

## The Vitals - Pain Management R2 Transcript

00:00:00:01 - 00:00:20:07

**Dr. Houman Danesh**

That's a good topic, what causes pain? And I think that is a topic that's up for debate, believe it or not. So it's not like pain is not you touch a hot stove, you take your hand back. That's a reflex which is also painful. But pain is a complex system where hundreds of thousands of signals are going up to the brain, and hundreds of thousands of signals are coming down from the brain.

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**Dr. Houman Danesh**

So how do you know which one to pay attention to? If you're in the Final Four playing basketball and you sprain your ankle, you're not paying attention to that ankle sprain. You're on adrenaline. You you have a goal. You're pushing past that pain. But the same signals is there, the same hot stove is there. So you're able to suppress pain.

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**Dr. Houman Danesh**

And so part of this is understanding the complex mechanism between signals going up and down your brain to help you deal with pain.

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**Leslie Schlacter**

Hello and welcome back to the vitals. The Mount Sinai Health System's groundbreaking roundtable video podcast. I'm your host, Leslie Schachter, a neurosurgery physician assistant here at the Mount Sinai Hospital. And this episode will delve into a subject that most of us, unfortunately, can relate to pain. And I am one of them. I'm joined by two Mount Sinai doctors in this field pain management specialist Doctor Hooman Danish and neurosurgeon Doctor Tanveer Chowdhry.

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**Leslie Schlacter**

Gentlemen, welcome. We're here talking about pain. There's a million different reasons why people come to see you for pain. But generally, people are coming to you for, like, spine pain. Right. Yep. Okay. So hopefully the goal is to do noninvasive things first with a pain management doctor. And if they ultimately need surgery, they see a neurosurgeon. Right. That's correct.

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**Leslie Schlacter**

All right. So what I like the most common reasons you see people for pain.

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**Dr. Houman Danesh**

Most commonly neck pain, migraines back pain facial pain and then slew of shoulder knee back everything else too.

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**Leslie Schlacter**

What's like the most like the most common is it's fine.

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**Dr. Houman Danesh**

Yeah. It's mostly spine. What's headaches? Because your headaches can be coming from your spine.

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**Leslie Schlacter**

Yeah, I did an Instagram post about that recently that a lot of my patients that come in that have headaches, you know, they've had surgery, brain tumors or whatever. I'm like, I know you think your headache is related to that, but it's actually usually coming from the neck and you usually can fix them, right? So what's like how how are you treating people?

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**Leslie Schlacter**

Is it with pills?

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**Dr. Houman Danesh**

No. Pills have a very controversial. And then I'll we had an opioid epidemic because of them. They have their place. But there's a lot more understanding of what causes pain now. So what you want to do is actually assess and figure out what's going on and what the weakest link is, and then piece that puzzle together. So for example, if you have neck pain and you have weak rotator cuffs, those two are very closely related, mainly because when you rotator cuff is weak, is supporting musculature overworked, and the supporting musculature originates from the base of your neck over those cervical facets.

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**Dr. Houman Danesh**

Those are joints in your spine, in your cervical upper cervical spine. And what they can do is radiate from the back of your neck to the top of your head, almost like a crown like sensation. So patients will say, I have this headache. It goes like this. It's horrible. It's worse when I look up. That's a prime candidate that would benefit from a facet injection in their cervical spine.

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**Leslie Schlacter**

So the lay person doesn't say, oh, I have headaches. Maybe I should go see a pain management doctor for my neck. So how do they make their way over to you?

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[Dr. Houman Danesh](#)

They call the office and they come on.

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[Leslie Schlacter](#)

Or do you get most referrals from the patient themselves? Or is it usually like their primary care calling.

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[Dr. Houman Danesh](#)

The primary care from surgeons, people trying to figure out other doctors, trying to figure out what the underlying causes and the MRI looks clean and they can figure it out. Or just people calling based on that, their friend saw me or

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[Dr. Tanvir Choudhri](#)

Emergency room to sometimes if they don't need to stay in the E.R., they'll send in. Have you follow up with you guys?

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[Leslie Schlacter](#)

Yeah. Yeah. So I see as a PA myself, as well as a lot of other PA, is we see people, people with pain. Right. So we're working it up. Sometimes we get x rays, sometimes we just sometimes x rays, MRI and Cat scans. But a lot of it can just be talking to the patient and doing a physical exam.

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[Leslie Schlacter](#)

How does somebody know whether they should come to someone like you for an evaluation, or if something's bad enough that they actually need to see a surgeon?

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[Dr. Houman Danesh](#)

Great question. I'll defer the surgical question to him, but as far as whether or not they should get this worked up or start to see someone. Most pain conditions resolve around six weeks. So if you have tolerable pain and you're like, okay, it's been a week, should I see someone? The general answer is the 4 to 6 week mark is when you should probably see someone.

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[Dr. Houman Danesh](#)

Now, if it pain is intolerable, you're miserable. You shouldn't wait that time at all, because there's no reason to be that uncomfortable in today's day and age. And as far as surgical, I'll defer to Doctor Chowdhry.

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[Dr. Tanvir Choudhri](#)

Yeah. So thankfully, a majority of the acute pain syndromes for the spine, neck or low back resolve on their own. And so, a lot of people are doing basic management, primary doctor. Sometimes they go to urgent care. Maybe the E.R.. But for the people who have it persisting for X number of weeks or if they have any red flag symptoms, and that's really what you have to focus on is beyond pain.

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[Dr. Tanvir Choudhri](#)

If there's any major neurologic deficit, a weakness, major numbness or tingling or bowel or bladder problems, or really if there's other red flag symptoms, okay, that could point to something else. If you have pain at rest or at night or with night sweats or with fevers or something that points to, unusual presentation of infection or tumor, then you need to get seen much sooner and right away.

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[Dr. Tanvir Choudhri](#)

But aside from that, for the garden variety of pain syndromes, really, we have a system built on many different points of entry, but if they're persisting, then they need some help. They need something either some imaging to figure out what's causing it and then some sort of treatment hopefully can be managed without surgery. We want patients to get better without surgery, but many don't need, can't get better and they need to see a surgeon.

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[Dr. Tanvir Choudhri](#)

And in the end, what brings them to us is usually persistent pain or some, that's refractory to the non operative management or some type of neurologic deficit. And you know, every once in a while the sequence goes the other direction where they come to see us because we treated their cousin or something, they come to see us.

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[Dr. Tanvir Choudhri](#)

And then we say, you need to start with the basics and we send them over to him. And so that's really part of how the system should work.

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[Leslie Schlacter](#)

Right? I also like it can actually happen. The other way where like the deficit comes first. Like we I've, I've seen patients and I've heard from friends where like they have a foot drop like their back hurt a little bit, but all of a sudden they have a foot drop. And that's typically an emergency, right?

