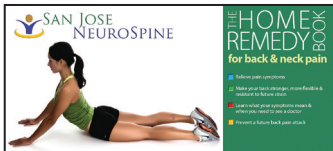


Is back pain keeping you off the golf course this year?

GET BACK TO GOLF

Is back pain, or the fear of back pain, keeping you away from rotational sports like golf or tennis? If so, San Jose Neurospine can help. Here are some helpful stretches for rotational sports that make the back stronger, more flexible and resistant to future strain. Fact: A correct golf or tennis swing should not create a back problem. We recommend connecting with a PGA-certified golf pro or USTA tennis pro to lessen the strain on your back. Also, get our free 36-page Home Remedy Book at SanJoseNeurospine.com.



Nix the "Reverse C"

Back in the 1970s the fashionable swing of young Johnny Miller featured the spine bent backward in the follow through, resembling a backward C. Today, the modern golf swing is much easier on the back, and positions the back in a more straight-up position as the body rotates on a straight left leg. Ironically, as Johnny Miller aged, he too changed his swing to a more rotational swing that has a finish that's easier on his back.



Slow play? Perfect time for these golf stretches

SLOW PLAYERS UP AHEAD? Perfect! Next time you have to wait, San Jose Neurospine recommends these standing spine exercises to stay flexible and loose on the course.



STANDING ROTATION
Above: Put a golf club across your back and rotate your trunk in both directions.



STANDING PIRIFORMIS
Right: Lean against a tree for support. Then raise your knee up, and across your body. Hold for 5 seconds and repeat with other leg.

STANDING EXTENSION
Right: Extension is a core exercise for many back problems, provided you haven't been diagnosed with stenosis. Hands on hips, lean backward hold for 5 seconds. Repeat 10 times slowly.



STANDING FLEXION
Right: Bend at the waist, keeping legs straight and try to touch your toes. Hold for 5 seconds, and then return to standing position. You can alternate this with extension stretches.



STANDING STRETCH
Above: With hands outstretched above your head, lean first to the right, hold for 3 seconds, then stretch to the left. Repeat several times.



CAMPBELL: 3425 S. Bascom Avenue, Suite I, Campbell, CA 95008
ATHERTON: 3351 El Camino Real, Suite 200, Atherton, CA 94027
SAN MATEO: 101 S. San Mateo Drive, Suite 301, San Mateo, CA 94401
Appointments & 2nd opinions: **408-377-3331**
Educational on line spine encyclopedia at SanJoseNeurospine.com

Minimally invasive spine surgeries performed by San Jose Neurospine

MIS Lumbar Microdiscectomy

A minimally invasive lumbar discectomy is when a herniated disc is removed in the lower back that pinches a nerve that may cause severe leg pain, numbness, or weakness. This procedure is done by making a small 1-inch incision over the herniated disc and inserting a tubular retractor. Then the surgeon removes a small amount of the lamina bone that allows the surgeon to view the spinal nerve and disc. Once the surgeon can view the spinal nerve and disc, the surgeon will retract the nerve, remove the damaged disc, and replaces it with bone graft material.

MIS Posterior Cervical Discectomy

A minimally invasive posterior cervical discectomy is when a herniated disc is removed in the back of the neck that pinches a nerve that may cause severe leg pain, numbness, or weakness. This procedure is done by making a small 1-inch incision over the herniated disc and inserting a tubular retractor. Then the surgeon removes a small amount of the lamina bone that allows the surgeon to view the spinal nerve and disc. Once the surgeon can view the spinal nerve and disc, the surgeon will retract the nerve, remove the damaged disc, and replace it with bone graft material.

MIS Lumbar Fusion

A minimally invasive lumbar fusion can be performed the same way as traditional open lumbar fusion, either from the back, through the abdomen, or from the side.

Lateral interbody fusion (LIF)

A lateral interbody fusion, often used to treat spondylolysis, degenerative disc disease and herniated discs, is performed by removing a disc and replacing it with a spacer that will fuse with the surrounding vertebra. The procedure is completed on the side of the body in order to reduce the effect on the nerves and muscle of the back.

Artificial Disc Replacement

Artificial disc replacement is intended to be an alternative to spinal fusion surgery. Unlike a fusion that locks the two vertebrae in place, an artificial disc retains movement in the spine by simulating the natural rotational function of the disc.

Posterior cervical microforaminotomy

A PCMF is performed to help relieve pressure and discomfort in the spine by making a small incision in the back of the neck and removing excess scar tissue and bone graft material.

Anterior cervical discectomy

An anterior cervical discectomy is used to reduce pressure or discomfort in the neck by removing a herniated disc through a small incision in the front of the neck. The space is then filled with bone graft material and plates or screws may be used to increase stability.

