

How to Protect Your Spine as You Age

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May 14, 2019

The human spine consists of discs and joints that, like a hinge on a door, can wear out with time. While physicians may use worrying terms such as “degeneration” or “arthritis” to describe these changes, it’s a natural part of the aging process.

This wear and tear doesn’t necessarily produce symptoms. It’s only when changes cause structures in the neck or back to press on spinal nerves that a patient may experience pain with movement, tingling, numbness, weakness, or shooting pain into a hand.

At this point, a patient may visit their primary care doctor, and leave with a prescription for an anti-inflammatory and/or a referral to physical therapy. If symptoms persist they might visit a spine surgeon.

Matching symptoms with findings from imaging

Jay Zampini, MD is a spine surgeon in the Department of Orthopaedic Surgery at Brigham Health, who sees hundreds of patients a year suffering from broad range of spinal conditions, from whiplash to a disc herniation.

“In my initial evaluation with a patient,” says Dr. Zampini, “I perform a physical exam and review X-rays or MRIs. I try to match symptoms with abnormalities on imaging.”

For example, if a patient is experiencing sensory problems or pain that radiates into the first two fingers in their hands, Dr. Zampini will discern that there’s likely damage to the cervical (neck) vertebra, probably C6.

He balances such findings with the understanding that imaging can present abnormalities that aren’t always responsible for symptoms.

Treatment starts with non-surgical options

Dr. Zampini was trained by Michael W. Groff, MD, a neurosurgeon and the Director of Spinal Neurosurgery at Brigham Health, where the two now work side-by-side to evaluate, diagnose and treat patients with conditions that affect the neck and back.

While Dr. Groff and Dr. Zampini are both spine surgeons, they don’t operate until a patient has exhausted all non-surgical options. In fact, 90 percent of patients experiencing back and neck pain won’t need spine surgery.

“We treat problems with the spine very conservatively. We start with anti-inflammatory medications and physical therapy, then pain management, if necessary. I might also encourage patients to continue care with a physiatrist,” says Dr. Groff.

The vast majority of patients recover after physical therapy. If a patient returns to their surgeon with persistent symptoms, the next step can be taken.

Exhaust nonoperative options, then advance to surgical approaches

“If we exhaust all non-surgical options and the patient still experiences symptoms, such as pain with weakness, gait problems, or difficulty with bowel or bladder function, then we start to consider surgery,” says Dr. Groff.

Surgery is recommended if a patient has been suffering with symptoms for six weeks or more. Likewise, severe cases of disc herniation that may risk paralysis, and serious conditions, are corrected surgically.

“If you do require surgery, the Brigham has an integrated approach to spine care and all the clinical resources of a world-class academic medical center,” says Dr. Groff.

At Brigham Health, a multidisciplinary team of surgeons, physiatrists, physical therapists and pain specialists collaborate to get patients back to their lives as quickly as possible.

Spine care is part of the Brigham’s larger ecosystem, so patients with co-morbidities, such as hypertension or diabetes, have access to resources that can address any complications that may crop up as their spinal condition is being treated.

Keep your spine healthy by knowing your limits

In most conversations with patients, Dr. Zampini usually illustrates how our spines change throughout our lives by telling a personal story about a devastating injury he suffered that changed how he now thinks about his body.

Dr. Zampini was 38-years-old when he ran a half-marathon in less than 90 minutes. It was blistering pace, a personal best, but the strenuous effort fractured his pelvis. “I was completely overdoing it, running as if I was still 25-years-old,” he says.

It was a wake-up call, and he changed his mindset during the eight months of recovery. He began listening to his body more.

“Some of my patients can relate to my story, because they're trying to do things their bodies just can't handle for their age,” says Dr. Zampini.

He advises his patients to understand and respect their limits. What kinds of activities and levels of intensity can you realistically handle given your age and level of conditioning?

To avoid injuries, Dr. Zampini advises patients to strengthen their core muscles, which include the lower back, hips and abdomen. These muscles work together to keep your body balanced.

He also advises people to use proper technique when performing high-intensity movements and to modify movements or use lighter weights to lower intensity.

For those who work in an office, it's also important to customize your work space to avoid muscle imbalances and repetitive injuries.

Exploring the best way forward with a spine expert

After Dr. Zampini recovered from his pelvic injury, he switched from running to lower-impact activities, including the elliptical and stationary bike. He also stretches and does yoga exercises every morning before he sees patients in his clinic.

"I still jog occasionally, but I don't race anymore. I've accepted what I can and can't do, and I'm happy about that," says Dr. Zampini.

Both Dr. Zampini and Dr. Groff encourage anyone who has had to give up an important activity to seek consultation from a spine expert to explore the best way forward.

"In many cases, certain activities can be reclaimed in a responsible way," says Dr. Groff. "It's gratifying to see patients get back to the activities they love."

- Dustin G., 5/14/19

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