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[Dr. Tanvir Choudhri](#)

Right. And that's the interesting thing. What you bring up is there are sometimes patients who are most bothered by their pain. And if their pain is not out of control, they're almost overly dismissive of it. And they could have weakness, numbness or something else like that, or they're they're limping a bit or something. And, if they can get by and if the pain's manageable, sometimes people push off too far.

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[Dr. Tanvir Choudhri](#)

And that's really those type of things. Weakness, numbness, foot drop. That's when you really need to make sure you're in the system. And we have a great collaborative relationship. Just recently he had a patient who had some weakness, had a deficit, and he said, you know, you have an MRI that's abnormal. You need to get in, see a surgeon.

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[Dr. Tanvir Choudhri](#)

And, you know, we're even though regular appointments take many weeks to get into for those type of things, we all bend over backwards to get them in.

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[Leslie Schlacter](#)

Right.

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[Dr. Houman Danesh](#)

And I think that's an important point. You do want to have a primary care doctor, and most people don't. And if there's one thing people take away from this podcast is to have a relationship with their primary care doctor, that's probably the most important thing because we're talking about pain today. But we could be talking about any variety of conditions, right?

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[Dr. Houman Danesh](#)

And when something happens, how do you know who to go see? How do you know who's reputable and primary care doctors are known as gateway doctors, but they're almost like an internal Yelp review because you may have have a foot drop today. And that might be one factor, right? That your one patient, one foot drop. But primary care doctors will see that 50 times a year.

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**Dr. Houman Danesh**

And they'll send them to different doctors and get to know, okay, well, patients are generally really happy with this and have good outcomes with this doctor. So if I get this call, I'm going to send to that doctor. So you are kind of shooting in the dark when you're in pain. Not a great time to start thinking about this right.

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**Dr. Houman Danesh**

So that's why you really need a good relationship. Do your yearly checkups and then yeah, at least you're plugged in and know if you do have an emergency.

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**Leslie Schlacter**

That's a really that's a really good point. Because if somebody tries to get an appointment with a specialist on their own without a primary care, they could wait weeks or months. But if you have your primary do it, it could literally be like next day or next week.

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**Dr. Tanvir Choudhri**

So they could expedite it. They could direct you the right way. And really for patients, it's an investment in their health because if you're mostly healthy, you're going by year by year just getting your cholesterol checked. You don't think you need it so much, but really you do. Because when things come up, it's all it can be very quick and you need to get into the system.

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**Leslie Schlacter**

So let's just try and focus on because back pain like neck and back, low back pain are like the most common pains, right. What are some of the risk factors for that? Is it generally just like heavy people, skinny people? I mean how does it work?

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**Dr. Houman Danesh**

Easy one.

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**Leslie Schlacter**

Okay.

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**Dr. Houman Danesh**

Lack of sleep. So we know that a lack of your sleep is your body's way to regenerate is the

foundation of physical, mental and emotional health. The average recommended sleep time is 7 to 8 hours a night. Americans don't get that much sleep, so that is one major red flag for me. And every single patient that I see, they get that whole entire talk sleep.

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[Dr. Houman Danesh](#)

That's the most foundational, important thing you can do. Then you have to layer on muscle imbalances. So what does that mean if if someone sits all day, they don't exercise, their muscles start to get weaker and weaker and weaker and their supporting musculature gets weaker, then they bend over to pick up a pacifier or a pencil or whatever, and.

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[Leslie Schlacter](#)

Take out the garbage or something, or.

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[Dr. Houman Danesh](#)

Take out a herniated disc. And they're like, well, why did I herniated disc? I'm only 26 years old. It's like, well, when I examine you, you have absolutely no strength supporting your spine. Your glutes are almost unable to fire. When I ask you to lift your leg up backwards, it's not a great sign. So you've just sat there and haven't done anything to help prevent that certain issue.

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[Dr. Houman Danesh](#)

And finally, something broke the camel's back. But it's really, really important to stay balanced. Musculoskeletal. And then there's also freak accidents that happen too. But the things that are preventable are make sure you're activating your glutes. Make sure you're strengthening includes make sure you're rotating through a good hip range of motion. Thoracic range of motion. Make sure your shoulder rotator cuff are strong and help combat being having a sedentary lifestyle.

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[Leslie Schlacter](#)

So sleep and exercise.

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[Dr. Houman Danesh](#)

Sleep at night and I.

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[Dr. Tanvir Choudhri](#)

Would build on that. I think those are foundations. I think what you alluded to earlier, weight is very important because your spine is only built to handle a certain amount of weight, and when

you get far above that, a couple standard deviations above normal, it makes it very hard and you may tolerate it for a while, but after a certain number of years it just takes its toll.

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[Dr. Tanvir Choudhri](#)

The other thing that's very important is smoking. They've done studies to show that this don't have great blood supply, and so the small blood vessels have to permeate the oxygen into the disc. And they've done studies on animals showing that nicotine in cigarets for 12 weeks, they really have more accelerated degeneration. And so it really makes a difference.

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[Dr. Tanvir Choudhri](#)

So these are all the things and just exercise and you know, all the basics that we sometimes take for granted. But you know, hydration, exercise, eating well all those things overall lead to better weight and leads to better spine health.

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[Leslie Schlacter](#)

What has the the upswing in sports like CrossFit and things? What does that done for people with injuries and pain and needing surgery?

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[Dr. Houman Danesh](#)

Well, paddle or what's the other paddle paddle?

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[Leslie Schlacter](#)

All of that.

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[Dr. Houman Danesh](#)

Increase in I injuries and orbital fractures and retinal detachment. People that again are not active for a long period of time and they play flag football and they tear an ACL Achilles. Really really. Com and I think if you are going to do any sort of activity you want to make sure you build your base and foundation first.

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[Dr. Houman Danesh](#)

And most people don't have the time nor think to do that.

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[Leslie Schlacter](#)

So I think it's okay. Just like play sports one time a week.

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Dr. Houman Danesh

Or after not having played for ten years, getting together with some friends and deciding to play a sport, start and stop what your body hasn't done in decades, right?

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Dr. Tanvir Choudhri

It's a once a year softball tournament.

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Dr. Houman Danesh

Yeah, it's a big one.

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Leslie Schlacter

Yeah, that's true.

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Dr. Houman Danesh

I think part of it too, is we always talk about exercise to stay healthy. But how do you know what type of exercise. And there's always information coming through. Do you do zone two cardio. Do you walk. Do you run. Do you do jumping jacks. Do you squat? Do you do weightlifting? And I think that's part of the difficulty of navigating with the proper exercises.

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Dr. Houman Danesh

And I think it's important to understand how your body's made up. So you know, what kind of exercise to do. For example, if you are someone that has very little flexibility and lots of muscle mass, your exercise routine should include mobility exercises, which is not just passively stretching, it's actually working into and range of motion with weights. If you're someone that's hyper flexible or hypermobile and people say, oh, I'm double jointed, those patients really have to focus on stability exercises, which can involve weight training.