SAN JOSE NEUROSPINE SYMPTOM CHART

UNDERSTANDING YOUR BACK OR NECK SYMPTOMS:

WHEN YOU CAN USE WATCHFUL WAITING & WHEN YOU CANNOT

NOTE: A person may use "watchful waiting" for a few days for symptoms of muscle strain or even radiating pain into an arm or leg.

However, ANY WEAKNESS OR NUMBNESS in an arm or leg, or loss of control of bowel or bladder, are emergency symptoms. You need to see a spine specialist promptly (as noted below) to prevent the symptoms from becoming permanent.

PAIN LIMITED TO THE NECK:

Neck pain can be caused by traumatic injury, like whiplash from a car accident, or muscle or ligament strain. See our Home Remedies section on our Internet site. If pain persists beyond a week, you should see a spine specialist to determine the underlying cause.

LOSS OF BOWEL OR BLADDER CONTROL:

This is a SERIOUS emergency symptom (cauda equina) that needs to be treated immediately by a spine surgeon within 24 hours. If you experience these symptoms at night or on the weekend, go to the emergency room. If not treated quickly, the person may lose control over their bowel and bladder permanently.

RADIATING PAIN INTO THE LEG:

Pain that radiates into a leg below the knee can imply a herniated disc in the low back. But many times radiating pain can be treated non-surgically. Radiating pain should be seen by a spine specialist within 2 weeks.

NUMBNESS OR WEAKNESS IN LEG OR FOOT:

Numbness or weakness in the leg or foot is a SERIOUS disc-related symptom that is NOT appropriate for watchful waiting. Left untreated, the symptom can become permanent. You should see a spine specialist within 3 days.

TRAUMA / FALL/ACCIDENT:

Any time you fall, are in a car accident, or could have fractured a bone in your back, you should see a spine specialist immediately!

FOOT DROP / WEAKNESS IN FOOT:

If pain, weakness or numbness extends into the foot so that you are unable to lift your toe as you walk, that is called Foot Drop, which is an emergency disc-related symptom. You need a spine specialist within 48 hours. If not treated promptly, it could lead to permanent weakness in the foot.

FEVER, DROWSINESS, SEVERE HEADACHE, NAUSEA, VOMITING, UNUSUAL SENSITIVITY TO LIGHT?

Other symptoms may be unrelated to a back or neck problem, like cervical meningitis. This can be serious. You should consult a physician immediately for any of the above symptoms.

RADIATING PAIN IN THE ARM:

Pain that radiates into an arm below the elbow can imply a herniated disc in the neck. Many times, radiating pain can be treated non-surgically. Radiating pain should be seen by a spine specialist within 2 weeks.

NUMBNESS OR WEAKNESS IN ARM OR HAND:

Numbness or weakness in the arm or hand is a more serious disc-related symptom that is NOT appropriate for watchful waiting. Left untreated, the symptom can become permanent. You should see a spine specialist within 3 days.

PAIN LIMITED TO THE LOW BACK:

Pain that is limited to the low back may be the result of muscle strain. While pain spasms can be excruciating, muscle strain problems do not require surgery. See our Home Remedies section on our Internet site for special stretches that can relieve pain, and the proper use of anti-inflammatories. While less common, a kidney injection or kidney stone may also cause low back pain symptoms. Consequently, you should consult a spine specialist accordingly for symptoms that persist beyond 5 days to determine the cause of your symptoms and the best treatment options, including a customized home exercise program that will make the back stronger, more flexible and resistant to future strain.

Those who self diagnose and self treat themselves do so at their own risk. We accept no responsibility for any problems that may result from the use or misuse of educational information intended to be helpful guidance.
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ADEBUKOLA ONIBOKUN, MD

Board-certified Neurological Surgeon

San Jose Neurospine includes the expertise of Adebukola Onibokun, MD, a board-certified neurological surgeon who specializes in minimally invasive spine surgery. Dr. Onibokun specializes in minimally invasive surgical techniques, motion preserving spinal technologies, endoscopic spinal fusion techniques, robotic computer assisted image guided surgery, complex spinal reconstruction, chiori decompression, transphenoidal surgery and microvascular decompression surgery. Over the course of his career he has performed more than 2,000 successful operations. Dr. Onibokun emphasizes conservative treatment options prior to considering spine surgery.



2ND OPINION FOR SPINE SURGERY

A second opinion can help you determine if you have considered all possible non-surgical options that can relieve symptoms. Also, many patients learn that a new minimally invasive surgery option can be provided by San Jose Neurospine that will shorten the incision and enable them to be home the same day for a faster return to activity. More information is at SanJoseNeurospine.com.



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