tensor fasciae latae can compress the superior gluteal nerve, causing pain.

Mechanism of Prevention and Treatment: The scissor step (crossing leg movements) exercises the adductor muscle group and abdominal muscles, relieving adhesions in the iliopsoas and tensor fasciae latae, improving ischemia, and restoring balance in lower limb adduction and abduction, as well as lumbar flexion and extension muscle strength.

Exercise Method: As shown from Figure B.1. Stand upright, step forward with the right foot crossing in front of the left leg, then step forward with the left foot crossing in front of the right leg in a scissor step. Move forward for 8 steps; reverse with cross steps for 8 steps, 8×4 repetitions forward and backward.

Precautions: Avoid colliding legs during the cross step and maintain body balance.

Figure B.1 Form Thirteen: Scissor Step Pelvic Rotation

B.2 Form Fourteen: Forward Bow and Rear Scissor

Pathology of Injury: Same as Form Thirteen.
Mechanism of Prevention and Treatment: Strengthen the adductor and psoas major muscles based on the scissor step exercise.
Exercise Method: As shown from Figure B.2. Stand with hands on hips, step forward with the right leg, lean forward, and bend the knee (forward bow), extend the left leg straight back (rear arrow), then return and extend the right knee, lean back, repeat forward and backward 8×4 times.
Precautions: If the knee joint is affected, avoid bending the knee to prevent pain during exercise.

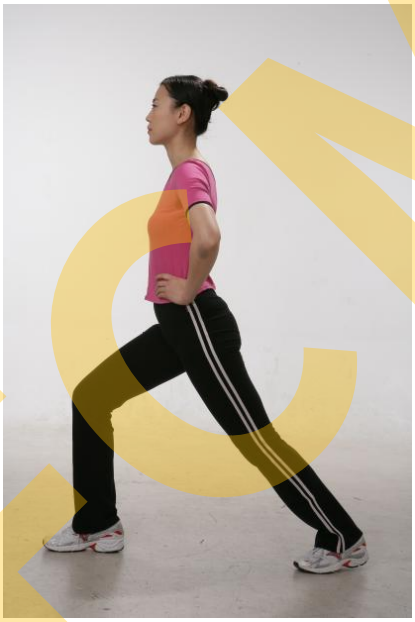

Figure B.2 Form Fourteen: Forward Bow and Rear Scissor

B.3 Form Fifteen: "Flamingo" with stand on one leg

Pathology of Injury: The pelvis is the foundation of the spine, maintaining the axial position of the lumbar and thoracic vertebrae through the sacrospinal muscles and lumbar-back fascia originating from the iliac bones on both sides of the pelvis. The iliac bones support the lumbar spine. Pelvic injury and instability causing tilt can lead to lumbar scoliosis. The sacrum and ilium are connected by the sacroiliac ligaments. When overuse, relaxation, or spasms occur, the ability to maintain sacroiliac joint stability is weakened, leading to lumbar and leg pain due to ilium misalignment under the vertical stress of walking.
Mechanism of Prevention and Treatment: Use the body's vertical elasticity to exercise the sacroiliac ligaments, restoring those damaged by overuse and maintaining force balance.

Exercise Method: As shown from Figure B.3. Stand with hands on hips, balance on one leg, and bounce. Alternate between left and right legs, 8×4 repetitions each.
Precautions: If the patient has knee joint issues or lower limb injuries, switch to single-leg standing. If lumbar pain occurs during bouncing, it indicates sacroiliac joint damage.

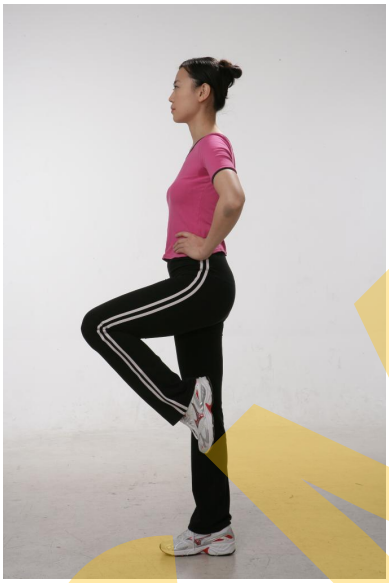

Figure B.3 Form Fifteen: "Flamingo" with stand on one leg

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