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Dr. Houman Danesh

But if you weight train and you're hypermobile, you're more likely to get injured. So you have to work up to the weight training. And I think that's the hard part is most people don't talk about it. Most people don't know. And there's exercises that are good for your heart and your longevity and increasing your VO2 max so you can age and increase your healthspan.

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Dr. Houman Danesh

That's very important. And then there is exercise to decrease injury. So injury prevention which depends on your body type. So how do you know we should probably get assessed by a physiotherapist or a physician that knows how to work up hypermobility. Very important. And then see what your hip range of motion is like. See what your shoulder range of motion is like, see what your strength is like, and then come up with a proper exercise program.

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[Leslie Schlacter](#)

Do you see more patients that get that are in pain or injured from inactivity or improper activity?

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[Dr. Houman Danesh](#)

I get asked this all the time. I think the evidence has been all over the place. It depends where you want to look at it. At what point of injury and what point of life span. But essentially, exercise is much preferred over bed rest. Controversial and debatable. One of the lead authors on multiple studies that show bed rest only be for one day, he happens to have some conflict of interest, which makes that debatable, but I think in general, the more active you are, the better.

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[Leslie Schlacter](#)

Yeah. What about you? Are most of the people having surgery? Is it just like chronic pain?

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[Dr. Tanvir Choudhri](#)

Yeah, I think you see both ends of the spectrum more commonly as people who aren't doing any work and are sedentary, not taking care of their core, not taking care of their neck muscles. And the other extreme, the weekend warriors we sometimes see as well. And, those people tend to first of all, many of them can avoid surgery.

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[Dr. Tanvir Choudhri](#)

They have something, but then they recover without it. Or if they do need surgery, they get back to life pretty quickly.

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[Leslie Schlacter](#)

They put in the work.

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[Dr. Tanvir Choudhri](#)

They put in the work. So really that is the end to be around. But what we're really saying is it's great to be active, just do the foundational work and don't just be episodically active like you could. Maybe when you're 20 you can do all these things. You can go and play, like football or

do something after not doing anything for two months, three months.

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[Dr. Tanvir Choudhri](#)

When you get older, you have to invest in it. And it's really that's the key.

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[Leslie Schlacter](#)

A good example of someone who kind of went through all of this. I had severe back pain for many years. I'm 64, weigh over 200 pounds. When I was playing basketball, I was like 225 to 30. I was a big girl pounding on my body and I hurt my back. Herniated discs. I got, you know, very damaged lower back.

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[Leslie Schlacter](#)

And I spent years going through injections and PT, and I did everything that I was told to do. I worked with, you know, pain and I did. There was cortisol injections, radio frequency, ablations. I did everything. And then when that stopped working, I had, spinal fusion, a two level spinal fusion where they went from the front into the back.

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[Leslie Schlacter](#)

So how for someone out there, whether it's their neck or their back, what's like a typical trajectory? Is it like, just do your best by yourself, then maybe injections and then physical therapy and then if it has surgery or have things changed in the last couple of years. And this is assuming there's no neurologic deficits that need surgery immediately.

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[Dr. Tanvir Choudhri](#)

Assuming that's the case, then you do want to go through a long progression of things. The first thing I'll say, though, is you represent a subset of people who are the elite athletes and the people who are leading athletes who've done studies because they're very studied, like the top gymnasts and the top others. They've done lots of studies.

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[Dr. Tanvir Choudhri](#)

They've shown that sometimes they had little injuries when they're in their late teens or 20s and stuff, and it doesn't. They get over it. But when they get to 40 and beyond, now you pay the price, they pay the price. And so it's kind of accelerated aging well could have happened 34 years later gets pulled forward. So that's a separate subgroup.

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[Dr. Tanvir Choudhri](#)

But I think really what we're getting at is when things start to go off and you start to feel like I'm just not right, the the biggest mistake is people just say, I will stop doing X, I stop just running or I stop playing soccer, I stop playing tennis. And while it may work, that's not really the solution that gets you to where you want to be because you want to be that person.

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[Dr. Tanvir Choudhri](#)

At 75, playing tennis, you want to be that person who's still skiing or going for a run. And so I think that gets back to the foundation of where you start at the beginning.

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[Dr. Houman Danesh](#)

So yeah, I'm really glad you said that. It's it's so true. Patients will start having pain in their 30s, 20s and stop doing that activity, and then they'll see me in their 40s and 50s. Now they have to stop doing something else, too. Yeah. Meanwhile, again, their muscles just aren't firing. They're not protecting their body. And that's what's it just continuing to degrade as they ignore it more and more, or as they restrict their life more and more, as far as what do you do first?

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[Dr. Houman Danesh](#)

It depends. So if if you know that putting a hot pack on your neck helps your pain and that's and you use it once a week and it doesn't affect your life at all, otherwise you can keep doing that. But I think the sooner you get an evaluation of the muscle imbalances that you might have, whether by a physiotherapist, a physical therapist, a primary care doctor, the sooner you know the exercises to help you progress through the decades of life with less issues, the better.

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[Leslie Schlacter](#)

And then you actually have to do them.

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[Dr. Houman Danesh](#)

Of course you do that. And you can't only do them when you go to physical therapy. I mean, I think the most common question that I ask is when patients say I haven't seen them in years and they come back in with the same issue. First question is, have you been doing your exercises? And they look at me and they say, no.

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[Leslie Schlacter](#)

Yeah, the.

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[Dr. Houman Danesh](#)

Answer is easy. You know, the exercise.

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[Dr. Tanvir Choudhri](#)

Compliance is low on them. They're not as fun as some of the other things. People like to go play tennis or basketball, whatever. That's it's a little more of an investment, but I want to give a cautionary tale now due to better cancer care and better heart care, people are living longer, right? So now we're getting people living active lives into their 80s and 90s.

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[Dr. Tanvir Choudhri](#)

And so what really matters is the muscle investment you make along the way, as well as as you get older, strength training and other things that people think it's just to younger people. That's not true. You need to do more as you get older because we're running into an epidemic of people who have some spinal alignment issues, scoliosis and other things, and some of that is really preventable.

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[Dr. Tanvir Choudhri](#)

A lot of it. I mean, there's one type of scoliosis, which are people in their teenage years and young adults, but really there's a whole adult idiopathic scoliosis. It's very, big problem. And, you know, it's one thing to have a discoloration or a stenosis that needs a small surgery. But once you start needing the bigger things and corrections and alignment, it's it's a it's a cycle you don't want to get into.

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[Dr. Tanvir Choudhri](#)

And so really the best ways to prevent.

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[Leslie Schlacter](#)

It is that from like everyone using their devices. Now is that like there's.

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[Dr. Tanvir Choudhri](#)

A bit of that that's not the only problem. But there's a bit of that with the neck. You know.

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[Leslie Schlacter](#)

What. So what is the like uptick or why? Why are people more likely to have spinal deformities now?

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Dr. Tanvir Choudhri

I think people are just living longer. It used to be that people worked a lot of jobs that are very physical in factories. Now. We've worked moved into intellectual work, a lot of desk jobs sitting.

