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INTRODUCTION

Roughly 1 out of every 1000 people older than 65 and 5 out of every 1000 people older than 50 suffer from some sort of spinal stenosis. Most insurances require a surgery to be medically necessary, but they get to define what medically necessary is— not doctors. Oftentimes patients are required to have documented nonsurgical intervention before insurance will agree to cover their surgery. Previous studies have shown that some interventions, specifically steroidal epidural injections and calcitonin, are not effective compared to surgery. Other studies show that physical therapy prior to surgery, also known as “prehab”, is also not effective in treating spinal stenosis.

METHODOLOGY

The survey was spread via social media. Respondents were asked to describe the condition they were diagnosed with. They were then asked whether or not they pursued non-operative care for their injury. If they said no, they filled out a different set of questions than people who said yes, whether or not it was insurance-mandated. People who didn't have non-surgical intervention were asked if they had surgery within 2 years of diagnosis, and if they did, whether or not it led to significant improvements in quality of life. People who did were asked the previous questions, as well as to describe the type and duration of nonsurgical interventions they pursued. Both groups were given space to elaborate on any other concerns or opinions concerning their care.

RESULTS

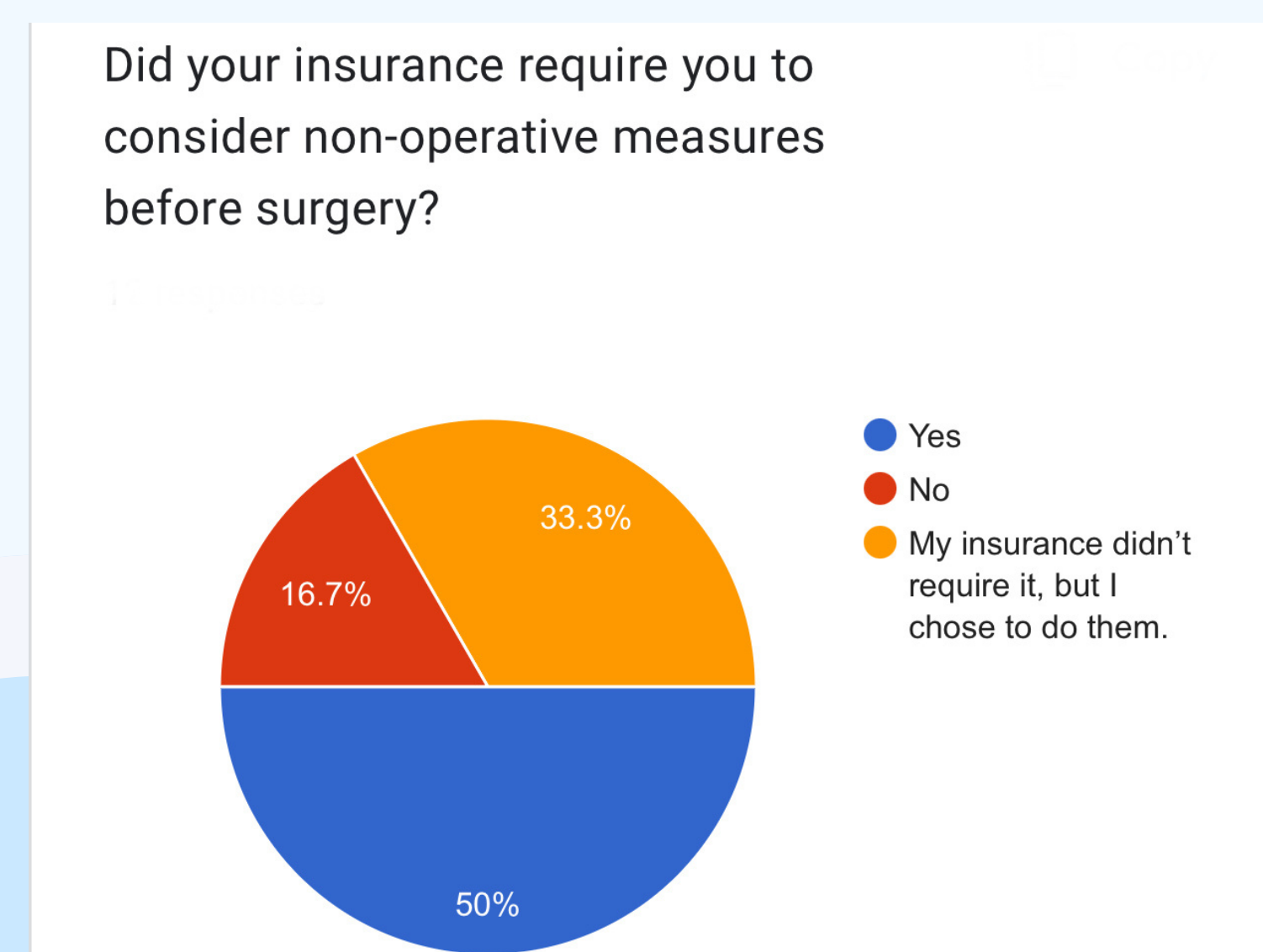


Fig. 1

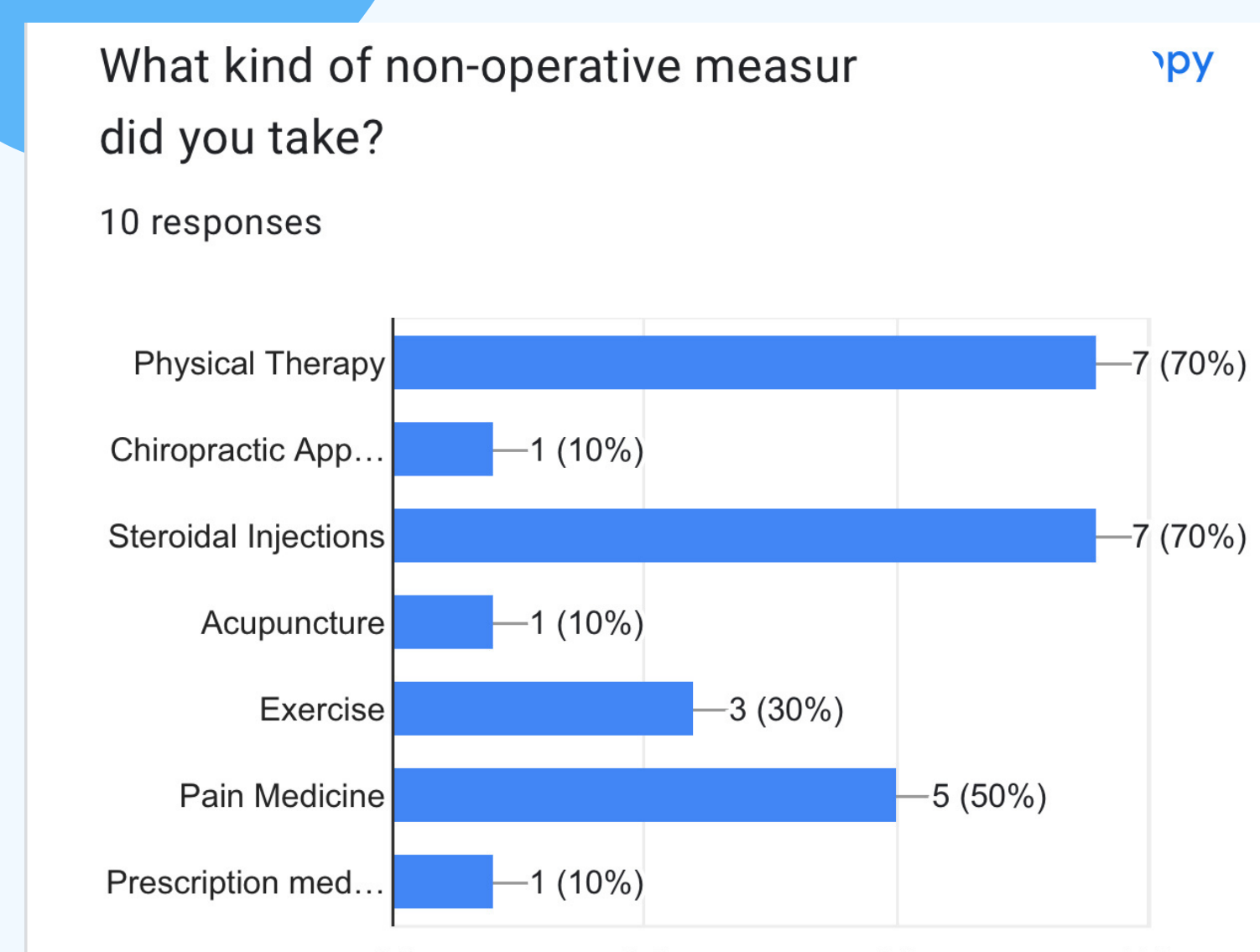


Fig. 2

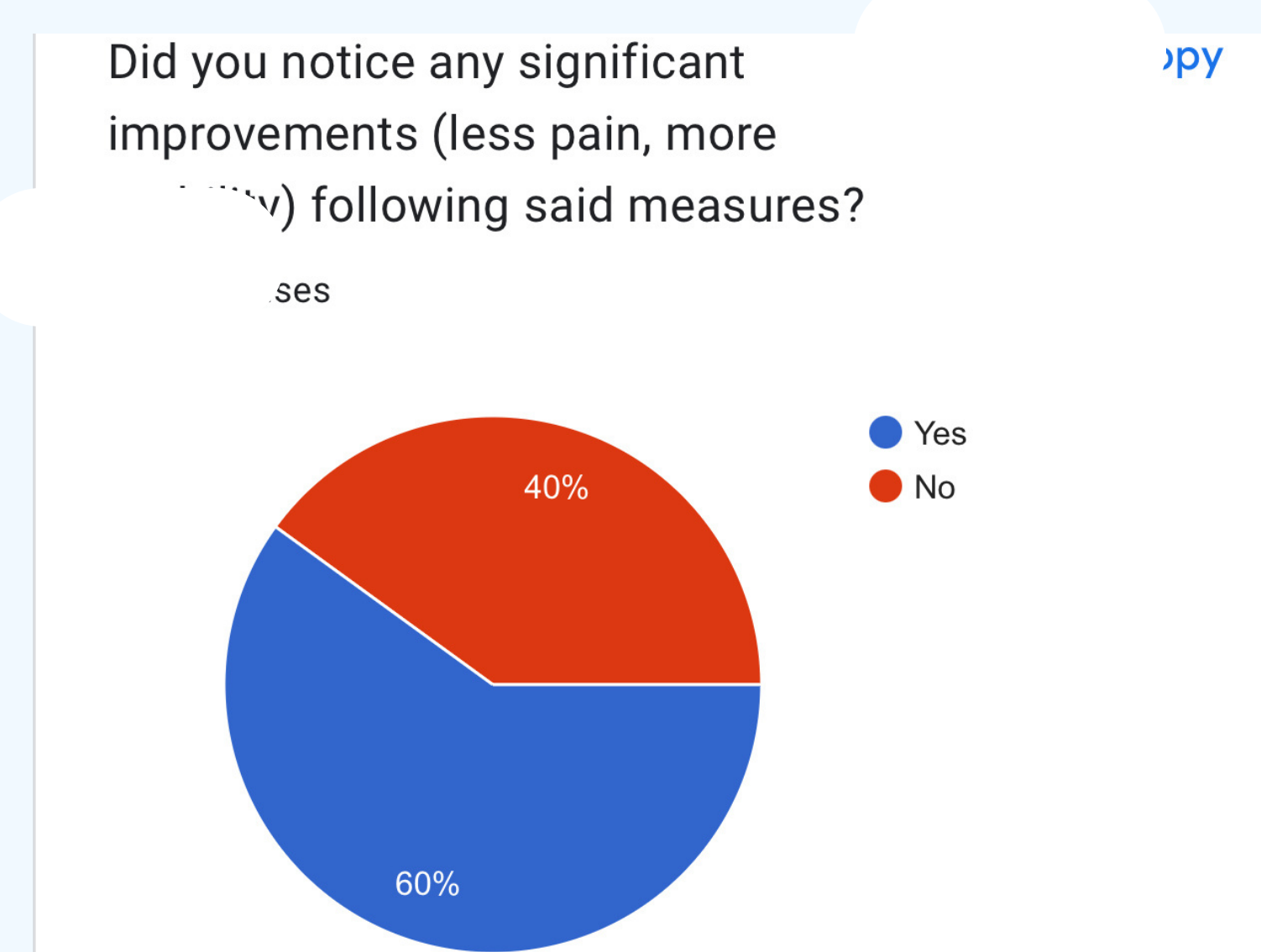


Fig. 3

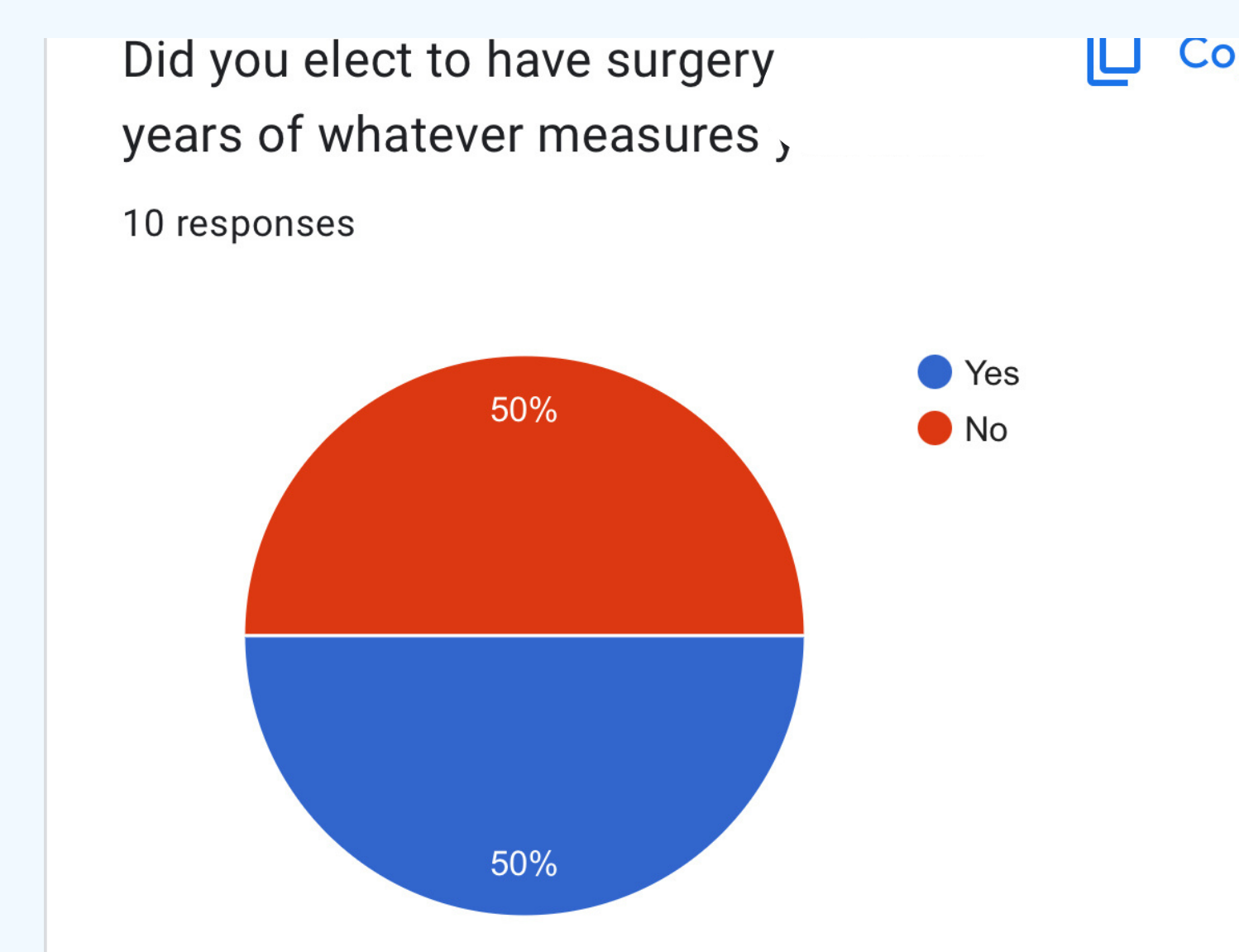


Fig. 4

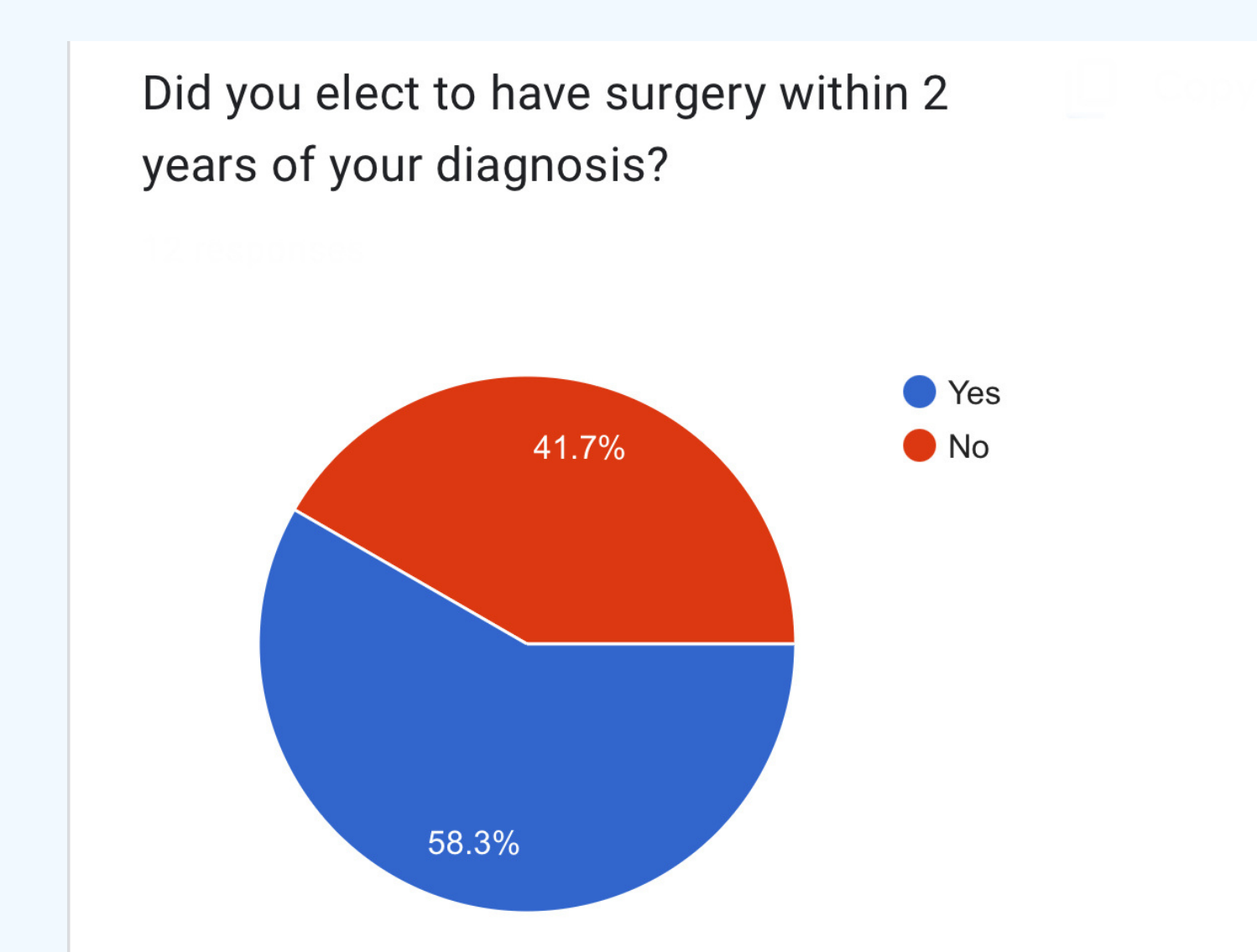


Fig. 5

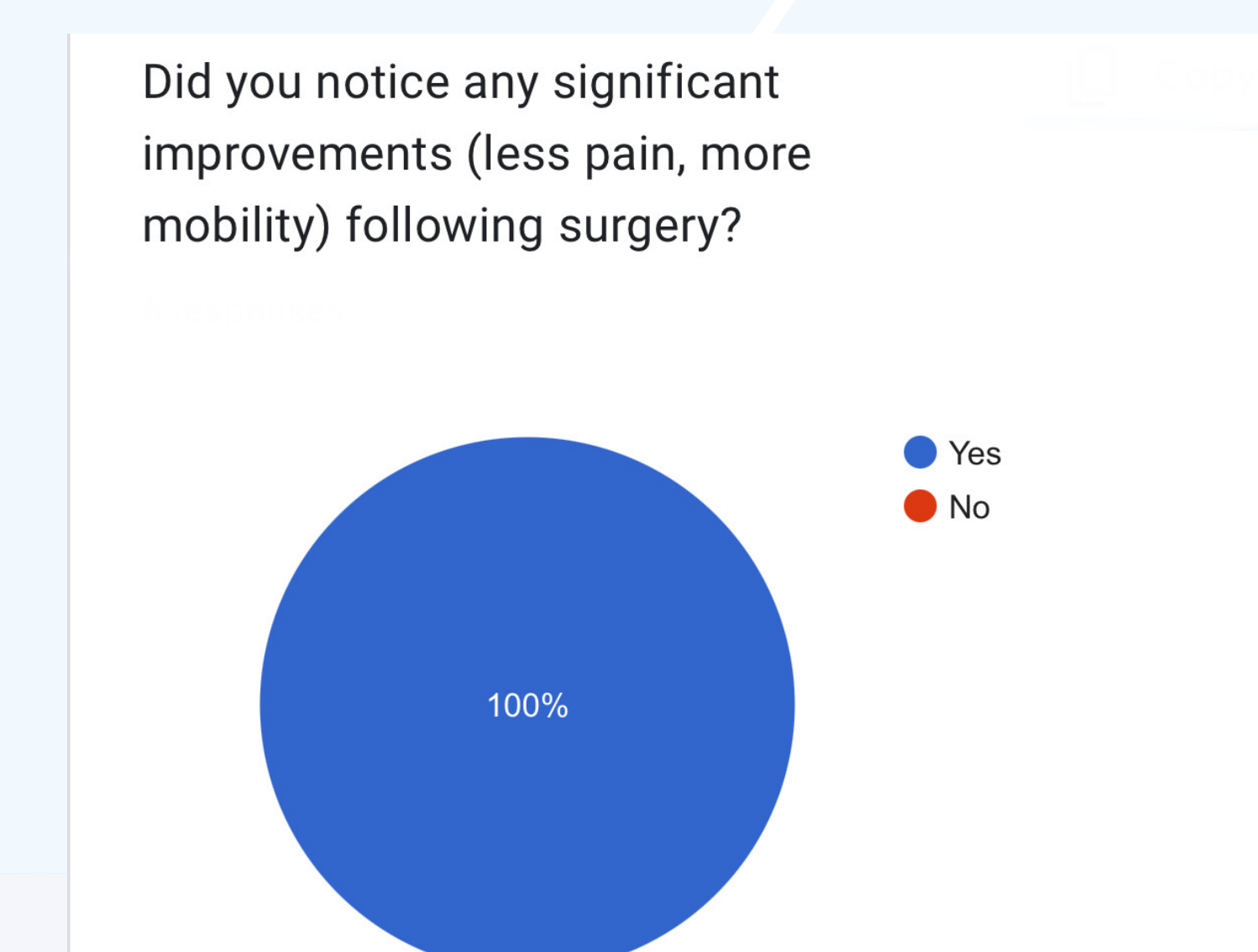


Fig. 6

DISCUSSION

The data shows an even split in patients who did and did not pursue surgery after prehab. However, prehab in and of itself was not as effective at improving patient pain and mobility. This data could help inform insurance companies of what conditions are benefited by attempting prehab, and which conditions surgery should be easier to access.

There are some sources of error that impact the quality of the data. Releasing the survey on a forum dedicated to spine surgery limits the ability to see how effective prehab is in preventing a patient from seeking surgery, as people get adequate relief from prehab are less likely to be on those forums. There are some conditions that simply can't be treated nonsurgically— anyone diagnosed with a condition like that wouldn't be required to have nonsurgical intervention. Finally, the largest area of weakness in this study is how individualized healthcare is. Different insurance companies will authorize different procedures, and access to good insurance is the most limiting factor in patients seeking both operative and non-operative care.