

Of spinal disks and risks

Some neck and back pains are normal, but accompanied by other symptoms they can be signs of serious trouble

► The specialist: Dr. Andrew Hecht

Along with his position as co-chief of spine surgery at Mount Sinai Medical Center, Hecht is the spinal surgical consultant for the New York Jets and Islanders, arena football's New York Dragons and Hofstra University. As an orthopedic spinal surgeon, he treats both spine trauma and degenerative disorders like herniated disks.

► The big story:

Anyone who reads the sports pages is familiar with the term "herniated disk" — a spinal injury that plagues athletes and nonathletes alike. Now, new surgeries are getting players back in the game faster than ever. Last week, Tampa Bay Rays pitcher Troy Percival underwent microdiscectomy, a new minimally invasive surgery that is so effective his team hopes he can be back on the mound as early as Opening Day.

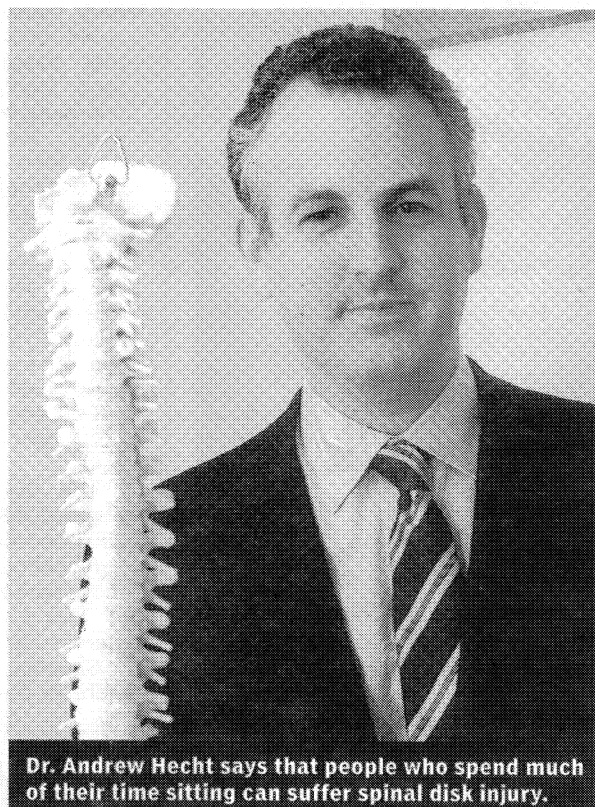
► Who's at risk:

Chances are, you've suffered from neck or lower back pain before. "Back and neck pain are something that every one of us has experienced or will experience at some point in our lives," says Hecht. "Back or neck pain is the second most common reason that anyone visits their doctor."

You may think of pain in the neck and lower back as unrelated, but both locations are part of the spine, the column of vertebrae that runs from the neck down to the tailbone. The spine also includes the disks that provide cushioning between the vertebrae. The neck region of the spine is called the cervical spine, and the lower back is called the lumbar spine.

Everyone who is active — and many people who are sedentary — will deal with back pain, one of the most common injuries for both elite athletes and weekend warriors. Since some back pain is inevitable, Hecht says the question is, "When is back pain more than just a muscle pain or twinge?" There is a difference between a spinal injury and "the everyday back pain that comes and goes."

Herniated disks are one of the most common spinal injuries for athletes and nonathletes. People from age 30 to 60 are most likely to have a herniated disk. Disks are the shock-absorbing cushions between the vertebrae. "What



Dr. Andrew Hecht says that people who spend much of their time sitting can suffer spinal disk injury.

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happens is a small piece of disk material comes out and causes pain," says Hecht. He compares herniated disks to a jelly doughnut: "A piece of the jelly from the doughnut or from the center of the disk comes out and goes to a place where the nerves live, causing pain." If the disk is in the lower back, it can cause back and leg pain, and if it's in the neck, neck and arm pain.

Herniated disks are the most common injury for athletes, and not just pros. "If you're battling it out in the gym on the weekend, it's the same kind of injury you see in the elite athletes," says Hecht, who points out that 70% of gymnasts and wrestlers complain of back and neck pain. For sports that put less stress on the back, like soccer, tennis, football and golf, 30% of players complain of back and neck pain.

But leading an inactive lifestyle won't protect you from spinal injuries. Although we associate many of these injuries with athletics, "a sedentary lifestyle ups the incidence of back pain, because you're sitting on your disk when you sit at your desk," says Hecht.

► Signs and symptoms:

Since we all will most likely have an episode of lower back or neck pain, we should know that not every ache is a sign of serious injury. Many times, pain in your back is just an unthreatening muscle pain. "Normal garden variety back or neck pain goes away in four to eight weeks," says Hecht. "If your symptoms last longer than that, or more importantly, if the pain is compounded by weakness or numbness, then you should consult your doctor."

Hecht says to look for signs that there is more going on than a muscle pain: "It's when you start having symptoms like arm pain, tingling or numbness, pins and needles, or weakness in the arm, lower back or leg — or you start having trouble with your balance," says Hecht, or "if you feel like the muscles aren't responding the way they normally do." Those are warning signs that you might have a herniated disk or spinal stenosis.

BY THE NUMBERS:

80%-90% of patients with cervical or lumbar disk herniations will get better with conservative care.

90% of elite athletes return to their elite level of sport after lumbar discectomy.

People with a history of lower back or neck pain are **3** times more likely to have an injury in the future.

► Traditional treatment:

Conservative treatment usually means some combination of anti-inflammatory medications, four to six weeks of physical therapy and encouraging patients to return to an active lifestyle. "If necessary, it can include spinal injections, which are cortisone shots that reduce the inflammation around the nerve," says Hecht.

"For 80% to 90% of people, conservative management is enough," says Hecht. But if you haven't responded to conservative treatment after eight weeks, "that's when you look at alternatives," he says.

The good news is that many of the surgeries used to treat spinal injuries can now be done with minimally invasive techniques. One such surgery, microdiscectomy for the lumbar spine, is very effective and commonly performed on pro athletes like Tampa Bay's Percival. "A microdiscectomy removes just the one piece of disk that is herniated, taking it away from the nerve," says Hecht. "People go home the next day and resume an active lifestyle quickly." The procedure has a 90% success rate.

► Research breakthroughs:

One new method that patients are already benefiting from is cervical artificial disk replacement. The new method replaces the real disk with an artificial disk made of titanium and polyethylene plastic (the old method utilized a small piece of bone). "What's nice about this is it preserves the motion of the disk, and that reduces the stress on surrounding disks," says Hecht.

► Questions for your doctor:

An important question is "What is the right time to see a spine specialist?" The best groups for helping you find a fellowship-trained spine surgeon are the North American Spine Society and the American Academy of Orthopedic Surgeons. But in most cases, your doctor should be able to give you a referral.

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► What you can do:

Avoid injury.

It may sound obvious, but you can take steps to decrease your risk of injury. What's the trick? "Proper education and use of proper body mechanics," says Hecht, who cites two key components: appropriate stretching and strength training.

Don't smoke.

Doctors have found a link between smoking and "premature degeneration" of the disks in the spine. "We think it's the nicotine in cigarettes that leads to the slowing of the metabolism of the disk cell," says Hecht. "It's toxic to the disk."

Keep your weight under control.

Excess weight puts stress on the body, including the spine.

Don't ignore the warning signs.

How can you tell the difference between a temporary ache and a more serious injury? "When your back and neck pain involves your arms and legs, or you have numbness or weakness," says Hecht, "see a doctor."