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Leslie Schlacter

We watch. I work for us. There you go. Yeah.

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Dr. Tanvir Choudhri

So these are all factors.

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Leslie Schlacter

And then let's talk about injections because I bought myself years from injections. How do injections actually work?

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Dr. Houman Danesh

Depends what the underlying issue is. So sometimes injections will work for a herniated disc by reducing the inflammation.

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Leslie Schlacter

So like a cortisol injected cortisol.

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Dr. Houman Danesh

Injection, just a washing away all the chemical irritants that come out of a herniated disc. So that's, that's one way another way is it actually turns off the nerves that are causing the pain with a radiofrequency ablation, where then the pain is gone, for a period of time until the nerve actually regrows. So it's almost like a starfish.

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Dr. Houman Danesh

And it's weird because we think that you lose something in your body. It's not going to regrow. But these nerves up and down your spine actually do.

00:20:16:13 - 00:20:17:10

Leslie Schlacter

Right.

00:20:17:15 - 00:20:37:57

[Dr. Houman Danesh](#)

So that's something very important to remember. And I think ultimately it's, it's what you have to think about is you need to maintain your body. So you're either going to apply stability by increasing your muscle strength. When we've talked danced around this a lot. Skin is an organ. People will put lather on lotion on their face for ten minutes a night, all different spfs.

00:20:38:09 - 00:20:59:22

[Dr. Houman Danesh](#)

But they forget that muscles are also an organ and it's they can prevent hip fractures because the more muscle mass you have, you're not going to break a hip. It is becoming more and more aware and people are becoming more active. And they're understanding the importance of maintaining muscle mass. And again, you have to be careful. And if you're double jointed or hypermobile, you don't necessarily want to weight lift, you want to use resistance training.

00:20:59:22 - 00:21:20:31

[Dr. Houman Danesh](#)

It's not the same thing until you build up the resistance training. And then people that don't have the range of motion they have to focus on mobility to help prevent injuries and hip replacements and shoulder replacements and whatever have you. So we we focus on muscle stability. We do these injections to buy you time and to give you the quality of life so that you can do more physical therapy and so prevent the cycle.

00:21:20:31 - 00:21:20:49

[Dr. Houman Danesh](#)

And so like.

00:21:20:51 - 00:21:25:40

[Leslie Schlacter](#)

The goal is to be able to do physical therapy, like the goal is to be able to exercise and.

00:21:25:40 - 00:21:41:58

[Dr. Houman Danesh](#)

Move to exercise. Once you learn the exercises, then you do them. You don't necessarily have to go to a physical therapist, but you have to understand your body, know the exercises for your body, and progress them through. Ideally, you shouldn't be doing the same exercise every single day for six months to a year. That's right. You're not putting stress on your body.

00:21:42:00 - 00:21:45:58

[Leslie Schlacter](#)

What do you do for people that just want surgery as a fix? They don't want to put in the work.

00:21:46:03 - 00:21:47:15

[Dr. Tanvir Choudhri](#)

You know, the.

00:21:47:20 - 00:21:49:32

[Leslie Schlacter](#)

Aside from the people with a neurologic deficit.

00:21:49:37 - 00:22:04:35

[Dr. Tanvir Choudhri](#)

Unless there's a neurologic deficit, you don't want the quick fix. You really want to do it the right way. You want to try and avoid surgery because even if you have surgery, if you don't do the investment to get your core strong and do all the things you're going to be needed, you'll be right back having another surgery and so forth.

00:22:04:35 - 00:22:16:21

[Dr. Tanvir Choudhri](#)

And so you really don't want to go down that route in surgery helps a lot of people who have done all the right steps and they still need something. But if you're trying to do a quick fix to surgery, it's, it's a big mistake.

00:22:16:26 - 00:22:36:37

[Leslie Schlacter](#)

Yeah. So I, it's not spine related, but I, I've been dealing with left knee pain for a long time. I'm actually scheduled to have a partial knee replacement in January, and I've been doing injections, and I do all the things for years and years, and I did exactly like you were saying before. Ten years ago, I gave up playing basketball.

00:22:36:46 - 00:22:54:47

[Leslie Schlacter](#)

And then eight years ago, I gave up running. And the number one thing I love to do in life is lift weights. And in the last several weeks or so, I've, I literally cannot lift my lower body. And so that I'm like, that's like time to go. Like, I know it's time to do this now because I can't do that anymore.

00:22:54:52 - 00:23:07:57

[Leslie Schlacter](#)

I feel lucky that I prioritize exercise, and I know I'm going to do my best to get ready for surgery, and I know I'm going to do my best to recover from surgery. And I explain that to my patients, too, like, you have to be in really good shape.

00:23:07:57 - 00:23:11:15

[Dr. Tanvir Choudhri](#)

Yeah, that's the whole concept of pre surgical rehab or rehab.

00:23:11:22 - 00:23:12:07

[Leslie Schlacter](#)

Rehab. Yeah.

00:23:12:07 - 00:23:12:25

[Dr. Tanvir Choudhri](#)

It's very.

00:23:12:25 - 00:23:13:46

[Leslie Schlacter](#)

Important. I tell my patients.

00:23:13:51 - 00:23:14:54

[Dr. Tanvir Choudhri](#)

Studies to show it makes a.

00:23:14:54 - 00:23:28:43

[Leslie Schlacter](#)

Difference. You have to live your life as if you'll need surgery, because you don't ever want to be in a scenario where your surgeon or doctor looks at you like, oh no, no, no, no, never know how they're going to do so. How do you explain that to people like their future life depends on how much effort they put in.

00:23:28:48 - 00:23:48:19

[Dr. Tanvir Choudhri](#)

I think some people do have a longitudinal perspective of how they want to live their life, but a lot of people are just getting by as they go. And, you know, I think educational forums, things like this, talking to people, you know, I've done radio shows, I've done other things, you know. Yeah. We don't want as surgeons and even people doing injections, we don't want more business in that way.

00:23:48:19 - 00:24:04:37

[Dr. Tanvir Choudhri](#)

We'd love people to be healthier, not need our procedures. But, you know, unfortunately, there's still going to be people who do despite doing everything right. So I don't think people should view this as if they end up needing an injection or a surgery. They they did things wrong. You just got to optimize yourself. We all have different genetics.

00:24:04:37 - 00:24:24:28

[Dr. Tanvir Choudhri](#)

He mentioned the hypermobility syndromes that we're learning more about. There's a whole spectrum of things. We have name diagnoses for a couple things, but there's so many things. Even if you have Parkinson's, your muscles are different. If you have Ms. your thing. So we

work in the big center, which has so many patients with these other disorders. So really we become very adept at picking up how to manage those.

00:24:24:28 - 00:24:35:15

[Dr. Tanvir Choudhri](#)

And you know, the nothing beats, getting ahead of it from the beginning. And even if you do have a problem, it's not a time to just say the injection or the surgery will be the end all. And be all.

