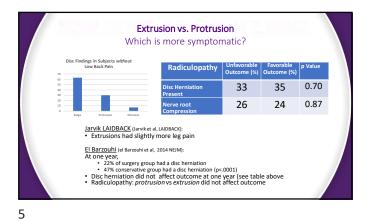
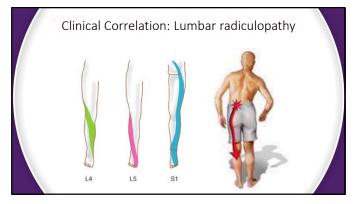


Age	Degen	Bulge	Protrusion
20-29	37%	30%	30%
30-39	50%	40%	30%
40-49	70%	50%	35%
50-59	80%	60%	40%
> 60	90%	70%	40%









Do prior imaging findings predict new findings?

Would this preexisting disc bulge make a protrusion more likely to occur after minor trauma?

Carragee: Does Minor Trauma Cause Serious Low Back Illness? 200 patients x 5 yrs=1000 patient yrs 53 subjects, 69 MRIs Prior degenerative or disc findings did not lead to more new findings.

Photo: Kushchayev SV, 2018



7

RTW

L5-S1: Left paracentral disc protrusion contacts the S1 nerve root in the subarticular zone and displaces it posteriorly.

After discectomy only (without curetting the disc space): • When can he go back to work? Can he go back to heavy work?



8

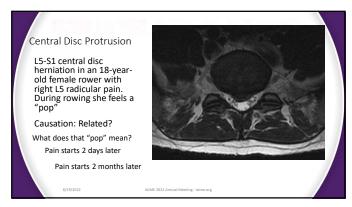
9

Two Answers The study: Carragee: 1999: RTW after lumbar discectomy: Average RTW 1.2 weeks, NO restrictions 148/149 in 8 weeks Those with more strenuous work took longer to RT@ 98% to same occupation: at 5 years only 6% had changed occupation Workers comp litigation predicted slower RTW Women took longer to RTW than men 11% reherniation at 5 years (similar to historical data) 2nd Study: Carragee: 2006: Prospective Controlled study of limited vs subtotal discectomy with large anular defect (big hole in the anulus)

RTW after Discectomy

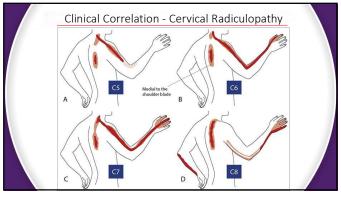
IAIME 2022 Ar

- With lafge antum verses (up more an use since), At one year: Limited discectomy 18% v subtotal discectomy 9% (p=0.1) Back pain worse (in subtotal than limited discectomy) Pain medication use was higher i(in subtotal than limited discectomy) RTW was longer (in subtotal than limited discectomy) Patient satisfaction lower at 2 yrs (in subtotal than limited discectomy)









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What would you recommend?

Cervical disc herniation

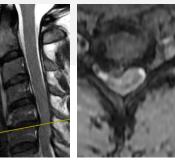
• 40 yo male

• MRI: C5-6 disc extrusion

• increased signal in the cord

Asymptomatic

• Exam is normal



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Cervical Spondylosis- WAD

IAIME 2022 A

55 yo female in a rear-end MVA, moderate damage • Degenerative disease at C5-6 with kyphosis • Neck pain and severe headache, episodic "flares"

<u>ID-migraine</u> During the last 3 months: 1. Has a headache limited your activities for a day or more? 2. Are you nauseated or sick to your stomach when you have a headache? 3. Does light bother you when you have a headache?

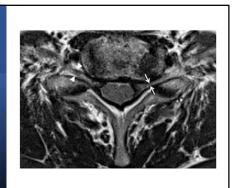
93% positive predictive value for migraine



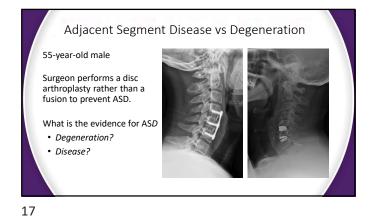
Case Example 30 yo male: Assaulted at work: CC: neck & shoulder pain, Rt arm pain, numbness and temperature changes. MRI: left foraminal stenosis Exam:

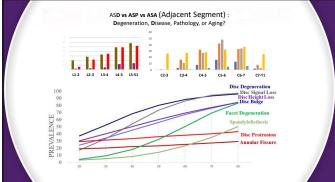
Exam: No cervical radiculopathy. No Right radial pulse. TOS maneuvers negative.

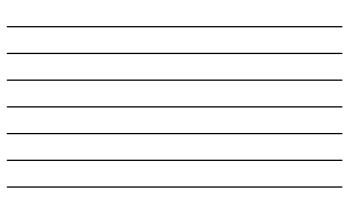
What is your diagnosis:? What is your opinion regarding causation?

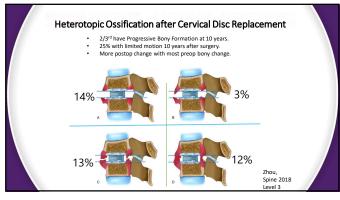


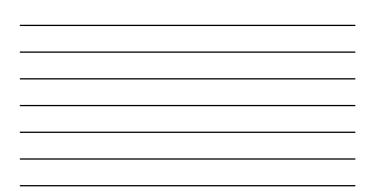


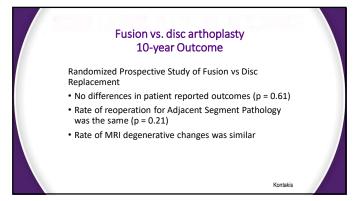










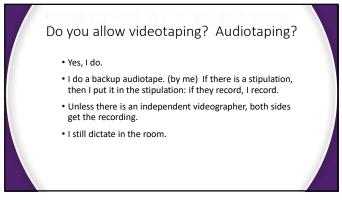


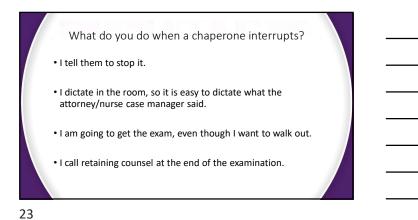
20

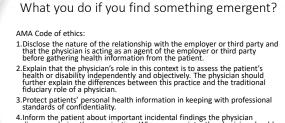
How do you put the examinee at ease?

This is my introduction to the exam:

- This is a medical examination. Some people would say this is not an indepent examination because someone is paying me, but my reputation is more important to me. I am here to give my medical opinion, not to take sides.
- I am not your doctor, but if I see something urgent, I will tell you.
- We will talk, then I will dictate into this Dictaphone. This is your time to tell your story. If I make a mistake, please correct me.
- Do not do anything that will make you uncomfortable. I am pretty good at work arounds, but if not, then I will say you declined rarher that say you refused.
- This is not a deposition. I want to hear what you remember.







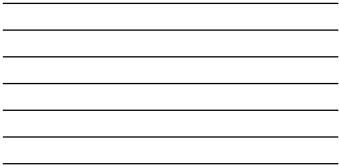
Case Example: SCI Bilateral Jumped Facets

- Impressive Inju - Severe SCI

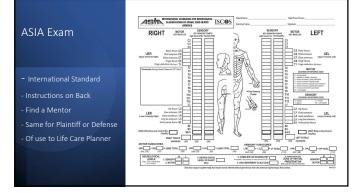
- Use ASIA Exam - expect late complications

traumatic tethered cord syringomyelia





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