00:24:35:20 - 00:24:35:40

[Leslie Schlacter](#)

Right.

00:24:35:54 - 00:24:38:37

[Dr. Tanvir Choudhri](#)

You really have to do the work along side of it.

00:24:38:42 - 00:24:59:44

[Dr. Houman Danesh](#)

And it depends on the type of surgery too. And and sometimes when you get surgery, the surgery last five, seven, ten years and then you need another surgery. So if you don't put in the work you are going to be back doing something else, whether it's in another injection or another surgery, because we can't change the way your the load of your weight against gravity is going to affect you throughout time.

00:24:59:49 - 00:25:12:23

[Leslie Schlacter](#)

If you have a patient and you think that maybe their lifestyle, like let's say they're very overweight, how do you approach that with someone like you can do everything for them, but unless they start helping themselves, how do you talk? How do you have that conversation?

00:25:12:23 - 00:25:31:15

[Dr. Houman Danesh](#)

Timing is really important, right? So if someone's in severe pain and they're overweight, you can't tell them to start working out right. They can't. And you can scold them and make them feel horrible for being overweight and it won't go anywhere. Or you can help them get out of pain in whatever method and follow up with them and then say, all right, this is an opportunity.

00:25:31:15 - 00:25:41:17

[Dr. Houman Danesh](#)

Now that you are feeling good to lose 5 pounds, 5 pounds of weight on your body is 20 pounds off your knees. So I'm not asking you to do some miraculous.

00:25:41:22 - 00:25:46:03

Leslie Schlacter

Weight off your body is 20 pounds off your knees. Yeah, I need that to make sense to me.

00:25:46:08 - 00:25:54:52

Dr. Houman Danesh

Force. Right. So it's gravitational force. The weight force of weight goes up against gravity. So if you just lose 5 pounds, it's 20 pounds off of your knees. 1 pound to four.

00:25:54:57 - 00:25:59:56

Leslie Schlacter

Okay. So it's I'm saying okay I don't get it, but okay. All right.

00:25:59:58 - 00:26:01:21

Dr. Tanvir Choudhri

The stress on the joint the stress.

00:26:01:31 - 00:26:08:40

Dr. Houman Danesh

So so if you're holding a 5 pound weight in your arm and you're doing a squat, your knee is feeling 20 pounds of pressure.

00:26:08:45 - 00:26:29:17

Leslie Schlacter

Okay. Got it. Yes I understand. Yeah. So I just made it make sense. Like when I do make that machine at the gym where you go up and down with the back, where I hold the weight makes it more difficult. So I understand that now. Okay. So you have to wait until they're out of pain and then say, hey, this is also a problem.

00:26:29:22 - 00:26:40:52

Dr. Houman Danesh

I think, yeah, it's it's about building a connection with the patient, finding out where they are. I had one patient who swore that she didn't eat anything, and she has no idea how she's morbidly obese.

00:26:40:57 - 00:26:43:07

Leslie Schlacter

Maybe she has Cushing's disease.

00:26:43:12 - 00:27:02:34

Dr. Houman Danesh

She wasn't counting the Coke liquid calories, so she wasn't eating anything, but she was drinking her calories all day, every single day. And, you know, it's hard to, like, keep delving in

and spending time and figuring out, okay, well, how are you this overweight if you don't eat anything? And someone was in the room vouching that she didn't doesn't need anything.

00:27:02:42 - 00:27:03:07

[Leslie Schlacter](#)

Yeah.

00:27:03:12 - 00:27:24:36

[Dr. Tanvir Choudhri](#)

Yeah. The weight is a very important topic. I mean, I think the Western diet has not been great. The Western kind of food industrial complex has made things, certain type in that I think that we, have, a higher BMI in America than in many other countries because we have more resources and, and people have more technology that's helping to do things for them.

00:27:24:36 - 00:27:53:42

[Dr. Tanvir Choudhri](#)

And that's actually they've done studies to show people who live in multi-story dwellings actually live longer because they're actually being forced to do the work right now. Regarding weight specifically, it is very hard for some of these patients to get in a vicious cycle where they have pain that limits their ability to walk, to lose weight, and then you almost fall behind the eight ball because you can't exercise a shot, you can't exercise because of your symptoms, and you cannot lose the weight just by caloric restriction.

00:27:53:47 - 00:28:08:15

[Dr. Tanvir Choudhri](#)

And you have to be able to exercise. So that's where sometimes injections play a role. You get them out of just enough pain that they can lose the 5 pounds, and then they can go beyond it. Now, thankfully, there's a lot of, excitement and also caution with all the medications that contain from the GLP ones.

00:28:08:16 - 00:28:25:37

[Leslie Schlacter](#)

And I think I've seen a huge difference in my practice. I mean, I have patients who we follow a lot of patients for aneurysms and tumors or things where I say, I need you to get in the best shape possible because you might need surgery next year. When we see you and I have so many patients on GLP ones and they're just shedding weight, yeah, I've seen a huge difference.

00:28:25:37 - 00:28:27:40

[Leslie Schlacter](#)

Have you, have you seen that in your pain practice.

00:28:27:45 - 00:28:36:55

[Dr. Houman Danesh](#)

Yes. And when you're overweight it's really important of course. And I think what's happening is a lot of people that are mildly overweight are going on these drugs.

00:28:36:56 - 00:28:40:48

[Leslie Schlacter](#)

And now they're losing muscle. Exactly. Yeah.

00:28:40:53 - 00:28:58:45

[Dr. Houman Danesh](#)

Weight is not just all fat. And if you lose muscle mass, you're almost compounding the problem that we've been talking about, especially as you get older and are more sedentary. So it's really important to counsel patients to maintain weight training as they're losing the weight to maintain as much muscle mass, eat enough protein even though they won't have the appetite.

00:28:58:49 - 00:29:03:30

[Dr. Houman Danesh](#)

Right. So it's tricky, but it is a very useful tool and it helps a lot of people.

00:29:03:45 - 00:29:05:31

[Leslie Schlacter](#)

Yeah, I don't think people get that about these medications.

00:29:05:31 - 00:29:06:48

[Dr. Tanvir Choudhri](#)

They don't. They look at the numbers.

00:29:06:48 - 00:29:11:13

[Leslie Schlacter](#)

Better to be 20 pounds overweight with muscle, then be 20 pounds underweight with me.

00:29:11:15 - 00:29:19:45

[Dr. Tanvir Choudhri](#)

But just focus on either the number or what their profile is, not what the composition is. Your spine, health and your muscle health is way more important.

00:29:19:49 - 00:29:25:00

[Leslie Schlacter](#)

What about things like bone density? Does that contribute to pain at all.

00:29:25:04 - 00:29:49:58

[Dr. Tanvir Choudhri](#)

You know we have as people are living longer. We have a lot more people who are living into the years where they're they unless they do something whether it's with, you know, diet,

calcium, vitamin D, all the basics. And sometimes they have metabolic processes that need other medications to help their bone density. Because we're running into people who start having compression fractures, because now we have so many patients living in their 80s and 90s who are walking, which is fantastic.

00:29:50:11 - 00:30:08:20

[Dr. Tanvir Choudhri](#)

But then they have falls. And, number one thing that really turns somebody's life south when they're in their later decades is when they have a fall and they break a hip, or they have a spinal compression fracture. And so, yes, the the key is to try and, and for men and women, it's more common in women.

00:30:08:20 - 00:30:11:58

[Dr. Tanvir Choudhri](#)

But men also need to be careful about the bone density. So,

00:30:12:03 - 00:30:13:36

[Leslie Schlacter](#)

You know, cells also help with.

00:30:13:40 - 00:30:16:07

[Dr. Tanvir Choudhri](#)

All that's all tied together.

00:30:16:12 - 00:30:22:17

[Leslie Schlacter](#)

So basically pain comes down to muscles. Not quite strong, small, but not too mobile.

00:30:22:17 - 00:30:43:04

[Dr. Houman Danesh](#)

That's a good point. What causes pain? And I think that is, a topic that's up for debate, believe it or not. So it's not like pain is not. You touch a hot stove and you take your hand back. That's a reflex which is also painful. But pain is a complex system where hundreds of thousands of signals are going up to the brain, and hundreds of thousands of signals are coming down from the brain.

00:30:43:15 - 00:31:01:01

[Dr. Houman Danesh](#)

So how do you know which one to pay attention to if you're in the final Four playing basketball and you sprain your ankle, you're not paying attention to that ankle sprain. You're on adrenaline. You you have a goal. You're pushing past that pain. But the same signals is there. The same hot stove is there. So you're able to suppress pain.

00:31:01:06 - 00:31:21:00

**Dr. Houman Danesh**

And so part of this is understanding the complex mechanism between signals going up and down your brain to help you deal with pain. And part of that is behavioral modification, psychological assessment. People will say, oh, I can't bend over to tie my shoe, but if you put them on their back, they can bring their knee to their chest and tie their shoe.

00:31:21:05 - 00:31:33:18

**Dr. Houman Danesh**

So it's some of it's learned behavior. So it's it's a very complex thing that we deal with with pain and pain management. And you have to learn to navigate and understand what's actually the underlying cause. Yeah.

00:31:33:23 - 00:31:52:15

**Dr. Tanvir Choudhri**

And chronic pain has a whole, cognitive overlay that's very complex. But I think pain itself, we have to remember it's not the disease itself. It's a symptom. There's other things that are causing it. Pain is actually evolutionarily, adaptive and that's protective. And so what you really should do is if you're in pain, what is causing it?

00:31:52:15 - 00:32:03:55

**Dr. Tanvir Choudhri**

It's trying to your body's trying to tell you something, which is why medications aren't the best thing. If you just snow yourself and cover the pain, you're not really getting to the root of the problem. And that's really what we're trying to talk about here.

00:32:04:03 - 00:32:15:34

**Leslie Schlacter**

Is there any, like, cool new technologies that help people like it could? I mean, now what we've talked about maybe like holding posture or is there anything like new wearables out there that help?

00:32:15:39 - 00:32:35:33

**Dr. Houman Danesh**

Oh, you did the wearables. All right. So it's the wearables are an annoying signal that keeps telling you you're in poor posture. And for you to do this, for example, that's the problem is not the signal. The problem is you have tight pecs, which start from your chest and go to your shoulder. And when those get tight, your shoulder comes forward and shoulder comes forward.

00:32:35:33 - 00:32:49:14

**Dr. Houman Danesh**

You're pointing down further and further. And now the only way to look straight is to look up. So the wearable will tell you to keep doing this. But is it going to address the underlying tight pec

muscle which goes from here? Is it going to address the weak rotator cuff muscles that are putting your shoulder in the right place.

00:32:49:19 - 00:33:07:55

[Dr. Houman Danesh](#)

No. Causing it to just keep making you do this. And so you need to posture should be a thing of muscle balance. It shouldn't be something that you have to think about. So focusing on the rotator cuffs will fix that. So as far as new technology, which was the other part of the question, there's always new technology coming out and new devices and new this and new that.

00:33:08:00 - 00:33:27:24

[Dr. Houman Danesh](#)

And I think a lot of them are promising the world and you have to take that with a grain of salt. And some of them flare out after three years. And so they're very hot. They come in, everyone's like, oh, I want to try this new procedure or this new surgery or this new whatever. It's like, yeah, it's only been out for six months or a year.

00:33:27:28 - 00:33:39:41

[Dr. Houman Danesh](#)

I'm a little hesitant to go there because the foundation is still the foundation. And what I'm telling you now about hypermobility and muscle and muscle being an Oregon quote unquote, and dedicating time to it, that's actually the new thing. It's just not fancy.

00:33:39:41 - 00:33:40:13

[Leslie Schlacter](#)

Right.

00:33:40:13 - 00:33:42:56

[Dr. Houman Danesh](#)

And so it's and it's really fast work.

00:33:43:01 - 00:33:50:56

[Leslie Schlacter](#)

A desk that rises up and then a little treadmill underneath it. That's a good technology because you get moving and you're using your muscles.

00:33:50:56 - 00:34:11:37

[Dr. Houman Danesh](#)

Standing desks are interesting. They actually tax your calves even though they release your back. So people will end up with calf pain and calf cramps and feel have horrible pain in their calves. And they don't understand why then that's why. Did you get your standing desk? Oh, right around the same time. Or when did you try these new shoes that barely fit on your foot and you're going to see your feet coming out of the edges?

00:34:11:41 - 00:34:12:45

[Dr. Houman Danesh](#)

Can't can't deal with that.

00:34:12:45 - 00:34:21:59

[Leslie Schlacter](#)

That's actually one of the things that you like to talk about the most is shoes. Because a lot of people end up in pain because they're wearing either the wrong shoes or they need to get new shoes, right, like they wear their shoes the wrong way.

00:34:22:00 - 00:34:37:11

[Dr. Houman Danesh](#)

People definitely wear through their shoes and they don't realize it because they never look. And New York is tough because people don't drive. So the analogy doesn't work. But if you wouldn't drive and the tread that's left on your shoe, do not walk in it. People will have wedges where it's like half of it's gone on one side.

00:34:37:24 - 00:34:55:06

[Dr. Houman Danesh](#)

And what that will do is just put pressure up the kinetic chain in an awkward way. People will sit on wallets and just sit like this while they're on a microphone. They wonder why they get back pain. But you have to kind of just look at the whole thing. So shoes is a big one, and some people end up with really flat feet now as the feet truly getting flat.

00:34:55:06 - 00:35:01:49

[Dr. Houman Danesh](#)

Or do they have a weak musculature up at the glute area by their lower back, and that's getting weaker. And therefore the whole femur is rotating and the whole leg is broken.

00:35:01:49 - 00:35:04:34

[Leslie Schlacter](#)

Everything goes back to the glutes for him.

00:35:04:39 - 00:35:07:08

[Dr. Houman Danesh](#)

The root of all evil. Yeah. But.

00:35:07:08 - 00:35:09:40

[Leslie Schlacter](#)

What about what about in neurosurgery, any new technology?

00:35:09:41 - 00:35:40:39

Dr. Tanvir Choudhri

So the summary is there's no magic pill or magic technology that's going to solve everything. And the other hand, I do think that there's value in technology being used the right way. I think even something as simple as people monitoring their steps or, you know, there are some things looking at balance and other things. And so we are trying to find ways to screen to get people into the system earlier, because sometimes problems are best treated before they get really advance people who have balance issues, you don't want to wait till they're in terrible shape, or the people who've lost a bladder function.

00:35:40:39 - 00:35:55:56

Dr. Tanvir Choudhri

Other things. In gardening surgery, there's a whole lot of technology to make surgery safer, better tools, better things, better image guidance. And so, it's interesting. Modern surgery has more monitoring, more tools, more technology. It's not always faster. It's actually a little slower.

00:35:55:58 - 00:35:57:12

Leslie Schlacter

Because it's time to use all that stuff.

00:35:57:23 - 00:36:22:03

Dr. Tanvir Choudhri

For surgery is sometimes a little slower in some ways, but, certainly, thankfully, we've made major progress over the last few decades in, in surgery, smaller incisions, smaller, hospitalizations, better, use without as much medication and less blood loss and less complication. So I think that direction is good. If you know the safe, the best thing is to avoid it.

00:36:22:03 - 00:36:26:12

Dr. Tanvir Choudhri

But if you do need it, at least now, it's generally speaking, can be done safer.

00:36:26:16 - 00:36:48:20

Leslie Schlacter

So I think for the people listening or watching, if you have pain, doesn't matter where it is. Primary care is a wonderful place to start and that could be your family practice. Doctor. Internal medicine, primary care, MD, a nurse practitioner doesn't matter. But also if like you get into a specialist, especially at a place like this, if you see a neurosurgeon first and you're not a candidate, you'll get him to pain.

00:36:48:25 - 00:36:49:46

Leslie Schlacter

Yeah, and vice versa. You just need.

00:36:49:46 - 00:36:50:47

Dr. Tanvir Choudhri

To get into the system.

00:36:50:47 - 00:36:51:18

Leslie Schlacter

You need to get it.

00:36:51:19 - 00:37:12:39

Dr. Tanvir Choudhri

We all work together and can redirect. I will say one thing. I'm a big believer in people having a primary care doctor and utilizing it, but they also have to remember they have to take some agency in this because the primary care doctor has so many patients, so many things. If you're not telling them that the pain is still persisting or is affecting my, my, your job, or you've given up your sports for three months, you may not see them for another three months.

00:37:12:39 - 00:37:21:16

Dr. Tanvir Choudhri

So at some point you've got to tell them in that I think I need to see something more. How do I get into the system, as opposed to just waiting for them to manage the whole.

00:37:21:16 - 00:37:33:37

Leslie Schlacter

Thing right here at Mount Sinai? I you can if you have a doctor and you mychart them, you send them a message saying like, hey, this has been going on, you don't even need to go in. Sometimes they'll just put in a referral for you to go see someone, as long as they get used to that.

00:37:33:37 - 00:37:37:19

Dr. Tanvir Choudhri

The next steps are and you just have to identify that you're ready for the next step. Yeah.

00:37:37:24 - 00:37:47:27

Leslie Schlacter

So I think what we learned today is sleep, exercise, be mobile, build your muscles, keep your muscles strong but also mobile and, see your primary care.

00:37:47:36 - 00:37:50:49

Dr. Houman Danesh

Yeah. The one big thing about sleep imaging.

00:37:50:54 - 00:37:51:16

Leslie Schlacter

Imaging.

00:37:51:18 - 00:37:59:00

[Dr. Houman Danesh](#)

When to get imaging, how to interpret imaging. I have patients that I'll see that say, oh, I have a herniated disk ten years ago on my back. I'm like, and you think it's still there?

00:37:59:13 - 00:38:00:52

[Leslie Schlacter](#)

Yeah. Updated imaging.

00:38:00:55 - 00:38:15:09

[Dr. Houman Danesh](#)

You need. And so, you know, herniated discs heal. We don't talk about that. There's a lot of counseling when it goes into that. So how do you make sense of an MRI or an x ray. And the question is you have to put the whole piece together. The imaging is a sentence in the story. It's not the whole story.

00:38:15:14 - 00:38:24:36

[Dr. Houman Danesh](#)

And so you have to piece it together and you have to take it with a grain of salt. Patients will again, we'll say, I herniated my disc in 2003. I can't believe it's now. 22 years ago, I.

00:38:24:41 - 00:38:26:33

[Leslie Schlacter](#)

Was almost 20. Yeah, but it might be gone by now.

00:38:26:38 - 00:38:43:21

[Dr. Houman Danesh](#)

But, honey, this may have resolved, but you may have back pain. But it's probably not from your herniated disc. You don't cut your finger cooking in 2003. And come and tell the doctor. I cut my finger in 2003, and I never cooked again, right? Right. So yes, people have herniated discs. That could be normal if you don't have pain from it.

00:38:43:35 - 00:39:05:58

[Dr. Houman Danesh](#)

And that's the key. You have to assess what is the pain generator. So it's not always a disc. It's not always the joint. It's not always the spine. Sometimes it's the shoe, sometimes it's the knee. Sometimes it's the hip that's causing back pain. Or you could do the same thing for the neck. It's it's about putting the whole picture together, getting the images, making sure everything matches together.

00:39:06:03 - 00:39:19:54

[Dr. Houman Danesh](#)

And then when do you get images? Some patients will come, I go, I want an MRI like, well, an MRI will look at soft tissue and your issue is most likely bony. So we probably need an X-ray or a Cat scan. Right. So it is kind of like knowing and navigating the imaging world as well. Imaging.

00:39:20:02 - 00:39:30:52

[Leslie Schlacter](#)

Well what would you say are like some examples of like biggest you know because patients have access to Doctor Google Now and ChatGPT. What's like the biggest example of misinformation that you guys could give.

00:39:30:57 - 00:39:53:34

[Dr. Tanvir Choudhri](#)

Well I would just say in my profession where we're dealing with major decisions on whether or not to do surgery, which is a very binary decision. Right. And a big decision, the imaging results on the pictures, in the reports as much as and my brother's a radiologist and I have a great respect that the, the reports are not everything.

00:39:53:34 - 00:40:16:06

[Dr. Tanvir Choudhri](#)

The details on the picture, you know, and they have 400 images on an MRI. And it's like everyone looks at a painting a little differently. So there's different qualifications. The words what's mild, what's moderate. So sometimes you have a patient come in. They're like oh my goodness, my spines must be falling apart because I have this report. We have to give in to context and sometimes the opposite where they're like, well it only says mild to moderate.

00:40:16:06 - 00:40:33:27

[Dr. Tanvir Choudhri](#)

And yet they're like, my foot is weak and I can't lift it. And so really, I think what I would say is, you need to rely on the experts and you need the experts, and we, certainly, have them here at Mount Sinai and all the disciplines. And, you know, we all have our areas of expertise.

00:40:33:27 - 00:40:53:06

[Dr. Tanvir Choudhri](#)

And so I would say the major area of the things I want is the imaging. And then the other area of misinformation is, I think, you know, we're so prone to anecdotal, evidence influence. Gosh, you had a cousin who had a neck surgery and either went fantastic, but the condition was different or it didn't go so well.

00:40:53:06 - 00:40:53:33

[Dr. Tanvir Choudhri](#)

But you don't get.

00:40:53:45 - 00:40:56:13

[Leslie Schlacter](#)

That surgery because it didn't work for my brother.

00:40:56:18 - 00:41:19:04

[Dr. Tanvir Choudhri](#)

Yeah, the internet and the people who are back to playing tennis or golfer basketball, they're not on the internet writing about themselves. So sometimes you go and you can sometimes whether it's a medication, an injection or a surgery, you can kind of get a little bit of a skewed perspective because you're not getting that overall averages. And that's why you need honest professionals who have experience to help guide you.

00:41:19:10 - 00:41:21:49

[Leslie Schlacter](#)

Yeah. And you can get second opinions for sure. That's okay.

00:41:21:54 - 00:41:50:18

[Dr. Houman Danesh](#)

This information has been dubbed the fake news by some. And you know, it's rampant, especially on social media. If there are people that are doctors that are really like doctors of nutrition talking about how to lift weights, and it's like your specialty is very different than what you're talking about. It's hard because you get inundated. You go on TikTok, Instagram, Facebook, whatever variation is coming out, and there's so much information that's thrown at you back.

00:41:50:18 - 00:42:06:42

[Dr. Houman Danesh](#)

Fusions. Oh my, my, my cousin got a back fusion and it didn't help. It helps no one. That's not true. You have to be the right candidate. Another one is you can only have three injections and then you need surgery, or you can only have three injections, and then you're going to be doomed to a life of osteoporosis and hair loss.

00:42:06:46 - 00:42:26:07

[Dr. Houman Danesh](#)

Also not true, right? Like it depends. You have to take each situation into account. If you're 95 years old and you can't have surgery and you get 2 or 3 steroid injections every year, that's probably better than just suffering. But you have to understand the risks of osteoporosis at that point, and you just have to talk to patients.

00:42:26:07 - 00:42:32:16

[Dr. Houman Danesh](#)

And there's so many things that will just skew patients one way or another. And it's always surprising. Or like it's.

00:42:32:16 - 00:42:35:23

[Leslie Schlacter](#)

Usually like somebody they know that had something that yeah, that's it's.

00:42:35:24 - 00:42:41:22

[Dr. Tanvir Choudhri](#)

Natural. I mean, I don't I don't fault it. But you have to just understand that that could lead you down a road that, Yeah.

00:42:41:31 - 00:43:00:16

[Leslie Schlacter](#)

You know, another thing I want to add that you guys just reminded me of is especially in the world of spine, since we're kind of talking about spine, and I. And I had this with my knee, too. Is sometimes not one. Surgery is the only answer. So in spine surgery. And we had this in our meeting this morning.

00:43:00:21 - 00:43:16:57

[Leslie Schlacter](#)

Doctor A might be really good at one approach. Doctor B might be really good at a different approach and both approaches might be great. So if you go see two different doctors and they give you two different opinions, those both might be right because certain doctors are better at doing things a different way. And that's okay. Yeah.

00:43:17:00 - 00:43:39:28

[Dr. Tanvir Choudhri](#)

So evolving from the misinformation diagnosis to now confusing it for me. And I think that that is true. And it's very hard for patients because we did talk about the value of additional opinions. But sometimes it it confuses you. You can see five surgeons and there are multiple right answers. And it could be that for this one patient that multiple things could work.

00:43:39:28 - 00:44:06:10

[Dr. Tanvir Choudhri](#)

And then you have to know as a surgeon your strengths and limitations. For if I've done 1000 of this one and only 50 of the other one, and I'm so confident with my results, there, even if somebody else has a thousand the other direction and they prefer that, there's different reasons. And I think we always have to be honest with ourselves, honest with our results and honest with our patients and realize that there's not one simple answer and we don't know it all.

00:44:06:10 - 00:44:27:16

[Dr. Tanvir Choudhri](#)

We're always learning and we're always evolving because technology is changing. Our experience changes. And, you know, I think that, it makes it hard as patients. But it is helpful

when you go to a system. And I think patients are savvy, they can tell, you know, they shouldn't be sold on the surgery or an injection. You're coming to them for need.

00:44:27:16 - 00:44:30:54

[Dr. Tanvir Choudhri](#)

And we're trying to provide the need, but it's really the patient who's choosing.

00:44:30:59 - 00:44:48:57

[Leslie Schlacter](#)

Right. Yeah, I think that's important because if you if you're a patient and you're listening to this and you've gotten three opinions, they're all different, but they're all from trusted sources, it's okay to pick, you know, the doctor you liked the most or you know, the one that you perceive to be more comfortable with recovery. And that's okay.

00:44:48:57 - 00:44:52:35

[Dr. Tanvir Choudhri](#)

For reasons people pick because on convenience, how close to their what their insurance.

00:44:52:35 - 00:44:54:00

[Leslie Schlacter](#)

Is. There's no parking in that garage.

00:44:54:00 - 00:45:00:10

[Dr. Tanvir Choudhri](#)

There's a million reasons. And, you know, it's all a system. Yeah, we're all working together, even at different institutions.

00:45:00:12 - 00:45:08:03

[Leslie Schlacter](#)

Yeah, I say parking because my my parent, my dad chooses his doctors on wherever there's free parking.

00:45:08:07 - 00:45:10:00

[Leslie Schlacter](#)

Anything else that you guys want to add today?

00:45:10:04 - 00:45:16:39

[Dr. Tanvir Choudhri](#)

I think it's, important for people who are in pain to seek experts and not to suffer.

00:45:16:46 - 00:45:18:27

[Leslie Schlacter](#)

Right.

00:45:18:32 - 00:45:25:09

[Dr. Houman Danesh](#)

I think you covered a lot of great topics, and people should listen to this podcast over and over and over and like and subscribe.

00:45:25:13 - 00:45:48:19

[Leslie Schlacter](#)

Thanks for joining, guys. Thank you. That's all for this episode of The Vitals. I'm your host, Leslie Schachner. Subscribe to the Vitals and Mount Sinai Health Systems other video podcast programming on YouTube, Apple Podcasts, Spotify, or wherever you get your podcasts. To learn more about Mount Sinai work in the field of pain management. Scan the QR code on your screen or click the link in the description below.